

# **THE BRIDGE BUILDERS: TO PRESERVE THE FAMILIES OF HIGHBRIDGE**

## **PROGRAM YEAR V INTERIM PROGRESS REPORT**

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## Introduction

The Bridge Builders Project (the Project), a child welfare services initiative located in the Highbridge section of the Bronx, NY, is a collaborative effort whose objective is to influence safety and permanency outcomes through the coordination of community-based child and family-serving programs, legal and advocacy services, elementary schools, and the New York City Children's Services (ACS). The safety and permanency outcomes include:

- Reports of child maltreatment
- Admissions of children into foster care
- Lengths of stay for children in foster care
- Reentry of children into foster care after discharge

In the early stages of the Project's five years of operation, partners worked to create an effective service delivery system and set the foundation for collaboration. By the third and fourth program years, partners focused their efforts on strengthening leadership and governance structures and exploring new opportunities for growth. Over time, trust among partners has grown to the point where responsibility for carrying the work forward is a shared effort. The Project's roots in the community have deepened, and its partnership with ACS has strengthened, especially through its participation in ACS' Community Partnership Initiative (CPI).<sup>1</sup> Forward movement in the direction of a public-private partnership is reflected in the Project's renaming. It is now called the Bridge Builders Community Partnership or BB/CPI.

Membership in the Project has grown consistently through the years. Today, the collaborative includes staff from more than 30 service organizations and a comparable number of residents.<sup>2</sup>

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<sup>1</sup> The Bridge Builders Project was awarded a pilot grant from the ACS' Community Partnership Initiative (CPI) in July 2007, putting the Bridge Builders in a strong position to respond to ACS' formal RFP released in September 2008.

<sup>2</sup> 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, Woodcrest Center for Human Development, Child Welfare Organizing Project, New York Children's Services, Alianza Dominicana, Legal Services of New York – Bronx, Elementary School #11, Elementary School #126, and Elementary School #73. Other active partners include Jewish Child Care Association, SUCCESS Counseling Services, Inc., Visiting Nurse Services Nurse-Family Partnership Program, Albert

Some new members have been drawn in through the Project’s recent work under the rubric of the CPI, which has attracted the participation of new foster care agencies and child care organizations. The geographical boundaries of the Project have also expanded, as the CPI extends throughout Community District 4.<sup>3</sup>

Although the original program components (e.g., school-based strategy, intensive legal services, family support services, neighborhood outreach) are still the foundation of the Bridge Builders’ service model, the Project’s scope of services has grown as funding sources have increasingly diversified.<sup>4</sup> For example, a major success of the Bridge Builders Project this year has been the creation of a separate part in family court, in which one administrative judge and his staff are dedicated one day per week for cases originating in Highbridge. In this innovative model, partner agencies work in conjunction with the judge to address the needs of system-involved families.

In its fifth program year the Project reached a critical juncture as partners began laying the groundwork for the Project’s transition to “community control”. From the time of the Project’s founding, the transition to community control was prescribed as a necessary benchmark of success. From the perspective of the partners, community control refers to ability of the Project to become a self-sustaining collaborative in which individuals and organizations residing in the community exercise full authority over Project operations and governance. In the fifth service year (SY V) the transition process was accelerated by two concurrent developments. First, financial support from the Partnership for Family Supports and Justice, the group of donor foundations that have funded the Project since its inception, began to decline, as did their decision-making authority.<sup>5</sup> Second, the Project’s two co-directors, who have traditionally served

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Einstein College of Medicine's Early Childhood Center, Graham Windham, New Settlement Apartments, Women’s Housing and Economic Development Corporation, New York Foundling, and Children’s Village.

<sup>3</sup> The Bridge Builders Project has traditionally served children and families living in three select census tracts (183, 189, 199) in the neighborhood of Highbridge.

<sup>4</sup> Examples of services added in the past years include outpatient adult drug treatment services, nurse home visitation services for first-time, adolescent mothers, and therapeutic visitation services. Funds from the CPI have promoted new practices, such as the coordination of early childhood education and preventive services. The CPI has also enhanced already existing programs focused on family visitation, foster parent recruitment, and case conferencing.

<sup>5</sup> The two original funders of the Bridge Builders Project were the Open Society Institute and the Child Welfare Fund. Those foundations were joined by 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, Viola Bernard Foundation, JP Morgan Private Bank/Hagedorn

as liaisons between the collaborative partners and the donors, are in the process of phasing out their longstanding leadership role.

## Service Year V Interim Progress Report

The Chapin Hall Center for Children at the University of Chicago has been working as the independent evaluator for the Project since the initial planning year. Chapin Hall's charge has been twofold: to document the processes taking place on the ground (referred to as the implementation study) and to assess the extent to which the Project influences the four core outcomes listed above (referred to as the outcomes study). This year, the implementation study is focused on the Project's primary challenge: to create the infrastructure needed to facilitate the Project's transition to community control.

For the Project, the transition to community control led its leadership to focus on five basic tasks:

- Develop an organizational model that promotes independence and shared governance;
- Create structures that enable the Project to manage its fiscal needs;
- Build leadership structures;
- Increase opportunities for residents to participate in Project decision-making;
- Integrate the Community Partnership Initiative into the governance and programmatic structures of the Project.

During the period from October 1, 2007 through September 30, 2008, the evaluators set out to understand how the Project partners conceptualized these five goal areas and the steps they took to implement them. Three sets of questions guide our study:

- Faced with the challenge to establish new leadership, governance, and fiscal structures, what steps did the Project take and how far did they get towards achieving their intended goals?
- To what degree are residents engaged in meaningful ways in Project decision-making and management given the changes that are underway?

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Fund, Clark Foundation, Casey Family Programs, United Way of New York City, and the New York City Children's Services (ACS). Though the Project may continue to receive funding from the Partnership in the future, the funders will no longer hold authority to steer major policy and budgetary decisions.

- How, if at all, has the CPI been integrated into the work of the Bridge Builders Project, both from a programmatic point of view and in terms of how the collaborative is governed?

These questions relate to the way the Project was able to negotiate and navigate the transition to community control. Where relevant, we also examine the degree to which the new structures that are being put into place are durable, feasible, and in line with the Project's longstanding objectives.

### *Structure of the Report*

As in previous years, the first section of the interim report will focus on the implementation study of the Project, which addresses the topic areas listed above. The second section of the report will focus on the outcomes study. The third section turns to an overview of findings and implications for the future.

This year, the implementation study is structured into five parts, all of which relate to the Project's transition to community control. In the first section we describe the attributes of the proposed organizational model and how it compares to the current organizational structure of the Project. In the second section we turn to the Project's past and present fiscal structures and the matter of resource stability more generally. Third, we take a closer look at matters of leadership and administrative capacity as they relate to the new organizational model and devolving role of the Project's co-directors.

In the fourth section we turn to a question we have examined in previous reports, that of resident engagement in the Project. We describe the involvement of community members in the Project, with an eye towards capacity building and the control they exert over Project decisions. Lastly, we turn to the theme of the CPI in Highbridge. Our aim is to understand the joining of the Bridge Builders Project with the Highbridge CPI activities that are funded by ACS. Specifically, we ask how the Bridge Builders Project has aligned its work with the programmatic priorities of CPI and how CPI has impacted Project membership, leadership, and governance.

### *Sources of Data*

The implementation study is based on four sources of data: observations of meetings, interviews, surveys, and review of project materials. We observed meetings of the BB/CPI Executive Committee, transition subcommittees, project retreats, and CPI workgroups. These include key

meetings among Project leaders, including the Project’s long-standing external consultant, the Agenda for Children Tomorrow (ACT). Interviews were conducted with collaborative leaders and key stakeholders involved in transition activities and CPI workgroup activities. Residents participating in Project leadership were also interviewed. In the main, these interviews were focused on the evolution of the new organizational model of the BB/CPI and stakeholders’ perceptions of where the Project is headed in the future. Leadership team members were also asked to describe how Highbridge community members are being trained to assume positions of increasing responsibility in terms of program development, policy-setting, and overall decision-making. In addition, at the end of the program year, surveys were administered to the Executive Committee. Finally, we reviewed official Project documents including correspondence between members. The reviewed written materials related to community involvement, the transition, and CPI, including memos, emails, action plans, and other relevant documents that were made available to us.

## Transition to Community Control

In general, the transition to community control is defined by the partners as the ability of individuals and organizations residing in the community to fully “own” the Project. In this vision, community partners control all matters related to governance and decision-making as well as fiscal management and oversight. To achieve this independence as a community-run agency the partners would need to establish an organizational model in which the values of community control can be embedded.

The transition to community control was prescribed from the Project’s outset, as the Project’s reliance on the consortium of private donors for the lion’s share of funding and decision-making authority was always considered by the funders and partners alike to be time-limited. Currently, the Project’s funding structures are in transition, and hinge in part on ACS’ Request for Proposals (RFP) wherein community collaboratives are able to apply for long-term contracts to provide foster care, preventive services, and other supports to children and families.<sup>6</sup>

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<sup>6</sup> At the time of writing, the evaluators learned that ACS has retracted its 2009 RFP. Given that our annual progress report is focused on events that occurred through the end of September 2008 exclusively we do not address this new and important development.

In the long-term vision of the Project, another aspect of the shift to community control entails the phasing out of leadership from its two co-directors. Since the Project's inception, these two individuals have managed a host of core operational tasks that are being transferred to new leadership. In addition, partners equate the idea of community control with meaningful resident engagement in Project decision-making. Without the active involvement of residents in leadership positions, partners argue, the Project cannot be considered community-led. Finally, the transition to community control is impacted by the Project's participation in ACS' Community Partnership Initiative in several ways. The CPI is now a key part of the Project's programmatic and organizational model, which is being restructured to create the conditions necessary for the transition.

In general, the transition has led partners to focus their attention on questions of representation and community engagement, power and ownership: themes that have always shaped internal dialogue about the future of the Project. We examine the transition in five sections, each corresponding to the key components of the transition: organizational model, fiscal structures, leadership, resident engagement, and the alignment of the Bridge Builders Project with the CPI.<sup>7</sup> Our investigation of the transition components is guided by the question of how the partners have fared in their efforts to meet their transition goals. We also examine the degree to which the new structures that are being put into place are durable, feasible, and in line with the Project's longstanding objectives. In this sense, we explore whether the new structures are able to build on the Project's assets while at the same time anticipate future opportunities and challenges.

In order to put the transition in motion, partners have been working within what may be considered a transitional governance structure. New committees, some temporary others intended as long-term, have been created to manage the transition and to support the development of a new model of governance. The new committees have taken shape with the help of ACT staff, who are facilitating the various transition activities. In addition to a hiring committee to select a new Executive Director, a fiscal conduit committee was formed to select an agency to manage Project funds. A fundraising committee has been formed to respond to ACS' RFP and to address

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<sup>7</sup> We realize that the CPI alignment is unlike the other components in that the existence of the CPI program is not essential to the Project's viability as a community-controlled organization. At the same time, the CPI has impacted the Project's leadership capacity, funding streams, membership, roles for residents, and scope of services. For this reason issues related to the integration of the CPI into the Bridge Builders collaborative are addressed throughout the five sections.

fundraising strategies that can support the future fiscal needs of the Project. The Nonprofit Incorporation/Board of Directors (Nonprofit/Board) committee has been meeting regularly since the early Spring. The group has been working to design the new organizational structure and clarify how it should be implemented. In addition, a core group of leaders have met on a monthly basis to work on the “action plan” that was written in response to issues raised in the previous year’s evaluation report as well as to manage current Project needs.<sup>8</sup>

### *The new organizational model*

In Service Year V the partners set out to become an organization that could pursue funding and manage its operational needs as an independent, nonprofit entity. Part of this goal, it was decided, would entail the Project’s incorporation to 501(c)(3) tax-exempt status. The prospective transition of the Project to an incorporated agency represents a shift from the previous organizational model in which the donors (in conjunction with the Project’s co-directors and the Executive Director and Executive Committee co-chairs) controlled fiscal resources and managed decisions about how the resources would be distributed. As a first step in the move toward incorporation, the partners set out to design a new governance model that would reflect the principles of community control as well as the practical needs of the post-transition organization.

### The federation model

At a retreat held in November 2007, the BB/CPI Executive Committee chose the “federation model” to be the new organizational structure.<sup>9</sup> As outlined below in a diagram designed by the Nonprofit/Board Committee (Diagram A), the model is designed to integrate the various programmatic arms and leadership bodies of the Project in a way that provides for coherent decision-making across the collaborative. Under the federation model the broader membership, which assembles once or twice a year, elects a board of directors. The board meets on a quarterly basis and governs over Project needs. The board oversees a variety of standing committees, which are assigned to support various arms of the collaborative’s work. The board also manages the new Executive Committee, which is comprised of a chairman, secretary, treasurer, and

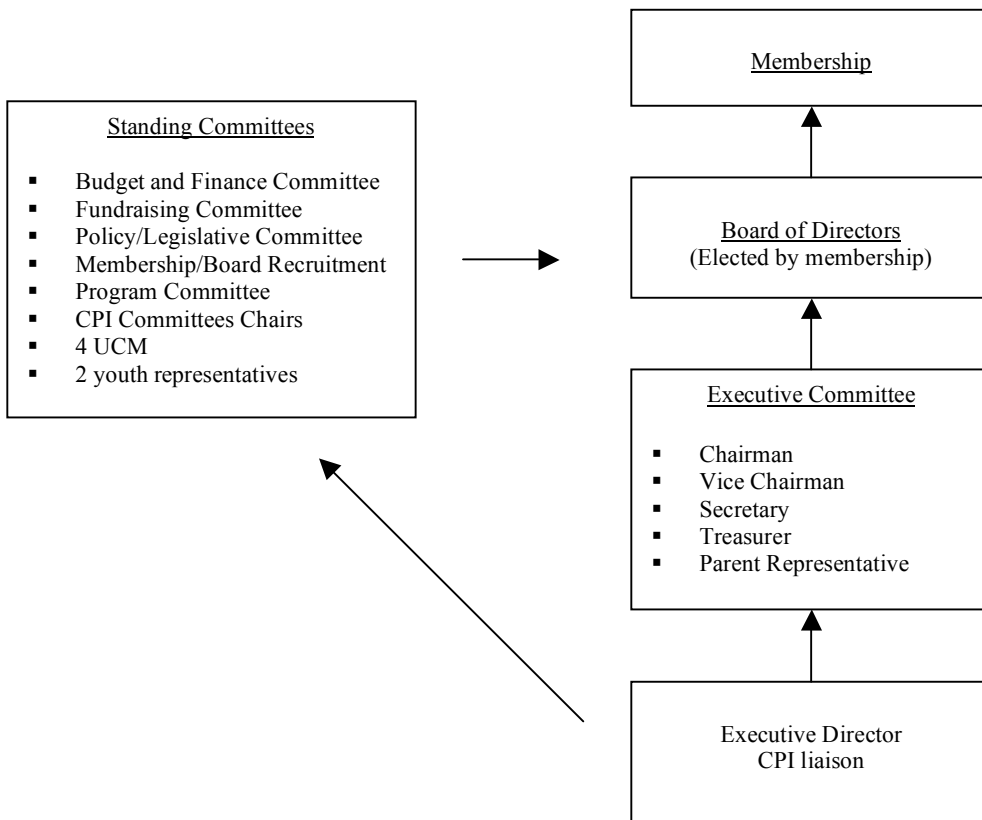
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<sup>8</sup> Issues covered by the action plan run the gamut from service-related goals to transition responsibilities to desired improvements pertaining to the administration of the Project.

<sup>9</sup> The Federation model was chosen from a selection of four potential models.

community representative. The Executive Director works closely with the CPI liaison and both (the Executive Director and the CPI liaison) participate in the various standing committees.

Diagram A



During the retreat and subsequent meetings, partners placed emphasis on the importance of decentralized control. In theory, the model grants all members an equal voice; no one organization or individual can possess greater power to steer the Project. The federation model was chosen primarily because partners felt it was most conducive to a democratic sharing of power.<sup>10</sup> It is the broader membership that holds the ultimate authority. In the model as it is currently designed, the broader membership acts as the primary governing body.

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<sup>10</sup> In the federation, there is no lead agency; fiscal, programmatic, and governance responsibilities are spread across an array of partners.

### Shaping “community control”

In developing the design of the new structure, members of the Nonprofit/Board committee focused their attention on ways to promote inclusion in decision-making. As the model was originally presented by ACT to the BB/CPI partners, the board of directors was to hold greater decision-making power than the broader membership. It was decided that the board would be too small in size (approximately 20 individuals) to warrant it holding the highest decision-making power. Given the large size of membership, such a structure would not enable representation from a diverse group of stakeholders. Another concern with the model was whether or not the board would be limited to incorporated agencies (thus excluding community residents and other groups) or if it would allow individuals from outside of the community to wield too much power.

The committee has tried to manage the tension between inclusion and efficiency. Partners agreed it would be impractical to endow the broader membership, which could contain hundreds of individuals, with the power to manage all major Project decisions. In this sense, the degree to which the membership is able to manage all major decisions will be limited, and this has historically been true of the Executive Committee as well. Though Project leaders have always made diligent efforts to bring important issues to the larger assembly, the day-to-day management of the Project has required offline decision-making that is immediate and centralized among assigned leaders. At the same time, the federation design calls for a more complex system of cross-program accountability than is currently in place, which partners believe is an essential part of the transition to community control.

Currently the Nonprofit/Board Committee is in the process of completing the design of the federation model for presentation to the Executive Committee. Specifically, the committee is working to complete membership by-laws and an organizational plans to ensure that coherent communication and accountability structures are established. All in all, the partners have adhered to the timeline that was originally proposed. They plan to apply for 501(c)(3) status in coming months.

### Compatibility

To a great extent, the proposed structure is not far removed from the Project’s current state of operations. Various aspects of the Project’s current functioning point to real democratic power sharing that is amenable to the federation model. The current Executive Committee is a large, diverse, inclusive body that allows for all partners to take part in decisions about the Project. The

federation model also calls for cross-collaborative leadership and multiple governing bodies that hold partners and leaders accountable. Though a core group of leaders are managing the broader transition, the Project’s myriad programs are managed by leaders across several agencies and groups. A variety of participants, including residents, participate across various governance committees.

Shared decision-making in the Project is made possible by the strong commitment of its partners to vetting decisions as a collective. As we have commented in previous reports, the commitment of a core group of partners who have participated in the Project from the beginning has been consistent, with low rates of turnover. Newer partners also demonstrate a high commitment to the work and to the culture of collaboration that has been developed over the past several years. This year the Project has been put to the test in new ways regarding the willingness of organizations to donate their resources to managing the Project’s operations. Fiscal management has been delegated by the broader membership to a longtime partner, Highbridge Community Life Center (HCLC). The Child Welfare Organizing Project (CWOP) has also acted as fiscal agent for CPI funds. Examples abound as to the ways program leaders (including the CPI workgroups and the CPI liaison) are able to communicate and work together to support day-to-day operations in a fluid manner. Although partners often disagree, transparency and respect for the collaborative process is evident.<sup>11</sup> These attributes suggest a high degree of readiness for the federation model.

The growth in membership in past years highlights how the Project’s composition has changed over time. In the early years of the Project, garnering participation from the foster care agencies was challenging. As of this year there are six foster care agencies involved; several are playing key roles in the leadership of the Project. Whereas years ago it was difficult for some partners to imagine that ACS would be funder and a partner, many ACS staff work alongside the partners and are welcome as key players in Project decisions. We also see a situation in which ever-increasing numbers of unfunded partners are chipping in to move the work forward. How notions of funding interact with participation in the federation’s leadership has yet to be known, and is a topic we take up in the next section.

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<sup>11</sup> This has been demonstrated in recent efforts to vote on the new organizational model, select a community-based fiscal agent and hire a new director. All important decisions taking place outside of the Executive Committee are vetted through e-mail communication.

From the perspective of governance the federation model seems to represent a potentially strong fit for the Project. At the same time, the success of the new organizational model rests on additional factors, namely, funding, leadership, and administrative capacity.

### *Fiscal structures and sources*

As part of the transition agenda, partners set out to develop structures to manage the Project's fiscal needs in line with devolving support from the Partnership for Family Supports and Justice. The charge was threefold. First, the Project needed to assign a fiscal agent to manage its finances. Since the Project's inception, this role has been managed by the New York Community Trust, one of the first members of the Partnership. Second, the Project would need to draw in new revenue sources. Third, it would need to create strategies and structures to facilitate the recruitment of new short- and long-term revenue sources. We turn to these themes below.

#### Establishing a fiscal agent

A major step on the path to community control was taken in May 2008, when Highbridge Community Life Center was appointed by the collaborative partners to serve as the new fiscal conduit to the Project. The fiscal agent carries many tasks, such as managing accounts, issuing checks to grantees, and providing regular financial statements of income and expenditures to the Executive Committee. In addition, the fiscal agent participates in budgetary decision-making through the process of reviewing annual proposals. This development is an important milestone in the Project's transition to becoming a community-led entity.

#### The current funding environment

At this point in time the majority of donors involved since the first service year have reduced their donations significantly; others are no longer participating in the Partnership. Yet the number and source of funders has diversified in recent years, along with growing interest in the Project.<sup>12</sup> In 2008, the programs were operating with significantly fewer resources in SY V than in previous years. Given the phasing out of distinct funders, the budget for SY IV was cut ten percent. In SY V budget cuts increased to 25 percent across all programs. It has been projected by Project

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<sup>12</sup> In recent years, as the original set of donors have been gradually phasing out of the Partnership, the number of funders supporting the Project has grown from 13 in SY III to 17 in SY V.

leaders that SY VI could bring up to an additional 30 percent in cuts. Due to uncertainty regarding funds to be provided by ACS once the new RFP goes into effect, SY VI has been placed on a nine month fiscal schedule, from October 2008 through June 2009.

The shift to community control has often been talked about – by many project leaders and partners alike – as hinging on an eventual shift to public funding. Though never claimed officially, it was widely assumed that the new RFP would hold a place for community collaboratives such that the BB/CPI could seek out adequate support comparable to what it held from its donors. As the year unfolded, the Project’s options for public sponsorship became more defined. In March, ACS released its RFP concept paper, which declared that CPI funds could not be channeled through community coalitions directly, but would have to be operated by a contract agency elected by the community. With the release of the RFP in September 2008, partners learned that under the new contracts, the Project could receive up to double the current amount of CPI pilot funds (\$300,000), which is less than half the current BB/CPI budget. In addition, new geographical boundaries have been drawn through the designation of 19 zones throughout the City. In the case of Highbridge, the physical boundaries of the CPI work are expected to be extended to include CD 8, the Riverdale neighborhood in the Bronx.

At this time the Project finds itself at a fiscal turning point. The Project’s funding challenges are occurring within a larger environment of broader economic strain. Many partners anticipate that the current (local and global) financial stress will yield significant resource cuts in the social services and increase competition for private and public funding. To manage the crisis, Project leaders are working to develop new fundraising strategies that are a key element of the transition agenda.

#### New strategies

Since learning that ACS funds will not provide adequate support for the Project, leaders are aware that resources will have to pursue alternative sources. For the past several years, the BB/CPI has operated within a bifurcated model of financing. In the initial years, Project funds came exclusively from pooled funding from the Partnership. Over time, the Project has not only pulled in additional funders into the Partnership but has also sought out support for individual

programs.<sup>13</sup> In going forward, BB/CPI leaders will have to seek out funds of both types, the former being more difficult to obtain than the latter, as funding opportunities devoted to collaborative-based work are less common than program-based funds in general.

The Project is beginning to work from within to address fiscal needs in ways that point to real community control over Project finances. For example, there is an attempt among some BB/CPI preventive agencies to incorporate their Project-related work into their response to ACS' RFP. Some funds have been sought from BB/CPI leaders, others have been brought in by the partner agencies themselves. For example, organizations like CWOP and the Bronx Defenders have relied on non-Bridge Builder funds for the majority of their work with the collaborative. Other organizations, such as HCLC and Graham Windham, are pitching in by donating staff to work with Project leadership on fundraising development.

The fiscal conditions under which the Project finds itself currently conjure up old questions of ownership and representation. On the one hand, having both funded and non-funded partners in the membership and on the board may lead to competition over resources and control. On the other hand, funded and unfunded partners have worked alongside one another successfully for several years. Some leaders attribute this to the fact that Project funds allotted to individual agencies are modest; many draw on external funding sources to do their work. Given that Project funds are such a small part of agency budgets and that many unfunded partners are intensively engaged in the work it is clear that agency partners are motivated to participate in the Project in part due to a sense of shared vision, rather than by the financial benefits reaped by their involvement.

Yet it is clear that without adequate funds, the health of the collaborative could weaken. The value of participating in the BB/CPI may decrease if the partners are no longer able to leverage the resources they need to provide innovative services and continue to build a community-based collaborative. In interviews, some partners expressed optimism about the future sustainability of the Project; others claimed that the collaborative would not move forward in the event that resources become scarce.

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<sup>13</sup> For example, the Project's Therapeutic Visitation Program is funded by sources outside of the Partnership. Similarly, the CPI, which is funded by ACS, can be considered an individual program outside of the Bridge Builders since its budget is managed separately.

## *Leadership*

Community-based leadership is a key part of the Project's transition to community control. We deal with leadership as a separate transition component because it is shifting dramatically in line with other Project activities and will have such an important impact on the capacity of the Project to manage its programs going forward. Given that the role of residents in Project leadership is a key aspect of how the Project has sought to enhance its leadership structure, we deal with resident engagement in a separate section.

### New roles and responsibilities

This past year, the Project underwent significant shifts in its leadership. The Project's former Executive Director resigned in March 2008. In June, a hiring committee comprised of BB/CPI organizations and community partners selected a new Executive Director. The new director is the former co-chair of the Executive Committee and a veteran staff member of the Project. The role of the director is also being redrawn to incorporate several managerial tasks that have traditionally been handled by the Project's two co-directors, who are expected to step down from their position in the summer of 2009. The co-directors are currently working closely with the new director to support the transition of some of their current duties.

In addition, the CPI has resulted in changes in the Project's leadership structure. The CPI liaison who coordinates the CPI workgroups also sits on several transition committees. In this sense, the CPI liaison helps lead the transition in a way that creates a seamless connection to CPI activities and strengthens leadership capacity. In addition, the CPI gave rise to new leadership roles for several longtime project partners who chair the four CPI workgroups (early education and child care, case conferences, recruitment, and visitation). In the Spring, a larger CPI facilitator committee was created in response to the growing need to create a leadership group to oversee matters related exclusively to CPI programs and budgets.

The growth of new leadership teams point to a more diversified set of governing bodies, with daily decisions about the Project taking place across more partners. In some ways, the large, diverse group of leaders that now exists in the Project suggests that the leadership within the new federation will be able to successfully manage multiple fronts – programmatic, technical assistance, training, fundraising, budgetary, social marketing.

### Capacity issues

The prospective financial shortfall threatens not only BB/CPI programs, but also render vulnerable its staff resources devoted to managing other aspects of collaborative functioning. In this context, it is a particularly challenging time for the Project's co-directors to be preparing to phase out of their leadership positions. At the same time, the demands of the Project in such areas of fundraising and program management are expanding, and will require additional leadership and administrative support. For example, as funding streams become more individualized and differentiated, more support is needed to coordinate and manage the work. The co-directors have extensive experience in this area and contacts in various funding environments that are difficult to transfer to new leadership.

The federation model will bring the need for new administrative responsibilities related to governance and communication mechanisms so that decision-making and accountability is shared efficiently throughout the organization. Traditionally, management of the Project has been centralized among a small group of key leaders (i.e., co-directors, project director, Executive Committee co-chairs, and more recently, the CPI liaison). It remains unknown how the new Executive Committee will work in conjunction with the standing committees (e.g., policy/legislative, membership/board recruitment, CPI) and the newly appointed Executive Committee to manage and oversee the various administrative aspects of the Project. Given the increasingly complex operational environment, it will be difficult for the Executive Director and CPI liaison to manage matters related to Project services and simultaneously take part in all of the standing committees.

The Project has also grown more complex in its scope of services and its geographic reach. Currently there are more than 30 organizations participating in the work that occurs under the rubric of the BB/CPI. As we argued in our last interim progress report, the Project should work to incorporate non-funded partners into the governance structure, and should request that they submit monitoring reports to enable leaders to understand the scope of service of the Project and identify effective practices – tasks that require substantial capacity that the Project has historically struggled to create.<sup>14</sup> Project leaders are currently working to identify the participating agencies and their connection to the Project. They are planning to reach out to individual agencies to

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<sup>14</sup> Monitoring reports are now being submitted by one unfunded program, Therapeutic Visitation.

assess their interest in and knowledge of the BB/CPI.<sup>15</sup> Still, the growth in membership enjoyed by the Project creates a heightened need for new administrative resources. To capitalize fully on the new partnerships, the Project needs staff and leadership that can direct and manage the growth.

Capacity building as it relates to staff training and leadership development is an ongoing need and will be especially important to success of the transition. ACT has been playing a key role in helping partners and leaders alike to manage and prepare for the transition, one that highlights the importance of the facilitation role in a community-run collaborative. ACT helps partners to understand the implications of Project decisions; facilitates discussion and resolves disagreements; supports leadership development in various ways for Project staff and residents; and manages a large portion of technical work related to organizational guidelines and processes, all the while supporting a standard within the Project of transparency and shared leadership. At this time it is not clear to what extent ACT's involvement will be needed in future years.

Ultimately the work carried out by ACT is expected to be drawn from within the community. In a scenario of limited funding, however, leadership development and group facilitation are aspects of the work that could become vulnerable given the need to preserve core services.

### *Resident engagement in leadership and decision-making*

Collaborative partners have long viewed the participation of residents in Project decision-making to be an essential value of the Project and crucial to the achievement of real community control. True community ownership of the Project, the thinking goes, relates to the ability of individuals and organizations residing in the community to come together to support children and families and ultimately improve conditions in their neighborhood. The Project has also been oriented to draw on resident participation as a vehicle of reform: local advocates and organizations working together to make the child welfare system a fairer, more just system for children and families. The resident voice also allows the Project to have a deeper understanding of the needs of the community and therefore to better represent and respond to its interests.

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<sup>15</sup> As we describe in the next section, new orientation trainings slated to begin in the winter of 2009 will be offered to help shepherd in new agencies to the BB/CPI so that they can fully participate in its governance and understand its history.

From its original design, the goal of building meaningful resident engagement at the sites of service delivery and Project governance has been an ongoing priority of the Project. The Project's commitment has paid off over the years through the steady growth in resident membership and participation. Most of the residents that were involved in the Project in its early years remain active. At the same time, the goal of meaningful resident engagement is one that is difficult to achieve quickly. In our last interim report we noted that although resident involvement was on the rise, clarity was lacking as to the ways residents participate in Project decision-making and leadership. We argued that the nature of residents' participation in the Project needed to be structured in a way that continually increases their ability to grow in the organization. This year, the leaders set out to provide that clarity and structure through discrete strategies. These include setting new expectations of resident participation in decision-making committees, providing new opportunities for leadership, and developing trainings focused on technical skill-building and role clarification. We turn to these objectives below.

#### Participation in decision-making

Designing roles to integrate community residents into organizational governance has always been at the forefront of the Project's work. At the level of the Project's governance structure, the project selected two ways to promote resident involvement in decision-making. First, one of the two co-chair positions of the Executive Committee is reserved for a resident. Second, the Unaffiliated Community Member (UCM) role was created to provide voting power to six residents, appointed by the broader membership, who act on behalf of the collaborative as individual residents unaffiliated with any service organization. The Project also supports resident engagement through its mini-grant program, which sponsors residents' projects. The Federation model as it is currently designed builds on the existing structure in the following ways: a resident will serve on the new Executive Committee; standing committees have been created for youth representatives and UCMs; there is a resident position on the Board of Directors, and, ultimate decision-making authority rests with the broader membership.

This year we observed growth in the extent of residents' participation in Project decision-making. Community residents have been active on all of the transition committees and also provide leadership and support to the CPI workgroups. Residents continue to participate on various programmatic committees related to the Bridge Builders Project. In addition, the CPI liaison is a community resident. Our observations of the transition committees and retreats point to the real involvement of residents in decision-making about the transition plan. In addition, there has been

growing involvement of community residents in discussions taking place at the Executive Committee meetings, which have recently been attended by as many if not more residents than non-residents.

### Leading the community

Notwithstanding the progress already made vis a vis resident participation, future progress depends on developing mechanisms the support new resident participants in the context of a community-led entity. One part of the action plan for SY V related to resident engagement was designed to expand the role of the UCMs. In the Spring of 2008, the UCMs worked to create an evening meeting in which residents would be invited to discuss issues affecting their community. The meeting posed a leadership opportunity to the UCMs while at the same time serving as a way for the Project to garner more interest from residents, raise awareness about the Project, and respond more fully to community needs.

Progress in this area has developed slowly as few meetings have been held. In designing the new program, the UCMs faced difficulty in defining what the purpose of the group would be and how it would connect to the larger Project. In addition, there has been disagreement among the members as to how they are to manage their dual status as residents who represent the community independent of any organizational affiliation and individuals who work within the Project's power structure (and may provide confidential services to their neighbors). ACT has been working with the UCMs to develop by laws delineating roles and responsibilities in order to resolve these current challenges. These issues once again point to the continuing need for the Project to clarify and differentiate resident roles, including how they are to negotiate role boundaries with residents in and outside of the organization.

### Capacity development and role clarification

As part of the action plan for SY V, project leaders, along with ACT, have worked to put strategies in place that can provide clarity to the role of residents in the Project at the same time that new opportunities for leadership and professional development are made possible. At the forefront of the plan is the creation of a comprehensive training curriculum to be offered in the future BB/CPI "Leadership Academy". The trainings will provide community members with various types of information about the Project's history and operational structures. The trainings are also intended to support building residents' capacity to provide leadership and support to the

Project's programs. Finally, the trainings will be designed to clarify the extent and nature of resident involvement in the Project.

In early 2008, the Project hired a consultant to manage the development of the curriculum. In March, a call was put out to residents to participate in focus groups that would serve as a needs assessment opportunity. The intention was to gather information from residents about their perceived training needs. In the focus groups participants expressed their belief that roles and responsibilities for residents were unclear. They also spoke to a lack of funding resources to support their engagement. It was eventually decided that the Leadership Academy would not only address capacity building for residents but would also include informational sessions that would support new members (residents and non-residents alike) to become oriented to the Project's history and current organizational model.

The proposed trainings are expected to begin in early 2009 and are to be funded by the United Way. There are four components to the cohort-based training program: organizational (common understanding of the Project's mission and goals); technical (various professional skills such as writing, computer literacy, and public speaking); cultural orientation (organizational values, accepted and unaccepted behaviors), and leadership skill development (how to be an effective leader in the Project). The curriculum design suggests a comprehensive approach to resolving the current needs of the Project because it aims to provide residents with skill-building opportunities that can promote their mobility within the Project but also attempts to articulate the roles and responsibilities of members in context of the values and mission of the organization.

What is less clear is how the trainings will be facilitated and managed over time. The success of the trainings will depend on staff resources and the donation of partner expertise. One idea that has been mentioned is the possibility of creating a staff position to manage and develop the trainings. It is also not yet clear who will shape the actual content of the curriculum regarding how resident participation is to be defined or whether the drawing of roles will be a more interactive process. How the trainings are conducted and who leads them will be key to the quality of the trainings.

The work of building meaningful resident engagement in the Project's decision-making and leadership structures is an ongoing process. At this time, the Project has started down the road to creating the necessary capacity to accomplish this goal.

### *Integrating the Bridge Builders Project and the Highbridge CPI*

In the final quarter of SY IV, the Project began to implement its CPI strategic plan.<sup>16</sup> Since that time the partners have sought to build a seamless connection between the CPI and the Project's broader work so as to build on its current assets and leverage the new opportunities offered by the CPI. This intent is made evident by the Project's renaming to the Bridge Builders Community Partnership, or BB/CPI.

As we have highlighted throughout this report, the Project's work on the CPI has impacted many areas, including funding sources, leadership structures, membership, and programs. It is integral to the transition to community control in that it enhances the scope of the Project's services but also draws in direct fiscal support from ACS. In this section we take a closer look at the integration of the CPI into the larger Bridge Builder Project, both from a programmatic point of view and in terms of how the Project is governed. In particular, we aim to understand the extent to which resources have been blended and whether or not such integration has enhanced the Project or caused strain on its capacity.

#### Core mission and the CPI

The four CPI tasks mandated by ACS align well with the core mission of the Bridge Builders Project. The primary CPI tasks are: 1) to facilitate cross-agency referrals between Head Start, child care, and preventive services; 2) to enhance family team conferences; 3) to recruit and support foster parents in the community; and 4) to improve the quality and frequency of visitation between biological parents and their children. Both the Bridge Builders' model and the CPI practice tasks intersect with children and families at various points of prevention and system involvement and both are focused on improving safety and permanency outcomes.

Other core values are also consistent. Both projects are based on the idea that the public child welfare agency must work in conjunction with community players, including residents, to keep children safe and families stable. Like the Project's service model, the CPI tasks incorporate opportunities for residents to engage families, for collaboration between ACS and Project

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<sup>16</sup> The Bridge Builders Project was awarded CPI pilot funding in January 2007 (SY IV). In the months following partners developed a strategic plan. Funding came through in the summer of 2007 and implementation began soon after in the fall. In July 2008, ACS awarded bridge funds to BB/CPI to support the work until the new CPI contracts go into effect.

partners, and for community-based collaborative building. This continuity in mission and structure of the two projects has facilitated the smooth integration of the CPI into the Bridge Builders Project.

In our previous evaluation report we pointed to some initial concern from within the collaborative that the CPI would threaten the core values of the project. The role of ACS as funder of the Project was thought by some partners to jeopardize the independence of the collaborative to shape its practices and mission. Over the course of SY V, as the CPI work became integrated into the Project's scope of services and new relationships grew, the partners began to embrace the CPI as a positive addition to the work. In recently administered surveys, the majority of partner respondents cited the CPI as a highlight of the past year in the Project. They claimed the CPI has allowed them to expand their impact on families, build interagency partnerships, and strengthen ties to ACS staff.

#### Governance, leadership, and membership

The strong working relationships cultivated over time by the Project provided the CPI workgroups with a readymade foundation on which to build. The culture of mutual support, shared decision-making and transparency created by the Project carries over to the CPI work and strengthens it fundamentally. Conversely, as we described in earlier sections, the CPI provided new leadership opportunities for the Project's partners, which is promoted by the structure of the CPI (i.e., dividing into workgroups comprised of multiple leaders and reporting to the Executive Committee).

The CPI liaison, who works across all workgroups, provides monthly updates on CPI activities to the Executive Committee. Initially, this reporting – along with mandated quarterly reports to ACS – was the workgroups' primary mechanism of formal accountability. Sensing the need for an intermediary level of coordination, the leaders of the CPI workgroups now meet regularly with a representative from the CPI fiscal conduit agency and other workgroup leaders. This new structure creates an important venue for mutual accountability, as well as the sharing of information, expertise, resources, and support.

The nature of the CPI tasks as well as the extension of its physical boundaries has brought in new members to the Project, particularly new foster care and preventive agencies and child care organizations. Few of the new members, however, participate actively in the Executive Committee or other Bridge Builders-specific activities. The integration of the new partners into

the larger Project has not been fully achieved and the upcoming Leadership Academy may be one way to orient newcomers to the Project’s history and mission. In addition, the bulk of the Project’s services being delivered under the rubric of the CPI remains localized to the original three census tracts, although this is slowly changing.

### Integration of services

In the first implementation year, the Project was able to surpass its deliverables to ACS. The CPI workgroups: held 242 visits between children and their biological parents; supported families in 78 ACS-facilitated case conferences; certified 6 neighborhood-based foster parents and recruited another 27 prospective foster parents in the “pipeline”; and created a referral system that tracked 58 interagency referrals. Each of the workgroups took an innovative approach to the work that was made possible by their ability to leverage already existing collaborative resources, particularly strong interagency partnerships and the expertise of its partners who had been working with families in similar functions for several years.

For example, in the area of case conferencing, the CPI workgroup was able to draw on previously established relationships with the borough office as well as the expertise of CWOP community organizers. The organizers’ personal and professional experience added richness to the conferences in building rapport with the families and contributing to referral and resource ideas. In the conferences, they navigate the boundaries of supporting the birth family and, at times, advocating for the family’s rights when they feel it is called for. In some cases, borough office staff requested a specific parent organizer come to a conference because of a prior connection with the family. Thus, in this example, BB/CPI was able to build on its existing resources in creating a new way for families to connect to needed services while also reaching CPI goals. A similar example is demonstrated by the Project’s work in the area of visitation where partners have been able to build on an already existing clinical resource, the Therapeutic Visitation Program (TVP), which is a collaboration between Highbridge Community Life Center, Albert Einstein College of Medicine and the ACS Office of Family Visitation.<sup>17</sup>

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<sup>17</sup> There are some notable differences between TVP and what other CPI coalitions are able to provide in this area. The visits themselves are clinical sessions intended to build the parents’ skills and also increase their awareness of the emotional dynamics of parenting and child development.

Conversely, the CPI has created opportunities for the Bridge Builders Project to grow, both in its membership and in its scope of services. For example, the CPI liaison frequently serves as a coordinator between the CPI workgroups and the larger Project programs. Partners working from within both sides of the BB/CPI call the liaison to connect their families to other services within the Project. On the side of membership, the workgroup on linking early childhood/preventive services has taken this CPI goal as an opportunity to build a new community of providers from across the stakeholder groups. The workgroup’s monthly meetings are large gatherings of 20 to 30 people representing Head Start, child care, and preventive service providers, as well as ACS. The CPI has also created new opportunities to engage and employ residents in Project roles.<sup>18</sup>

In addition, the CPI provides the Project with opportunities to build on its service goals. One of the four tasks, foster home recruitment, has been a longstanding goal of the Project. In SY V, Project leaders, in conjunction with new and former foster care agency partners, worked to develop an initiative to “reserve” homes for children from the community. This potential new system for assigning already recruited homes to local children is off to a strong start, with buy-in from the foster care agencies and participation of the Bronx Family Court. As described above, the Project has successfully advocated for the creation of a separate court part for families from Highbridge and CD 4. The court part and its designated judge will potentially function as the gate keeper to the “reserved” homes that have been made available. This work can occur in conjunction with the various recruitment activities taking place within the CPI recruitment workgroup where six foster care agencies that serve Highbridge assemble each month to collaborate on recruitment strategies.

These examples point to the ease by which the Project has been able to integrate the CPI into the work of the Bridge Builders Project. Some work remains going forward, such as the need to increasingly reach out across CD 4, of which Highbridge is a small part. The lack of a comprehensive CD-wide orientation is not a failure in the sense that it will prevent the workgroups from accomplishing their goals. Rather, we highlight this issue to remind coalition partners that the future work of the CPI and the Bridge Builders Project at large can be strengthened by expanding partnerships throughout the CD. Yet the Project may have to do so in the context of new challenges moving forward. If ACS’ plan to extend the CPI activities to CD 8

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<sup>18</sup> For example, the Project has hired local foster parents to work in the function of foster parent “anchors” and “coaches.” These individuals work to recruit homes through their neighborhood networks and provide trainings to existing foster parents.

is realized, the Project will need to find ways to extend geographically in ways that protect its Highbridge-specific resources.

In general, the issue of administrative support has been one the CPI workgroups have struggled with somewhat. They have come up with some novel solutions, such as providing stipends to residents to assist the liaison, who functions without the benefit of an ACS lead to share the workload. The coalition plans to add a part-time administrative consultant position to streamline the liaison's support in year two.

## Outcomes

The report up to this point has described Bridge Builders' on-going efforts to improve the delivery of services in Highbridge. Attention now turns to how the Project's efforts may have influenced the four core outcomes:

- 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
- Reduce the rate of reentry into the foster care system

This section presents data for each of these outcomes, examining the results along two dimensions: historical trends over eight years from 2000 to 2008, and across three matched sites. Comparing outcomes for the four years prior to the Project's onset and in the four years since it has been fully operating provides the opportunity to understand the extent to which outcomes are similar to or different from what was true in the past. The geographic comparisons help explain the degree to which the findings from Highbridge are in some way unique to the Bridge Builders target area.

To measure the core maltreatment outcomes we present data on the following indicators over eight years and for each of four community areas: 1) the number and rate of maltreatment reports, 2) the number and rate of reports that are substantiated, 3) the victimization rate and 4) the number of recurrent indicated maltreatment reports. The permanency outcomes are also measured over eight years and within the targeted and comparison sites. To assess these we present: 1) the number and rate of children placed into foster care, 2) the number of children discharged within 12 months, and 3) the number of children who reentered care after discharge.

The outcome tables are organized into year-long observation periods beginning April 1 of each year and ending March 31 of the following year. The time periods were defined based on the time of year that initial project activities were deemed to be in full operation (April 1, 2004).

### *Context*

Bridge Builders operates within the broader context of New York City. 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. For example, official ACS statistics point to a general decline in the number of children involved in maltreatment reports in the years 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 overlaps 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 5,964 in December 2005 to 11,005 one month later, an increase of nearly 85 percent. Over the same period, the foster care population increased from 15,877 to 16,202. By March 2006, the number of children in foster care stood at 16,534. Since March 2006, pressures on the system, as measured by the number of reports and the number of children placed in foster care, have subsided, but they have not returned to levels seen earlier in the decade.

Highbridge is not and was not immune from the systemic influences affecting the city as a whole. The data presented in this section reflect some of the citywide trends discussed above, making it more difficult to distinguish the unique effect of Bridge Builders from broader patterns. Whether trends are shifting toward more positive outcomes or in a less favorable direction, the evaluation question remains the same: Was Highbridge different from other communities? The fluctuating context across New York City requires a more careful examination of this question. When system-wide changes were generally positive, did Bridge Builders produce improvements beyond that seen in other communities? During the period when maltreatment reports were increasing and placements were rising, did the Project mitigate those outcomes? We address these questions in the sections that follow.

## *Safety*

In this section, we turn to trend data to determine whether Bridge Builders had an observable impact on the number of reports from the target area. When reviewing these results, it is important to remember that maltreatment reports do not provide a comprehensive nor perfectly precise measure of child safety. Not all incidents of child maltreatment are reported; those that are reported can be subjective. As we know from historical precedents, if and when a report is made is affected by such factors as community norms, changes in reporting laws, and other contextual factors such as those discussed earlier. Nevertheless, data on maltreatment reports do at least reveal the number of children brought to the attention of the child welfare system.

In this section, when we refer to *maltreatment reports*, the total includes any report whether unfounded or indicated. Reports of maltreatment are investigated by the Administration for Children's Services. When we refer to *indicated maltreatment reports*, we mean reports for which investigators found credible evidence that some form of maltreatment occurred. Reports of maltreatment, regardless of disposition, may result in a range of responses including service referral (e.g., mandated preventive services), placement in foster care, or no further action.

### Maltreatment Reports

Tables 1 through 3 present an unduplicated count of maltreatment reports within a given year. Tables 2 and 3 look at the initial reports that were investigated and for which maltreatment was indicated. Table 4, which examines recurrence, is slightly different. The number of reports refers to the number of reports in the first six months of the year. Indicated reports in the first six months that were followed by a subsequent indicated report were counted as recurrent reports.

In the years 2005-06 and 2006-07, following the citywide trend, the number of reports increased with the exception of University Heights 1 which remained about the same (Table 1). In the most recent year, the trend continued in all the sites except Highbridge, which is the only site that saw a decrease, by 13%. This pattern is retained when looking at the reporting rate per 1,000 children in sites.<sup>19</sup> Here we see that while the reporting rates have been increasing over the last four years

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<sup>19</sup> The reporting rate refers to the number of maltreatment reports divided by the number of children living in the Project target area or the comparison site. Population counts are based on

in all sites, Highbridge stands out in 2007-08 as the only site that experienced a decrease, by nearly 14%.

**Table 1: Number of Children Reported for Maltreatment by Community Area and Year: 2000 – 2008.**

| Indicator/Community Area         | 2000-01 | 2001-02 | 2002-03 | 2003-04 | 2004-05 | 2005-06 | 2006-07 | 2007-08 |
|----------------------------------|---------|---------|---------|---------|---------|---------|---------|---------|
| <b>Children Reported</b>         |         |         |         |         |         |         |         |         |
| Highbridge                       | 357     | 370     | 341     | 392     | 358     | 404     | 443     | 384     |
| Morissania                       | 367     | 392     | 366     | 353     | 341     | 414     | 433     | 435     |
| University Hts. 1                | 330     | 367     | 427     | 323     | 357     | 360     | 355     | 443     |
| University Hts. 2                | 292     | 287     | 312     | 302     | 275     | 300     | 354     | 377     |
| <b>Percent Change</b>            |         |         |         |         |         |         |         |         |
| Highbridge                       | NA      | 3.6%    | -7.8%   | 15.0%   | -8.7%   | 12.8%   | 9.7%    | -13.3%  |
| Morissania                       | NA      | 6.8%    | -6.6%   | -3.6%   | -3.4%   | 21.4%   | 4.6%    | 0.5%    |
| University Hts. 1                | NA      | 11.2%   | 16.3%   | -24.4%  | 10.5%   | 0.8%    | -1.4%   | 24.8%   |
| University Hts. 2                | NA      | -1.7%   | 8.7%    | -3.2%   | -8.9%   | 9.1%    | 18.0%   | 6.5%    |
| <b>Maltreatment Report Rate*</b> |         |         |         |         |         |         |         |         |
| Highbridge                       | 50.0    | 51.5    | 47.2    | 54.0    | 49.1    | 55.1    | 60.1    | 51.8    |
| Morissania                       | 49.4    | 53.4    | 50.4    | 49.1    | 48.0    | 58.9    | 62.3    | 63.3    |
| University Hts. 1                | 45.2    | 50.9    | 60.1    | 46.1    | 51.6    | 52.8    | 52.8    | 66.8    |
| University Hts. 2                | 52.6    | 52.3    | 57.5    | 56.4    | 52.0    | 57.4    | 68.6    | 74.0    |
| <b>Percent Change (Rate)</b>     |         |         |         |         |         |         |         |         |
| Highbridge                       | NA      | 3.1%    | -8.3%   | 14.4%   | -9.1%   | 12.3%   | 9.1%    | -13.8%  |
| Morissania                       | NA      | 7.9%    | -5.6%   | -2.5%   | -2.3%   | 22.8%   | 5.8%    | 1.6%    |
| University Hts. 1                | NA      | 12.7%   | 17.9%   | -23.3%  | 12.1%   | 2.3%    | 0.0%    | 26.6%   |
| University Hts. 2                | NA      | -0.5%   | 10.0%   | -2.0%   | -7.8%   | 10.5%   | 19.5%   | 7.9%    |

Source: Administration for Children's Services.

\*Rate per 1,000 children.

### Indicated Maltreatment

Indication rates are measured as the percentage of reports that were indicated. The number and percentage of reports that were indicated are presented in Table 2. In general, indication rates increased in each of the sites in 2005-06 and 2006-07, followed by decreases in all sites but University Heights 2 in 2007-08. In 2007-08, Highbridge experienced the largest drop from the

the 2000 U.S. census and estimates for each successive year, which were created using a simple interpolation based on the 2000 census counts and census estimates provided by Claritas, a commercial provider of census data.

previous year in the percent indicated (by about 16%) and had the lowest indication rate of all the sites, at about 36% as compared with 38 to 48 percent in the comparison communities.

**Table 2: Number of Children Reported for Maltreatment, Indicated Reports, and the Indication Rate by Community Area and Year: 2000 – 2008.**

| Indication/Community Area          | 2000-01 | 2001-02 | 2002-03 | 2003-04 | 2004-05 | 2005-06 | 2006-07 | 2007-08 |
|------------------------------------|---------|---------|---------|---------|---------|---------|---------|---------|
| <b>Number of Reports</b>           |         |         |         |         |         |         |         |         |
| Highbridge                         | 357     | 370     | 341     | 392     | 358     | 404     | 443     | 384     |
| Morissania                         | 367     | 392     | 366     | 353     | 341     | 414     | 433     | 435     |
| University Hts. 1                  | 330     | 367     | 427     | 323     | 357     | 360     | 355     | 443     |
| University Hts. 2                  | 292     | 287     | 312     | 302     | 275     | 300     | 354     | 377     |
| <b>Number of Indicated Reports</b> |         |         |         |         |         |         |         |         |
| Highbridge                         | 114     | 109     | 92      | 133     | 122     | 161     | 189     | 138     |
| Morissania                         | 147     | 176     | 171     | 135     | 103     | 161     | 181     | 167     |
| University Hts. 1                  | 105     | 100     | 151     | 112     | 88      | 123     | 149     | 171     |
| University Hts. 2                  | 86      | 93      | 109     | 89      | 94      | 103     | 166     | 180     |
| <b>Percent Indicated</b>           |         |         |         |         |         |         |         |         |
| Highbridge                         | 31.9%   | 29.5%   | 27.0%   | 33.9%   | 34.1%   | 39.9%   | 42.7%   | 35.9%   |
| Morissania                         | 40.1%   | 44.9%   | 46.7%   | 38.2%   | 30.2%   | 38.9%   | 41.8%   | 38.4%   |
| University Hts. 1                  | 31.8%   | 27.2%   | 35.4%   | 34.7%   | 24.6%   | 34.2%   | 42.0%   | 38.6%   |
| University Hts. 2                  | 29.5%   | 32.4%   | 34.9%   | 29.5%   | 34.2%   | 34.3%   | 46.9%   | 47.7%   |

Source: Administration for Children's Services.

### Child Victimization

The victimization rate is the number of children who were the subject of an indicated maltreatment report per 1,000 resident children. Table 3 presents the victimization rates per 1,000 children in each community area. Here we see more pronounced improvements in Highbridge than in the comparison sites. The victimization rates in Highbridge were 18.6 per 1,000 children as compared with 24.3 to 35.4 in the other sites. Looking at the percent change in rates, we see that Highbridge experienced a 27% decrease in victimization rates whereas Morissania saw a smaller 7% decrease and the two University Heights sites experienced increases of 10 to 16 percent.

**Table 3: Number of Maltreatment Victims, Victimization Rate and Percent Change by Community Area and Year: 2000 to 2008.**

| Community Area/Indicator            | 2000-01 | 2001-02 | 2002-03 | 2003-04 | 2004-05 | 2005-06 | 2006-07 | 2007-08 |
|-------------------------------------|---------|---------|---------|---------|---------|---------|---------|---------|
| <b>Number of Victims</b>            |         |         |         |         |         |         |         |         |
| Highbridge                          | 114     | 109     | 92      | 133     | 122     | 161     | 189     | 138     |
| Morissania                          | 147     | 176     | 171     | 135     | 103     | 161     | 181     | 167     |
| University Hts. 1                   | 105     | 100     | 151     | 112     | 88      | 123     | 149     | 171     |
| University Hts. 2                   | 86      | 93      | 109     | 89      | 94      | 103     | 166     | 180     |
| <b>Victimization Rate per 1,000</b> |         |         |         |         |         |         |         |         |
| Highbridge                          | 16.0    | 15.2    | 12.7    | 18.3    | 16.7    | 22.0    | 25.6    | 18.6    |
| Morissania                          | 19.8    | 24.0    | 23.5    | 18.8    | 14.5    | 22.9    | 26.0    | 24.3    |
| University Hts. 1                   | 14.4    | 13.9    | 21.2    | 16.0    | 12.7    | 18.0    | 22.2    | 25.8    |
| University Hts. 2                   | 15.5    | 16.9    | 20.1    | 16.6    | 17.8    | 19.7    | 32.2    | 35.4    |
| <b>Percent Change in Rate</b>       |         |         |         |         |         |         |         |         |
| Highbridge                          | NA      | -4.9%   | -16.0%  | 43.8%   | -8.7%   | 31.3%   | 16.8%   | -27.4%  |
| Morissania                          | NA      | 21.0%   | -1.8%   | -20.2%  | -22.9%  | 58.0%   | 13.7%   | -6.7%   |
| University Hts. 1                   | NA      | -3.5%   | 53.0%   | -24.8%  | -20.3%  | 41.7%   | 22.9%   | 16.4%   |
| University Hts. 2                   | NA      | 9.4%    | 18.6%   | -17.3%  | 6.9%    | 11.0%   | 63.2%   | 9.8%    |

Source: Administration for Children's Services.

### Recurrence of Maltreatment

Maltreatment recurrence refers to an indicated maltreatment report that follows a prior indicated report. Because children reported in the later years (e.g., 2007-08) are observed for a shorter period of time after the initial report, we used a six-month observation window to standardize the observation period across the reporting periods. In Table 4, a child who is the subject of an indicated maltreatment report in the first half of the year was followed for six months to determine whether a subsequent indicated report occurred. Recurrence was measured as the proportion of children with a second indicated maltreatment report within six months of a prior indicated report.

Recurrence rates for each of the eight years are presented in Table 4. In addition, the total recurrence rate for the four pre-project years and the four project years are also presented. Other than some year-to-year variation, these data show that the average recurrence rate in Highbridge is largely unchanged at slightly less than 19%. While it is true that the recurrence rate has been

moving lower each year since 2004-05, the Project’s first year, the same can be said for University Heights 2.

**Table 4: Number of Indicated Reports and Recurrence within Six Months by Community Area and Year: 2000 to 2008.**

| Community Area/Indicator | 2000-01 | 2001-02 | 2002-03 | 2003-04 | 2004-05 | 2005-06 | 2006-07 | 2007-08 | Total. Pre-Project | Total Project |
|--------------------------|---------|---------|---------|---------|---------|---------|---------|---------|--------------------|---------------|
| Highbridge               | 52      | 54      | 55      | 52      | 62      | 71      | 122     | 80      | 213                | 335           |
| Recurrence               | 19.2%   | 20.4%   | 16.4%   | 19.2%   | 30.6%   | 16.9%   | 16.4%   | 13.8%   | 18.8%              | 18.5%         |
| Morissania               | 87      | 90      | 79      | 73      | 64      | 55      | 109     | 73      | 329                | 301           |
| Recurrence               | 18.4%   | 10.0%   | 25.3%   | 12.3%   | 18.8%   | 10.9%   | 11.9%   | 17.8%   | 16.4%              | 14.6%         |
| University Hts. 1        | 58      | 64      | 68      | 56      | 48      | 43      | 67      | 100     | 246                | 258           |
| Recurrence               | 13.8%   | 12.5%   | 14.7%   | 16.1%   | 12.5%   | 11.6%   | 17.9%   | 3.0%    | 14.2%              | 10.1%         |
| University Hts. 2        | 45      | 56      | 60      | 41      | 51      | 41      | 71      | 102     | 202                | 265           |
| Recurrence               | 17.8%   | 23.2%   | 16.7%   | 14.6%   | 23.5%   | 22.0%   | 18.3%   | 7.8%    | 18.3%              | 15.8%         |

Source: Administration for Children’s Services.

### *Foster Care Placement and Placement Duration*

Bridge Builders supports prevention services that are designed to reduce maltreatment and the need for placement. For children who are placed in foster care, Bridge Builders offers services, including legal representation, that are designed to improve the chances of reunification or another suitable permanency outcome (i.e., adoption), given the circumstances of individual children and families. If these services are effective, we would expect to see that reflected in admissions to foster care and in outcomes after children are placed.

In keeping with the placement outcomes described in the original planning documents, we track three measures to assess foster care utilization: 1) admissions to foster care, 2) duration of placement, and 3) reentry to foster care. As with the maltreatment data, the placement data is organized into the same 12-month windows across seven years. We also use U.S. Census data to standardize the placement frequencies relative to each community’s child population by calculating the rate per 1,000 children residing in the community area.

Placement

In 2007-08, the upward climb of foster care placement also seen citywide stabilized somewhat in the four sites (Table 5). The change from 2006-07 to 2007-08 was less dramatic in all the sites than it was in the second and third years of the Project. In Highbridge, the number of children placed and the change in 2007-08 over the previous year, were in the middle of the range of all the sites. In 2007-08, both Morissania and University Heights 1 saw a small decrease (about 5%) in the number of children placed while Highbridge saw about 5% increase from 58 to 61 children placed. University Heights 2, by contrast, saw a 12% increase from 42 to 47 children.

**Table 5: Number of Children Placed and Percent Change by Community Area and Year: 2000 to 2008.**

| Community Area/Indicator | 2000-01 | 2001-02 | 2002-03 | 2003-04 | 2004-05 | 2005-06 | 2006-07 | 2007-08 |
|--------------------------|---------|---------|---------|---------|---------|---------|---------|---------|
| <b>Number Placed</b>     |         |         |         |         |         |         |         |         |
| Highbridge               | 67      | 62      | 38      | 59      | 35      | 47      | 58      | 61      |
| Morissania               | 42      | 61      | 49      | 55      | 35      | 52      | 65      | 62      |
| University Hts. 1        | 35      | 49      | 58      | 56      | 27      | 37      | 50      | 47      |
| University Hts. 2        | 74      | 63      | 41      | 23      | 33      | 19      | 42      | 47      |
| <b>Percent Change</b>    |         |         |         |         |         |         |         |         |
| Highbridge               | NA      | -7.5%   | -38.7%  | 55.3%   | -40.7%  | 34.3%   | 23.4%   | 5.2%    |
| Morissania               | NA      | 45.2%   | -19.7%  | 12.2%   | -36.4%  | 48.6%   | 25.0%   | -4.6%   |
| University Hts. 1        | NA      | 40.0%   | 18.4%   | -3.4%   | -51.8%  | 37.0%   | 35.1%   | -6.0%   |
| University Hts. 2        | NA      | -14.9%  | -34.9%  | -43.9%  | 43.5%   | -42.4%  | 121.1%  | 11.9%   |

Source: Administration for Children's Services.

Table 6 weights the placement counts by the size of the child population in each community area. Over the eight years, the percent change has been substantial from year to year, frequently by more than 30%, whereas in 2007-08, the largest change was 13%. In Table 6, similar to what we saw in Table 5, the 2007-08 Highbridge rates and percent change are in keeping with those observed in the other sites. The placement rate per 1,000 children in Highbridge in 2007-08 was 8.2, which is 4.6% higher than the previous year. University Heights 2 increased by 13% over last year. Although placement rate in Morissania decreased slightly, the 2007-08 rate of 9.0 was higher than in Highbridge (8.2).

**Table 6: Placement Rate Per 1,000 Children and Percent Change by Community Area and Year: 2000 to 2008.**

| Community Area/Indicator        | 2000-01 | 2001-02 | 2002-03 | 2003-04 | 2004-05 | 2005-06 | 2006-07 | 2007-08 |
|---------------------------------|---------|---------|---------|---------|---------|---------|---------|---------|
| <b>Placement Rate per 1,000</b> |         |         |         |         |         |         |         |         |
| Highbridge                      | 9.4     | 8.6     | 5.3     | 8.1     | 4.8     | 6.4     | 7.9     | 8.2     |
| Morissania                      | 5.7     | 8.3     | 6.7     | 7.7     | 4.9     | 7.4     | 9.3     | 9.0     |
| University Hts. 1               | 4.8     | 6.8     | 8.2     | 8.0     | 3.9     | 5.4     | 7.4     | 7.1     |
| University Hts. 2               | 13.3    | 11.5    | 7.6     | 4.3     | 6.2     | 3.6     | 8.1     | 9.2     |
| <b>Percent Change</b>           |         |         |         |         |         |         |         |         |
| Highbridge                      | NA      | -7.9%   | -39.0%  | 54.5%   | -41.0%  | 33.6%   | 22.8%   | 4.6%    |
| Morissania                      | NA      | 46.8%   | -18.8%  | 13.5%   | -35.7%  | 50.2%   | 26.4%   | -3.5%   |
| University Hts. 1               | NA      | 41.9%   | 20.0%   | -2.1%   | -51.1%  | 39.0%   | 37.1%   | -4.6%   |
| University Hts. 2               | NA      | -13.8%  | -34.1%  | -43.2%  | 45.3%   | -41.7%  | 123.9%  | 13.4%   |

Source: Administration for Children's Services.

#### Placement Duration and Discharge Destination

The previous two tables were based on the number of children admitted. Our analysis of placement duration considers two ways of looking at placements: children admitted to care and children who were already in care on April 1 of the specified year. We take this view because, at the start of any year window, there are always some children already in foster care. Recognizing the Project's efforts with children already in care when the Project started, we examine the in-care and admission populations separately.<sup>20</sup>

The presentation in Table 7 begins with the children who were in care as of April 1 of the specified year. To standardize the observation period, we present the number of children in care who were still in care 1 year later. An increase in the percent discharged within 12 months is generally indicative of reduced time in care. We also provide the averages for the pre-Projects years (2000 to 2003) and the Project years (2004 to 2007).

<sup>20</sup> Note that as with the maltreatment tables, the year begins on April 1 and ends March 31 of the next year.

**Table 7. Number of Children in Care by Community Area, Discharge Status 12 Months Later, and Year: 2000 to 2007.**

| Community Area and Discharge Status | 2000  | 2001  | 2002  | 2003  | 2004  | 2005  | 2006  | 2007  | Avg. Pre-Project | Avg. Project |
|-------------------------------------|-------|-------|-------|-------|-------|-------|-------|-------|------------------|--------------|
| Highbridge, total                   | 195   | 193   | 158   | 161   | 158   | 129   | 135   | 136   | 177              | 140          |
| Still in care 1 yr later            | 132   | 130   | 113   | 116   | 102   | 87    | 91    | 89    | 123              | 92           |
| Exited w/in 12 mos.                 | 63    | 63    | 45    | 45    | 56    | 42    | 44    | 47    | 54               | 47           |
| Percent discharged                  | 32.3% | 32.6% | 28.5% | 28.0% | 35.4% | 32.6% | 32.6% | 34.6% | 30.6%            | 33.9%        |
| Morissania, total                   | 210   | 172   | 162   | 167   | 127   | 115   | 110   | 122   | 178              | 119          |
| Still in care 1 yr later            | 134   | 122   | 117   | 103   | 85    | 77    | 80    | 74    | 119              | 79           |
| Exited w/in 12 mos.                 | 76    | 50    | 45    | 64    | 42    | 38    | 30    | 48    | 59               | 40           |
| Percent discharged                  | 36.2% | 29.1% | 27.8% | 38.3% | 33.1% | 33.0% | 27.3% | 39.3% | 33.1%            | 33.3%        |
| University Hts. 1, total            | 190   | 164   | 136   | 133   | 116   | 102   | 79    | 86    | 156              | 96           |
| Still in care 1 yr later            | 130   | 107   | 89    | 78    | 74    | 55    | 48    | 61    | 101              | 60           |
| Exited w/in 12 mos.                 | 60    | 57    | 47    | 55    | 42    | 47    | 31    | 25    | 55               | 36           |
| Percent discharged                  | 31.6% | 34.8% | 34.6% | 41.4% | 36.2% | 46.1% | 39.2% | 29.1% | 35.2%            | 37.9%        |
| University Hts. 2, total            | 202   | 199   | 181   | 142   | 104   | 64    | 51    | 66    | 181              | 71           |
| Still in care 1 yr later            | 146   | 140   | 124   | 96    | 56    | 40    | 34    | 53    | 127              | 46           |
| Exited w/in 12 mos.                 | 56    | 59    | 57    | 46    | 48    | 24    | 17    | 13    | 55               | 26           |
| Percent discharged                  | 27.7% | 29.6% | 31.5% | 32.4% | 46.2% | 37.5% | 33.3% | 19.7% | 30.1%            | 35.8%        |

Source: Administration for Children's Services.

Comparing the averages before and during the Project years, all four sites share a number of similarities. In the pre-project year averages, all the sites saw close to one-third of the children discharged within one year, and all experienced an increase in the percent discharged in the latter four years. During the Project years, about 34% of the children in care in Highbridge were discharged within 12 months, up from 31% in the pre-project years. Morissania had a similar discharge rate, though with little change from the pre-project years. The children in care in University Heights 1 and 2 both saw increases in their average discharge rates, which averaged 38% and 36% over the last four years.

In Table 8 we now turn from children already in care to children admitted during each year. Again, the data illustrate the likelihood of discharge within twelve months, a statistic that gauges

whether children are leaving more quickly.<sup>21</sup> The year 2007-08 is omitted because for children admitted late in that year, twelve months have not yet passed by the time the data were prepared.

**Table 8. Number of Children Admitted during the Year by Community Area, Discharge Status 12 Months Later, and Year: 2000 to 2007.**

| Community Area and Discharge Status | 2000-01 | 2001-02 | 2002-03 | 2003-04 | 2004-05 | 2005-06 | 2006-07 | Avg. Pre-Project | Avg. Project |
|-------------------------------------|---------|---------|---------|---------|---------|---------|---------|------------------|--------------|
| Highbridge, total                   | 67      | 62      | 38      | 59      | 35      | 47      | 58      | 57               | 47           |
| Still in care 1 yr later            | 42      | 28      | 21      | 31      | 19      | 22      | 32      | 31               | 24           |
| Exited w/in 12 mos.                 | 25      | 34      | 17      | 28      | 16      | 25      | 26      | 26               | 22           |
| Percent discharged                  | 37.3%   | 54.8%   | 44.7%   | 47.5%   | 45.7%   | 53.2%   | 44.8%   | 46.1%            | 47.9%        |
| Morissania, tota                    | 42      | 61      | 49      | 55      | 35      | 52      | 65      | 52               | 51           |
| Still in care 1 yr later            | 20      | 34      | 26      | 25      | 21      | 33      | 31      | 26               | 28           |
| Exited w/in 12 mos.                 | 22      | 27      | 23      | 30      | 14      | 19      | 34      | 26               | 22           |
| Percent discharged                  | 52.4%   | 44.3%   | 46.9%   | 54.5%   | 40.0%   | 36.5%   | 52.3%   | 49.5%            | 42.9%        |
| University Hts. 1, total            | 35      | 49      | 57      | 56      | 27      | 37      | 50      | 49               | 38           |
| Still in care 1 yr later            | 22      | 21      | 28      | 27      | 13      | 20      | 32      | 25               | 22           |
| Exited w/in 12 mos.                 | 13      | 28      | 29      | 29      | 14      | 17      | 18      | 25               | 16           |
| Percent discharged                  | 37.1%   | 57.1%   | 50.9%   | 51.8%   | 51.9%   | 45.9%   | 36.0%   | 49.2%            | 44.6%        |
| University Hts. 2, total            | 74      | 63      | 41      | 23      | 33      | 19      | 42      | 50               | 31           |
| Still in care 1 yr later            | 38      | 44      | 23      | 8       | 18      | 11      | 29      | 28               | 19           |
| Exited w/in 12 mos.                 | 36      | 19      | 18      | 15      | 15      | 8       | 13      | 22               | 12           |
| Percent discharged                  | 48.6%   | 30.2%   | 43.9%   | 65.2%   | 45.5%   | 42.1%   | 31.0%   | 47.0%            | 39.5%        |

The discharge rates for children admitted during the year are higher than those seen in the in-care group. This is in line with the foster care population in general. The twelve-month discharge rate for admitted children centered around 45 to 50 percent in most sites. The averages in the last two columns, which present the pre-project and Project year averages, smooth over some of the year-to-year fluctuations. Here we see that the percentage of children discharged decreased in every site except Highbridge, which remained about the same. The other sites decreased from around 49% to a range of 40 to 45 percent.

<sup>21</sup> With respect to the data in Tables 7 and 8, it is important to remember that 12 months is a relatively short period of observation. If the children in care after 12 months (i.e., the children who fall into the still-in-care category) stay in care longer than expected, the gains already observed could be lost.

When considering discharges from foster care, it is also important to consider the discharge destination. Policy and practice favors family exits to parents or relatives, and adoption. An increase in discharges that also reveals an increase in exits to family or adoption makes a stronger case for improved child welfare outcomes. Table 9 presents the exit data for the children admitted between 2000 and 2007 by site. Adoption within one year of placement was omitted from the table because it is rare and in most cases was 0% in this table.

**Table 9. Percent of Children Admitted During the Year by Community Area, by Discharge Destination within One Year of Admission, and Year: 2000 to 2007.**

| Community Area and Discharge Destination | 2000-01 | 2001-02 | 2002-03 | 2003-04 | 2004-05 | 2005-06 | 2006-07 | Avg. Pre-Project | Avg. Project |
|--|---------|---------|---------|---------|---------|---------|---------|------------------|--------------|
| Highbridge, total                        | 100.0%  | 100.0%  | 100.0%  | 100.0%  | 100.0%  | 100.0%  | 100.0%  | 100.0%           | 100.0%       |
| Family Exit                              | 22.4%   | 40.3%   | 18.4%   | 33.9%   | 22.9%   | 34.0%   | 25.9%   | 29.6%            | 27.9%        |
| Other Exit                               | 14.9%   | 14.5%   | 26.3%   | 13.6%   | 22.9%   | 19.1%   | 19.0%   | 16.4%            | 20.0%        |
| Still in Care 1 Yr Later                 | 62.7%   | 45.2%   | 55.3%   | 52.5%   | 54.3%   | 46.8%   | 55.2%   | 54.0%            | 52.1%        |
| Morissania, total                        | 100.0%  | 100.0%  | 100.0%  | 100.0%  | 100.0%  | 100.0%  | 100.0%  | 100.0%           | 100.0%       |
| Family Exit                              | 40.5%   | 29.5%   | 28.6%   | 40.0%   | 20.0%   | 21.2%   | 27.7%   | 34.3%            | 23.7%        |
| Other Exit                               | 11.9%   | 14.8%   | 18.4%   | 14.5%   | 20.0%   | 15.4%   | 24.6%   | 15.0%            | 20.4%        |
| Still in Care 1 Yr Later                 | 47.6%   | 55.7%   | 53.1%   | 45.5%   | 60.0%   | 63.5%   | 47.7%   | 50.7%            | 55.9%        |
| University Hts. 1, total                 | 100.0%  | 100.0%  | 100.0%  | 100.0%  | 100.0%  | 100.0%  | 100.0%  | 100.0%           | 100.0%       |
| Family Exit                              | 22.9%   | 34.7%   | 38.6%   | 35.7%   | 29.6%   | 24.3%   | 18.0%   | 34.0%            | 22.8%        |
| Other Exit                               | 14.3%   | 22.4%   | 12.3%   | 16.1%   | 22.2%   | 21.6%   | 18.0%   | 16.2%            | 20.2%        |
| Still in Care 1 Yr Later                 | 62.9%   | 42.9%   | 49.1%   | 48.2%   | 48.1%   | 54.1%   | 64.0%   | 49.7%            | 57.0%        |
| University Hts. 2, total                 | 100.0%  | 100.0%  | 100.0%  | 100.0%  | 100.0%  | 100.0%  | 100.0%  | 100.0%           | 100.0%       |
| Family Exit                              | 39.2%   | 17.5%   | 24.4%   | 43.5%   | 18.2%   | 21.1%   | 23.8%   | 29.9%            | 21.3%        |
| Other Exit                               | 9.5%    | 12.7%   | 19.5%   | 21.7%   | 27.3%   | 21.1%   | 7.1%    | 13.9%            | 17.0%        |
| Still in Care 1 Yr Later                 | 51.4%   | 69.8%   | 56.1%   | 34.8%   | 54.5%   | 57.9%   | 69.0%   | 56.2%            | 61.7%        |

Source: Administration for Children's Services.

Family exits of reunification or discharge to another relative decreased from 2005-06 to 2006-07 in Highbridge from 34% to about 26%. University Heights 1 also saw a decrease in family exits while the remaining two sites had increases. However, there is volatility from year-to-year in all the sites. When we average across pre-project and Project years to smooth some of the variation, we see that all four sites experienced decreases in family exits on average. Comparing these two percentages, Highbridge had the smallest drop in family exits, and the average percent of family exits during Project years was higher in Highbridge (28%) than in any of the other sites (21% to 24%).

Reentry

The rate of reentry is another measure to assess how outcomes changed during the Project’s first three years. Expedient reunification is critical in establishing permanency, but the stability of that reunification is equally as important. Tracking reentry is one way of determining the success of reunification. Research has demonstrated that although children may return to care several years after reunification, most reentries occur within one year of discharge. Therefore, we identified children discharged from care within a given year and report on those who were re-admitted to care within one year of their exit (Table 10).

**Table 10. Number and Percent of Children Discharged who Reentered within One Year by Community Area and Year: 2000 to 2007.**

| Community Area and Reentry    | 2000-01 | 2001-02 | 2002-03 | 2003-04 | 2004-05 | 2005-06 | 2006-07 | Avg. Pre-Project | Avg. Project |
|-------------------------------|---------|---------|---------|---------|---------|---------|---------|------------------|--------------|
| Highbridge, total exits       | 79      | 95      | 63      | 63      | 63      | 49      | 61      | 75               | 58           |
| Percent reentered             | 8.9%    | 14.7%   | 20.6%   | 20.6%   | 14.3%   | 30.6%   | 27.9%   | 16.2%            | 24.3%        |
| Morissania, total exits       | 88      | 64      | 64      | 87      | 52      | 50      | 44      | 76               | 49           |
| Percent reentered             | 17.0%   | 25.0%   | 10.9%   | 8.0%    | 25.0%   | 18.0%   | 27.3%   | 15.3%            | 23.4%        |
| University Hts 1, total exits | 64      | 82      | 69      | 75      | 53      | 56      | 39      | 73               | 49           |
| Percent reentered             | 15.6%   | 23.2%   | 17.4%   | 8.0%    | 18.9%   | 17.9%   | 25.6%   | 16.0%            | 20.8%        |
| University Hts 2, total exits | 75      | 67      | 66      | 62      | 57      | 29      | 31      | 68               | 39           |
| Percent reentered             | 20.0%   | 13.4%   | 10.6%   | 11.3%   | 7.0%    | 17.2%   | 16.1%   | 13.8%            | 13.5%        |

Source: Administration for Children’s Services.

From these data, several important trends emerge. There is a general decline in the number of children discharged each year through 2005-06. The drop in the number of discharges has to do with the fact that, overall, the number of children in foster care was declining until the fatalities in 2005 and 2006. With fewer children in care, the number of children leaving care will generally go down as well, depending on what is happening with admissions. With the spike in admissions in 2005-06 we would anticipate rising exits in the years following that as those children begin to leave placement.

There was a substantial increase in exits from 2005-06 to 2006-07 in Highbridge, from 49 to 61 children, representing a 24% change in 2006-07. University Heights 2 saw a smaller increase from 29 to 31 children, a 7% change. Conversely, both Morissania and University Heights 1 had

decreases in exits. Averaging across the Project years, the number of exits in Highbridge were the highest compared with the other sites. Highbridge also experienced the smallest drop in exits between the pre-project and Project years, from 76 to 58, reflecting a 23% decrease. Other sites saw exit declines from pre-project to Project years to as low as 39 children in University Heights 2, representing 33 to 38 percent decreases between the two periods, respectively.

Turning to the percent of exiting children who reentered within twelve months, Highbridge experienced decreases in reentry rates in the first and third years of the Project, with a rise in its second year, the year in which admissions were up citywide as well as one of the comparison sites. In the most recent year, 2006-07, the percent of children reentering care in Highbridge decreased from 31 to 28 percent. University Heights 2 also experienced a decrease, albeit a smaller one, from 19 to 18 percent.

In Table 10 we see the volatility that has also appeared in the other tables. From year to year, across all the sites, the reentry rate ranges broadly from 7 to 31 percent. If we average across all the years and across each site, the average reentry rate was 18 percent. When averaging across the four pre-project and first three Project years, the trend is toward increasing reentry rates. Three of the four sites had higher reentry rates in the Project years than in the pre-project years while the fourth, University Heights 2, remained the same. In the pre-project years, reentries ranged from 14 to 16 percent, whereas reentry increased to 21 to 24 percent in the Project years in all but University Heights 2.

### *Summary*

The data suggest that in the fourth year of the Project, Highbridge begins to stand out from the comparison sites in several ways. Highbridge experienced an unadjusted decline in the number and rate of maltreatment reports and in the indication of those reports that was ahead of what was seen in the other sites. When averaging across the pre-project years and across the Project years, Highbridge also saw the higher rates of children exiting care to family among all the sites.

Although these findings are promising, there is still work to be done sustaining the positive outcomes. Year-over-year, there is considerable variation in the observed data (i.e., maltreatment reports, placements, etc.) during the pre-project and project years, so whether the changes observed are the result of sustainable improvements owing to the network of services put in place is still somewhat unclear. The fact that recurrence and reentry rates were largely unchanged is another reason to temper the optimism.

## Looking ahead

In this interim progress report we set out to track five key components of the transition to community control that the Project set out to accomplish in its fifth program year. The Project achieved many of its transition-related goals throughout the service year. In a short time, the partners have:

- developed an organization plan that embeds the principles of community control;
- established a community-based fiscal agent;
- begun to create new leadership structures to support new responsibilities as well as tasks once managed by the Project's longstanding co-directors;
- started to develop a Leadership Academy that will provide leadership competencies to community residents and work to define the nature and extent of their roles in the Project;
- created infrastructure that leverages Project assets to support the goals of the CPI and draws on the opportunities it makes available.

The Project was able to make substantial progress relatively quickly due to the strong commitment of its partners to moving the work forward. The accomplishments of the past year also reflect the core principles of inclusion, shared responsibility, and doing what is needed to move the work forward. The Project's level of internal leadership and partner commitment suggests it has what it takes to implement the new model of governance. To a certain extent, the Project's on-the-ground activities already resemble the vision of a community-controlled organization.

It remains to be seen how the untested mechanisms created during this phase of the transition will play out in the future. In the face of fiscal uncertainty, it is difficult to know whether partners will continue to invest in the project if it requires finding alternative means to do their work. Continued growth will also depend on the capacity of current and future leadership to manage the demands of the Project, which in the past year have increased in complexity. It is particularly challenging that the transition components are occurring simultaneously within an environment of fiscal vulnerability that places the transition of the Project on a strict time schedule.

In looking to the future, the Project can benefit from seeking out answers to the following questions:

- How can the Project draw on its partners to support Project fundraising adequately?
- Does the Project have the administrative and leadership capacity it requires to manage the Project’s current and future programs in a way that promotes the active monitoring of its clinical impact on families?
- How should decision-making mechanisms look in the new federation model once it is implemented?
- Will the Leadership Academy accomplish the Project’s goals regarding residents’ decision-making power and mobility in the Project?
- How can the Project benefit from continuing to expand throughout the community district under the auspices of the CPI? If, as has been projected, the CPI workgroups are to collaborate with additional neighborhoods in the Bronx, how do the partners hope to manage the collaboration?

These questions and others will be asked in the face of shifting operational structures and future uncertainties. As the Project’s recent accomplishments suggest, the partners of the BB/CPI are in a strong position to achieve the vision of becoming a community-controlled organization if they can continue to invest the right kinds of effort in the transition, leverage their resources, and seize new opportunities.