

Summary
Final Assessment Report

Comprehensive Community Revitalization Program

March 1998

by Gerri Spilka and Tom Burns
The OMG Center for Collaborative Learning

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Foreword

This is the final report on CCRP; a \$10 million effort by 21 foundations and corporations (initiated by the Surdna Foundation seven years ago). Our mutual goal was to materially boost the quality of life in a large swath of the South Bronx, to support a group of CDCs by buying into their agenda for doing so, and to (later) create an institution that could live on vigorously and independently after the program formally concludes in the summer of 1998.

Most evaluations are exhausted documents that belatedly raise the shades on their tired (or expired) subjects. They arrive too late to do much good and offer too little guidance to be formatively useful. This evaluation, however, can do much good and can be formatively useful to both practitioners and informed observers of community revitalization.

It is useful because it gives a rich and detailed account of the issues, people, and problems faced by CCRP. It spells out the strengths and weaknesses of one large community revitalization effort that has garnered much national attention. It discusses lessons to be adopted and missteps to be avoided. It is pitched toward serious readers who want to hasten community revitalization in their own communities. Finally, as CCRP evolves into an entirely new institution—CCRP, Inc.—the evaluators' conclusions and recommendations will inform the next stages of growth.

CCRP, Inc. will be a neighborhood-grown and neighborhood-based intermediary. Comprised of four CDC partners, it is committed to implementing joint and separate programs and to systematically teaching other development groups what it has learned. Now poised to build on more than six years of solid work, this next phase presages a time of enormous opportunity.

The current community revitalization movement is neither stable nor routinized. But it is pro-active, accomplished, feisty, determined and optimistic. The four CDCs in CCRP, Inc. clearly manifest these qualities, which are what is needed—along with money—to build long-term stability. The CDCs are poised to take themselves and the movement to its next productive phase. We should all follow them, with high interest, appreciation and financial support.

Edward Skloot, Chairman
CCRP Funders Advisory Committee

Acknowledgments

Since the OMG Center began its independent assessment of the Comprehensive Community Revitalization Program in 1992, we have had the opportunity to work closely with staff of both the participating CDCs and CCRP's administration.

We gratefully acknowledge the contribution these community-based organizations and their staff made to the assessment process. We know that arranging site visits, attending assessment meetings and providing organizational and program information placed an extra burden on scarce staff resources; we hope that this report reflects their input and does justice to the CDCs' accomplishments. Although many more individuals from each of these organizations played a role in the assessment, we extend our special thanks to:

- ~ Ralph Porter and Oscar Morillo, MBD Community Housing Corporation;
- ~ Jeanette Puryear and Zenon Arribalzaga, Mid Bronx Senior Citizens Council;
- ~ William Nelson and Mary Lockman, Mount Hope Housing Corporation, Inc.;
and
- ~ Manuel Mendez, Drew Hyde and Ray Emmanuel, Phipps Community Development Corporation - West Farms.

To Anita Miller, CCRP Program Director, we express our warm appreciation for the enthusiasm, persistence and critical judgment which contributed not only to the success of the CCRP program but also to whatever insights and balance we have captured in this assessment report. In addition, we thank Wanda McClain for the coordinating and communicating talents she demonstrated so well as Associate Director, and Linda Diamond for her energetic and always reliable administrative support which often made our assessment work easier.

Finally, we wish to thank the countless others — including CCRP's funders, technical assistance providers and program collaborators, and government and community representatives — who gave generously of their time to talk with the assessment team over the past five years. Your perspectives and advice have done much to shape this final assessment report.

Gerri Spilka and Tom Burns
OMG Center

Introduction

This Summary of the Final Assessment Report was prepared by the OMG Center for Collaborative Learning as part of its independent assessment of the Comprehensive Community Revitalization Project (CCRP) in New York's South Bronx. It is intended not only for CCRP's funders but also for others interested in the growing field of comprehensive community initiatives (CCIs). Because CCRP was one of the earlier CCIs and because it deliberately sought to learn and adapt as it gained experience, the assessment approach placed considerable emphasis on documenting the CCRP process and providing formative feedback to its participants. The assessment also tracked the varied impacts of the CCRP demonstration on the neighborhoods and CDCs who participated and uncovered useful lessons about collaborative funding of CCIs. The final report attempts to strike a balance between two goals, on the one hand providing a summative evaluation of CCRP's impacts and broader lessons, and on the other, capturing some of the process of experimentation and learning that accompanied the efforts of the CDCs and CCRP's administration to execute the demonstration phase of this unique program.

Although the CDCs seek to continue CCRP beyond its demonstration phase scheduled to end in mid 1998, this report covers a six-year period from its inception in April 1992 through December 1997. This Final Assessment Report is meant to complement two interim assessment reports prepared by OMG in 1994 and 1995.¹

The summary report addresses four key questions:

- C How did the CCRP strategies affect the CDCs' communities?
- C What has been CCRP's influence on the participating CDCs and how did the demonstration transform them?
- C How did the CCRP model, including its funding approach, program leadership and technical assistance approach, support the objectives and activities of the demonstration?
- C What are the broader lessons from CCRP for those engaged in comprehensive community building?

Chapter One provides background on the purposes and design of CCRP. It begins by reviewing CCRP's original assumptions, its guiding philosophy and approach, the implementation strategies that emerged, and the intended impacts of the demonstration. The next two chapters present a summary of the assessment findings about changes that occurred within the CCRP sites. Chapter Two reviews the impacts thus far of the CCRP strategies within the target neighborhoods. Chapter Three reviews CCRP's impacts on the participating CDCs. The final two chapters consider the broader implications of the findings presented in the previous chapters. Chapter Four summarizes what has been learned about CCRP as an approach to collaborative funding of comprehensive community development. Chapter Five

¹ A more detailed account of the CCRP assessment may be found in the full *Final Assessment Report* by the OMG Center.

draws some broader lessons for comprehensive community-building from the CCRP experience, and concludes with a brief summary of issues that CCRP faces as it looks to its own future.

1. The CCRP Experiment

The idea of an experiment in comprehensive community revitalization began with discussions initiated by the Surdna Foundation in the Spring of 1991. These focused on the feasibility of helping established CDCs build upon what they had achieved in housing production and property management in order to address the economic and social needs of their neighborhoods. Edward Skloot, Executive Director of the Surdna Foundation, invited Anita Miller, a former senior program officer with the Ford Foundation and the Local Initiatives Support Corporation (LISC), to undertake research and development to determine the feasibility and shape of a possible joint foundation initiative. Surdna made the first commitment to CCRP of \$3 million in September 1991; since then twenty additional funders² have joined Surdna with grants totaling \$9.4 million.

The primary mission of the CCRP demonstration was to support and strengthen experienced South Bronx CDCs as they developed and tested strategies aimed at comprehensive community revitalization. Six CDCs were selected to participate in CCRP—Banana Kelly Community Improvement Association, Mid Bronx Desperadoes Community Housing Corporation, Mid Bronx Senior Citizens Council, Mount Hope Housing Corporation, Inc., Phipps Community Development Corporation (West Farms), and Promesa Housing Development Fund Corporation. Two of the CDCs, Banana Kelly (December 1994) and Promesa (December 1996), were later discontinued in the Program when mismatches between their own priorities and the purposes of the demonstration became evident.³

Each of these CDCs had already demonstrated its abilities to accomplish physical revitalization of its neighborhood. CCRP's goal was to assist these organizations in systematically addressing the economic and social issues that contribute to poverty within their communities. Through this approach, CCRP proposed to demonstrate to the wider community development field that CDCs can be effective neighborhood intermediaries capable of directing comprehensive community revitalization and mobilizing other organizations, residents and resources to accomplish it.

CCRP and Comprehensive Community Development

CCRP is one of the earliest of several experiments that are generally termed comprehensive community initiatives, or CCIs. Related demonstrations that originated at about the same time include the Community Building Partnership in a single Baltimore neighborhood, Sandtown-Winchester; the Atlanta Project, which aimed to bring together a

² Additional funders include the Annie E. Casey Foundation, Bankers Trust Company Foundation, BankAmerica Foundation, Booth Ferris Foundation, the Chase Manhattan Bank, Citicorp Foundation, the Clark Foundation, the Edna McConnell Clark Foundation, the Engelberg Foundation, the Hearst Foundation, F. B. Heron Foundation, James C. Penney Foundation, Merck Family Fund, Metropolitan Life Foundation, the New York Community Trust, the Pew Charitable Trusts, Rockefeller Brothers Fund, the Rockefeller Foundation, the Scherman Foundation, and Uris Brothers Foundation.

³ Although this report considers some of the factors surrounding the conclusion of Promesa, Inc.'s and the Banana Kelly Community Improvement Association's participation in CCRP, its focus is primarily upon the activities of the remaining four CDCs.

range of local resources and support to transform several neighborhoods in the City of Atlanta; and the Ford Foundation's Neighborhood and Family Initiative. These have informed another generation of demonstrations now underway, such as the Annie E. Casey Foundation's Rebuilding Communities Initiative in five neighborhoods in five different cities, the Edna McConnell Clark Foundation's Neighborhood Partners Initiative in five New York City communities, the New York Community Trust's effort in three New York City neighborhoods, and LISC's Community Building Initiative. Also, in other cities there are comprehensive community-building initiatives underway or being planned, some of which are adaptations of CCRP's design; though not intended as demonstrations, they stretch the current roles and activities of community-based organizations to enable them to respond more broadly to community needs.

CCRP and these other CCIs share the belief that stabilizing and transforming neighborhoods can be achieved through a coordinated approach—one that starts with affordable housing as the foundation but is broadened to encompass a larger range of activities. Although the specific activities vary across these efforts, the more recent generation of CCIs is likely to include the selection of a community-based organization to take the lead in neighborhood organizing; strengthening local collaborations and linkages; improving access to skills training, jobs and education; improving social and other services; boosting economic development; and addressing environmental concerns. As these efforts indicate, many CCIs, including CCRP, aim for mutually reinforcing change at multiple levels—in neighborhoods, families and individuals.

CCRP is unique among these CCI experiments because of the particular context of the South Bronx and because it has operated within New York City's comparatively resource-rich environment for community development. But as later sections of this report will show, CCRP is also notable because of its highly pragmatic strategy for moving to a more comprehensive community development approach; its reliance on well-established and entrepreneurial CDCs with proven track records in physical development; its more modest scale of funding; its approach to directing and managing the demonstration; and its emphasis on community-based collaboration rather than creating a new neighborhood governance structure.

The South Bronx and the Role of CDCs

CCRP's decision to focus on the South Bronx and the particular time period when it was launched are both critical to understanding the demonstration. In the 1960s and 1970s, the South Bronx experienced enormous levels of destruction through wide-spread arson; it was further weakened by a vast out-migration of both residents and jobs. Many of the community-based institutions in the area exited as well. In response to this devastation and with the help of the Local

The resurrection of the South Bronx has been going on since 1986. Abandoned buildings are rare, and nineteen thousand apartments have been rehabilitated. More than 2,500 new houses had been built for working-class home buyers and two thousand more are under construction.

The heroes of this story, editorialized in *The New York Times* in 1995, are "the not-for-profit community development corporations that build and rehabilitate the buildings and who counsel the first-time home buyers who make up just about all of the new owners....."

But the housing revival was not, initially, matched in other spheres. The public schools were still as bad as they ever were, one-third of adults didn't have a high school degree, one-quarter couldn't read at a fourth grade level, one-half had no history of labor force participation, and crime was rampant.

Lisbeth Schorr, Common Purpose, Doubleday, NY, 1997, pages 328-29.

Initiatives Support Corporation, the Enterprise Foundation, Federal tax credit programs, and the City's Department of Housing Preservation and Development, the CDCs took the lead during the 1980s in physically rebuilding their communities. By the mid 1990s, CDCs were engaged in producing 22,000 units of affordable housing, mostly in six-story multi-family apartment buildings, and for attracting many new residents to neighborhoods that had been abandoned. About half of the 500,000 people living in the South Bronx reside in the six neighborhoods originally selected as the focus for CCRP.

By the early 1990s, it had become apparent that despite the impressive physical redevelopment efforts underway in the South Bronx, the necessary investments in the services and infrastructure to support full community life had not yet been made. Creating a range of services and amenities that would add to the quality of life for newly returning residents became the next imperative for those working to rebuild the South Bronx.

1.1 CCRP's Approach

CCRP was launched in recognition of an emerging need for a more holistic approach to neighborhood revitalization in the South Bronx and of the critical role that its established CDCs could play as a result of their growing track records as physical developers. CCRP was created primarily to help these CDCs begin to meet the broader community-building challenges they now confronted.

To better understand this particular demonstration and provide sufficient context for presenting the assessment findings, it is helpful to delve more deeply into how CCRP was initially shaped. The next sections of this chapter review the core assumptions underlying the CCRP program design, the philosophy and approach that CCRP's Program Director brought to the initiative, and the principal strategies that emerged as the demonstration got underway.

MBD Housing Corporation

Located in the Crotona Park East area of the South Bronx, MBD was organized in the mid-1970s by neighborhood residents in response to widespread arson and abandonment. Roughly 15,000 housing units were lost to fires and neglect and the neighborhood's population declined by about 75%.

Today, MBD is led by Ralph Porter, its Executive Director and charismatic community leader who has over 25 years of experience working in neighborhoods. With a staff of 62 people, MBD now plays a central role in revitalizing a neighborhood of about 17,000 residents. MBD has sponsored the construction or rehabilitation of over 2,300 housing units costing approximately \$215 million, including the 89 single-family ranch houses of Charlotte Gardens.

CCRP has assisted MBD with the creation of a number of new initiatives including: a primary health care practice; the development of a 40,000 square foot park; a farmer's market and other open space projects; a local office of the New Bronx Employment Service; co-sponsorship of a new Center for Employment Training; a Men's Club; and the development of a 136,500 square foot shopping center.

Through the use of Health Realization and other outreach approaches, MBD has incorporated resident involvement as a focus of much of its work. Central to this outreach are resident taskforces on neighborhood safety and park planning and design, regularly scheduled town hall meetings and an annual community-wide planning conference cookout.

Core Assumptions

In a 1991 concept paper, the overall purposes of CCRP and the proposed approach were outlined in some detail.⁴ A number of critical assumptions were made in that paper and in the early stages of CCRP as the program approach was further refined. These core assumptions underpinning the early program design are paraphrased below:

C Mature CDCs who have implemented large-scale housing programs are appropriate organizations to lead comprehensive community revitalization efforts.

They are genuinely community-based, have community improvement as their mission, and have responsibility for the long-term viability of millions of dollars of real estate. As a result, they have contact with many community residents and others on a regular basis. Further, they have established track records and well-developed organizational structures upon which to expand.

C From the outset, CCRP should provide core support and technical assistance needed by the CDCs to help ensure they create the capacity to initiate and execute holistic revitalization strategies.

CCRP funds supported a minimum of two dedicated project staff at each CDC, a CCRP Manager and an Outreach Worker; these dedicated staff help the over-worked CDCs give CCRP the priority attention needed. CCRP also provides technical support individually and collaboratively to the CDCs to assist them in building the skills needed for comprehensive revitalization.

C CCRP should provide critical “first-in money” to support CDC projects as a means of assisting the CDCs to leverage additional private or government funds. CCRP pledges money first to projects, paving the way for other foundations and government

agencies, providing an initial “vote of confidence” and reducing the risk for others who

Mid Bronx Senior Citizens Council, Inc.

MBSCC was founded in the late 1970s to serve elderly residents stranded in poor housing with few services. Since she became Executive Director in 1981, Jeanette Puryear has transformed MBSCC from an elderly service organization to a powerful voice for the diverse residents in the MBSCC neighborhood. Now an organization of about 240 people managing approximately 1400 housing units, it serves seniors and families with its housing, social service and economic development programs.

Located in the heart of the Bronx’s civic center, MBSCC’s neighborhood escaped the large-scale abandonment that characterizes much of the South Bronx. But much of the area is in poor repair and needs commercial services and more amenities. Within the MBSCC neighborhood are numerous assets including many other private and public institutions, Yankee Stadium and the Bronx Court House. Approximately 1/3 of its population of 57,000 people are either teenagers or children.

Through the assistance of CCRP, MBSCC has enhanced its program development in an integrated way that concentrates both on economic development ventures and providing services to its children. It now operates a catering business, a MBSCC/CCRP Head Start Program, a center of the New Bronx Employment Service, and is converting part of a major residential facility into a Family Preservation Center in which will be housed a variety of co-located programs. MBSCC is also developing a home health care enterprise for AIDS/HIV services, creating several franchises in the area, and through Empowerment Zone funding, is linking office and computer deep-skills training programs to others in the Andrew Freedman facility.

⁴

See *Comprehensive Community Revitalization: A Demonstration Program in the South Bronx*, by Anita Miller and Edward Skloot, November 25, 1991.

do not want to be sole supporters.

- C CCRP should assist participating CDCs to learn from each other throughout the demonstration, and to collaborate with one another to effect larger, area-wide changes.** Through CCRP, CDCs that had previously been competitive with and isolated from one another would have opportunities to share their experiences and work together to resolve their similar concerns, for example, in confronting crime and responding to welfare reform.
- C Empowerment of community residents should be a central strategy of community revitalization efforts so that results can be sustained and dependence on the program reduced over the long term.** Improving individuals' and families' access to resources and enabling them to steer change should be the foundations of sustainable community building. Therefore, CCRP must create meaningful opportunities for individuals to make decisions about their community and to participate in its improvement.
- C Rather than addressing inter-related problems in a piecemeal fashion, human service delivery systems ought to be more integrated.** CCRP should help support efforts to coordinate service delivery at the ground-level to resident families, in the belief that these integrated services would have greater impact as a consequence.
- C Planning and implementation should occur simultaneously.** CCRP should proceed in a way that combines concrete actions and results with planning; it should recognize the importance of producing tangible results early enough so that the program gains credibility and builds momentum and local involvement.

As critical aspects of CCRP's early "theory-of-change," these core assumptions were viewed by the OMG assessment team as program dimensions to be observed and evaluated over the course of the CCRP assessment.

Mount Hope Housing Corporation

Growing out of the Mount Hope Organization, MHHC was founded in the mid-1980s by residents and churches to combat their neighborhood's deterioration with housing development strategies. Today, MHHC is led by William Nelson, a youth advocate with nearly 10 years' experience with NYC's Department of Housing Preservation and Development. MHHC sponsors about 1300 units of affordable housing, and employs about 60 people.

The MHHC neighborhood is well-organized and has a strong sense of identity. It is bounded by the Cross Bronx Expressway on the south, Webster Avenue east, Burnside on the north and Jerome Avenue on the west. Approximately 35,000 people live in Mount Hope and about 1/10 of them live in MHHC's housing. A large percentage of these people are formerly homeless and many are children.

Through its participation in CCRP, MHHC has expanded its programming in an effort to develop a coordinated response to welfare reform. Integrated case management, a new family health care practice and a branch of the New Bronx Employment Service are central new services. MHHC has also launched a Thrift Shop, a comprehensive local entrepreneur development initiative with a micro loan program (in partnership with the Bethex Credit Union) and an Individual Development Account program. Also, through CCRP's intervention, the Mt. Hope Community Organization was able to enlist the Corporation for Supportive Housing and the Project Return Foundation, and have developed and closed on a \$7.1 million deal that transforms a former hotel for prostitution to a supported residence for people with AIDS/HIV.

The CCRP Philosophy and Approach

In addition to being shaped by these core assumptions, CCRP was influenced by the particular philosophy and approach of the Program Director, who came to CCRP with over 20 years of experience in community development and grantmaking, both nationally and in the South Bronx. Anita Miller's understanding of CDCs and the context in which they operate shaped the overall approach and several of the strategies that emerged. Some elements of that approach, which helped to further distinguish CCRP from other CCIs, include:

- C A recognition that even though the CDCs participating in CCRP have committed to the goals of the demonstration, CCRP recognizes that they have many other activities "on their plates" to which they must also attend;
- C A particular respect for the accomplishments and development capacity of established CDCs;
- C Recognition of the need to strike a balance between engaging other community players in planning and in specific program efforts and producing the visible early results needed to sustain momentum;
- C Realization of the increased significance that CCRP dollars can have when used flexibly, quickly and non-bureaucratically for CCRP-related staffing, technical assistance and project start-up;
- C Understanding of the opportunities for leadership in the Program Director's role, in establishing with the CDCs how CCRP funding should be used, advocating for CDCs with government agencies and even seeking government partners for the demonstration, and raising additional resources throughout the demonstration;
- C Recognition of the value of relationship-building and collaborative projects among the

Phipps Community Development Corporation - West Farms

Phipps Houses, founded in 1905, is a citywide developer and sponsor of housing for low- and moderate-income families and has been involved in the West Farms neighborhood for 25 years. It opened Lambert Houses (731 units) in 1972, rehabilitated three other properties in more recent years, and has been the local sponsor of home ownership housing developed through the NYC Housing Partnership. It now owns and manages 1010 units in West Farms (a total of 1493 units in the Bronx), including an 84-unit apartment house under construction. Phipps CDC was created in 1972 to provide social services in communities where the Phipps Housing Group owns housing. Manuel Mendez, who has headed the CDC since 1990, has developed, with Phipps Houses President Ronay Menschel, a strong community development mission for the company. Phipps CDC has a staff in West Farms of about 160 people, including its Beacon School.

The West Farms community suffered considerable abandonment in the 1970s. Currently, with about 14,000 residents, a central priority for the community is the development of increased parks and active recreation space, as well as new housing. With up to 50% of its residents still without jobs, programs in education, training and employment, and childcare are high priorities for Phipps CDC.

Within CCRP, Phipps-West Farms has focused on educationally based youth programming, career development among teens, employment preparation and linkages for adults, and initiatives to improve the neighborhood's physical capital. It runs the community's Beacon School with all-day and weekend programming, a Home Based Head Start Program, a School to Work program (with a precursor Youth Fair Chance Program), and a Career Center providing employment services and G.E.D. and ESL training. Phipps CDC has brought to the community a family medical practice and a new Center for Employment Training. With the active participation and leadership of community members, an ambitious "Zooway" is being realized, linking the Beacon School with the Bronx Zoo and creating an attractive new spine for the community.

CDCs as a cost-effective opportunity to share learning on experimental approaches and strategies for broader change.

1.2 CCRP's Core Strategies

As the CCRP experiment unfolded, it began to employ a set of implementation strategies intended to integrate CCRP's various components. These strategies, each highly consistent with the core assumptions and operating philosophy described above, were ambitious but at the same time well grounded. In developing them the Program Director relied on her own practical experience and also the equally pragmatic advice of the CDC Executive Directors with whom she worked closely. The key strategies that emerged were:

- C ***Use community plans as powerful blueprints for change.*** The strategic plans and quality-of-life physical plans developed by each neighborhood (described in more detail later) would serve as tools for identifying critical neighborhood assets as well as service and infrastructure gaps. These plans continue to serve as community-directed guides for the CDCs and their broader communities as they pursue programs and resources.

The Program Director evolved strategies that were integrative and consistent with core assumptions articulated early in the initiative. These strategies were rooted in her experience and pragmatism as well as the valuable advice of the CDC Executive Directors.
- C ***Engage residents, local businesses and other neighborhood organizations in crafting a vision for the future and in implementing it.*** From the outset, CCRP believed that to sustain quality communities, the CDCs would need to build social capital by strengthening its civic infrastructure. Through broadly representative vehicles such as focus groups, planning and implementation taskforces and annual community planning events, residents, businesses and other agencies could become engaged with the CDCs. As the demonstration progresses, these stakeholders can continue to be active participants as volunteers, partners, and collaborators.
- C ***Strengthen the lead CDCs while taking on partners to help with discrete program elements.*** From its inception CCRP has chosen to support strong CDCs as the community-based organizations to lead the initiative and invested in strengthening them to do so. In order for the CDCs to realize their goals, CCRP has asserted that other public and private agencies with skills and resources ought to be brought in as partners in ventures, programs and other activities.
- C ***Aim for achievable results.*** While carrying out the broader plans for comprehensive community change, the CDCs ought to also aim to achieve some early, concrete results. Demonstrating visible results quickly is essential in building momentum and keeping all stakeholders engaged over time. This strategy has been particularly important for CCRP since it was initially conceived as only a three-year demonstration.
- C ***Provide core support for CCRP-related staff.*** During the course of the demonstration, CCRP consistently provided each CDC with core funding to cover, at a minimum, the salaries of a full-time project director and a full-time outreach

worker. Other efforts supported by CCRP included providing start-up money, making capital investments, and technical assistance. However, the primary intention was that funding be used in support of CDC staff efforts to raise their own additional funds for CCRP-related initiatives and projects. In contrast with other CCIs, CCRP did not aim to support any community based organizations other than the lead CBOs.

- C ***Support the CDCs with appropriate and timely technical and organizational assistance.*** The Program Director and the CDCs agreed on the need for technical support in such areas as strategic planning, MIS development, program development for jobs and employment, neighborhood safety and open space development. As the demonstration unfolded, the Program Director also recognized that the CDCs needed different kinds of organizational development support. To advance their projects or to address critical issues, individual and CCRP-wide consultants were made available to the CDCs. This technical and organizational support was never made mandatory.
- C ***Use opportune program areas, such as child care and employment, as natural starting points for broader service integration.*** To provide high quality services to individuals and families, CDC programming should aim to transcend categorical approaches and overcome the fragmentation that results from them. CCRP should foster this by supporting the CDCs' work in programmatic areas that lend themselves to such an integrated approach—for example, linking child care with job training and placement as well as primary health care.
- C ***Link new programs to “renewable” government and private funding sources to sustain CCRP in the long term.*** New CCRP-wide and individual CDC programs developed under CCRP were frequently viewed as smaller demonstrations within the larger program. The Program Director and the CDCs have sought from early on to create and use high level partnerships and relationships with government agencies and private funding sources to provide continuing stable funding for programs initially supported by CCRP funds. In particular, CCRP sought to “accelerate and expand government support for integrated and holistic neighborhood approaches to community revitalization, as well as for the devolution of government programs to neighborhood-based organizations.”⁵

1.3 CCRP's Intended Impacts and the Role of the Assessment

Since CCRP intended to “provide useful information to the CDC movement nationally and to the participating CDCs about implementing broad scale revitalization efforts,”⁶ its designers recognized from the beginning the need for an independent assessment of the demonstration. Although CCRP was viewed as an opportunity for exploration, there were clearly stated expectations for what the demonstration might achieve. The kinds of influences that CCRP was expected to have within each of four domains⁷ are summarized here.

⁵ Miller and Skloot, p.25.

⁶ Miller and Skloot, p. 17.

⁷ These domains were clarified by the development of a simple logic model early in the assessment.

I. Impacts within the target communities

CCRP was envisaged fundamentally as an institution-building initiative that would reposition the CDCs to more broadly rebuild their community infrastructure, replacing that which had departed. CCRP intended to expand the number and types of organizational relationships linking lead CDCs with other community-based organizations, employers, funders, lenders and businesses and a range of health and human service providers. In addition, CCRP aimed to strengthen the CDCs' connections with a variety of citywide organizations and agencies with specific service responsibilities.

An important assumption underlying this approach is that a stronger network of local and citywide relationships would be critical in *creating the conditions for comprehensive community change* in each CCRP

neighborhood. CCRP's strategy to strengthen these institutional relationships was initially to select large-scale, well-established CDCs to serve as "neighborhood-based intermediaries" and then to help them to engage with residents and key stakeholders in planning and

implementing programs that fit their distinct neighborhood assets and needs. Within each neighborhood, CCRP supported the CDCs both financially and technically as they formulated Strategic Action Plans and Quality of Life Physical Plans; these plans were intended to be both comprehensive and pragmatic and were to provide a means for empowering those involved to gain greater control over conditions in their communities. The plans were all developed with broad participation and to varying degrees focused on specific target areas within which it was hoped the demonstration would have a more concentrated impact.⁸ It was expected that in implementing these plans the CDCs and their collaborators would not only attract new resources but learn how to employ available resources more strategically, ultimately achieving improvements in the well-being of people living and working in each neighborhood.

CCRP's approach presumes that with stronger organizational networks and expanded local participation, CDCs can play a critical role in attracting and deploying new community-building resources, leading over time to measurable improvements in the well-being of people living and working in each neighborhood.

2. Organizational impacts on the CDCs

Another area of expected impact was on the CDCs themselves as they assumed new intermediary roles and expanded program responsibilities. As CCRP unfolded, the CDCs developed new working relationships with other public and private organizations, diversified into new program areas, pursued new economic development ventures, and engaged with residents and other neighborhood stakeholders in a variety of new leadership development and community-building initiatives. Recognizing that moving into these new areas would inevitably change how the CDCs did business, CCRP offered the CDCs, both individually and as a

⁸ See Chapter Two for a discussion of the degree to which the strategy of program concentration on a particular sub-area within each neighborhood was actually followed.

group, additional technical expertise and resources to engage to strengthen their internal technical and administrative systems and capacities. It also supported efforts by the CDCs to create new collaborations within each CCRP neighborhood, and strongly encouraged the CDCs to work together as a group on aspects of the initiative. Through these activities it was anticipated that CCRP would profoundly change how the CDCs operated and were organized, how they were viewed within their respective communities, and how they related to one another.

3. Impacts at the level of CCRP's administration

A third domain in which impacts were expected was in the further development and overall administration of the CCRP program. Over the course of the demonstration, CCRP's Program Director and Funders Advisory Committee were expected to continue to learn from the CCRP program experience as they determined how best to influence and support the CDCs' efforts in their communities and provide leadership in drawing new resources into the program. CCRP's impacts at this level would be mainly in the form of program learning about the CCRP model itself, including the process of funder collaboration, the CDC funding and technical assistance strategy, and program leadership and administration by CCRP staff. Because CCRP was intended to yield greater understanding about collaborative support of large-scale community revitalization, it would be important to identify how the experience of implementing the demonstration influenced how CCRP was administered and how the CCRP model came to be understood by CCRP's program staff and funders.

4. Impacts on the broader community development field

The fourth and final area in which CCRP was expected to have impact was within the emerging national arena of funders interested in more comprehensive approaches to community building. From the beginning, CCRP saw itself as providing useful information to the community development field by creating an opportunity for others to learn from the South Bronx experience.

While assessing the complex array of activities and relationships that evolved over the course of the demonstration, the assessment team sought to understand the influences that the CCRP program approach and the particular strategies that followed had within the four domains described earlier. The above framework has not only guided the assessment but also shaped the structure of this report. In the chapters that follow we present the summary findings in each of these domains.

2. CCRP's Community Impacts

The CCRP demonstration was designed to influence each of the CDC target communities primarily by means of an institution-building strategy. CCRP aimed to support CDC efforts to expand their respective spheres of influence, both externally through the development of new relationships with local, city, state and national organizations with resources to offer; and within their communities by assisting the CDCs to become neighborhood intermediaries able to bring people and resources together to achieve important neighborhood goals. Through these relationships and partnerships CCRP aimed to create the conditions for comprehensive community revitalization in each targeted community.

When CCRP was launched, the participating CDCs had already begun responding to some of the needs of tenants moving into new housing being created by them and others in the South Bronx. Youth outreach and counseling, case management, and advocacy were among the new services and programs that some of the CDCs had started to offer. In addition, the CDCs had clearly recognized the enormity of the challenges of providing increased access to jobs and employment for this expanding population and nurturing new economic development opportunities in the South Bronx.

The Program Director instinctively understood the strategic value of investing early in new health care facilities as a means of creating resident confidence in what the CDCs could do. She moved quickly with the CDCs to identify quality partners to work with in ensuring their success.

However, none of the CDCs had yet developed the range of high level and local relationships needed to achieve what they knew to be important in their community. Also, although each CDC pursued opportunities on an ad hoc basis, they had not yet formulated comprehensive visions of where their communities needed to go, nor did they have the commensurate staff, community support or involvement needed to achieve them. Through the action-oriented community-wide planning processes that it supported, CCRP intended that each CDC would develop its community's blueprint for the future, a cohesive plan of action, and at the same time broaden its network for collaboration with agencies, businesses, funders and residents. As CCRP unfolded and the community plans took shape, the CCRP Program Director played a critical new role of assisting and advocating for the CDCs' agendas through high level introductions to local, state and national public and private organizations who had an interest in helping the CDCs accomplish their objectives.

This chapter summarizes key findings about how the CCRP strategies supported the CDCs as they pursued their roles as neighborhood intermediaries and diversified their community agendas. We also identify some of the approaches that were followed in linking newly established programs to sources of continuing public funding, and highlight several of the integration strategies that were pursued to achieve new, more synergistic effects across program areas.

Overall, the CDCs have worked quite hard to implement an impressive number and array of new programs and activities benefitting people in their communities. The practical emphasis on significant, "doable" projects and quick results (which was heightened by

CCRP's originally shorter three-year time line), as well as the strong production orientation shared by the CDCs and the Program Director, were factors that contributed to their successes. Following are highlights of their accomplishments in four program areas — health care, economic development, employment, and quality of life.

Health Care

CCRP's early investment in primary health care and its opportune partnering with two strong health intermediaries not only identified locations for badly needed health facilities in five communities that were very under-served, but also demonstrated early results to the CDCs and their communities in critical areas of need identified in the planning process. The relationships with the CDCs have contributed to the success of the newly established practices; all note that links with the CDCs have enabled them to better reach families living in CDC-managed buildings. These links also helped the practices initially to understand what kinds of services were needed and inform people of their existence. Even though these practices are frustrated by a large amount of "no shows," the estimated total of 35,630 patient visits in 1997 is very impressive. In this program area, CCRP's first-in funding was critical to the leveraging of approximately \$3.8 million in additional funds.

"We are proud that we will be providing our community with a long-needed basic service, ...[and] not only that but we estimate that 300 new jobs will be created when the shopping center is completed. We are hoping that ground will be broken in 1998."

Ralph Porter, Executive Director, MBD

Economic Development

CCRP has helped to catalyze several economic development projects, including MBSCC's catering and childcare enterprises, MHHC's Thrift Shop and a Micro Loan program, and MBD's soon-to-be finalized shopping center project. It has aided with first-in money, technical assistance, support for the core staff needed to advance projects, and by playing an advisory role to the CDCs.

Aiming to create jobs and income for its community and revenue for its own operations, MBSCC has prioritized economic development. Most unique about their approach is that they have developed new ventures that were natural extensions of their long-term core expertise in delivering services to the elderly. Other new ventures attempt to integrate with their family and children's programming. For example, using start-up support from CCRP and additional monies from the federal government and Bankers Trust, a new catering business that grew from MBSCC's senior meals program produces as many as 2,500 meals daily and employs 28 people. With the help of a Federal grant of \$200,000, MBSCC has also started a home health care enterprise for AIDS/HIV services in the Bronx and Northern Manhattan that is linked to its experience with long-term care. From this venture, MBSCC's residents, primarily former welfare recipients, can anticipate additional new jobs in the neighborhood. With \$838,000 in Empowerment Zone funding, MBSCC is also linking office and computer repair deep-skills training programs to the Andrew Freedman facility, in partnership with FECS and an East Harlem training organization. In addition, MBSCC is one of four CBOs participating in the Bankers Trust/LISC franchise program, which aims to create three to five franchise businesses with individual entrepreneurs. The first of these, a printing enterprise, is due to open in mid 1998.

Employment

Understanding that creating jobs and improving access to employment were the CDCs’ toughest challenges (an estimated 40% of their tenants will be affected by Welfare Reform), CCRP and the CDCs addressed the problem directly from the beginning. They must be credited for their boldness in doing so and making this a centerpiece demonstration within the larger demonstration. After four years of working together, the CDCs and the Federation of Employment and Guidance Services (FEGS)

The opening of the New Bronx Employment Service was the culmination of four years of intensive work between the CDCs, CCRP and FEGS to bring greater control and expertise to the CDCs’ efforts to increase residents’ access to jobs.

launched the New Bronx Employment Service (NBES) in January of 1996. The NBES unites the CDCs’ Job Resource Centers (CDC-based centers that provide comprehensive job listings, individual and group employment counseling, and computer, phone and fax facilities for job seekers) and serves as the vehicle for connecting neighborhood residents with job openings both in and outside the Bronx. Each of the CDCs responds to the different needs of their residents with employment assessments, job readiness workshops, job search assistance, job placements, counseling on childcare and other benefits and entitlement programs, on-the-job support, and referrals to social service programs. An internship track with a wide range of supports for residents previously on public assistance, is a notable NBES feature. The CDCs now rely on Resource Center staff to assess and prepare candidates for jobs created by CCRP CDC economic development activities, including those jobs created by the MBSCC/CCRP Head Start Program, and by its catering business. CCRP is currently seeking resources to fully support central and CDC site-based NBES program operations.

Activity	MBD	Mt. Hope	MBSCC	Total	%
Total placements	161	97	124	382	100%
Full time w/benefits	44	21	70	135	35%
Full time w/no benefits	32	24	19	75	20%
Part time w/benefits	4	5	5	14	4%
Part time w/no benefits	30	25	17	72	19%
Seasonal/temporary with benefits	4	1	1	6	2%
Seasonal/temporary with no benefits	47	21	12	80	21%

Figure 1: New Bronx Employment Service — Job Resource Center Activities From start-up (1/96) through 12/97

Placement accomplishments through December 31, 1997 are summarized in the table above. The table reveals that the CDCs have made a total of 382 placements, and 41% of them are jobs with benefits. Full-time employment with benefits is the largest category of placements, with 35% or 135 placements. Seasonal/temporary employment with no benefits is the next largest category, at 21% or 80 placements. This is closely followed by full-time employment with no benefits and part-time employment with no benefits, with 20% and 19% each and 75 and 72 placements respectively. The data also reveals that 59% of all placements include no benefits.

December 1997 reports from the three CDCs' MIS reveal that people have been placed in such positions as food service worker, outreach worker, marketing representative, postal clerk, home health aide and HIPPIY paraprofessional, with compensation ranging from \$6 an hour to as high as \$27,000 annually. The average salary is between \$8 and \$9 per hour. Data also reveals that the NBES has an average 90-day retention rate of approximately 80%. This rate is generally considered high. Also, FECS maintains that for individuals with no work experience or for those returning to the labor force after a long absence, gaining short-term employment must be considered a success, since most people of all backgrounds begin with some type of entry-level job when they start their work.

CCRP and the CDCs also deserve recognition for utilizing a neighborhood-based approach that takes advantage of the CDCs' strong tenant relationships. For the three CDCs, who had little or no prior experience in the business of employment and job development, the first year's placement performance results are quite an achievement. The newly developed capacity of the CDCs to do this work is another significant accomplishment. Also, the CDCs note that the MIS enables case managers to easily access client data that informs them about unique constellation of family issues that support and hinder specific employability effort. Relying upon FACTORS software developed with CCRP support combined with active case management, the CDCs report that they have begun to address their residents' employment issues holistically.

Quality of Life

Quality of life issues, particularly that of neighborhood safety, continued to be high on residents' agendas throughout the effort. The level of urgency about the issue of safety has continued to sustain this focus for the CDCs, as has the effective relationship between the CCRP consultant and the CDCs, and early successes achieved. CCRP also helped the CDCs to fill a major infrastructure gap. Through the use of their neighborhood plans and introductions by the CCRP Program Director to high-level government contacts, CCRP assisted the CDCs in the development of six parks and a new major urban green spine. With only a very modest investment

“Over the last six months at MBD and MBSCC, community residents have banded together to work against illegal activity...there is a consistent turn-out of residents at workshops; and buildings with serious drug activity are being stabilized... Most importantly, community residents have seen and begun to believe that they can affect the quality of life in their communities.”

Bea Lurie, CCRP Neighborhood Safety Consultant

(\$64,497) of CCRP dollars in direct project support,⁹ CCRP and the CDCs raised an additional total of \$6,699,556 for parks and open space projects—attracting over \$100 in new funding for every CCRP dollar invested! It is important to note that the progress in neighborhood safety and community park activity was often aided and caused by successful organizing of local participants.

While working to achieve these impressive results in new program areas, the CDCs continued throughout CCRP to be housing producers and managers. In fact, two of the CDCs increased their inventories dramatically. This ongoing production continued to generate more demands on property management dimensions of their organizations while simultaneously creating more consumers for a broadening array of new services and amenities. The development of a supportive housing project for HIV positive individuals in the Mount Hope neighborhood (described in the adjacent box) is a notable new supported housing project that came about through the CCRP Program Director’s counseling Mount Hope Organization (MHO)¹⁰ and an introduction to the Corporation for Supportive Housing (CSH). CSH in turn introduced the MHO to Project Return Foundation, a well-run substance abuse treatment program with a strong track record in housing for individuals with disabilities.

“The speed at which the supportive housing project deal progressed and closed was unbelievable for NYC. It was largely due to the quality of the partnership that developed along the way between MHO and the Project Return Foundation. PRF was looking for a site for supported housing for individuals with HIV, and MHO had this perfect site—one that they had valiantly gotten community control of after launching a resident-driven campaign against a hotel for prostitution....It was love at first blush.”

“The success was also due to the CCRP Program Director’s understanding of what the community wanted and to her brokering the introduction to CSH.”

Diane Louard-Michel, Senior Program Officer, Corporation for Supportive Housing

Finally, it is important to note that in pursuing these new program areas, the CDCs have significantly broadened their institutional networks and entered into an array of new local level and citywide partnerships to take on specific projects. These partnerships have allowed them to bring in or support new expertise, examples of which are MBD working with the Local Initiatives Support Corporation on its shopping center, the US Department of Agriculture’s engagement with the CDCs in the development of three new urban parks, and MHHC working with the Bethex Credit Union on its Micro Loan and IDA Program. In addition to these partnerships, in every domain of new program activity the CCRP Program Director played a critical role as a broker of high-level partnerships involving both individual CDCs and the CDCs jointly on CCRP-wide issues. She did this by finding accomplished organizations to conduct research, as was the case with Child Care, Inc., and to bring new experienced capacity as partners, as was the case with the Institute for Urban and Family Health, and with LISC and FECS. In this brokering role, for example, in making introductions to the Department of Agriculture, NHS and the Corporation for Supportive Housing, the Program Director also served as an advocate for the CDCs. As she made contacts and identified resources, she also worked consistently to promote the agendas of the CDCs and to help bring in new streams of short- and long-term public and private resources.

⁹ This sum does not include the cost of physical planning that identified the projects nor CDC staff dollars that were used to support the development of these individual projects.

¹⁰ MHHC’s affiliated organizing entity.

3. CCRP's Impacts on Participating CDCs

As the CDCs pursued their broadening community-building objectives, they confronted numerous organizational issues. These issues proved to be challenging, stretching existing capacities and requiring different levels of attention throughout the demonstration. As a result of their efforts to embrace CCRP's broad goals and respond to organizational challenges that CCRP presented, the CDCs were changed, sometimes in quite fundamental ways.

In this chapter, we present the summary findings concerning how the CDCs experienced new internal organizational pressures resulting from their participation in CCRP, as well as the strategies employed by CCRP to assist the CDCs in responding to them. Also, we review how the CDCs built their capacities to take on new roles as neighborhood intermediaries, and in that process became more fully engaged with their communities. Finally, we outline how the CDCs developed their capacities to work more collaboratively within the CCRP structure itself.

As with other comprehensive community revitalization initiatives, the skill of the Project Manager and the abilities and leadership of the Executive Director have been critical factors to advancing the initiative. For CCRP in particular, the presence and expertise of an Outreach Worker has proved to have added important value.

Overall, the assessment findings provide ample evidence of the very substantial impacts that participation in CCRP has had on the four CDCs remaining in the program. These changes have been both individual—as each of the CDCs adapted themselves to better undertake a more diversified agenda in their communities—and shared, as the CDCs discovered the benefits of working together more closely on issues of common interest. Specifically, we offer a set of summary observations about those impacts.

There is much evidence to indicate that the progress the CDCs made in CCRP was strongly related to the creation and sustaining of leadership teams comprised of the Executive Director, the CCRP Manager, and in most cases an Outreach Worker. The CDCs' success hinged most directly on the strength of the CCRP Manager and his or her ability to lead the initiative with the active support and participation of the Executive Director.

With CCRP funding, technical assistance, partner brokering, and their own contacts and fundraising “know-how,” the CDCs grew substantially. For three CDCs this growth was very dramatic. Recognizing the need to deal with these new pressures, the Program Director regularly encouraged the CDCs to use CCRP-funded technical assistance, made well-qualified consultants available, and often helped pay for outside technical assistance. Although the CDCs took advantage of this help in some cases, they were free to decline this assistance and sometimes did. Given the enormous organizational changes that the CDCs underwent as a result of their participation in CCRP, in hindsight the Program Director recognizes that more intensive organizational development work would have been helpful and may still be needed to assure the sustainability of the new activities that have been established. To address gaps that may exist in this area, the Program Director determined

that organizational development assistance will be a focus for the last year of the demonstration phase.

As the CDCs expanded the program areas in which they worked, they were compelled to augment staff expertise in new technical areas. The CDC Executive Directors, CCRP Managers and other program-related staff sometimes enhanced their skills by working alongside CCRP staff, consultants, and staff from partner organizations on CCRP-supported projects that were underway. CCRP's approach to building this kind of technical capacity, best characterized as learning-by-doing, was generally successful. However, in CCRP as in other community-building efforts, the CDCs struggled with identifying qualified new staff to take on new program areas. Those CDCs that were successful in attracting new talent as they moved into new programs made more progress than those that did not.

By the end of the demonstration phase, the CDCs were experiencing some of the benefits of FACTORS, the CCRP-developed, family-based MIS system, most evident in the employment initiative. However, only two CDCs became facile with using the data for case management and program assessment and planning. The CDCs' new skills in data utilization evolved over a five-year period, aided by a capable CCRP staff person who helped design the new system and who supported it with CDC-specific MIS training and technical follow-up.

CCRP helped the CDCs become more skillful as intermediaries. They became more able conveners and facilitators with other community based organizations, residents, businesses and public agencies, and developed several new partnerships with other organizations for new programs. Also, the CDCs developed several partnerships on their own to advance their plans, and with the assistance of the CCRP Administration, numerous public and private organizations were brought into the neighborhoods to work with the CDCs to deliver services.

CCRP has especially helped to enhance the development of the CDCs' community involvement systems, structures and approaches. All of the CDCs had a history of ties to their communities prior to CCRP; however, all agreed that they had lost the robust nature of those connections. CCRP has helped the CDCs to re-engage with their communities by involving residents and others who live and work in their neighborhoods directly in their programs and activities. While the CCRP community involvement strategy aimed to empower residents and strengthen social capital within each neighborhood, it also intended to help each CDC become more aware of and responsive to its community's assets and needs.

Through a series of action-oriented strategic planning efforts the CDCs worked with their communities to develop critical blueprints for their communities' futures. These plans were instrumental in helping the CDCs move beyond ad hoc decision making to a more strategic way of operating, and in creating compelling fundraising tools to direct the development of their neighborhoods.

They were also the initial vehicles for engaging various people and interests in their communities. Most notable was the CCRP-sponsored Quality of Life Physical Planning process, which was a comprehensive, holistic physical planning process developed by each CDC and its community. The CDCs and their communities worked with a team of

“For us, the Quality of Life Physical Planning Process was one of the wonderful lessons of CCRP. It produced excellent visual roadmaps for the future in a very accessible way for the community and for funders. But more importantly, it was a very good community building process.”

Foundation program director, Funders Advisory Committee member

professionals¹¹ to engage public agencies, other CBOs and residents in planning and in producing a visually compelling and easily accessible graphic representation of each neighborhood that included housing, parks and playgrounds, medical facilities, security and retail businesses. The plans, together with the community driven strategic action plan produced by each CDC, have provided powerful images and guidelines to direct service and amenities infrastructure for each community. Notably, the CCRP Physical Planning effort won the American Planning Association's Presidential Award for this planning process in 1996.

Further, CCRP created a means for the CDCs to collaborate with and learn from each other as they planned and implemented their respective comprehensive community revitalization strategies. This collaboration, recently made more formal as a result of the CDCs' decision to go forward together after the demonstration phase through CCRP Inc., evolved after numerous joint activities and five years of work.

CCRP's first task was to build a shared appreciation of its comprehensive approach, goals and objectives across the CDCs. This occurred through monthly CCRP meetings involving the CDC Executive Directors, CCRP Managers and the Program Director, and at an early Future Search conference. Although not known at the time, this initial effort was to be the first of three successive rounds of CCRP-generated community plans. The first iteration was a set of CDC strategic action plans that addressed a multitude of community needs. Although the plans that resulted were not as strategic as originally hoped, the plan development process along with the Future Search event began to establish a recognition among the CDCs of what might be possible and attainable through their participation in CCRP. It also revealed to the CDCs that they shared common interests and values, and they could operationalize them differently. These were important foundations for the emerging CDC partnership.

Deciding to work together to pursue funding under New York State's Neighborhood Based Alliance (NBA) Program and writing the competitive proposal in the spring of 1993 was one of the first major joint efforts between the CDCs and the CCRP Administration. The NBA was a state-supported program for community revitalization that was comprehensive and bottom-up—hence quite compatible with CCRP's objectives. Although the CCRP CDCs were successful in securing the NBA, the program never fulfilled its expectations.¹² But it did thrust the CDCs more fully into individual community planning efforts that integrated the requirements of the NBA with those of the CCRP-sponsored Quality of Life Physical Planning process. Despite the disappointing termination of the NBA, the decision-making, proposal development, the planning processes and the attraction of some additional resources each demonstrated to the CDCs the value of working together. It is also important to note that the choice to participate was ultimately left to each CDC.

At a planning retreat in the summer of 1994, the CDCs decided that there were several problems that could be addressed with greater impact if they worked on them together. Neighborhood safety, and jobs and employment were initially identified as top priorities. A third priority, parks and open space, was added shortly thereafter. In response to these CDC-identified priorities, the Program Director found consultants to work with the CDCs

¹¹ The team was led by John Shapiro of Abeles Phillips Preiss & Shapiro, and Xavier Briggs.

¹² The NBA's original design was greatly limited by the new NY State Republican administration.

and provided the resources to support them. FECS and the Citizens Committee of New York were identified, and specific individuals were paid for by CCRP to support the CDCs. Later, CCRP also contracted for an individual from the Trust for Public Land. The CCRP Program Director played a lead role in coordinating and monitoring progress with the CDCs. Work in these priority areas was set up in such a way that the CDCs worked together and individually. They jointly met and learned new technical areas and approaches, and also worked individually with the consultants to assess their own unique needs and to develop specific strategies. For a while, resident groups from two different CDCs worked together on neighborhood safety concerns since their communities overlapped. Also, through their participation in CCRP, Phipps and MBD initiated a partnership for a CET Training Center. These shared efforts marked a new step in the CDCs' collaboration.

“You know, I have really come to value these meetings and retreats with each other. They are the only place I have to discuss with some distance the ideas that are important to MBSCC and the concerns I have for doing my work. CCRP, Inc. must continue to provide this forum for us all to talk with each other.”

*Zenon Arribalzaga, Deputy Director
and CCRP Project Manager, MBSCC*

During the last two years of CCRP's demonstration phase, the CDCs and the CCRP Program Administration had several conversations about the future of CCRP, Inc.¹³ In the fall of 1997, the remaining four CDCs committed to a continuation of CCRP when all the CDCs recognized that there was an enormous amount of work yet to be done and that by working together they stood to make greater progress than if they did not. Learning from each other, providing increased standing with others, and aiding in the attraction of resources were identified as important CCRP contributions and good reasons to maintain their working relationships. In addition, the CDCs had appreciated the role that the CCRP Administration played in staffing and supporting joint initiatives.

In February of 1998, the four CCRP CDCs worked together to prepare a proposal for a second round of CCRP. As this report is being prepared for release, support is being sought from CCRP funders and others, and prospects are good that funding will be found to continue CCRP into a new, post-demonstration phase.

¹³ CCRP, Inc. was established as a 501(c)3 to receive and administer NBA and other such grant money.

4. CCRP as a Program Model

The preceding two chapters have summarized the impacts that CCRP's CDCs have thus far had on their target communities and the changes that have occurred in the CDCs as a result of their participation in CCRP. In this chapter we review CCRP's overall design and operation. We also assess the potential relevance of CCRP's approach as a model for collaborative funding of large-scale community revitalization efforts.

The clarity with which CCRP's broad goals and underlying principles were originally presented, the consistency of its strategies, and the connections that can be drawn between those strategies and the impacts now evident on the participating CDCs and target communities, all suggest there is much to learn from CCRP's approach to the collaborative funding of large-scale community revitalization efforts. In the next several pages, we offer a set of summary observations about CCRP's operation and its relevance as a program model.

CCRP's funding structure provided an opportunity for strong leadership for the demonstration through the hiring of a full-time Program Director and opportunities for funder advice and input through the Funders Advisory Committee. In addition to occasionally making significant policy decisions, the Committee also provided an opportunity for participating funders to share in the learning from CCRP about the challenges of initiating and managing a CCI. Particularly early in CCRP, this group became an important forum for sharing ideas, many of which were beneficial to those funders who subsequently launched CCIs based in part on the CCRP experience.

Most of the grants awarded to CCRP were for general core support. However, several of the awards were given with restrictions for specific areas or programs.¹⁴ Approximately 33% of total funding was restricted funding; the majority of the funding, about 67%, was unrestricted. CCRP's ability to provide the CDCs with dollars that could be used not only for core staff, but also that could be committed quickly and flexibly to pursue new program and venture opportunities, substantially enhanced the CDCs' capacities to attract new dollars from other sources and the initiative's overall productivity.

The CCRP dedicated staff model of securing sustained technical assistance from skilled provider agencies played an important role in advancing the CDCs' plans while increasing their technical capacities in areas in which they had little or no prior experience. It provided new access to substantive expertise in new fields, was relatively cost efficient, and in some cases, helped the provider agencies work more effectively in neighborhood settings.

CCRP's Program Director brought the right combination of senior management skills

¹⁴ The Clark Foundation grants were designated for economic development; the Engelberg Foundation funding was for the establishment of primary health care practices in CDC neighborhoods; the initial Edna McConnell Clark Foundation funding was at first for partial support of CDC outreach workers, and then later for the Job Resource Centers, and Neighborhood Housing Services; Metropolitan Life and Booth Ferris awards were for the New Bronx Employment Service; a portion of the Annie E. Casey Foundation's first year award was for the assessment; and the Merck Family Fund award was for parks and open space projects.

and respect for the CDCs to form a strong working partnership with them. For their part, the CDCs brought high interest in and need for CCRP's approach and resources and both trust in and respect for the Program Director. The Program Director and her staff provided overall leadership for the initiative across the CDCs, the funders, and citywide organizations; the CDC Executive Directors matched this with critical leadership in their own organizations and communities and in the collaborative that developed among the CDCs.

Evidence from the assessment clearly reveals that the CDCs did increase their own knowledge bases and implementation skills as a result of their joint work on CCRP-wide projects such as the MIS initiative and the neighborhood safety, employment and training and open space strategies. Several of the CDCs have, on their own, developed closer working arrangements. Phipps and MBD sponsored a new CET from San Jose, and occasionally the CDCs have sought one another out to learn about specific approaches to programming, such as MHHC did with MBD in developing a youth facility for its target area. However, now that they have built their capacities for comprehensive community change, the CDCs have determined that a longer commitment is essential to achieve their ambitious goals. Also, the CDCs view CCRP, Inc. as critical to their future since they believe that neutral and fully-dedicated staff support for current and future shared programming is essential.

The decision by the four remaining CDCs' to continue their collaboration beyond the demonstration phase through a new investment in CCRP, Inc. is a clear indication of the value they have discovered in formally working together.

The CCRP operating principles provided an essential framework for all of the CCRP participants. Although the strategies evolved, the principles remained relatively unchanged as the demonstration unfolded. CCRP's funding structure; its practical, project-oriented approach; its reliance on well-established CDCs; its financial support of core staff; its encouragement of increased collaboration within the neighborhoods and among the CDCs; and its commitment to resident participation and empowerment constitute a valid program model with great potential for adaptation to other settings.

Despite the apparent strengths of the program model, CCRP was first and foremost an experiment in a very new arena in which there were few rules to go by. As such, it could not uniformly pursue all the operating principles that were defined, or implement them in all settings, or achieve all the results it hoped to achieve. Like other community building efforts, CCRP has continued to learn from its experience and make adjustments in how it operates. From the assessors' vantage point, some specific areas can be identified in which CCRP might have made different choices or adjusted its priorities.

For example, although CCRP's administration recognized that profound and sometimes disruptive organizational changes were occurring as a result of rapid program diversification and staff expansion, it found itself unable to persuade the CDCs of the value of obtaining additional outside organizational development assistance until relatively late in the demonstration. This situation might have been avoided if clearer expectations had been established early on about the use of outside assistance to help address organizational growth issues.

Similarly, CCRP's decision to select well-established CDCs with strong track records was based on a variety of assumptions about the soundness and stability of their organizational infrastructures and their capacities to take on expanded program responsibilities. As discussed earlier, CCRP presented the CDCs with new organizational

demands in areas such as staffing and the management and coordination of existing and new programs. These new administrative and staff demands put very significant pressures on the already thinly staffed organizations. With hindsight, CCRP might have delved more deeply during the initial selection process into the CDCs' organizational and administrative capacities and readiness to take on these new organizational challenges. Again with hindsight, CCRP might also have placed considerably more emphasis during the selection process on understanding each CDC's true level of comfort in working collaboratively with outsiders. Despite their track records, learning to work together and being open to constructive criticism did not always come easily for all of the CDCs.

CCRP may have relied too heavily on MIS system development and training as the singular means of transforming well-established case management practices into more integrated family-based approaches. The demonstration might have benefitted from additional expertise in this area to complement its significant investment in information systems development. In addition, and not surprisingly given the enormity of the task, the CDCs need additional support for learning how to maximally use the data from the system and with integrating FACTORS data with other CDC data management systems.

Although all of the CDCs in CCRP have recognized the benefits of increased resident participation and empowerment, not all have been able to put in place the staff capacities that will be critical to sustaining it over the longer term. Although CCRP made a substantial investment in the support of outreach staff to strengthen the CDCs' capacities to engage with their communities, as yet the CDCs themselves have invested relatively little in the provision of technical support or training to these staff to help them formulate effective strategies for building on and sustaining CCRP's early success in drawing new residents into the planning and program development process. In hindsight, CCRP might have pressed the CDCs to invest more resources to refine and enhance their outreach capacities that the demonstration developed in its early phases.

5. Broader Lessons for Comprehensive Community-Building

From its inception, CCRP was intended as a demonstration from which others in the field of comprehensive community development could learn. In this concluding chapter, we summarize CCRP's broader significance as an approach to comprehensive community development, focusing on lessons that others might draw from the CCRP experience. The first section briefly highlights several themes useful in comparing CCRP with other CCI approaches in order to better articulate CCRP's uniqueness within the field. The second views CCRP's relevance to the field from three perspectives—lessons for other cities wishing to gain from the South Bronx experience, lessons for funders wishing to work collaboratively to support CCIs in their communities, and lessons for evaluators confronting the particular research challenges that CCIs present. The final section briefly poses several issues for CCRP's CDCs and funders to consider as the program moves beyond the demonstration phase.

5.1 CCRP's Distinctive Contribution to the Field of CCIs

Earlier we suggested that CCRP shares with other CCIs a commitment to stabilizing and transforming neighborhoods through increased engagement of residents and other stakeholders, and increased collaboration to expand and better deploy available resources. However, CCRP is unique among these CCI experiments not solely because of the particular South Bronx and New York City context in which it took shape and flourished, but also because of key features of its design and several of the strategies it evolved in pursuit of its revitalization goals.

Briefly listed, here are the distinctive features of CCRP's approach:

- C CCRP invested in the transformation of larger, well-established CDCs into effective neighborhood intermediaries rather than seek to establish new neighborhood governance structures.
- C CCRP relied on a sequence of well-supported, short-term, participative planning efforts in each neighborhood to establish shared goals, build early momentum for key projects, and begin strengthening social capital.
- C CCRP avoided making annual general grants but instead employed a negotiated funding approach through which CDCs received relatively modest but highly flexible funding for critical core staff and new projects.
- C CCRP sought to broaden the CDCs' organizational capacity primarily by providing increased technical and staff support in areas of new program activity, and by increasing the management and reporting capacities of the CDCs through a significant investment in MIS and general technical development.
- C CCRP sought to increase the CDCs' substantive knowledge in new areas through a project-based, learning-by-doing approach.
- C CCRP followed a venture capital model in the provision of strategic early support

for the development of innovative CDC-sponsored initiatives in program areas with a strong potential for continuing public sector funding.

- C CCRP encouraged CCRP-wide collaboration to develop by providing strategic support for new joint initiatives that evolved around the CDCs' mutual interests.
- C CCRP aimed to achieve increased program integration and more family-centered services delivery primarily through a substantial investment in new information systems technology that was tailored to individual CDC needs and capabilities.

In discussing these unique aspects of CCRP's approach in earlier report sections, we have sought to describe not only the rationale supporting each of these aspects, but also the learning and the results that were achieved as the CCRP Administration and the CDCs worked together within the parameters of CCRP's overall design. It is these aspects of the CCRP approach, taken together, and the impacts they have had, which define CCRP's contribution to the broader field.

5.2 Lessons About CCRP's Potential for Replication in Other Settings

The incorporation of key elements of the CCRP approach into other CCIs already provides evidence of CCRP's broader significance and its usefulness as a model that can be adapted to other settings. Here we draw several broader lessons that may assist others in determining whether the approach that CCRP evolved in the South Bronx has relevance in other settings.

CCRP's Lessons for Other Cities

The experience of CCRP holds some valuable lessons of particular relevance to other locales interested in launching comprehensive community initiatives.

- # **CCRP has successfully shown that well-established CDCs, when given access to core staff support, organizational capacity-building resources, seed capital and expanded and high level networks, can effectively diversify into new program areas and play broader intermediary roles within their neighborhoods.** For other cities contemplating a CCI, CCRP shows that large-scale CDCs with strong leadership and solid track records *are* strong candidates for leading comprehensive initiatives. These organizations are well positioned, entrepreneurial, and deeply invested in their respective communities and, therefore, are able to be successful in taking on the additional complexity of a CCI. CCRP also shows that with the proper support, established CDCs can expand their missions and diversify staff and programs. They can also effectively capture new, stable public and private resources to sustain new programs over time.
- # **Organizational capacity-building support is critical given the general lack of attention to these issues prior to start-up and the inevitable growing pains that CCIs cause within the organization and in its relations with the community.** CCRP has demonstrated the value of increased organizational capacity through the core support of project-dedicated staff. However, like other CCIs, CCRP has demonstrated that this is not enough. To sustain the new broader agendas and increased complexity that come with participation in the CCI, the CDCs require concentrated and ongoing support if they are to address their own management needs, particularly at the senior staff and board levels. They need to better understand and in some cases redesign how

they are structured, and they will need to rethink and strengthen existing programs (for example, property management or human services delivery) to better enable them to support a broadened mission.

- # **An early investment in physical planning with a strategic action emphasis can help to put in place sound “blueprints” that guide the CDCs as they move toward broader roles in their neighborhoods.** The CCRP CDCs’ continuing reliance on plans and strategies developed some years ago provides ample evidence of the lasting value of investments in comprehensive plans that capture the shared vision of residents and other neighborhood stakeholders. In addition, the plans have also played an important role in attracting large-scale public and private support.
- # **The results of CCRP’s investment in core funding for program-related staff suggest that the approach is not only a well-leveraged, cost-effective way of launching the initiative, but also provides critical early support needed for planning and program development.** CCRP’s investment in program-related staff is viewed by all the participating CDCs as critical to their abilities to support the broader planning and program development activities that established the initiative in their neighborhoods and provided the opportunity to build the program knowledge, identify new sources of support, and establish stable funding to sustain the broader programs that are now in place.
- # **CCRP has shown the potential of providing technical assistance to participating CDCs in a new and cost-effective way; the approach benefits not only the CDCs, but also the technical assistance providers.** The CCRP-supported agency staff model of technical assistance proved to be an effective way of securing high-quality professional assistance for the CDCs. Also, this was a mechanism for shared learning among the CDCs and on the part of the agency staff who broadened their understanding of the CDCs’ needs and the relevance of their own expertise in neighborhood settings that were sometimes unfamiliar. The incorporation of workplans that were jointly developed with the consultants and the CDCs proved to be effective mechanisms for creating meaningful objectives, and for assuring mutual accountability.
- # **CCRP demonstrates that private and public program funding can be found to support staff and programs once they are launched; equally important, it shows how a Program Director can play a valuable facilitating role by helping the CDCs link to new resources and by assisting them to build their own capacity to do so.** A key lesson from CCRP is that CDC program development and overall diversification depend on support for new people in new roles. Once appropriately identified and oriented in their roles, CCRP-supported staff were able to work effectively with others inside and outside the CDC to develop guiding plans and then an array of programs to implement them. With new introductions made by the Program Director and then later on their own, these same staff continued to find new resources for programs and activities that enabled plans to be implemented.
- # **The experience of CCRP suggests that new program-related core support is critical in enabling CDCs to expand their missions; but unless the CDCs are able to allocate revenues to supplement and replace this core support during the demonstration, the expanded roles they play are threatened when the demonstration comes to a close.** Since this type of funding is hardest to find, to assure sustainability the CCI participants must begin to address replacing this critical kind of support at an early point in the initiative. Therefore, they must be prepared to strengthen their own fundraising skills, and to work independently and together to identify

alternative long-term soft funding. CCRP provides some evidence that with adequate time CDCs are able to find substitute sources of funding for the “softer” planning and coordinating functions that accompany their new roles. But it also suggests that to sustain their roles they must be prepared to identify new ways of managing their own businesses—for example, by gaining higher revenues from their properties and allocating a portion of the overhead they receive from the new programs and projects to the costs of maintaining CCRP staff.

- # **The CCRP demonstration illustrates that under the proper conditions and with enough time, CDCs participating in an initiative can build a collaborative structure that they value; sustaining the CDC collaborative after the demonstration phase ends requires that each of the CDCs demonstrate ownership in it and be prepared to support independent staff.** CCRP demonstrated that with the appropriate leadership, shared mutual objectives, and time to build trust and establish value, a collaborative can be formed that advances the shared interests of member CDCs. After several years of weighing a commitment to a joint future, the remaining CDCs have determined to stay affiliated. This relationship was deemed important to continuing the work they started and to addressing critical joint efforts such as welfare reform. Also, the CCRP experience revealed that it will be critical to assure that the collaborative has ongoing staff support that is independent from any CDC and able to effectively follow up on joint efforts.
- # **The CCRP demonstration reveals that participating in CCRP created “standing” for the CDCs in the broader political and funding community, and evidence suggests this helped to advance their agendas.** By creating flexible access to significant amounts of first money, CCRP enabled the CDCs to be taken seriously by other funders and investors. Also, together the CDCs’ investments and represented populations created very significant scale, enabling access to pivotal elected and government officials who would otherwise be less likely to attend to concerns.
- # **CCRP also shows the critical importance to the overall success of the demonstration of finding a seasoned and respected individual to serve as the program administrator.** All knowledgeable participants in the initiative recognize the particular value to CCRP of having an experienced, senior Program Director with deep knowledge of the participating CDCs, the South Bronx, and the funding community. The Program Director’s prior experience and standing in the field made it possible for her to exert leadership within a situation in which there were diverging interests both among the participating CDCs and among the funders making up the CCRP consortium.

Lessons for Funders

For funders, CCRP reveals lessons about the value of collaborative grantmaking, balancing different kinds of outcomes, and about designing, funding, and managing CCIs.

- # **The advantages of collaborative grantmaking have been an important lesson of the CCRP experience.** With 21 funders each contributing a different amount of resources to CCRP, a total pool of \$9.4 million was amassed. From this, the CCRP participants raised an approximate additional \$44 million for CCRP-related efforts. Despite the level of funder contribution, each has experienced very significant leverage from its own participation, and together the consortium has created a scale of operation for the demonstration that would not have been possible individually. In addition, as a participant in an early CCI, each funder has learned many lessons about funding a CCI,

and also, many funders have made new relationships with organizations in the South Bronx.

- # **The CCRP demonstration has illustrated that it is important for a CCI to set ambitious goals, and at the same time to aim for some early and visible results.** All players in CCRP aggressively embraced ambitious change agendas for the different South Bronx communities. The various plans attest to the broad and multi-faceted visions that were generated aiming to make the neighborhoods quality places to live with a robust set of institutions and rich social networks. Rather than serve as dreams that often are unrealizable, reaching the long-term objectives were quickly and regularly reinforced through a series of concrete, visible projects. These results continued to generate support among funders, the CDCs and all in their communities for business that is very hard work.
- # **CCRP demonstrates that since funders have ambitious expectations for community change, they must be prepared to support initiatives over a long period of time and with large amounts of money.** Evidence from CCRP and other CCIs reveals that comprehensive community change is a complex, demanding set of divergent processes and activities. Along with generating significant organizational pressures, CCIs require building consensus among various interest groups and taking on the tougher community problems. Although six years seems like a long time and much has been accomplished, in reality a great deal more needs to be done and more time is needed. Funders are generally not used to this kind of time and resource commitment; however, experience from CCRP indicates that they are necessary.
- # **As with other CCIs, CCRP has shown that effective collaborations can be established between funders and grantees, provided that the key conditions of mutual respect, shared values and objectives, and open communication are present.** CCRP's CDC collaborative revealed that despite obvious inequities in the funder and grantee relationship, effective working relations could be established and then evolve over time. Each player must bring respect for the others and a distinctive competence and contribution. However, as with other CCIs, the CCRP relationship did not happen immediately, but only after significant testing, negotiating and delivering among all the players involved.
- # **For CCIs that generally have scale, complex domains of activity and numerous grantees, providing a full time program director is essential.** The management model of CCRP points out the value and necessity of a skilled and full-time dedicated staff. With the multiple interests of the funders, this staff position enabled the initiative to be managed with a single voice and focus. Those CCIs sponsored by a single foundation have found similar needs for intensive initiative management and the value of consistent communication usually made possible by a single manager. As CCRP evolved and became more complex, additional program support became necessary.
- # **The CCRP experience illustrates that for an initiative to fully address the comprehensive improvement of communities, funders need to design strategies that balance the focus on a single lead agency with those that support the development of other organizations. They must also understand the constant tension between the two when resources are limited.** Keeping budget constraints in mind, CCI designers and managers must be mindful of two critical issues. First, since CCIs aim to improve and address many revitalization issues, funders and managers must maintain a concern for over burdening the lead CBOs beyond their own expertise and management capacity. Second, funders must be clear at the onset about not only the objectives of the

effort, but also the limits. Even though it is desirable to support a lead organization in efforts to improve the quality of life in distressed communities, questions must be raised about the degree to which the initiative should reach toward a broader community building effort if resources are not available for strengthening partnerships that lead to increased capacity in other sectors of a community. Although other CCIs have approached this issue differently, CCRP made a clear choice in its design to focus its limited resources to strengthen the CDC's capacity to expand its own role in accomplishing broader community objectives.

- C **Both CCRP's notable successes and its unfinished plan items reveal the importance for funders to develop appropriate exit strategies early enough in the initiative to support the CDCs in their newly developed capacities provided that the CCI has been successful and its participants have a clear agenda for continuing their comprehensive efforts.** The experience of CCRP has challenged the typical foundation grantmaking pattern that supports demonstrations for a relatively short period of time. The ambitiousness of the CCRP agenda, similar to other CCIs that attempt to address poverty on a comprehensive and full-scale level, suggests that long-time support is essential. CCRP also calls into question the grantmaking practice of discontinuing funding when newly established capacities, as an outcome of demonstration funding, are now in place in the participant organizations.

Lessons for the Evaluation Community

The CCRP experience also holds some lessons of potential relevance to others interested in the structuring of the assessment processes that fit the complex requirements of CCIs.

- # **CCRP provides further evidence of the difficult assessment challenges inherent in CCIs. Like other CCIs, CCRP had ambitious objectives and encompassed multiple domains of activities and players; ultimately choices had to be made about how best to use limited assessment resources.** CCRP shows the critical need for sponsors and evaluators to come to agreement on realistic goals and clear priorities that can help in determining where assessment resources will be concentrated; this is particularly true of those CCIs with more limited resources. Sponsors and participants must accept that to be effective in providing meaningful information for decision-making, an assessment of a CCI must be well-enough funded to permit the assessment design to adequately address the priorities that are established, and to permit designs that effectively balance the formative and impact dimensions of the assessment task.
- # **Having an active assessment committee comprised of funder and grantee representatives helps the evaluators to establish and maintain an independent perspective on the initiative.** Members of the CCRP funder consortium had differing perspectives on and levels of involvement in the demonstration and the assessment design. CCRP had an Assessment Committee as part of the Funders Advisory Committee, which was active early in the assessment planning, and also met at major decision points in the demonstration. Sustaining longer-term involvement of the Assessment Committee proved to be a challenge in this multi-funder model as the time of the demonstration became extended. For the most part managing the relationship with the evaluators fell to the Program Director. This created additional challenges for both the Program Director and the assessors to be clear about their respective roles. With hindsight, it would have been better to have had somewhat greater involvement of the Assessment Committee in reviewing the progress of the assessment with the assessment team and Program Director, to bring additional perspectives into decisions about assessment priorities and adjustments in the assessment plan.

- # **Many CCIs have incorporated empowerment strategies as key elements of their initiatives; however, currently assessments have shed little understanding of how it can work in these settings.** As is noted in the Appendix to this report, the final assessment design of CCRP was unfortunately unable to incorporate methodologies that would have helped CCRP and the field better understand the processes and impacts of community empowerment. Given the fact that most CCIs have empowerment strategies as primary underpinnings of their theories of change, developing cost-effective methodologies for evaluating it and creating more knowledge about it remains an important area of future research.

5.3 Future Issues for CCRP to Address

Given what we have learned about CCRP's accomplishments and limitations, and also considering some critical issues that all communities are currently facing, we offer the following points for CCRP to consider as it progresses into its next phase of development.

- # As we have noted in the prior pages, the CDCs in CCRP have experienced very significant growth in budgets and staff as they have broadened their intermediary roles and taken on new programs. This pattern of rapid growth and change shows no signs of slowing down. We affirm CCRP's decision to give increased attention to the CDCs' organizational development issues and its commitment to provide increasing funding in the demonstration's final year for more intensive organizational development assistance. We urge the CDCs to take full advantage of these and other resources available to prepare themselves organizationally for CCRP's next phase of development.
- # Since the CDCs have made a joint commitment to going forward with CCRP, Inc., we concur with their current development strategy in which the CCRP Administration continues to support the CDCs in developing its program and approaches for funding CCRP, Inc.'s core administrative staff and joint programming. Although CCRP's demonstration phase draws to a close, the CCRP program continues to attract broader interest and is still developing under a new model of ownership. Given the long-term interest of CCRP's funders in seeing the effort sustained, those currently supporting CCRP should consider how they might play some role in its ongoing activities.
- # To assure that the CDCs and their residents are well-prepared for the impacts of welfare reform on their properties and lives, we concur with the CDC collaborative to continue the development of the New Bronx Employment Service as its highest priority. This central effort addresses the employment of the people in the CDCs' communities. Also, since it was conceived as an integrative strategy, it also continues to bring along the emphases on many other community plan assets and needs.

Appendix: The CCRP Program Participants

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