

**A MANAGEMENT AND POLICY STUDY
OF MAYOR BLOOMBERG'S
ONE CITY/ONE COMMUNITY
STRATEGY**

*Center for Youth and Communities
The Heller School for Social Policy and Management*



Brandeis University



August 2007

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Executive Summary

New York City has initiated several efforts to improve government services, build integrated strategies, and create efficiencies. In particular, Mayor Bloomberg's administration has articulated a vision of Commissioners working more closely together and communicating more effectively with one another to accomplish these goals.

A notable example is the 2004-2007 One City/One Community (One City) pilot project in Bedford-Stuyvesant. The project's origin dates to 2002, when newly elected Mayor Michael Bloomberg charged several city Commissioners and deputy-level staff to strategize about how to minimize interagency bureaucratic barriers for New Yorkers who rely on the City's human services system. Known at first as the One City Strategy, this effort became One City/One Community in 2004.

One City has evolved considerably during its three-year existence. In the first year, its primary activities were planning, design, and outreach. In the second year, the attention of the project's staff and advisors turned to case conferencing, service integration, and policy identification.

These activities continued in the third year, but the project added more activities, including:

- Creating a client consent form and protocol, an effort led by the City's Law Department.
- Technology-based interagency information sharing strategies.
- The design, testing, and implementation of a holistic interagency case management training curriculum with a focus on navigating City agencies.
- Project evaluation.

In addition, in the third year, as the result of analyzing data and learning from experience about effective targeting, the One City leadership and staff refocused its work more closely on five of the collaborating agencies that had case management as a core piece of their work and significant practice overlap. The activity in this third year coincided with the Office of the Deputy Mayor for Health and Human Services assigning the new Coordinator of the Office of Family Services as a liaison to One City to provide continued support and oversight.

One City builds on lessons of the past two decades of services integration and interagency collaboration and suggests a new approach for the City to actively promote and support

collaboration. With interagency case conferencing, One City improves client services by creating new avenues for case managers to work together across agencies on behalf of a client. With vertical integration of local casework and Commissioner-level collaboration, One City also moves identified barriers to effective service (or opportunities for improving services) directly to the attention of agency leadership in a position to make change happen. Over three years, this “case to cause”¹ approach and high-level collaboration reached a level of efficacy that improved interagency communication by informing how the City uses its internet and telephone based resources to provide information to front line human services staff; developed a common client consent form for several human services agencies; developed and implemented a training curriculum for human service workers; and informed several changes to human services agency policies.

This brief study of One City’s three-year pilot implementation credits One City with successful development of key elements of interagency collaboration for change, as revealed in a review of the literature on interagency collaboration:

- The engaged commitment of agency Commissioners and the Mayor’s office to working collaboratively and endorsing changes recommended by One City.
- The establishment of Local Advisory Teams for interagency collaboration, unifying mid-level management and creating a governance structure accessible to front-line casework/client service staff.
- The use of an experienced public-private intermediary, Agenda for Children Tomorrow (ACT), to staff the collaboration, organize trainings, cull data and provide feedback to agencies, build relationships across agencies and workers, and leverage the resources of the agencies linked under the One City umbrella.

In addition to these advancements in collaboration, One City can boast other positive outcomes. In October 2006 One City presented a document to the Commissioners summarizing ten case-based opportunities for systems reform and twenty opportunities for interagency training and subsequent review and action from the 250 cases in the database at that time. (Through April 2007, One City worked with 274 cases.) Since One City began, six systems changes have been made and others are under review. Equally importantly, One City’s work with all 274 cases led to interventions for clients with complex cases and documentation of lessons learned about serving clients more effectively. In addition, One City’s casework and discussions at both the Commissioner and Local Advisory Team levels yielded specific recommendations about intra-agency and interagency training and identified a need to train casework staff in order to promote and provide more holistic casework approaches to serving multi-agency clients. One City staff designed and tested a training curriculum entitled *Navigating City Agencies* and then provided training to staff of several agencies. Commissioners, Local Advisors, and others closely involved with One City recognize the need to continue and enhance this promising training. One City staff also used the sessions as opportunities to document interagency recommendations for policy/practice improvements.

¹Moving from “case to cause” refers to moving from the action of helping an individual, family, or group, to actions aimed at changing policy, practice, or elements of a system.

Finally, the following interview findings merit highlighting (see Section IV of the full report for further details).

- Interviews revealed broad support for One City. Critiques tended to cluster around issues of scale rather than design; for example, whether the One City approach involved the right agencies or uncovered enough big policy issues to merit the level of effort it required.
- A common interview theme is that One City has captured high-level investment in the concept of improving client services through interagency collaboration. At every operational level, the high degree of involvement and commitment of One City staff and of the office of the Deputy Mayor of Health and Human Services and its Office of Family Services is critical to the stakeholders interviewed. Interviewees cited the importance of the Commissioners' imprimatur to encourage line staff involvement; the importance of high-level conversations to solve problems and change policies and systems; and the importance of increasing Commissioners' exposure to client and street-level issues to guide their work.
- Interviewees agree that One City has been successful in drawing attention to good case management and has "modeled" effective interagency case conferencing.
- Interviewees had different feelings of involvement in and/or "ownership" of One City, which varied within as well as across operational levels.
- Interviewees particularly commended One City staff's knowledge of different agency systems, ability to "cut red tape" and gain access to Commissioners, Deputy Commissioners, or other senior managers, and expedite problem solving.
- Both Local Advisory Team members and clients attributed a new sense of empowerment to their One City involvement. Many Local Advisors said that their One City experience helped them acquire new knowledge and recognize their power to influence policy; clients said that their experience increased their confidence and enabled them to help others.

This study suggests that New York City would be well served to build on the promising One City foundation, keeping significant elements of One City that have developed momentum and produced sustainable results. Elements for consideration in the next phase can be briefly summarized as follows:

Overall Plan: New York City, through the Office of the Deputy Mayor for Health and Human Services, would commit to continuing the kinds of collaborative efforts initiated in the One City project and invest in a long-term contract with a non-governmental intermediary to staff a variety of interagency collaborations.

Following best practices in collaboration, the initiative would continue its third-year focus on the interagency connections that make the most sense (as noted above). Case files would continue to be analyzed, as was done in One City's third year, to determine which agencies have the most overlap in terms of client services and/or conflicts and needs for better integration and communication. Those agencies so identified would enter into a One City partnership modeled on the pilot phase (line staff, Local Advisory board, Commissioner meetings, etc.). These agencies' Commissioners would commit staff, budget, and their own involvement to the One City approach.

Funds would be invested in a new or enhanced database design that stores all information on client services and outcomes from the collaboration and informs every aspect of One City work

going forward. (This new design, focused on collaborative efforts, could link with the other technological advancements already underway or under discussion.) Funds would be invested, too, in ensuring that line staff have access to the Internet to use the technology supporting interagency collaboration.

Funds would also be needed to build on the promising interagency training begun by One City and follow up on intra-agency training recommendations. To enhance success, it is important to acknowledge and address explicitly the challenge that such training presents in terms of cost, time, and the capacity of line staff to absorb and practice new methods and “opportunities.”

In this scenario, intermediary staff would not handle cases. They would collect and analyze data, support interagency case conferencing, help to develop forms and communication tools, sponsor relevant training for line staff, and house the new or enhanced One City database that allows staff and the City to analyze client data, identify economies of scale and effort, compare collaborative services to typical services, etc. Intermediary staff would continue to analyze the data to assess progress and uncover other useful agency collaborations.

Collaborating agencies would contribute to a One City fund. The City would track savings from service improvements resulting from One City efforts, and equitably redistribute the savings to the agencies that realized the savings. The intended outcome is to establish interagency collaboration using the One City model as the modus operandi of NYC social welfare services.

One City's high-level access was key to resolving many complex cases. Many interviewees felt that such access was easier for an intermediary – i.e., that agencies may be more responsive to a group that is perceived as being outside of, though linked to, the City system. The agencies (and intermediary, if applicable) involved in the next phase should work with the Deputy Mayor's Office to determine the best ways to ensure that such access is part of the new model.

Finally, a new common visioning process could enhance the success of the next phase. The process would allow everyone to agree on clear expectations for “success” within each agency and for the collaboration. Data collection can then be oriented toward documenting successes.

Mayor's Office: The next step is to endorse the One City approach for interagency collaboration, with a modified scope. Rather than running One City as a project, it becomes a coordinating framework for any interagency collaboration supported by the Mayor's office. Any collaborating agencies would have access to the One City supports, trainings, database, etc.

The first group of collaborating agencies identified in Year Three should proceed as described, with a first objective of implementing the common informed consent form and technology-based interagency information sharing strategies.

Up-front investment should prioritize enhancing database systems for use by collaborating agencies as part of One City. The Deputy Mayor's Office has taken strides in this area, with the 311 system (the City's phone number for quick, easy public access to all City government and

non-emergency services and information²), ACCESS NY (a free service that identifies and screens for City, State, and Federal human service benefit programs), and support for One City's work on developing new technology-based interagency information sharing strategies. Continuing to improve these systems could support the One City strategy going forward, especially in considering how these systems could focus specifically on collaborative work and case conferencing.

Agencies/Commissioners: Commissioners agree to participate in quarterly meetings, patterned on the current Commissioner-level involvement, if the Mayor's Office/One City identifies their agencies as having significant overlapping services/issues/potential for improvement. Agencies identified for a collaboration would participate in a common visioning process with other identified agencies. An agreed-upon portion of the agencies' budget would be set aside to support the One City collaboration.

Local Advisors would be involved in much the same ways as in the pilot phase. They would continue to meet locally to identify issues from cases and enhance interagency coordination. The One City collaborations would test and report on new systems (e.g., the experience with the common informed consent form), providing ongoing R&D for interagency collaboration.

Intermediary: An intermediary with experience in neighborhood social services, collaboration, and government organization would staff the One City approach. Without the burden of actually handling cases, as happened in the pilot phase, the Intermediary is freed to support line staff, organize trainings, maintain the database, and analyze data to support and promote the interagency collaborations. Ongoing program assessment, informed by the One City database, would serve as an internal evaluation component and provide regular reports (see up-front investment above). The Intermediary reports to (and is responsive to requests from) the Mayor's Office, and agency contributions support its One City role.

² A live operator answers calls to 311, 24 hours a day, seven days a week, with translation services immediately available. 311 Call Center Representatives use a state-of-the-art database of City government information and services. 311 works closely with other City agencies to maintain the most current information. In addition to providing access to information, 311 is intended to help agencies improve service delivery by allowing them to focus on their core missions and manage their workload efficiently, while providing insight into ways to improve City government through accurate, consistent measurement and analysis of service delivery.

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I. Background

One City Assessment by Brandeis

One City/One Community (One City) is a three-year case coordination/services integration demonstration project in Brooklyn's Bedford-Stuyvesant neighborhood, created by the City of New York and managed by Agenda for Children Tomorrow (ACT). It is intended to support interagency collaboration, reduce conflicts across agencies, and identify "Catch-22's" – policy conflicts that often leave the City's most at-risk families without recourse or solution to what should be resolvable problems. One City seeks system, policy, and practice changes that result in better services to the City's families, many of whom are served by multiple agencies in the social welfare system.

As One City ends its demonstration phase, decisions must be made about:

- Whether One City should continue, in what form, and with what kinds of design, governance, or practice modifications.
- How One City might be supported, and whether it is sustainable with government funds.
- Whether and how the approach or aspects of the approach could or should be utilized in other areas of the City.

To help the City answer those questions, the City and ACT engaged the Center for Youth and Communities (part of Brandeis University's Heller School for Social Policy and Management) to conduct a short-term study of One City's accomplishments to date, the strength of its structure, and its longer-term potential.

The study team implemented an analysis plan focused on One City's stated goals, its actual achievements within its 3-year demonstration, and the viewpoints and experiences of a number of stakeholders. The assessment included stakeholder interviews, review and analysis of case conferencing documents, and a scan of the literature addressing interagency and community collaboration as well as current services integration projects nationally.

In partnership with One City and ACT staff, the team developed the following guiding questions:

- How well and to what extent is One City accomplishing its objectives?
- What specific practices of One City contribute to or limit its effectiveness?

- Which aspects are not working as well as hoped or anticipated? Which are working better and why?

During the study, interviewee comments led us to add the following questions to this list:

- What unanticipated impacts has One City had at the service, family, or system levels?
- What does the One City approach contribute to interagency collaboration that sets it apart from other local collaborations?
- What are the advantages and disadvantages associated with continuation/replication of One City in whole or in part?

The Brandeis team reviewed literature on services integration, interagency and community collaboration, case conferencing, and related issues. The team also reviewed One City database information and records illustrating the progress of a case through the One City system. In addition to numerous meetings with One City staff in person and by phone, the team conducted 22 targeted interviews with stakeholders, including:

- Commissioners/Senior Staff from participating agencies
- Local Advisors and referral sources
- One City and ACT staff
- One City clients

The One City participant list and the interviewee list and interview protocols for the Brandeis study are included as Appendices A, B, and C.

Although the Brandeis team agreed that an evaluation of client outcomes and/or a comparison of One City results with those of other interagency efforts in the Bloomberg administration would be useful, that level of analysis was not possible within the time and scope of this study.

Following, however, is a brief summary of the history of the One City effort, including its basis in, and alignment with, those other collaboration efforts.

The One City/One Community Approach

New York City has initiated several efforts aimed at improving government services, building integrated strategies, and creating efficiencies. In particular, Mayor Bloomberg's administration has articulated a vision of Commissioners working more closely together and communicating more effectively with one another to accomplish these goals.

A notable example has been the 2004-2007 One City/One Community (One City) pilot project in Bedford-Stuyvesant. The project's origin dates to 2002, when newly elected Mayor Michael Bloomberg charged several City Commissioners and deputy-level staff to strategize about how to minimize interagency bureaucratic barriers for New Yorkers who rely on the City's human services system. In the early stages, active Commissioners included Linda Gibbs (DHS), Martin Horn (DOP/DOC), former ACS Commissioner William Bell, and former HRA Commissioner Verna Eggleston. Known at first as the One City Strategy, this effort evolved into One City/One Community in 2004. One City was managed and staffed by ACT and supported by private foundation funds as well as City dollars.

In its third year, One City worked in partnership with the following City of New York Agencies:

- Administration for Children's Services (ACS)
- Department for the Aging (DFTA)
- Department of Homeless Services (DHS)
- Department of Housing Preservation and Development (HPD)
- Department of Probation (DOP)
- Department of Health and Mental Hygiene (DOHMH)
- Department of Youth and Community Development
- Human Resources Administration (HRA)
- New York City Housing Authority (NYCHA)
- Department of Education (DOE)

The planning group invited ACT to bring its expertise on community-based collaboration and case conferencing to the discussion. ACT proposed case conferencing as an effective method to uncover and address barriers, given its prior experience with a similar model in Bushwick, Brooklyn. The planning group also studied the federally funded Comprehensive Community Services Initiative, focused on mental health case conferencing and service integration, as a model for One City's design. Reinforcing the planning group's interest in case conferencing was the outcome of an exercise analyzing three case studies, each concerning clients who were involved with three or more agencies. The group found that the clients' complex issues were nearly impossible to resolve without convening the relevant case management staff.

After additional discussion, it was agreed that ACT would co-design, staff, and manage One City, with the City referring cases and providing in-kind and fund raising support as well as senior managers to troubleshoot cases and expedite resolution.

ACT implemented One City in New York City's Bedford-Stuyvesant (Bed-Stuy) neighborhood in Brooklyn, an area rich in historical significance as one of the two poles (along with Harlem in Manhattan) of New York's vibrant African American community. Although once known as a troubled neighborhood in a troubled city – with large and beleaguered public housing projects, riots related to the cataclysms of the civil rights movement, and a downward spiral spurred by the 1980s crack epidemic – Bed-Stuy has, since the mid-1980s, been the focus of successful public housing and economic development reforms that have built on its strengths. Today, although poverty and crime continue to challenge revitalization, Bed-Stuy benefits from strong local institutions and supportive services, especially the nationally regarded Bedford-Stuyvesant Restoration Corporation, and other local social services reform and integration initiatives. In part because of its community capacity and in part because the neighborhood continues to face substantial challenges in terms of persistent poverty, Bed-Stuy appeared to be a strong location for One City to test new ways of identifying and surmounting government agency barriers that compromise the quality of services delivered to individuals and families. Moreover, ACT's history of supporting prior collaborations in Bed-Stuy and neighborhood-based initiatives generally gave it the credibility to assume the oversight and facilitation of One City in the community.

Interagency collaboration is intended to reduce unintentional conflicts and barriers to service created by the independent agendas, financing, and rules followed by discrete City agencies that

serve many of the same families. One City also draws on two guiding beliefs about impediments to high quality services to families:

- A sense of practical constraint exists among social service caseworkers whose understanding of other agencies may be limited, whose range of response is limited by the training they have received, and who may feel they lack the authority to question their agency's rules and regulations.
- Asset-based social service approaches are more effective than deficit-based approaches at helping clients to move toward self-sufficiency.

The One City approach uses collaborative interagency case conferencing to identify and address limitations and confounding conflicts for caseworkers themselves, then identifies common issues that cut across two or more agencies and brings those directly to agency heads and policy-makers (Commissioners and Deputy Commissioners). In practice, that means individual cases may be referred to One City if a client is involved with two or more City agencies; if the individual or family resides in or has strong ties to the neighborhood; and if workers are experiencing persistent challenges resolving the case that they believe a joint conference among service providers and the individual/family could minimize. If the problem identified cannot be solved at the point-of-service or case conference level, One City has the power to bring this conflict to the attention of senior agency managers and, at times, to the Commissioners and Mayor's office.

Through this collaborative, cross-tier accountability structure, One City provides access for neighborhood-based administrators and caseworkers to the highest levels of authority. This structure assumes that when issues reach that level, they can and will be acted on far more quickly than might be expected absent the high-level involvement.

One City has evolved considerably during its three-year existence. In the first year, its primary activities were planning, design, and outreach. In the second year, the attention of the project's staff and advisors turned to case conferencing, service integration, and policy identification. These activities continued in the third year, but the project added several activities, including:

- Creating a client consent form and protocol, an effort led by the City's Law Department.
- Technology-based interagency information sharing strategies.
- The design, testing, and implementation of a holistic interagency case management training curriculum with a focus on navigating City agencies.
- Project evaluation.

In addition, in the third year, as the result of analyzing data and learning from experience about effective targeting, the One City leadership and staff refocused its work more closely on five of the collaborating agencies that had case management as a core piece of their work and significant practice overlap. The activity in this third year coincided with the Office of the Deputy Mayor for Health and Human Services assigning the new Coordinator of the Office of Family Services (itself a collaborative model) as a liaison to One City to provide continued support and oversight.

The rest of this report offers a closer look at One City operations (Section II); reviews the literature on services integration and interagency collaboration (Section III); summarizes the study team's interview findings (Section IV); assesses One City in the context of best practices (Section V); and offers recommendations and considerations for moving forward (Section VI).

II. A Closer Look at One City Operations

The previous section summarized the theory and practice of One City. This section discusses One City operations in greater detail, taking a quick look at “case to cause” in One City – the connections between case conferencing and policy, practice, and other changes for improved system functioning – much of which bore fruit in the last year of the three-year implementation. One City's objectives (to create both an environment and an infrastructure for neighborhood-level interagency collaboration) were ambitious, and time was needed to assemble the necessary pieces for successful collaboration. It is not surprising, therefore, that many of One City's most successful moments occurred in the third year. It took time for issues to work their way up from case conferencing to become agendas and actions for specific policy changes; it also took time for One City to achieve an environment of collaboration and cooperation – what one interviewee called “the interagency conversation” – that supported other changes. As one interviewee put it, “extracting policy lessons from case conferencing is not a natural fit – all of us, from line staff to Commissioners, needed time to figure out how to do it.” Another said, “three years is not enough time. You have to keep at it to have anything happen in a system like this.”

Through April 2007, One City worked with 274 cases. In October 2006, One City presented a document to the Commissioners summarizing ten case-based opportunities for systems reform and twenty opportunities for interagency training and subsequent review and action from the 250 cases in the database at that time. Since One City began, six systems changes have been made and others are under review. Equally importantly, One City's work with all 274 cases led to interventions for clients with complex cases and documentation of lessons learned about serving clients more effectively. In addition to the October 2006 document and One City's case database, staff members have analyzed cases and documented actions.³ Following is a brief discussion about the issues and agencies involved in One City cases; the policy, system, and client consequences of One City's work; and how One City cases led to recommendations for and action regarding line staff training, the development of a multi-agency consent form, and improvements in information sharing.

Issues and Agencies Involved in One City Cases

Financial issues comprised the largest share (36%) of client issues at intake; family support the second largest (22%); and health/mental health and housing the third and fourth largest (16% and 15%, respectively). One City interventions fell into the following categories: 42% of its

³Some interviewees noted that One City had been slated to have, but never had the resources to hire, a staff member who would be responsible for more thoroughly analyzing and reporting on the data available. One City was never “staffed up” to the extent originally envisioned and ACT, in addition to running the project, had to work hard to raise the funds to operate the program. In late 2006, however, five City agencies committed \$300,000 to keep the project going.

interventions concerned policy and procedure research; 30% involved service coordination; 22% led to referrals being made; and 6% led to case conferences being conducted. The agencies involved in the most cases were HRA (29% of cases), ACS (28%), DHS (18%), and NYCHA (13%). The same four agencies had the highest level of activity in One City cases – in terms of number of agency issues, number of cases the agency helped with, and/or number of referrals made by the agency. (These figures are all from One City's April 27, 2007 Statistical Report.)

Policy, System, and Client Consequences of One City's Work

Following are two illustrative examples of One City's policy recommendations (based on case investigations) and subsequent policy changes:

- One City staff recommended establishing liaisons at NYCHA and ACS to intervene when children are about to be removed from NYCHA housing due to the condition of the housing. The two agencies have identified staff to serve as liaisons and are reviewing a draft protocol to govern their work. Their respective law departments will determine what types of information can be shared in such situations.
- One City staff recommended amending housing policy for families who could be reunited if their housing were suitable. In a One City case, a mother of four was moving with one child from a shelter to permanent housing and was going to be reunified with her other three children. However, she could only be approved for an apartment based on her current family composition (mother and one child). DHS has amended the policy. Now, if ACS informs DHS that such a family will be reunified, it will certify the family for an amount that accommodates anticipated family size, so that the family can look for an appropriately sized apartment, and approves checks for the full amount so that the parent(s) can reunify with all of their children.

One City casework also led to systems and agency improvements. Again, illustrative examples follow:

- One City cases revealed that some ACS contract agencies' Foster Care and Preventive case managers followed incorrect procedures or made decisions that adversely affected client families. For example, one mother appeared for family visits at the contract agency but not all of her children were present. The agency attributed this to the foster parent's schedule, but did not reschedule the visits, despite the mother's requests. In other cases, high-risk clients were not given the intensive case management services needed to keep their children safe. Based on One City reports, ACS clarified policies and procedures and improved communication with the contract agencies. In the first case, supervised visits with all of the children resumed, and in other cases ACS and the contract agency monitored families more closely.
- When clients contact the City's Help Desk with Section 8 housing voucher questions, the 311 system routes their cases to one of the two City agencies, HPD and NYCHA, that issue the vouchers. Two One City clients had their cases routed to the wrong agency, leading to a delay in resolving the cases. One City expedited resolution and corrected the mistakes; the agencies are working with each other and the 311 system to prevent future problems.
- Several interviewees described changes in their agencies resulting from their involvement with One City. For example, one interviewee said, "coordination is part of our supervisory and

reporting structure now.” Another said, “Interagency relationships have strengthened where they existed before, and formed where they did not.”

In some cases, positive client outcomes were achieved because One City staff could access higher levels and expedite problem solving:

- A family with children faced eviction from public housing because one of the parents had recently been released from prison on probation. DOP says the probationer must have stable housing; NYCHA has a rule that prohibits ex-felons from residing in public housing; ACS is concerned with keeping the family unit together and providing stability for the children. One City “cut through the red tape” and created an outcome that was in the family’s best interest.
- A young single mother who had been released from foster care with no support was living in a lead-laden apartment with her two young children. The landlord had not responded to demands for lead removal. Moreover, the gas and electricity had been cut off so that the family could not preserve food or cook. Nonetheless, the mother was unable to get a lease release to move out of the apartment. One City intervened and was able to “get past the busy signals” to obtain the needed release.

A chart illustrating the information and action flow for One City cases and the decision making process – the “One City / One Community Operational Flowchart” – appears as Appendix D. A second chart (Appendix E) illustrates the flow and complexity of One City’s casework. This example of actions taken and outcomes achieved for one client with a challenging case shows how One City facilitated collaboration among many agencies to address the client’s complex situation and serves as a guide to One City’s multi-faceted, problem-solving, and interagency case management approach. It also lists questions related to each aspect of the client’s situation that show how parsing casework can not only illuminate the connection between a client’s individual issues and system weaknesses but also suggest ways to address these weaknesses.

The agencies involved with One City have developed a greater interest in case conferencing, building on One City’s experience as well as on other City efforts in that area (e.g., at ACS). The following typical comments about One City’s approaches to collaboration and case management are from Commissioner and Local Advisor interviewees:

One City has been a model for brokering interagency relationships and educating us about techniques for better service. One City staff have very good problem-solving skills and knowledge of how agencies work. Everyone could learn from them. They are good teachers and good role models.

One City intervened [in a multi-agency case] and the whole atmosphere is different. Every borough should have this resource. They stayed in touch, offered useful resources, provided dynamic support, and stayed on top of the situation. They are effective, efficient, interested, knowledgeable, informative, and responsive.

One City involvement has helped make each case manager aware of what the other is doing and why. One City expedites problem solving, which has prevented many crises. They supply a service plan and time frames, then assure outcomes by monitoring. They call with regularity, which prevents workers from “dropping the ball.” One City has also gotten all of the agencies

involved to make field visits. Workers from different agencies now know each other and regularly make joint visits. Joint visits make it easier to obtain needed information.

It's been very effective in piloting the use of case conferencing to achieve interagency collaboration. One City has also been successful at establishing strong relationships with agency liaisons, and that's been helpful in resolving cases.

Beyond developing a basic understanding of the One City case process through reviewing reports and the database and interviewing One City staff, the Brandeis team was able to interview four One City clients who shed light on the client's perspective in complicated cases. The problems they were dealing with in some cases were years old. All four described their state before their first contact with One City with words like "desperate," "stressed out," "hopeless," or "hitting bottom." They described their first conversation with One City staff as "reassuring," "hopeful," "the answer to a prayer," and drastically different from their experience with City agencies. One said, "At One City they treat you with respect – they make you feel like somebody. A lot of people at the agencies make you feel small – they treat you like you're nobody." A second client said that One City staff had empowered her:

She taught me how to approach the situation calmly, and with knowledge. Even my landlord saw that I had become stronger – not scared anymore. And then, when you resolve your own problems, you feel more confident about helping others.

A third client argued for keeping One City outside of the infrastructure, contrasting the One City approach to that of the City's:

The infrastructure is just not meant to help clients. Workers are desensitized, insecure, and generally not people-oriented. They try to fit everyone into their boxes. We're apples and oranges but they turn us all into bananas.

One City Cases and Training, Informed Consent Form, and Information Sharing

One City's experience and efforts led to an articulation of barriers to serving multi-agency clients and actions to support interagency case management/service coordination. Three of the key actions are interagency training, a multi-agency informed consent form, and development of a technology workgroup whose contributions have been used to further develop web tools for City agency staff. Each of these is described briefly.

Interagency training. One City casework has yielded specific recommendations about intra-agency and interagency training. For example, One City recommended "back-to-basics" training for HRA staff concerning procedures for receiving temporary financial assistance and for food stamp eligibility; training for NYCHA staff on pest management services available to NYCHA residents; training for NYCHA Section 8 staff on reporting fraudulent landlords and informing clients about the Special Inspection Unit; and training for ACS staff and ACS contract agency staff on the services HRA does and does not offer.

One City's casework and discussions at both the Commissioner and Local Advisor levels also identified a broader training need to promote and provide more holistic casework approaches to serving multi-agency clients. One City staff developed a curriculum entitled *Navigating City Agencies* and has provided training to line and supervisory staff of several agencies.

Commissioners, Local Advisors, and others closely involved with One City recognize the need to continue and enhance this promising training. The City piloted this training, the first of its kind, in the DOP in April 2007. In May and June 2007 a similar training was offered in Bedford-Stuyvesant to four interagency groups of casework line staff from ACS, DFTA, DOP, HPD, HRA, and NYCHA, as well as nonprofits and agencies contracted with the City. One City staff also used the sessions as opportunities to document recommendations for policy/practice improvements. According to the course materials, the curriculum was designed to help participants:

- Understand how an interagency approach to client services can enable them to be more effective in their roles.
- Increase their awareness of their role as a member of a larger team working to help clients gain better access to services and navigate multiple systems.
- Learn about City agency resources that they can utilize to better serve those who need their assistance.

Sessions focused on New York City's vision for interagency collaboration; understanding the different agencies' differing missions; the importance of holistic case management and service coordination to agencies, clients, and workers; and how to implement holistic case management and service coordination, including tips for learning about other agencies' resources, policies, and procedures. Underlying messages are the need for teamwork within and among agencies to maximize the City's human resources and minimize inefficiencies for clients and workers, and the need for the willingness and creativity to use multiple strategies for effective interagency work and a holistic approach to client services.

Participant evaluations were consistently positive. Their comments indicated that the course was interactive, as planned, and that the intended messages were conveyed well.

A multi-agency informed consent form. Since November 2006, an interagency work group of program and legal staff have met to design an informed consent form protocol to ease interagency client information sharing while protecting clients' privacy. One City's experience showed that City agency case managers often encountered barriers when attempting to collect client information from another agency. While One City filled the gap temporarily, the Project's leadership became interested in exploring a self-sustaining information-sharing process to be located within the City's infrastructure but operated on a neighborhood level.

With input from several agencies, the Law Department has drafted a consent form endorsed by the Project's leadership. The City has agreed to pilot and evaluate the process within one agency and develop a phased-in process that includes all social services agencies. The new forms could limit the number of times multi-agency clients have to provide personal information, and enhance system-wide data collection that could lead to improved effectiveness and efficiency.

Web support for City agency staff. Building on other City initiatives⁴ to enhance information sharing and public access to information, One City convened an interagency work group in December 2006 to conceptualize web-based strategies to enable human service workers to learn about policies in their own and other agencies and to more easily navigate City government on behalf of their clients, especially multi-agency clients. Web-based tools could include resources such as case studies to help staff improve their assistance to clients. One City subsequently surveyed more than 400 City and nonprofit line and managerial staff from five City agencies (ACS, DFTA, DOP, HRA, and NYCHA) to identify needs for information on services, policies, and case precedents, and ways to improve interagency communication and navigate within and across agencies. Respondents were most interested in being able to search for names and contact information for *resource people* to help them clarify agency policies, procedures, or services; to easily *locate* information about agencies' services or programs; and to easily *search* for program and service information using a search engine like Google. The work group identified existing technology within the City that workers might utilize to achieve these priorities and planned to design a process to increase utilization of E311 and the City's Intranet system.

An interviewee said:

Real progress began when we started moving forward on improving 311, on the website, and on informed consent. The Mayor's office, Sullivan & Cromwell,⁵ and others were engaged and ready to dive in; everyone was around the table helping to pull it together. That interagency conversation was so important; it is so hard to get a breakthrough on stuff like this. And it all came out of the social capital and enticements from the One City work.

III. Services Integration and Interagency Collaboration

One City was developed following nearly two decades of growing interest in collaborative strategies aimed at improving human services delivery. Not only within the City, but also across the country and the world, myriad governments, agencies, administrations, and organizations are looking at collaborative efforts to address problems of service coordination, cost control, and quality. Our review of the field yielded examples of large-scale efforts such as New Zealand's Pathfinder Project and international efforts created by the United Nation's Millennium Declaration⁶ as well as local efforts to coordinate a few services, such as criminal justice and mental health or employment, health, and child care, within a city or neighborhood.

⁴311 is New York City's phone number for quick, easy public access to City government and non-emergency services and information. A live operator answers calls to 311, 24 hours a day, seven days a week, with translation services immediately available. 311 Call Center Representatives use a state-of-the-art database of City government information and services. 311 works closely with other City agencies to maintain the most current information. In addition to providing access to information, 311 is intended to help agencies improve service delivery by allowing them to focus on their core missions and manage their workload efficiently while providing insight into ways to improve City government through accurate, consistent measurement and analysis of service delivery. Another technology initiative, ACCESS NY, is a free service that identifies and screens for City, State, and Federal human service benefit programs.

⁵Sullivan & Cromwell has been ACT's pro bono counsel for the past 17 years,

⁶ According to *One United Nations (UN Chief Executives Board for Coordination)*, Chapter 2: "The growing number of inter-agency initiatives in the development area is indicative of the UN system's commitment to join forces in advancing the economic and social objectives of the Millennium Declaration."

From this broad array of examples, there emerged a strong consensus concerning advice, best practices, and likely challenges in conducting a successful interagency collaborative effort. After defining key terms, this section summarizes those findings.

Definitions: Services Integration, Interagency Collaboration, and Asset-Based Approaches to Individual and Systems Change

Services Integration is coordination or collaboration among public and/or private service agencies to improve access to and delivery of services. Studies of service integration strategies emphasize that such coordination “increases cost-effectiveness, reduces duplication, improves performance, streamlines services, and forges a client-friendly, seamless system. A frequent desired outcome of services integration is program simplification, which reduces complex and burdensome administrative structures and policies to reduce worker stress, increase worker efficiency, and improve service delivery.”⁷ In the 1990s, the concepts of co-location and “one-stop shopping” caught on. The federal government began to organize funding incentives for these approaches, in which the goal is to make services more accessible and service delivery more efficient by coordinating and co-locating the services most often needed by multiple-need clients.⁸

Interagency Collaboration may be seen as the policy side of services integration. The terms are sometimes used interchangeably. It involves agencies working together to improve delivery of government services by finding economies and efficiencies to deliver appropriate services more quickly and at a lower cost to clients who receive services from more than one agency. According to the Finance Project,

Increasingly, political leaders, advocates, researchers and public administrators are recognizing that social problems cannot always be solved within the constraints of individual programs and funding silos. Many families and individuals face multiple problems. And, many problems cannot be solved within the confines of a single program... [B]oth short- and long-term improvements will probably depend on state and local efforts to improve cooperation and coordination among existing programs and organizations.⁹

Asset-Based Approaches focus on individual and community strengths, rather than defining individuals or communities by their deficits or needs. A deficit or needs-based approach has historically pervaded child development, community development, human services, and other fields. In contrast, asset models begin by “mapping” the assets at hand to help the client, and then look at ways to use those assets to build or leverage solutions to the issues that have been presented. Although not formally a component of services integration or collaboration, the “asset orientation” underpins the recent community development and services literature, and informs ACT’s approach to neighborhood coalition building and services integration.

⁷ J. Kaplan, *Program Coordination and Simplification*, The Finance Project. In Reauthorization Notes, Vol. 1 No. 2, 2001.

⁸ The U.S. Department of Labor’s Employment and Training Administration “has funded the planning and implementation of [One-Stop] centers that provide an array of employment and training services and information in central locations. In addition, the Administration for Children and Families at the U.S. Department of Health and Human Services is collecting examples of co-location in delivering welfare and child support services.” From *Delivering Human Services Through “Co-location” and “One-Stop Shopping.”* Jessica Yates, Welfare Information Network, April 1998.

⁹ Opportunities for Collaboration Across Human Services Programs, The Finance Project, June 2003.

The One City approach is particularly ambitious in combining interagency collaboration for systemic change with a client-focused intervention approach that focuses on improving individual client outcomes. We define those foci as follows:

Individual Change/Client focus. One City invests in case conferencing as the mechanism for identifying and addressing family service needs. One City's case conferencing goals are to:

- Create an environment in which problem solving can occur.
- Create incentives for service providers to participate and produce solutions.
- Keep families' goals at the forefront.
- Ensure adherence to an action-oriented/decision-making approach.
- Create a context in which service providers can consider how their behavior influences families' goals.
- Ensure that service providers are not working in isolation from one another.
- Effectively engage families and service providers.

Systems Change with client focus. One City's premise is that systems-level change occurs through the identification of issues at the family or neighborhood level and the engagement of all levels of the relevant agencies to address those issues, which in turn leads to changes in the efficacy of the systems themselves. The One City procedure follows this bottom-up approach:

- One City staff identifies service delivery obstacles for families.
- The Local Advisory Team assists the One City staff in navigating systems and solving problems. One City staff meets monthly with Local Advisors to receive updates on cases and discuss what they are learning about them. The Local Advisors review policy and practice questions, advise One City staff on which issues to bring to the Commissioner level, act as liaisons to their agencies, bring in referrals, and sit in on case conferences when needed.
- A board of Commissioners (described in Section II) meets quarterly to consider how to overcome these obstacles, including making agency-level policy and program decisions.

A Review of Integrative and Collaborative Efforts

Integrative and collaborative service efforts have been seen as promoting better fiscal and client outcomes, client empowerment, and greater accountability. Growing interest in evaluation has also yielded helpful research and reflections on many of these efforts. Notable early attempts at services integration and collaboration included California's New Beginnings initiative; Walbridge Caring Communities in St. Louis; the Kentucky Integrated Delivery System; the Annie E. Casey Foundation's multi-site New Futures for Youth program; the Pew Children's Initiative; the Atlanta Project; and Beacon Schools. ACT itself was created during this period of growth and expectancy around reforming child welfare systems. Beginning in the Mayor's office, ACT was an "intermediary" organization bringing together different parts of the service system to reform service coordination and delivery for children and families at the neighborhood level (see Appendix F for other program references).

One City's early review of best practices in the field drew more from the experience of Comprehensive Community Initiatives (CCIs) than it did from interagency collaboration and thus missed some useful, specific advice about human services collaboration in particular. CCIs share with interagency collaborations a focus on family assets or strengths as well as on collaboration.

They can involve service integration, but the goal – to revitalize entire neighborhoods, economically and socially – is broader and more ambitious. Lessons from evaluations of CCIs regarding coalition building and partnership, while valuable, may not be as helpful for interagency collaborations such as One City which focus on more specific client, agency, and system outcomes. Our review, therefore, adds to One City's original review of best practices. We have summarized the best practice lessons in interagency collaboration in the areas of (1) planning, design, and data, and (2) implementation.

Best Practices in Interagency Collaboration

Planning, Design and Data

- **Identify community/organizational strengths and resources as well as deficits and needs.**
- **Involve prospective partners and other stakeholders early** in defining an initiative, to create a sense of ownership and improve effectiveness in implementation. Establish a **common vision**.
- **Create (with all partners participating) a written framework** (memorandum of understanding) that defines the collaboration's purpose, target population, relevant policy, **specific** shared as well as individual partner goals, new responsibilities, timelines for implementation and review, and provision for dispute resolution. This framework helps to focus efforts, clarify cost and scope, and assess success.¹⁰
- **Establish markers of and methods for documenting success for all partners. Set up evaluation mechanisms as part of planning.** What will success look like for clients, agencies, administrators, and policy leaders?
- **Base the collaboration on specific substantive issues, rather than on broad mandates** for collaboration or coordination. Lack of focus can cause delays because it is often hard to decide where to begin.
- **Plan how to respond to good and bad news.** Collaborative partners should plan how to (1) respond to bad news that implicates any of the partners or the partnership itself and (2) share credit for positive news. In systems dealing with vulnerable people, tragedies are all but inevitable: a shared accountability system can prevent blame or "buck-passing." Promoting successes boosts the partnership.

Implementation

- **Promote cross-agency information sharing and cross-system knowledge.** Consider one-stop shopping or co-location (also called "no wrong door") approaches¹¹ and/or options such as common intake forms and information-sharing systems that support and enhance cross-agency staff work and training. Line staff must have a working knowledge of what other agencies in the collaboration do and how they work. Information systems are needed

¹⁰ For example, see "Creating Integrated Service Systems for People with Co-Occurring Disorders Diverted from the Criminal Justice System: The King County Experience," The National GAINS Center for People with Co-Occurring Disorders in the Justice System, Summer 2000. By cross-referencing databases (with appropriate privacy protections), King County discovered that many individuals who were spending considerable time in substance abuse and mental health treatment facilities had also been frequently incarcerated in the county jail. Though these services were clearly not helping these individuals, the service cost was high—about \$1.1 million for 20 individuals. These findings helped King County mental health and criminal justice officials to better understand their shared clientele and improve collaboration.

¹¹ It is important, however, to ensure that co-located services are truly integrated, not just under the same roof.

- to fill inevitable gaps in knowledge and streamline practice; protocols are needed to ensure protection for individual rights and privacy.¹²
- **Identify one of the partnering organizations or establish a new entity to serve as the locus for resources contributed to the partnership.** The goal is to provide strong but flexible coordination.
 - **Appoint an individual to maintain the vision and manage day-to-day communication among collaboration partners and their staff.** Interactions among organizations with separate goals, policies, jargon, and structures are extremely complicated. Successful collaboration requires good – and diplomatic – communication between individuals across organizational lines. The success of many partnerships can be traced to a “traffic cop” or ombudsman who manages day-to-day communication. A clear conceptualization of the functions of this position is often more important than the agency or intermediary in which it is located. Experienced, well-respected individuals who are familiar with the formal and informal norms of multiple systems should staff these positions, be well compensated, and have a title that reflects the importance of their cross-systems work.¹³
 - **Strengthen top-level buy-in as well as communication among political leaders, policy makers, and field level practitioners. Involve leadership and agents of change directly.** The extent to which a community/line staff level partnership changes systems depends on the extent to which policy-level leaders are involved. Community partners and policymakers must work together to change the agencies’ encounters with multiple-need clients. Whatever the collaboration’s scope or size, each organization should be represented by its chief executive or his or her designee, to signal the organization’s commitment to the initiative to subordinates and other stakeholders.
 - **Institutionalize the partnership.** A successful collaboration can survive leadership or personnel changes. Agency officials may develop exemplary working relationships that improve collaboration and service, but the investment in the partnership must be institutional, not personal, to ensure its longevity beyond an individual’s tenure.
 - **Reward success.** Establish accountability systems for agencies and workers that recognize and reward cooperation and shared outcomes, including agreeing on how to reallocate funds saved from new efficiencies in practice.

As detailed above, our review of the field yielded several key observations about the opportunities and challenges of interagency collaboration and services integration. The stakeholder interviews and review of the One City approach show that One City presents a good case study for many of these lessons. After a summary of interview findings, we organize the analysis, therefore, according to the best practices identified by the field. The recommendations that follow suggest ways to strengthen the One City approach in the future.

¹²For example, Pennsylvania’s Fayette County Community Action Agency’s Family Access Management System allows clients to obtain all supports for which they qualify so that they can move toward self-sufficiency. In this integrated system, all staff are cross-trained in every aspect of the services available. At intake, staff enter family composition and income data into the database. The system determines client and household service eligibility. The intake worker can create program information sheets for, and discuss the programs with, the clients. Clients select the local agencies they wish to coordinate, such as children and youth, juvenile justice, or public assistance, and must authorize each agency to share information. For more info: Office of Community Services, Pennsylvania Dept. of Community and Economic Development. (Finance Project, 2003)

¹³Adapted from Chapter V: Improving Collaboration; Institutionalizing the Partnership, Criminal Justice/Mental Health Consensus Project.

IV. Summary of Interview Findings

Interviews conducted for this report revealed broad support for One City, with particular enthusiasm from advisory and local staff as well as from a number of Commissioners. Critiques tended to cluster around issues of scale rather than design; for example, whether the One City approach involved the right agencies or uncovered enough big policy issues to merit the level of effort it required. It is important to note that all interviews were conducted in February and March 2007, before One City had submitted its final summary of accomplishments, including the informed consent form and the recommendations for website development.

A common theme in the opinions expressed in the interviews is that One City has captured high-level investment in the concept of improving client services through interagency collaboration, and it has done so with the “carrot” of serving families better rather than the “stick” of a precipitating crisis. At every operational level, the high degree of involvement and commitment of One City staff and of the office of the Deputy Mayor of Health and Human Services and its Office of Family Services is critical to the stakeholders with whom we spoke.

By modeling best practice and promoting training, interviewees also agree, One City has drawn attention to good case management. Only a few of the interviewees cited this specifically as a “success”, however, possibly because of the lack of a “common visioning” process – also cited in many interviews – that could have established improving case management as a widely recognized objective.

Lastly, we found that different stakeholders had very different feelings of involvement and/or “ownership” of One City, and that varied within as well as across operational levels. As will be discussed in the next section, overall success depends upon that sense of ownership – as well as both successes and failures – being more widely shared.

Overall, interviewees cited the following One City contributions:

- One City staff knowledge of different agency systems and ability to cut through red tape to expedite solutions to problems.
- Bringing different agency administrators together for case conferencing
- Line staff access to power.
- Commissioner involvement and imprimatur.
- Exposing Commissioners to client and street-level issues.
- Concept of Commissioner meetings combined with case conferencing.
- Showing how well this work can be done – modeling effective case conferencing.

Overall, interviewees made the following recommendations:

- Expand One City, with more robust funding/staffing.
- Do a new common visioning process with all involved agencies.
- Improve communication with and training of line staff to improve their understanding of the policy issues behind client problems. This should, in turn, increase the number of cases referred.

- Consider other agency involvement while maintaining the One City intermediary role of getting Commissioners and administrators together and using interagency case conferencing to solve and/or prevent problems for clients served by multiple agencies.
- Consider different incentives for line staff to learn and use One City's approach to problem solving.
- Keep the Mayor's office at the top in order to keep the Commissioners actively engaged and motivated, but find a way for the Commissioners to be the (or a) driving force – e.g., position One City in an agency with a Commissioner accountable for its success. Consider different combinations of agency buy-in and intermediary staffing.
- Improve data collection and analysis (especially across agencies).

As noted above, while we found significant support for One City's work, interviews tended to reflect Miles' Law: "where you stand depends on where you sit." Interviewees' perspectives on One City's contributions, efficacy, role, and challenges tended to differ by stakeholder category. Unsurprisingly, for example, line staff had different expectations from One City than deputy Commissioners, and their respective comments reflected those differing views of the initiative. Following is a sampling of comments from our interviews according to stakeholder position.

Line Staff: One City helps families because it is a "fast track to the top," a "red-tape cutter," a "get past the busy signals" operation. It helps line staff to get past apparent "dead-ends" for clients who are dealing with multiple problems and multiple agencies. Line staff wants more One City: "it's not in enough places;" "there aren't enough One City staff." They also wanted to take on more of the top-level access that One City staff enjoys.

Administrator/Local Advisor: One City has improved service provision by assisting line staff in getting help for clients and by facilitating networking among agency personnel. The ability to bring issues up the ladder if necessary is an "incredible resource – one call and you reach someone who can make something happen." Administrators called this "leapfrogging from the street to the Commissioner" level. They were excited by case conferencing: "it's educational to have case conferencing modeled for us" and believe it is something each agency should do, or do more of. Local advisory meetings are "great opportunities" to meet other administrators and learn about other agencies – "we have someone to call and to work with" on clients' behalf. Administrators saw One City's limitations as mostly about communication and training; they believe One City's notion that many client problems stem from a "policy conflict" is not well or consistently understood among line staff. Administrators believe that line staff perceive One City as "just another resource" for atypical and/or complex problems for which they don't have an obvious resource to suggest. At the same time, many Local Advisors also said that their One City involvement helped them acquire new knowledge and recognize that they have power within their community to influence policy.

Deputy Commissioner/Commissioner/Mayor's Office: One City's strength comes from its ability to help families by changing service structures, and its key to success is the high level of involvement and investment in policy change. Commissioners, like the Local Advisors, believed their collaboration was positive. One said, "Just getting together regularly around the table has benefits." Another said,

Having Commissioners in the same room discussing real people has been an incredible value. They don't usually hear those stories. They hear about a dad getting out of prison and say, "we want him in his child's life; we don't want him to be homeless after prison." Those moments – the real life stories of how we're screwing up people's lives – happen only at a Commissioners' meeting. They are what led us to say, "we have to do this interagency collaboration."

The simple fact that people came to the table around this gave rise to a lot of good work. The spirit of the initiative has spread to other collaborations, and the conversation from One City informed and encouraged those.

It was clear, however, that not all Commissioners had the same commitment level to One City, and investment in One City has varied over time. "Meetings at that level have fallen off," said one interviewee who felt One City needed more consistent high level investment. Others at this level saw One City as a good way to identify client issues, though some believed "it hasn't shown us much we didn't know already." Because the Mayor has been committed to interagency collaboration and created a number of collaborative agency initiatives, some felt One City was uniquely committed to identifying interagency policy conflicts that compromise effective services. On that measure, however, "there have not been as many of those as hoped."¹⁴ Some at this level, however, expressed satisfaction with One City's work and stated that the meeting the standard of identifying policy conflicts was less important than improving services in general.

Some suggested that One City's structure may not place power where it is needed. "Agencies need to be pushed sometimes because there are so many competing demands," said one interviewee. An intermediary, some felt, may not have that "power to push." The Deputy Mayor's office, which is seen as having that power, "does not have time for day-to-day management," and can not provide "more than oversight," in the view of some. Others were concerned that One City had not yet figured out how to get less-involved agencies to engage with the process. According to one such critic, "We need better analysis – someone to look at what staff is finding and decide if [Commissioners] want to look at [their] agency to see if there is a pattern."

ACT/One City Staff: ACT's long history of neighborhood capacity building for services improvement informed and inspired the One City design. One City brings ACT's work in neighborhoods and in government services together in a comprehensive move to improve social services through better case handling, improve lines of communication within and between agencies, keep a neighborhood focus, identify and break down interagency barriers, improve line staff performance through training and providing better information, and identify and solve policy conflicts inherent in a multi-agency system with multi-need families. One City has had many successes in just three years with many of these goals.

The biggest problems in the pilot period have been that (1) referrals started slowly due to lack of understanding by line staff doing the referring as well as by the need for a planning period; (2) there was no feedback loop for documenting success when One City helped staff or clients; and

¹⁴This perception relates to the Local Advisor comment that One City was not "well understood." Line staff did not identify the "right" types of cases from the agencies in part because of that, so much of One City's time is spent on cases that don't necessarily meet the criteria but that still benefit from coordination.

(3) One City was never staffed to take on as many pieces of the work as it ended up doing. Having a non-governmental intermediary enables One City to involve all levels constructively, but ACT staff acknowledges that it needs the top-level imprimatur of the Commissioners and the Mayor's office to be most successful. They see the role of the interagency coordinator in the Deputy Mayor's office as central to the future of a One City model.

V. Assessing One City in the Context of Best Practices

The following discussion looks at One City in the context of the best practices outlined earlier, illuminating its strengths and weaknesses vis-à-vis the field, and adding its lessons to the mix of what is known in the field using the findings from our reviews and interviews. Using the best practices context helps to indicate changes and planning that should inform the next phase of One City.

A. The most general best practice of planning is: *get specific*. Every review of the field emphasizes the need for specifics in **identifying and engaging** stakeholders, **mapping resources and needs**, creating a **framework based on substantive issues** rather than broad mandates, and establishing **clear markers of success** before embarking on a project. One City became much more specific as it evolved, but its initial definitions and strategies were overly ambitious. In particular:

Initial Agency List: One City began with a long list of participating agencies (even longer than the list appearing in Section I), and within that list, agencies had different agendas and relative impact on clients. Ultimately, only two agencies on the original list did not participate at all, but the plan did not specify whether all of the remaining agencies had the same or differing expectations. One Commissioner referred to “have” and “have not” agencies: “have” agencies have clients and manage cases (e.g., Housing) and “have not” agencies organize service delivery (e.g., Health), but do not have clients. Better planning would have established what each agency brought to One City, and more importantly, what would be expected of each. Ideally, the agencies themselves would determine areas of overlap and compare systems in advance. Many of our interviewees cited the lack of a “common visioning” process, and stated that it would have given “everyone a sense of the whole” and improved this aspect of One City's effectiveness. Further, a review of the original vision statements of each participating agency shows differing expectations from various parts of the initiative.

Mapping Resources and Needs: The initiative began with the assumption that case conferencing and line staff involvement would expose interagency policy conflicts. However, that presumed too high a level of agency, especially line staff, understanding and engagement. ACT had substantial information about the community through its established relationship and experiences in Bed-Stuy, but One City did not document interagency conflict to any great extent at the beginning. This may have led to the critique by some high-level informants that One City uncovered issues “that we already knew about.” Successful collaborative approaches typically begin by explicitly identifying interagency barriers, conflicts, and overlaps so that the need for collaboration is evident to everyone at the outset. The next

phase should begin with a process of identifying conflicts from existing agency and One City data.

Substance Should Drive the Framework: While One City's original framework had a great deal of substance in terms of recognized interagency issues and a vision for greater collaboration leading to better services for clients and greater agency efficiencies, greater specificity would have been helpful. We agree with one interviewee's suggestion that One City could use its case database to identify key agencies to structure a future One City collaboration. The Consensus Project in Mental Health and Criminal Justice (see Appendix F) discussed reforms following a New York State study that "found that men involved in the public mental health system over a five-year period were four times as likely to be incarcerated as men in the general population; for women, the ratio was six to one."¹⁵ Going forward, the One City data could be used to identify a core group of agencies for advancing interagency collaboration. (It should be noted that One City was moving in this direction at the end of Year Three.)

Establish Clear Markers of Success: With different visions of participation and outcome, it is not surprising that One City did not have a common set of clear markers of success. Thus, this review tried to establish, *post-hoc*, indications of One City impacts, e.g., on policy, practice, or the functioning of the agencies involved. Our interviewees' different but positive perspectives on One City's effectiveness indicates staff competence and productivity, but success markers should not be derived retrospectively. The framework should establish reasonable targets, everyone should be able to identify and share accountability for whether or not those targets are met, and the project should collect and manage information with the markers in mind.

In One City, early expectations for the number of One City cases for conferencing leading to policy change were overly ambitious and put too much emphasis on the number of cases brought forward, rather than allowing One City a larger field of work from which to draw examples of success. Because this was also a singular goal without reference to a specific agency or agencies, it was isolated and without context.

With the focus on cases that led to policy change, we are left with less information than we would like about what has been learned from the many other cases that have been brought forward. By all accounts, information gained through One City intervention has often been used to serve other individuals or families differently or better, at the City, agency, or neighborhood level. However, more specifics and systematic documentation and analysis are essential for further investigation and rigorous analysis. Part of the problem lies in the inadequacy of resources for collecting and managing data collection for One City's pilot phase (despite the One City staff's considerable efforts in this area – see footnote 3).

B. Plan how to respond to good *and* bad news. An explicit understanding among participating agencies about how to share credit for good news would strengthen the buy-in necessary for long-term success. One City does not appear to have had a plan at the beginning for sharing good news, or a mechanism for calculating savings from service efficiencies or for sharing those resources across participating agencies. It is not clear that any

¹⁵J. F. Cox, P. C. Morschauer, Steven Banks, and J.L. Stone, "A Five-Year Population Study of Persons Involved in the Mental Health and Local Correctional Systems," *Journal of Behavioral Health Services & Research* 28:2, 2001, pp. 177-87.

incentive structure for sustained participation was built into One City, and the diagnostic aspect of the model identifies service inefficiencies and barriers rather than creative solutions. Ownership is considered vital to a successful collaboration, but without a way to flag the good as well as the bad, the framework provides no incentive for agencies to want ownership of the effort.

On the flip side, some of our interviewees cited the tragic death of Nixzmary Brown as an example of something that took attention and energy *away* from One City. The combination of system failure and bad press, they said, “trumps” less newsworthy reform efforts. The need to respond to tragedy also draws resources away from other efforts.

The literature suggests that instead of seeing that case as siphoning attention away from One City, the administration could have used that moment to highlight One City and/or promote its existence as a prescient move. Interagency coordination of the sort One City represents has been cited as advantageous in the event of a crisis needing a coordinated governmental response. This was recognized in the 9/11 Commission report, as well as in the analysis of the unmet needs of Hurricane Katrina victims. In particular, the following aspects of collaboration help prepare a system to react quickly to crisis:

- Cross-training staff.
- Co-locating essential human services to make them more accessible to those in need.
- Developing shared information and communication systems.¹⁶

Better informed planning might not have guaranteed a perfect response to that tragedy, but it might have changed what seemed like conflicting agendas into cooperative and mutually reinforcing actions.

C. Maximize cross-system knowledge. One City had a clear focus on this practice, and much of its work is leading agencies in this direction. Options supported in the literature are: **to physically coordinate interagency work, adopt common intake forms, and invest in systems for information sharing that support and enhance staff cross-agency training.**

One City began in Bed-Stuy in part because it could build upon the physical coordination of interagency work that was already established in that district. Interagency case conferencing as well as the Local Advisory and Commissioners’ meetings – repeatedly cited by interviewees as an effective strategy for learning about other agency operations and personnel – have added value to this foundation.

Improving interagency information sharing has developed as a major focus of One City’s work, and several resulting actions exemplify this best practice. The first is the recent creation of a common informed consent form to enable sharing information between agencies. Considerable care has been taken to ensure that client privacy would be protected and information sharing would be voluntary. Similarly, the development and enhancement of technology-based interagency information sharing and interagency training are strong examples of how One City’s structure and targeting of resources has advanced efficient and effective systems for participating agencies.

¹⁶ C. Lind, *Managing in Emergencies: Enhancing Collaboration for Human Services*, The Finance Project, December 2005.

A more concrete framework for the actual client work would help One City to translate the access, efficiency, knowledge, and persistence of One City staff into similar abilities in agency line staff. One City has recognized and acted on this need for training, coaching, mentoring, etc., but further dedicated thinking and devotion of resources to the issue are needed to create a sustainable plan to transfer those abilities to the line staff, along with continuous learning/improvement mechanisms.

D. Interagency collaboration requires strong but flexible coordination. The combined leadership of ACT and Deputy Mayor Linda Gibbs has been advantageous in many ways, but more work is needed to assure strong but flexible coordination.

The literature promotes identifying one of the partnering organizations or establishing a new entity to serve as the *locus of the collaboration*. Best practice urges **charging one individual with maintaining the vision of the collaborative effort and managing day-to-day communication among staff working for each of the various collaborating organizations**. Neighborhood based intermediaries can be useful as the “locus,” providing staff for the collaboration.¹⁷ ACT has a clear advantage in having the strong track record to staff each piece of One City as designed: improving social services through better case handling, improving lines of communication within and between agencies, keeping a neighborhood focus and participation, understanding different agency operations, improving line staff performance through case conferencing training and better information systems, and identifying policy conflicts inherent in a multi-agency system with multi-need families.

On the other hand, an intermediary is not necessarily well suited to staff the client work that should result from better interagency cooperation. Several interviewees saw a great demand for the client work. As one put it, “I have 50 cases, 47 of which I’d like to bring to One City, but I have to choose because Winette is just one person.” The partnership’s objective should be to enable each participating agency to do the One City client work themselves. Better planning, with more specific job descriptions and agency objectives and attention to maximizing interagency knowledge and knowledge transfer (see V.C), will help with this division of effort in the future. These issues, of course, are also related to resources – sometimes additional staff are needed, no matter how efficient an agency or collaboration is.

E. Strengthen top-level policy buy-in as well as communication between political leaders, policy makers, and field level practitioners. Involve leadership and “agents of change” directly. One City is an excellent example of successful communication and buy-in at the middle level (Local Advisors and meetings between One City staff and Bed-Stuy agencies) as well as the top level (Commissioners and Deputy Commissioners), and that is no

¹⁷For example, the Community Services Block Grant (CSBG) network, mostly comprising Community Action Agencies (CAAs), uses CSBG-paid staff and a CSBG-funded infrastructure to organize resources. CAAs typically draw upon many programs, coordinating existing facilities and services and filling in gaps, to support the multiple changes a client seeks to improve his or her life. CAAs might meld funding streams to provide comprehensive services such as food stamps, LIHEAP, housing or rental assistance, job training, employment, transportation, and counseling to help an individual become self-sufficient. Michigan, Pennsylvania, and Texas have further enhanced the CSBG network’s case management capacity. Retaining the CSBG’s outcome-driven goals, the case management systems have been so successful that, in these three states, Temporary Assistance for Needy Families offices have asked the CSBG network to serve as the vehicle to provide services. (The Finance Project)

small accomplishment. Both the direct involvement and imprimatur of Commissioners and of the Deputy Mayor's office made a significant impression. We heard this repeatedly in the interviews, from every level. As noted earlier, line staff told us that One City is a "fast track to the top," a "red-tape cutter," a "get past the busy signals" operation. Case conferencing, and the sense that "higher ups" endorse One City, also lend a sense of empowerment to line staff who have turned to One City to help them resolve problems.

Managers and Local Advisors said that One City "is a great resource for leap-frogging from the street level to the Commissioner level. One call and you reach someone who can make something happen." They also confirmed the benefit of their interagency exposure: "the Local Advisory meetings are great opportunities for meeting other administrators and learning about other agencies. Very helpful to know them because then when the next client comes along, we have someone to call and working together becomes easier." Commissioners said, "Just getting together regularly around the table has benefits."

- F. Institutionalize the partnership.** One City has been less successful in this regard thus far; institutionalization should be a priority in future implementation. The leadership must determine the best way to support the effort over the long term and minimize influence from the personal qualities of the staff and leadership. Elected and appointed officials' participation and commitment are necessary; but an intermediary can provide an ombudsman-like perspective that is less affected by the vagaries of elections and appointments and able to take a broader view of the collaborative network of responsibility. Institutionally more secure, the intermediary helps with political transitions in agencies.

VI. Recommendations and Considerations for Moving Forward

The following recommendations and considerations are based on our research and analysis. They are offered in a spirit of partnership and are intended to provoke thought and discussion rather than to serve as rigid rules. The study suggests that New York City would be well served to build on the promising One City foundation. Elements for consideration in the next phase can be briefly summarized as follows:

Overall Plan: New York City, through the Office of the Deputy Mayor for Health and Human Services, would commit to continuing the kinds of collaborative efforts initiated in One City, invest in a long-term contract with a non-governmental intermediary to staff a variety of interagency collaborations, and establish the scope of agencies to participate in collaborative efforts. In this scenario, One City would continue as part of ACT and become the interagency collaboration *locus*, but intermediary staff would not handle cases. They would collect and analyze data on local level service issues, promote and support interagency case conferencing and collaboration on a day-to-day basis, help to develop forms and communication tools that facilitate collaboration (building on demonstration phase products such as the informed consent forms and technology-based information sharing), sponsor relevant training for line staff, and house a new or enhanced One City database that allows staff and the City to analyze client data, identify economies of scale and effort, and compare collaborative and typical services.

Intermediary staff would continue to analyze data to assess progress and uncover other useful agency collaborations.

Funds would be invested in a new or enhanced database design that stores all information on client services and outcomes from the collaboration and informs every aspect of One City work going forward, including assessing whether agreed-upon benchmarks and indicators of success have been met. (This new design, focused on collaborative efforts, could link with the other technological advancements already underway or under discussion.) Information gained through One City intervention has been used to serve individuals or families differently or better – for example, a lesson from one client led to a major neighborhood presentation on vermin control. But to document efficiencies and specific success of collaboration – especially budget savings based on economies of collaboration – better data collection, warehousing, and analysis is critical. Funds would be invested, too, in ensuring that line staff have access to the Internet to use the technology supporting interagency collaboration.

Following best practices in collaboration, the initiative would continue its third-year focus on the interagency connections that make the most sense (as noted earlier). Case files would continue to be analyzed, as was done in One City's third year, to determine which agencies have the most overlap in terms of client services and/or conflicts and needs for better integration and communication. Those agencies so identified would enter into a One City partnership modeled on the pilot phase (line staff, Local Advisory board, Commissioner meetings, etc.). These agencies' Commissioners would commit staff, budget, and their own involvement to the One City approach. They would set concrete goals and establish markers of success for the collaboration. Commissioner buy-in to these targets of opportunity – along with Local Advisory and Commissioner meetings to look at data and representative client issues – remains key.

It will be important to establish the scope, timing, and funding for the training required of line staff to carry out new system requirements and build on the promising interagency training begun by One City. To enhance success, it is important to acknowledge and address explicitly the challenge that such training presents in terms of cost, time, and the capacity of line staff to absorb and practice new methods and “opportunities.” Such training should be built into the budget. The leadership might consider working with educational institutions (e.g., for social work) to bring the interagency approach into the educational plan for line staff credentials.

A funding mechanism that flows from the collaborating agencies and is supplemented by private funds would be beneficial. For interagency collaboration to become institutionalized, agency budgets must support it. Collaborating agencies would contribute to a One City fund. Likely savings from meeting clear outcome objectives should be assessed, and a plan for how to reallocate those resources should be developed. The City would track savings from service improvements resulting from One City efforts, and equitably redistribute the savings to the agencies that realized the savings. The intended outcome is to establish interagency collaboration using the One City model as the modus operandi of NYC social welfare services.

One City's high-level access was key to resolving many complex cases. Many interviewees felt that such access was easier for an intermediary – i.e., that agencies may be more responsive to a group that is perceived as being outside of, though linked to, the City system. The agencies (and

intermediary, if applicable) involved in the next phase should work with the Deputy Mayor's Office to determine the best ways to ensure that such access is part of the new model.

Finally, a new and better common visioning process that goes beyond asking agencies to say what their general expectations are could enhance the success of the next phase. The process would allow everyone to agree on clear expectations for "success" within each agency and for the collaboration. Data collection can then be oriented toward documenting successes.

Mayor's Office: The next step is to endorse the One City approach for interagency collaboration, with a modified scope. Rather than running One City as a project, it becomes a coordinating framework for any interagency collaboration supported by the Mayor's office. Any collaborating agencies would have access to One City supports, trainings, database, etc. The collaborating agencies identified in Year Three should proceed as described, with a first objective of implementing the common informed consent form and technology-based interagency information sharing strategies.

Up-front investment should prioritize enhancing database systems for use by collaborating agencies as part of One City. The Deputy Mayor's Office has taken steps in this area, with the 311 system (the City's phone number for quick, easy public access to all City government and non-emergency services and information), ACCESS NY (a free service that identifies and screens for City, State, and Federal human service benefit programs), and support for One City's work on developing new technology-based interagency information sharing strategies. Continuing to improve these systems could support the One City strategy going forward, especially in considering how these systems could focus specifically on collaborative work and case conferencing.

Agencies/Commissioners: Commissioners agree to participate in quarterly meetings, patterned on the current Commissioner-level involvement, if the Mayor's Office/One City identifies their agencies as having significant overlapping services/issues/potential for improvement. Agencies identified for a collaboration would participate in a common visioning process with other identified agencies. An agreed-upon portion of the agencies' budget would be set aside to support the One City collaboration.

Local Advisors would be involved in much the same ways as in the pilot phase. They would continue to meet locally to identify issues from cases and enhance interagency coordination. The One City collaborations would test and report on new systems (e.g., the experience with the common informed consent form), providing ongoing R&D for interagency collaboration.

Intermediary: An intermediary with experience in neighborhood social services, collaboration, and government organization would staff the One City approach. Without the burden of actually handling cases, as happened in the pilot phase, the Intermediary is freed to support line staff, organize trainings, maintain the database, and analyze data to support and promote the interagency collaborations. Ongoing program assessment, informed by the One City database, would serve as an internal evaluation component and provide regular reports (see up-front investment above). The Intermediary reports to (and is responsive to requests from) the Mayor's Office, and agency contributions support its One City role.

APPENDICES

Appendix A

One City Participant List

Appendix B

Interviewee List

Appendix C

Interview Protocols

Appendix D

One City / One Community Operational Flowchart

Appendix E

One City / One Community Client Flowchart

Appendix F

Related Resources and Examples of Interagency Collaboration

APPENDIX A **One City Participants**

Mayor Michael Bloomberg's Administration

Office of the Deputy Mayor for Health and Human Services

Linda Gibbs, Deputy Mayor

Agency Commissioners

Douglas Apple - New York City Housing Authority

Shaun Donovan - Housing Preservation and Development

Verna Eggleston - Human Resources Administration

Thomas Frieden - Department of Health and Mental Hygiene

Neil Hernandez - Department Juvenile Justice

Robert Hess - Department Homeless Services

Martin Horn – Department of Probation

John Mattingly – Administration for Children Services

Edwin Mendez – Santiago - Department for the Aging

Jeanne Mullgrav – Department of Youth and Community Development

Senior Liaisons

Jane Corbett - Human Resources Administration

Iris Hill - Department of Probation

Adam Karpati - Department of Health and Mental Hygiene

Nora Reissig-Lazzaro - New York City Housing Authority

Anne Williams-Isom - Administration for Children Services

Fran Winter - Department of Homeless Services

Office of Family Services Coordinator

Jennifer Jones Austin, Coordinator

Rosenny Fenton, Senior Advisor

Project Partners

Advisors

Pat Brennan – Department of Probation

Jess Dannhauser - Department of Homeless Services

Ralph DiFiore - Department of Probation

Susan Fein - Department for the Aging

Anne Fitzgibbon - Department for the Aging

Esther Fuchs - Mayor's Office

Pam Glaser - Housing Preservation and Development

Nitza Monges - Department of Youth and Community Development

Ilene Popkin - Housing Preservation and Development

Maryanne Schretzman - Department of Homeless Services

Gabby Kreisler Sheely - Department of Education

Local Advisory Team

Kevin Baldwin – Human Resources Administration

Patricia Bassy - Administration for Children Services

Anne-Marie Best-Dick – Human Resources Administration

Meryl Block - Housing Preservation and Development

Robin Causey - Department of Youth and Community Development

Michelle Cintron
Victoria Curran - Administration for Children Services
Sabrina Dargan - Department of Probation
Kelly Goodwin – Home Base/Church Avenue Merchants Block Association (CAMBA)
Marilyn Goulbourne - New York City Housing Authority
James Brock Harris - Administration for Children Services
Jason Hendrickson - Department of Youth and Community Development
Michael Hernandez - Administration for Children Services
Lisa Hines - Administration for Children Services - CRADLE
Cynthia Ivy - Department of Education
Jacqueline Jeffrey - Administration for Children Services
Christine Maloney - Human Resources Administration
Kathleen Mullin- Housing Preservation and Development
Nigel, Nathaniel - Administration for Children Services
Modestine Pearson - Little Flower Services for Children and Families
Rodney Pride - Administration for Children Services
Randolph Quezada - Department of Homeless Services
Neil Seidenberg - Department of Probation
Angela Smith- Department of Homeless Services
Margaret Thomas - Human Resources Administration
Ernesha Webb - Department of Health and Mental Hygiene

Website Workgroup Participants

Jennifer Jones Austin - Deputy Mayor's Office for Health and Human Services
Eric Brettschneider - Agenda for Children Tomorrow
Alice Chin - New York City Housing Authority
Victoria Curran - Administration for Children's Services
Sabrina Dargan -Department of Probation
Lydia Davis - New York City Housing Authority
Abdel El Hilali - Administration for Children's Service
Susan Fein - Department for the Aging
Rosenny Fenton- Deputy Mayor's Office for Health and Human Services
Dale Joseph -One City/One Community
Elizabeth Losey- Agenda for Children Tomorrow
Christina Maloney - Human Resources Administration
Anthea McLaughlin - Agenda for Children Tomorrow
Whitney McOwen - One City/One Community
Ivy Pool - Deputy Mayor's Office for Health and Human Services
Nora Reissig-Lazzaro -New York City Housing Authority
Winette Saunders-Halyard - One City/One Community
Anil Sharma- Administration for Children's Services
Jennifer Yeaw - Deputy Mayor's Office for Health and Human Services

Informed Consent Workgroup

Judith Alexander -Department of Probation
Martha Mann Alfaro -Law Department
Jennifer Jones Austin - City Hall
Eric Brettschneider - Agenda for Children Tomorrow
Christina Chang - Department of Health and Mental Hygiene
Jane Corbett -Human Resources Administration
Victoria Curran - Administration for Children's Services
Stephen DeVore -Sullivan and Cromwell

Susan Fein - Department for the Aging
Rosenny Fenton - City Hall
Lauren Friedland - Human Resources Administration
Deidra Gilliard - New York City Housing Authority
Alex Gutkovich - Department of Homeless Services
Kali Holloway - Administration for Children Services
Lisa A. Immitt - Department of Probation
Dale Joseph - One City/One Community
Adam Karpati - Department of Health and Mental Hygiene
Annie Kuo - Administration for Children's Services
Christina Maloney - Human Resources Administration
Anthea McLaughlin - Agenda for Children Tomorrow
Thomas Merrill - Department of Health and Mental Hygiene
Hadaryah Morgan - Department of Homeless Services
Michael Pastor - Law Department
Michelle Pinnock - New York City Housing Authority
Laurence Redican - New York City Housing Authority
Babatunde Salau - Department of Homeless Services
Winette Saunders-Halyard - One City/One Community
Julie Stein - Deputy Mayor's Office for Health and Human Services
Roslyn Windholz - Department of Health and Mental Hygiene
Ronald Wohl - Human Resources Administration
Cynthia Wong-Ortiz - Department of Probation

Agenda for Children Tomorrow

Eric Brettschneider - Executive Director
Anthea McLaughlin - Associate Executive Director

One City/One Community Project Staff

Dale Joseph - Project Director
Molly Noble - Intern
Winette Saunders-Halyard - Director of Case Conferencing
Maritza Villa - Administrative Assistant

Funders

Altman Foundation
Annie E. Casey Foundation
Booth Ferris Foundation
Clark Foundation
Independence Community Foundation
Rockefeller Foundation
The Sirius Fund
United Way of New York City

Consultants

Brandeis University
Steve Burghardt
CD Group
Phil Gartenberg
Marta Siberio

APPENDIX B Interviewee List Brandeis One City Study

- Commissioners/Senior Staff from participating agencies
- Local Advisors and Referral Sources
- One City and ACT staff
- One City clients

| Interviewees | Title/Agency/One City Role |
|--------------------------|---|
| Jennifer Jones Austin | Family Services Coordinator, Office of the Deputy Mayor |
| Eric Brettschneider | Exec. Director, Agenda for Children Tomorrow – One City/ACT |
| Ivy Cooper | Family Preservationist, Administration for Children’s Services – Referral source |
| Jane Corbett | Executive Deputy Commissioner, Human Resources Administration – Commissioner/Senior Staff |
| Sabrina Dargan | Senior Community Coordinator, Dept. of Probation – Local Advisor |
| Linda Gibbs | Deputy Mayor, Health and Human Services – Office of the Mayor |
| Robert Hess | Commissioner, Dept. of Homeless Services – Commissioner/Senior Staff |
| Martin Horn | Commissioner, Dept. of Probation – Commissioner/Senior Staff |
| Dale Joseph | One City Project Director, Agenda for Children Tomorrow – One City/ACT |
| Adam Karpati, M.D. | Ass’t Commissioner, Dept. of Health and Mental Hygiene – Commissioner/Senior Staff |
| Anthea McLaughlin | Ass’t Exec Director, Agenda for Children Tomorrow – One City/ACT |
| Modistine Pearson | Regional Ass’t Exec Director/ Little Flower Children and Family Services – Local Advisor |
| Paula Reed | Social Worker, NYC Housing Authority – Referral Source |
| Winette Saunders-Halyard | Director of Case Conferencing, Agenda for Children Tomorrow – One City/ACT |
| Kenneth Simon | Guidance Counselor, Dept. of Education – Referral source |
| Christine Maloney | Brooklyn Regional Mgr, Human Resources Administration – Local Advisor |
| Nora Reissig-Lazzaro | Director of Social Services, NYC Housing Authority – Commissioner/Senior Staff |
| Anne Williams-Isom | Deputy Commissioner, Administration for Children’s Services – Commissioner/Senior Staff |

In addition, the study team interviewed four clients whose names, of course, remain confidential.

APPENDIX C

Mayor Bloomberg's "One City/One Community Strategy": A Management & Policy Study INTERVIEW PROTOCOLS

For Commissioners, Advisors, Referral Sources, and Project Staff

The Center for Youth and Communities is working with One City to explore the extent to which it has met its objectives to:

- Untangle conflicts among agencies working with the same families.
- Utilize data from case conferences to learn lessons about how to reform systems.
- Disseminate practice/policy changes to line staff across city agencies.
- Discover new opportunities to act on lessons learned from casework

We would like to get your perspective on three overarching questions:

- 1) How well and to what extent is One City accomplishing these objectives?
- 2) What specific practices of One City contribute to its effectiveness?
- 3) Which aspects may not be working as well as hoped or anticipated?

This interview is one of many we are conducting with commissioners, advisors, project staff, and clients. We will also review case conferencing materials. Our final report will focus on the effectiveness of case conferencing, advisory team meetings, commissioner meetings, and One City staff work with city agencies at achieving the desired objectives; lessons learned; and recommendations. It will also place project findings in the context of a research review about interagency and community collaboration. The report's main audiences will be the Mayor's Office, participating Commissioners, the One City Project/ACT, and funders.

Your participation is voluntary, and you may stop the interview at any time if you feel uncomfortable. All information from these interviews will be kept confidential. To facilitate note-taking, the interviewers plan to audiotape the conversations. Only the interviewers will have access to the tapes, and the tapes will be destroyed after their use in data analysis.

1. First, please say a little about yourself.

- *What is (or was) your role in the One City collaboration model and process?*
- *Can you describe a "typical" One City interaction that you would be involved with?*

2. How and to what extent is the One City collaborative model meeting its objectives?

- *To what extent has One City untangled conflicts among agencies working with the same families? Can you give examples? In your experience, what are the **most common** One City family/case types or scenarios involving multiple agencies?*
- *Have agencies or staff used case conference data to change practice or policy? Can you give examples?*
- *To what extent do you/your senior staff know about One City or the changes it has inspired? To what extent are city agency line staff aware of One City or the changes it has inspired?*

3. About the collaboration's effects and effectiveness:

- *One way to define a project's effectiveness is to say that it met its objectives. Does your definition of "effectiveness" for One City differ from this definition? If so, how?*
- *Have any of the changes you've mentioned been institutionalized and maintained? If not, to what do you attribute this? What other follow-through has there been on these changes?*

- *How, if at all, have the relationships between the city agencies and One City changed over the past two and a half years?*
 - *What **one** feature of One City (such as high-level collaboration; a particular individual; or dedicated time for cross-agency discussion) is most important to its effectiveness?*
 - *What has hindered the collaboration's effectiveness?*
 - *How could collaboration/coordination be achieved more effectively?*
 - *If you haven't already done so, please comment on how important each of the following is, in your view, to One City's effectiveness:*
 - ❖ *Case conferencing*
 - ❖ *Local Advisory Team meetings*
 - ❖ *Commissioner meetings*
 - ❖ *One City staff interactions with city agencies (service coordination/integration)*
- 4. Please share other reflections on One City that you haven't already mentioned, such as:**
- *What lessons have been learned?*
 - *What do you see as the "best practices" in One City?*
 - *What still needs to change?*
 - *What is your advice for those who wish to expand or replicate the collaboration or at least some aspects of it?*
- 5. Is there anything else that you think we should know or should include in the study?**

Interview Protocol for Clients

As you know, the One City project helps Bedford-Stuyvesant residents who face complicated problems involving city agencies. We are trying to learn about how it helps people and how it could be better.

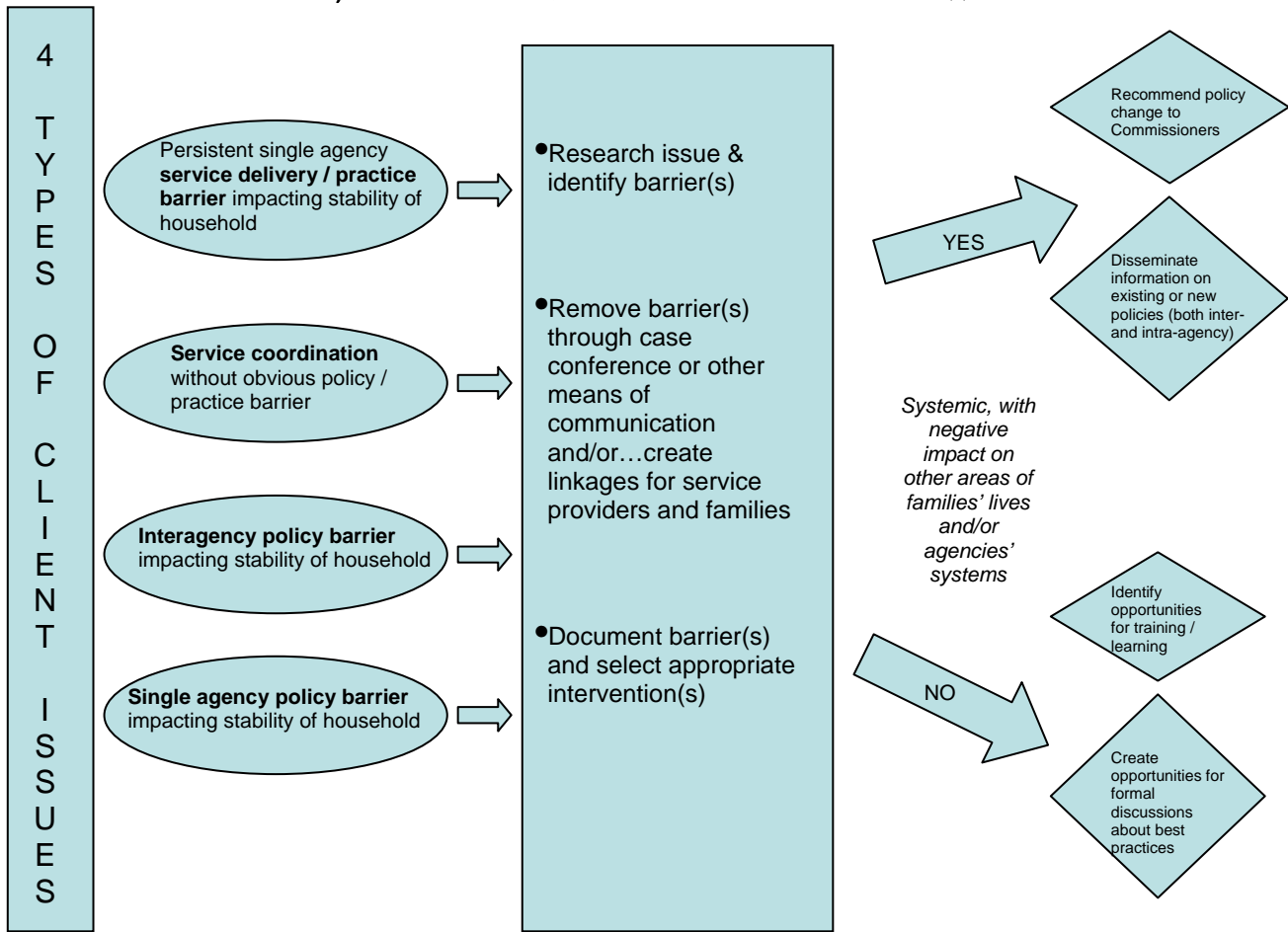
We appreciate your willingness to talk with us. Everything you say will be kept between us. To help us remember what you say, we will tape record our conversations. We are the only ones who will use the tapes, and we will destroy the tapes after we listen to them again. You may stop the interview at any time if you feel uncomfortable. We will also turn off the tape recorder briefly if you want to say something without having it recorded.

Please tell us about your experience with One City.

1. *Did someone refer you to One City? If so, who? If not, how did you find out about One City?*
2. *Who did you meet with at One City? How many times did you meet with them?*
3. *What happened at the meetings?*
4. *What happened after the meetings?*
5. *Were you involved with a case conference organized by One City (Winette)?*
6. *How are things now with the concerns that One City tried to help you with?*
7. *What was the best part about working with One City?*
8. *How was working with One City different from your past experience(s) with city agencies?*
9. *Do you now have a different view of city agencies because of your interaction with One City? If so, how has your view changed?*
10. *Could your experience have been better in any way? If so, how?*
11. *Do you think that projects like One City should be available to more people in New York City? Why or why not?*
12. *Is there anything else you would like to say about the One City project?*

APPENDIX D

ONE CITY / ONE COMMUNITY OPERATIONAL FLOWCHART



APPENDIX E ONE CITY / ONE COMMUNITY CLIENT FLOWCHART

A Management and Policy Study of Mayor Bloomberg's One City/One Community Strategy

Client Profile: Mother of five has active ACS case due to domestic violence (DV) issue with husband. ACS observes inadequate food, clothing and shelter. Husband, primary caretaker of children deported due to DV charges. Mother, who has limited mental capacity, admits to having learning disabilities; reads on a 2nd grade level. Mother's SSI entitlements recently terminated. Mother also admits to occasional drug use. Apartment is in disrepair and ACS has suggested that client relocate. Client has HPD Section 8 voucher and is currently in arrears, unable to relocate until rent arrears are paid (HPD policy). HRA case recently reactivated. Two eldest children exhibiting behavior that warrants mental health evaluations. On 9/23/06, ACS conducts a case conference and identifies three key issues: safety and quality care for the kids, evaluation for home making services for children and psychiatric evaluation for mother. ACS assigns a preventive agency to assist family.

| Actions | Outcomes | Questions |
|---|--|---|
| <p>10/31/05</p> <ul style="list-style-type: none"> Client brings 72 hour eviction notice to One City / One Community project (OC/OC). Client does not comprehend court | <ul style="list-style-type: none"> OC/OC stops eviction and arranges an emergency case conference to address issues. Participating agencies: ACS, CAMBA-DHS HPD, HRA, Homelink, New World Communities (Preventive agency). | <ul style="list-style-type: none"> What outreach strategies can be implemented to increase awareness of the following two programs in the community: HRA - Homeless Diversion unit and HPD - CAMBA (program that assist families who are at risk of becoming homeless and has HPD Section 8 vouchers)? |
| <p>11/1</p> <ul style="list-style-type: none"> OC/OC case conference conducted Service plan includes: <ul style="list-style-type: none"> maintaining Section 8 voucher repair issues payment of rent arrears family counseling evaluation for mother and two children financial management securing day care for 3 youngest children secure Medicaid for youngest child correct information on all Medicaid cards reschedule HRA appt. to avoid sanction | <ul style="list-style-type: none"> Assessment of rent arrears payment begins. HRA provides a new appointment for client to avoid conflict with family court date. Client obtains legal representation to address housing issues. Homelink accompanies client to housing court for support. ACS sends Mobile Crisis unit to complete MH evaluation, MH evaluation not completed. | <ul style="list-style-type: none"> How detailed is the information provided to preventive agencies? Additional information regarding parent or potential guardian would provide insight on how to tailor the services to address the needs of parents. Psychosocials are done for children. Is it possible for psychosocials to be done for the parents? |
| <p>11/17</p> <ul style="list-style-type: none"> Emergency case conference between OC/OC, New World and client due to mother leaving children home unattended twice during week. OC/OC recommended expedited implementation of Family Preservation Program and financial management services because mother reveals absence of food and toiletries in household. Mother reveals she is pregnant | <ul style="list-style-type: none"> OC/OC contacts ACS to request an assessment of elevated risks due to recent developments and concerns. 11/21/05- ACS finds children home alone. and removes children from household Mother informs OC/OC of removal; reveals that she is relieved. 11/25/05- OC/OC refers client to CAMBA-HPD. | <ul style="list-style-type: none"> What is the protocol for assessing prenatal needs to prevent foster care placement? What is the protocol for assessing substance abuse as it relates to expediting permanency planning? What is ACS' responsibility once parent/guardian admits drug use? |

APPENDIX F

Related Resources and Examples of Interagency Collaboration

The following resources and contacts, collected/adapted from several sources, relied heavily on the work of the Finance Project (particularly Issue Notes (4), No. 1, January 2000, *Interagency Collaboration and Welfare Reform* by Tara Sussman and *Opportunities for Collaboration Across Human Services Programs*) and the Criminal Justice/Mental Health Consensus Project (see Resource Contacts for more information).

The ***Linkage Team*** has nine staff members collocated in WorkFirst (TANF) offices across King County, Washington, which includes Seattle. Staff conduct outreach and recruit potentially eligible welfare-to-work clients. The team includes caseworkers from the Department of Social and Health Services, the Employment Security Department, the Refugee Pathway, and the Private Industry Council. The cross-agency staff on the Linkage Team facilitate communication between WorkFirst and welfare-to-work contractors on client needs. The Linkage Team helps WorkFirst offices see the direct outcomes for clients enrolled in the welfare-to-work program and ensures that welfare-to-work contractors are meeting WorkFirst program objectives. (Contact: Amy Robins, 206-448-0484 or arobins@skcpic.org.)

Local INvestment Commission (LINC), a community-based collaborative led by a committee of residents, business leaders, neighborhood leaders, labor leaders, and welfare recipients, aims to improve the lives of children and families in Kansas City and Jackson County, Missouri. The program was initiated by the state departments of Social Services, Mental Health, Health, Labor, Education, Corrections, and Economic Development. LINC is also responsible for administering Missouri Caring Communities, part of a reform effort to develop comprehensive, flexible, and accessible neighborhood services for children and families through community participation, professional development, and change management. LINC provides guidance, training, and assistance to the 56 schools in the Caring Communities project and ensures that all sites demonstrate resident, parent, and school and agency staff support and interest. In addition, LINC requires that a council of parents, local residents, school personnel, business and civic leaders, youth, and agency representatives lead Caring Communities efforts at each site. (Visit www.kclinc.org or contact Brent Schondelmeyer at 816-889-5050 or bschonde@kclinc.org. For information on Missouri Caring Communities, visit www.mofit.org or call 314-531-5505).

The ***New Hampshire Employment and Training Program (NHEP)*** is an interagency collaboration between New Hampshire's Department of Health and Human Services (DHHS) and Employment Security Organization (NHES). The New Hampshire Services Community Action Program links NHEP to community action programs across the state. The interagency teams work together to deliver employment support services under the TANF work requirement. The NHEP interagency teams, located at the local NHES offices, consist of at least one DHHS social worker, a NHES employment counselor, and a Community Action case manager. The team assesses individuals and helps them prepare for employment and find work. Team members are cross-trained so they can provide clients with the full range of information and services available and administer all program requirements. Each client is assigned to one team member, and client files are kept in a central location so team members can easily access the information. Collocating staff at the NHES one-stop service center ensures that individuals have access to the assistance available from all three agencies without traveling to multiple locations. (Contact: Mary Ann Broshek (TANF administrator and DHHS representative), 603-271-4442.)

Smart Start, launched by North Carolina Governor James B. Hunt Jr. in 1993, is administered by local collaborations in the state's 100 counties. Smart Start changed the family service delivery system so the agencies providing services work together rather than separately. Smart Start nonprofit boards identify the needs of children and families in their communities. The initiative seeks to ensure that children receive preventive health care services and quality, affordable child care. It also addresses parents' needs for transportation to child care and health care services. The authorizing legislation requires that certain individuals, including the school superintendent and the heads of various government departments and community organizations, serve on local Smart Start councils. Also serving on these boards are community members such as parents, educators, child care providers, representatives of nonprofit organizations and faith communities, and businesspeople.

Mentally Ill Offender Crime Reduction Grant Program. Established in 1998 by the California Legislature, the program provided \$50.6 million in grants for demonstration projects in 15 different counties that, collectively, target approximately 12,500 offenders with mental illness. To be eligible for a demonstration grant, counties must establish a Strategy Committee comprising criminal justice and mental health stakeholders.

D.C. Mayor's Interagency Initiative. Mayor Adrian M. Fenty created the Interagency Collaboration and Integrated Services Commission in 2007 to:

- Build bridges. The Commission includes the heads of all child-serving agencies, including health, human services, public safety, and education.
- Share information. The Commission will develop an interagency information-sharing agreement, with confidentiality safeguards and parent/guardian consent forms, with the goal of conducting multidisciplinary assessments.
- Start early. The Commission will provide financial and administrative support to agencies to develop prevention and early-intervention programs for children and families.
- Collect data. An interagency database will allow Commission staff to monitor and evaluate treatment plans and assess programs.
- Measure results. The Commission will measure agencies' ability to work collaboratively and impact the lives of families in the District.

The **United Nations Chief Executive Board for Coordination** issued a statement that coordinated interagency action is essential to improve the situation of special social groups. Interagency collaboration has been significant in the lead up to the adoption of the 2002 Madrid International Plan of Action on Ageing; the ongoing elaboration of the International Convention on the Protection and Promotion of the Rights and Dignity of Persons with Disabilities; and the continuing work of the United Nations Permanent Forum on Indigenous Groups. See www.unsystemceb.org/oneun/2/p202

Two evaluations of collaborative projects are useful in considering the components of interagency projects that may merit replication: (1) "The 1997–1998 Cleveland Community Building Initiative Baseline Report on Collaborative Relationships," the Center on Urban Poverty and Social Change (contact 216-368-6946) and (2) "Mixed Results: Lessons Learned from a Case Study of Interagency Collaboration," Special Report No. 10, The Policy Exchange, Institute for Educational Leadership (contact 202-822-8405 or visit www.iel.org).

Riverside County, California's **Assessment and Consultation Team** was created by interagency agreement between the Department of Mental Health and the Department of Public Social Services

(DPSS). Mental health clinicians are stationed at DPSS offices so that children and families served have direct and quick access to an expanded range of mental health assessment and treatment services. Services are matched to child and family needs and access is timely. Mental health and child welfare staff work as a team.

New Zealand's ***Pathfinder Project***, established to integrate outcome information into an output-focused system of government, paved the way for a government-wide effort to focus planning, delivery, and performance review on enhancing results for New Zealanders. Collaboration has been a key part of this effort. Project information and documents on io.ssc.govt.nz/pathfinder. One of their useful documents, *Interagency Collaboration for Outcomes* (Version 2.1, July 2003), provides guidance for agencies integrating outcome information into their decision-making processes.

Other resources from the Child Welfare Information Gateway - www.childwelfare.gov/systemwide/service/collaboration/related.cfm

Child Welfare and Integrative Manuals, K.C. Faller (Ed.), 2000. Michigan University School of Social Work (www.ssw.umich.edu). Collaboration planning, implementation activities, and materials related to child welfare, substance abuse, domestic violence, and mental health services.

The Collaboration Primer: Proven Strategies, Considerations, and Tools to Get You Started, G.W. Torres & F.S. Margolin (2003). Health Research and Education Trust. Reviews considerations for forming and participating in interagency collaborations. Includes a checklist of key activities.

Design Teams as Learning Systems for Complex Systems Change: Evaluation Data and Implications for Higher Education. H.A. Lawson, D. Anderson-Butcher, N. Petersen, and C. Barkdull, 2001. University of Utah Social Research Institute (www.socwk.utah.edu/sri/index.html). Reports on design team processes used to promote collaborative practice for families with multiple needs.

Enhancing the Capacity for Cross-Systems Innovation. T. Corbett, S. Golonka, C. Smith, and J. Noyes, 2002. National Governors Association (www.nga.org/files/pdf/0402CROSSYSYSCAPACITY.pdf). Proposal for enhancing States' capacity for integration

Gaining the Collaborative Advantage and Promoting Systems and Cross-Systems Change. H.A. Lawson and C. Barkdull, 2001. In *Innovative Practices With Vulnerable Children and Families*. A. L. Sallee, H.A. Lawson, K. Briar-Lawson (Eds.), Eddie Bowers Publishing, Dubuque IA (www.eddiebowerspublishing.com). Explains the importance of interprofessional collaboration and service integration and provides recommendations for systems reform to accommodate collaborative efforts. Focuses particularly on communication, connection, coordination, and co-location.

Interdisciplinary Working in Child Welfare. O. Stevenson (Ed.), 2005. *Child and Family Social Work*, 10 (3). Special journal issue focusing on interagency coordination in child welfare services. Topics include communication, collaboration impacts, and establishing common ground.

Intersystem Collaboration: A Statewide Initiative to Support Families. E.M. Tracy, D.E. Biegel, A.C. Rebeck, and J.A. Johnsen 2003. *Family Preservation Journal*, 7 (1) (www.eddiebowerspublishing.com). Assesses the processes involved in intersystem collaboration in the context of a state-level change initiative.

A Template for Family-Centered Interagency Collaboration. U.M. Walter and C.G. Petr, 2000. *Families in Society*, 81 (5), Manticore Publishers (www.manticore.ca). Asserting that successful interagency collaborations require commitment to a shared value, provides a rationale framework, placing family-centered principles at the core.

RESOURCE CONTACTS

The Finance Project, www.financeproject.org/Publications/EBO_collaborationprograms.pdf

The Criminal Justice/Mental Health Consensus Project, coordinated by the Council of State Governments Justice Center, is a national effort to help local, state, and federal policymakers and criminal justice and mental health professionals to improve the response to people with mental illnesses who come into contact with the criminal justice system (consensusproject.org).

Institute for Collaborative Leadership, 773-743-0448 or home.att.net/~randagroup/index.html.

Institute for Educational Leadership, 202-822-8405 or www.iel.org.

National Network for Collaboration, crs.uvm.edu/nnco.

National Partnership for Reinventing Government, www.npr.gov.

Office of Intergovernmental Solutions, policyworks.gov/org/main/mg/intergov/.

Together We Can Initiative, 202-822-8405 or www.togetherwecan.org.

Center for Law and Social Policy, Mark Greenberg, 202-328-5140, ext. 5132 or www.clasp.org.

Center on Budget and Policy Priorities, Jocelyn Guyer, 202-408-1080 or www.cbpp.org.

Hudson Institute, Jay Hein, 317-549-4102 or www.hudson.org.

National League of Cities, Ken Adams, 202-626-3000; or www.nlc.org.

Nelson A. Rockefeller Institute of Government, Thomas Gais or Richard Nathan, 518-443-5522; or www.rockinst.org.

Urban Institute, Nancy Pindus or Karin Martinson, 202-833-7200 or www.urban.org.

Welfare-to-Work Partnership, Dorian Friedman or Robert Keast, 888-USA-JOB1 or www.welfaretowork.org.