

A large, vibrant yellow sunflower with a dark brown center is positioned in the lower-left foreground. The background features a red building with several windows, some of which have flower boxes. The overall scene is bright and colorful.

# Going Comprehensive: Anatomy of an Initiative that Worked

CCRP in the South Bronx

Anita Miller and Tom Burns



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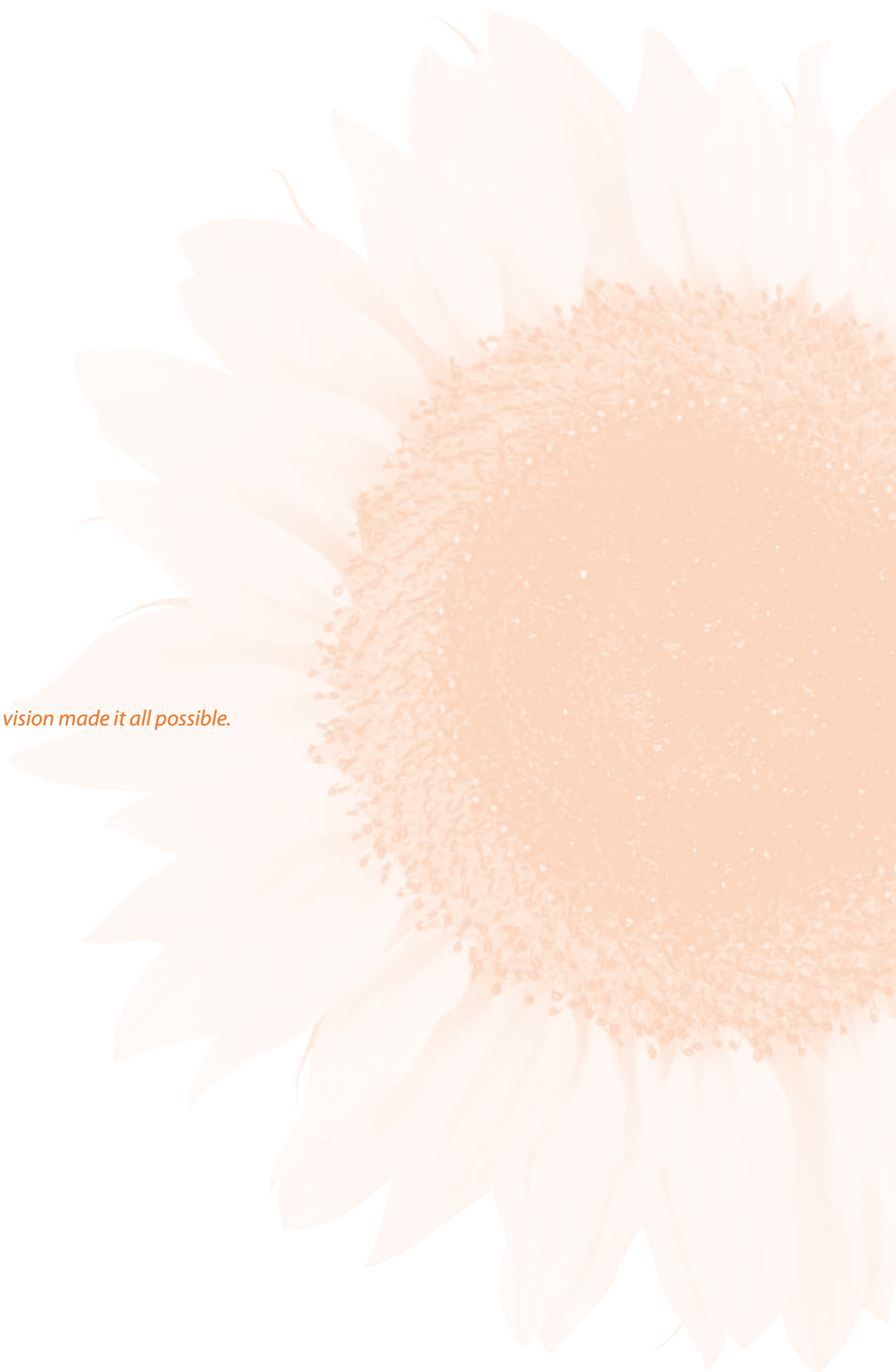
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**Anita Miller and Tom Burns**

December 2006



*To Edward Skloot, whose vision made it all possible.*



## Foreword

For more than 25 years, the Local Initiatives Support Corporation (LISC) has been working to make our nation's underserved neighborhoods better and stronger. In 2005, LISC marked its 25th anniversary as a community development intermediary with a renewed commitment to investment in housing and real estate in low-income neighborhoods, along with increased attention to family income and wealth, stimulating economic development, expanding access to quality education, and encouraging healthy lifestyles and environments. For 15 of its 25 years, LISC has drawn both inspiration and practical lessons from the experience of the Comprehensive Community Revitalization Program (CCRP) in the South Bronx. In the early 1990's, CCRP took aim at improving the social, economic and human service infrastructure of some of our nation's most impoverished neighborhoods. What it achieved were real outcomes that changed neighborhoods and the lives of people who live in them. In addition, it helped to reshape the entire field of community development by showing how community-based organizations could, with the right support, broaden their focus from bricks and mortar revitalization projects toward much more comprehensive approaches to improving the quality of their neighborhoods.

CCRP is now widely recognized as a path-breaking community building program. Its design and operation have inspired other national funder initiatives and countless neighborhood rebuilding efforts in communities across the country. Within LISC, CCRP has repeatedly served as a point of reference for local and national programs intended to reinforce LISC's core strengths as a real estate investor in neighborhood revitalization efforts. LISC's National Community Building Initiative during the mid-1990's and Chicago LISC's later New Communities Initiative (NCI) and New Communities Program (NCP) are just three of many examples that drew directly upon the CCRP experience.

As LISC moves forward with a new strategic plan that includes more emphasis than ever before on holistic community revitalization, the principles gleaned from the CCRP approach will continue to provide guidance to LISC staff and to the many collaborators with whom LISC works. Among these are the ideas that communities can be improved only by starting at the ground level with local people making important decisions that matter for their families and their neighborhoods, working with and through capable resident-led organizations, and proceeding incrementally toward comprehensive results that address both physical improvements and improvements in the economic and social well-being of the neighborhood.

Despite the widespread attention that CCRP has received within and beyond LISC, the pragmatic aspects of the initiative – the important nuances involved in designing and managing a program on the ground – have yet to be shared broadly with practitioners in the community development field. This handbook is intended to fill these gaps by systematically unpacking the key elements of CCRP's design and the operating principles that guided how the program worked – how it approached neighborhood planning and visioning, managed and leveraged resources, connected residents to the economic life of the city, exerted and developed leadership, and built the network of working relationships needed to ensure its effectiveness. The chapters that follow bring the initiative to life with unusual candor and an engaging story-telling style that offers management insights, practical tools, and durable lessons gleaned from the process of implementing the initiative over several years.

Anita Miller, CCRP's Program Director and its designer, was a seasoned program officer, first at the Ford Foundation and then subsequently at LISC. She tells the CCRP story from a distinctive hands-on perspective that people on the ground will find particularly refreshing; Tom Burns, who collaborated with Miller on this book, is a national community development consultant with a deep knowledge of CCRP gained during his tenure as Director of the OMG Center for Collaborative Learning at the time that OMG carried out a formative assessment of the program. Working collaboratively, Miller and Burns have woven together insights that can only be gathered through direct involvement in CCRP's implementation with a broader, more contextual understanding of CCRP's contribution to community development practice.

This is a unique book whose lessons for LISC have already been significant. For others in the field, the time spent in reading the story of how this important initiative actually worked will be both entertaining and rewarding.

Michael Rubinger  
President  
Local Initiatives Support Corporation

## Preface

There is no single, can't-miss way to revitalize America's struggling urban neighborhoods. No two neighborhoods – or cities – are exactly alike. Each has its own complex set of assets and challenges, each its own demographic mix and political context. And to that we must surely cheer “Vive le difference!”

This book is an attempt, however, to distill and explain a powerful yet still-evolving approach to neighborhood redevelopment, an approach that is not only producing here-and-now results but is revolutionizing the way urban practitioners think about the future of cities and their neighborhoods.

Much of our account – our grassroots guide, if you will – traces the story of the Comprehensive Community Revitalization Program, or CCRP, the novel approach to neighborhood renewal behind America's most remarkable urban turnaround, that of New York's once-stricken South Bronx.

To some our story may seem familiar. Academics, researchers, lecturers, journalists, doctoral students, evaluators, foundations and community development organizations all have examined the Comprehensive Community Revitalization Program in the South Bronx. Many also have recognized its core thesis: To succeed and to endure, redevelopment must start at the ground level with local people making the decisions that matter for their families and their neighborhoods. They recognized, too, that community development corporations (CDCs) are uniquely positioned to actually deliver the critical programs and projects that people want, and more lastingly, to begin the difficult, but essential, process of rebuilding the social fabric of their neighborhoods.

But this is no outside analysis. This book captures the inside perspective of two practitioners steeped in the subject of rebuilding from the ground up in the South Bronx. As the individual at the hub of the CCRP demonstration, I have often been written about, mostly accurately and well. But never before have I told the CCRP tale as I experienced it. I do so now at the urging of many people in our field with the hope of providing inspiration and guidance to others engaged in the difficult work of turning around troubled neighborhoods.

Tom Burns, who is my partner in this endeavor, was a member of the Organization and Management Group team that assessed CCRP over a period of six years. An astute observer of every nuance of our initiative, he continued to work with the CCRP family even after the initial program concluded in 1998.

CCRP was an ambitious endeavor whose participants tackled many critical issues simultaneously. Its scale was large and its pace rapid. Nonetheless, the methods we used and the lessons we learned have direct application to neighborhoods of any size, working at any pace. It has been my recent delight, for instance, to advise the startup in Chicago of the New Communities Program, an effort by the Local Initiatives Support Corporation (LISC) there to apply best practices in the revitalization of 14 neighborhoods. The challenges and opportunities in Chicago, indeed, in every city where neighborhoods have fallen away from the economic mainstream, will surely be similar to those we faced in the South Bronx.

Some consider New York an exception to most rules. But our experience there should not prevent others from viewing CCRP as a source of inspiration and of lessons. This city is not the large amorphous mass that some perceive it to be. Like other cities, it is a patchwork of many neighborhoods, each with its own identity and rhythm. CCRP started in six such neighborhoods and concluded in four. Dropouts, it turns out, can be the most instructive lessons of all.



It is the CDCs that stayed the course, however, that proved the worth of our approach and gave us the remarkable success story we tell herewith. They are extraordinary organizations led by remarkable people. They represent the best of what community development corporations can achieve. All four organizations exhibited enormous energy and a will to succeed, not only for the sake of their neighborhoods, but also for the sake of CCRP. They seized the opportunity to show a positive side of the South Bronx and to serve as a laboratory for the nation.

The generosity of the 21 funders who supported CCRP speaks for itself – \$9.5 million invested over a seven-year period. Edward Skloot and the Surdna Foundation's board of directors deserve special thanks. Were it not for them, CCRP would not have come to pass in the South Bronx. Nor would it have spawned so many similar initiatives in other places. Their initial support for my design of the program and the \$3 million grant that followed was the largest program investment Surdna had ever made in a single project, and a magnificent vote of confidence in a new and pioneering venture.

The Surdna, Annie E. Casey, and John D. and Catherine T. MacArthur Foundations have supported the writing of this book. They have our sincere appreciation. We are also fortunate to have had the editorial assistance of Margaret Berkey, formerly with OMG Center, whose skill and unfailing patience contributed enormously to our work.

I also want to acknowledge the kindness of two special people. One, of course, is Edward Skloot of Surdna who gave me his trust and let CCRP soar. Not only was he the person who envisioned the program way back in 1991, he also served as chair of its funders advisory committee and throughout remained CCRP's ever constant intellectual and personal champion. The other is Jeanette Puryear, the executive director of the Mid Bronx Senior Citizens Council, upon whom I leaned those few times when the going got rough and lonely. Jeanette, always discreet, provided singular wisdom and perspective that I could get nowhere else.

In the pages that follow we speak to the many queries we have received over the years relating to the philosophy of the initiative that was first spelled out in the initial CCRP Program Paper and the operating principles that evolved as the program unfolded. We also discuss the numerous lessons we learned, including those that emanated from very painful events. These, we hope, will be informative. They are here for the taking.

I speak for everyone involved in saying that we are truly gratified that CCRP has had a role in helping to advance community rebuilding as an idea whose time has come. For me personally, CCRP – daunting as it was – has been the zenith of a most rewarding career. Serving as its program director was a unique privilege. All across the country funders and neighborhood-based organizations are creating programs that incorporate CCRP-like elements within their particular environments. This is the most edifying of all. As a demonstration, we had always hoped our work in the South Bronx would become an enduring contribution to our field. Perhaps like you, we are convinced there is no more important work than strengthening our neighborhoods, and in so doing, the families who call them home.

Anita Miller

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MANHATTAN

HUDSON RIVER

← To George Washington Bridge

Major Deegan Expressway

Yankee Stadium

Grand Avenue

Third Avenue

St. Mary's Park

Bruckner Expressway

Westchester Avenue

161st Street

MID-BRONX NEIGHBORHOOD  
MID-BRONX SENIOR CITIZEN COUNCIL

Claremont Park

MOUNT HOPE  
THE MOUNT HOPE HOUSING COMPANY

BRONX COMMUNITY COLLEGE

Fordham

Concourse

Fordham University

New York Botanical Gardens

Road

BRONX ZOO

WEST FARMS  
PHIPPS CDC

Crotona Park

CROTONA PARK EAST  
MBD COMMUNITY HOUSING CORPORATION

Meridian Expressway

Bruckner

THE BRONX

Hunt's Point

EAST RIVER

Triborough Bridge

RANDALL ISLAND

LIKES ISLAND

# A Community Rebuilding Experiment

– Tom Burns

When CCRP was launched in 1992, it set out to assist a group of established CDCs, or non-profit community development corporations, to do something essentially new. Each of these organizations had already proved its ability to take on physical revitalization projects in their neighborhoods. CCRP was about helping them take on a new role as “neighborhood intermediaries,” coordinating the planning, resource development and program implementation that would begin addressing the economic and social ills contributing to poverty in their communities. Six CDCs in the South Bronx were selected to participate initially, though ultimately just four made it to the end. With an early commitment of \$3 million from the Surdna Foundation, CCRP successfully put together additional resources from 20 more funders bringing the total to \$9.4 million. By program’s end, this in turn leveraged \$44 million in local and federal funds and assisted the CDCs in learning how to leverage their grants still further.

Much has been accomplished since the inception of CCRP. But CCRP had another goal as well – to demonstrate to the wider community development field that experienced CDCs could move into broader community leadership roles. In particular, it sought to explore how these organizations could mobilize new kinds of resources and better coordinate the efforts of other neighborhood organizations, businesses, and residents so that together they would plan and execute projects

yielding comprehensive and lasting results. So, from the beginning, CCRP was both a strategy for targeting resources to neighborhoods in a new way, and a strategy for learning through a demonstration model.

In this introductory chapter we offer some context and background on CCRP’s setting, the participating CDCs, what the demonstration aimed to accomplish and what it achieved during its six and a half years. Rather than telling the whole story, this chapter sets the stage for the more detailed “how it all worked” chapters that come later.

## The South Bronx and Its CDCs

In the early decades of the 20th century, the South Bronx was one of the most livable sections of New York City’s most livable borough. It was filled with stable middle and working class neighborhoods, thriving businesses, good schools, and strong community institutions. The story of its decline is all too familiar. By the 1960s and 1970s, the South Bronx had been weakened by a vast out-migration of residents and jobs to the suburbs and beyond, and many of its buildings were being destroyed by owner neglect, arson and vandalism. Many service agencies had exited or closed their doors. When President Jimmy Carter first came to the South Bronx in 1977, and later Ronald Reagan in 1980, a national spotlight illuminated how vast and hopeless the situation had become.

With the help of the Local Initiatives Support Corporation, the Enterprise Foundation, Federal tax credit programs and the New York Department of Housing Preservation and Development, a group of CDCs in the South Bronx emerged during the 1980s intent on physically rebuilding their communities. By the mid 1990s, these CDCs had produced some 22,000 units of affordable housing. Much of it was supported by the Koch administration’s Affordable Housing Program, which had committed \$5 billion in 1986 to create 84,000 housing units over a ten-year period. This boom in affordable housing was largely responsible for bringing new residents, many formerly homeless, back into the hundreds of six-story apartment buildings that had been largely abandoned in neighborhoods throughout the South Bronx.

By the early 1990s, however, despite the impressive physical redevelopment efforts underway, it was clear

CDCs that have implemented large-scale housing programs appear best suited to weaving together the many separate programmatic strands essential to a cohesive revitalization strategy. They are genuinely community-based, with community-wide improvement as their mission. Their capabilities, their leadership and their credibility are well established. In contrast to other organizations, they have responsibility for the long-term viability of many millions of dollars of real estate which they likely manage, and perhaps own. As a result, they interact daily with hundreds, or even thousands of community residents. And, having built a basic organizational infrastructure, they now have the potential to spearhead wider efforts aimed at improving the quality of community life.

– From the 1991 CCRP Program Paper  
prepared by Anita Miller

## 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%. By the close of CCRP, MBD employed a staff of 72 people and was playing a central role in revitalizing a neighborhood of about 17,000 residents. MBD had sponsored the construction or rehabilitation of over 2,300 housing units costing approximately \$246 million, including the 89 single-family ranch houses of Charlotte Gardens which opened in the mid-80's and helped trigger the production of affordable housing for home buyers across the entire country.

that much was still missing. New investments were needed to rebuild services and infrastructure essential to full community life – health care, parks and playgrounds, neighborhood shopping, child care, literacy and linkages to employment. Creating this range of services and amenities – the keys to improving the quality of life for the nearly half million residents who were then living in the South Bronx – became the next imperative.

This was the setting and the challenge for CCRP. The situation demanded a new approach to community-building in the severely deteriorated neighborhoods of the South Bronx. That approach would bring together well-established and entrepreneurial CDCs, groups with proven track records in physical development but also groups which promised the capacity to address the other pieces needed to build a healthy community.

Six CDCs were originally selected to participate in CCRP:

- *Banana Kelly Community Improvement Association*, a CDC that had already developed 1,629 units of rental housing in its neighborhood and was seeking to move into economic development;
- *Mid Bronx Desperadoes Community Housing Corporation*, an organization created in the mid-1970s to advocate for a more proactive City role in protecting neighborhood tenements from arson and which subsequently evolved into a large-scale housing developer;
- *Mid Bronx Senior Citizens Council, Inc.*, an organization that began as an alliance of agencies providing services to seniors. During the '80s it had acquired and renovated 15 buildings comprising 1,112 units for the elderly and families;
- *Mount Hope Housing Corporation, Inc.*, created by the Mount Hope Community Organization, a resident group which rallied tenants in scores of buildings to stem the tide of neighborhood destruction;

- *Phipps Community Development Corporation (West Farms)*, the CDC subsidiary of Phipps Housing, a non-profit citywide housing developer responsible for producing some 1,000 units of affordable housing in the South Bronx;
- *Promesa Housing Development Fund Corporation*, a subsidiary of Promesa, Inc., an established drug counseling agency serving thousands of families in the South Bronx and one of the state's largest neighborhood-based Latino social service organizations.

A South Bronx demonstration would respond to a variety of foundation goals. For foundations focused on New York, it would provide resources: (1) to enhance CDC capacity to manage increased housing development management and human service workloads for the most vulnerable populations; (2) to mount consequential, integrated, local revitalization strategies; and (3) to design and test empowerment approaches that incorporate community organizing know-how as a way to decrease dependency....

For foundations whose interest would also include the national demonstration aspects of the program, a South Bronx demonstration would: (1) focus on issues that are common to distressed communities across the country; (2) provide potentially adaptable models of community-based empowerment techniques; (3) involve a critical mass of mature CDCs working collectively to influence public sector behavior and policies; and (4) benefit from having local organizations engaged in parallel efforts to support and critique one another.

- From the 1991 CCRP Program Paper

## 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 then MBSCC has transformed itself from an elderly service organization to a powerful voice for the diverse residents and small businesses in its neighborhood. By the end of CCRP, the organization employed some 240 people and managed approximately 1200 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.

Two of the original six CDCs did not complete the demonstration. Banana Kelly was discontinued in December 1994. By then it was evident that the organization was not giving CCRP the attention and focus previously committed. Promesa was discontinued in December 1996 after a leadership change that brought with it a shift in priorities away from community building. The other four CDCs remained CCRP participants until the conclusion of the demonstration phase in 1998. (Later they remained together as part of a new entity, CCRP, Inc., which for five years carried on work begun in earlier years.)

These four organizations were distinctly different in their backgrounds, the types of programs they operated and the neighborhoods in which they worked. All were well-regarded both within and beyond their communities when the program began. At the start they had combined budgets of \$3.7 million and staff of approximately 225 people. Some had already taken steps to expand services to better serve the needs of residents in the housing units they managed. Nonetheless, by mid 1998 when the demonstration phase ended, their combined budgets had grown to over \$10 million and their combined staffs numbered nearly 500. Each of the organizations also had expanded programmatically, so that together they provided a rich array of improvements that were unthinkable ten years before.

The chapters that follow describe many of these new initiatives. Included were workforce and child care programs, economic development ventures, open space projects, primary health care practices, expanded assistance for homeowners and an array of new community-building activities. In addition to their impressive CCRP accomplishments, all four CDCs continued to expand their substantial housing programs. During the years of the demonstration, they also built, rehabilitated or took over management of nearly 2,800 more units of affordable housing.

## Demonstration Strategy and Organization

The idea of a foundation-supported experiment in comprehensive community revitalization began to take shape within the New York-based Surdna Foundation in the spring of 1991. Edward Skloot, Surdna's President, had been impressed by the growing accomplishments of CDCs in the South Bronx, but was also concerned about the limits of housing revitalization in meeting the needs of residents to prepare for and enter the mainstream economy. Ed Skloot wanted to explore the feasibility of helping a number of successful CDCs build upon what they had achieved in housing production and property management in the South Bronx. More specifically, he wanted to provide those CDCs with an opportunity to build their capacities and broaden their roles to encompass programs that addressed the economic and social needs of their neighborhoods; those needs were becoming all the more urgent as a result of the decision to re-house thousands of families, many formerly homeless, in the South Bronx under the mayor's multi-billion dollar housing program.

Knowing that a project like this would require careful planning and extraordinary leadership, Ed Skloot sought the advice of Mitchell Sviridoff, the former head of domestic programs at the Ford Foundation, a founder of the Local Initiatives Support Corporation (LISC) and one of the country's staunchest community development advocates. Mike Sviridoff urged Ed Skloot to approach Anita Miller, a former senior program officer at Ford. She was among the first to be recruited by Sviridoff to LISC in the early 1980s to shape its South Bronx program. Miller then had over 20 years of experience in community development and knew the South Bronx and its CDCs intimately. While at LISC she had a major hand in funding their physical revitalization activities. Skloot



## 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 strategies. It has since become one of the most effective CDCs in the Bronx. By the end of CCRP, MHHC had sponsored over 1300 units of affordable housing and employed over 60 people. The MHHC neighborhood is well-organized and has a strong sense of identity. Its Job Resource Center, one of four mounted by CCRP, placed 558 people in its first five years. Some 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.

took his advice and invited Miller to analyze the feasibility of an initiative that could be supported by Surdna and other foundations, and to produce a program paper for the Foundation's board of directors and for other potential funders.<sup>1</sup>

*CCRP has unapologetically favored product over process, starting the wheels turning for health centers, a joint venture with Pathmark early on, and then following with an extended community planning process (for which it won an award by the American Planning Association). "I've seen so many initiatives get bogged down in endless planning processes that create nothing and leave residents frustrated," Miller says. "The field needs to be about planning-while-doing, working on the things the community desperately needs while developing community input and oversight as you go along."*

– Joan Walsh,

*Stories of Renewal: Community Building and the Future of Urban America, 1996*

CCRP's distinctive approach began to take shape soon after the demonstration was launched. One aspect centered on how it deployed the dollars it had amassed, not earmarking them all at once to the participating CDCs but instead using them to respond flexibly to each CDC's particular strategy. Often the dollars that CCRP invested were the critical "first-in" funding for new staff and programs that helped leverage vastly more financing as the initiative matured. The confidence that CCRP's funders had in Miller's savvy as a program developer and grantmaker made it possible for her to exercise considerable discretion in how she deployed the dollars available through the initiative.

Other aspects of CCRP's distinctive approach center on how its director related to the CDCs and neighborhoods in developing and implementing a variety of programs. Drawing advice from many directions – the participating

CDCs, the evaluation team, and other seasoned funders and program managers – Miller gradually evolved several interrelated strategies that defined how CCRP was actually implemented. Some surfaced early on and became part of the initial guiding principles. Others emerged later

through a combination of trial and error. As the initiative unfolded, Miller, working with the CDCs and numerous other individuals or organizations that were drawn in to provide technical support, evolved a distinctive approach to neighborhood planning and visioning that has since been transported to numerous other locales. Similarly, the initiative's

approach to partnering with other nonprofit or governmental organizations able to commit additional resources of their own to CCRP-initiated projects and activities provided a powerful tool for resource leveraging that drew widespread attention in the field. Finally, one of the initiative's lasting contributions to the field has been Miller's own discovery of how to use her role as Program Director to bring dynamic leadership to the effort, and her willingness to talk candidly about the pivotal challenges she faced in that role.

## CCRP's Impacts on the Target Communities

The four neighborhoods involved in CCRP emerged from the initiative vastly enriched and energized. They ben-

<sup>1</sup> See *Comprehensive Community Revitalization: A Demonstration Program in the South Bronx*, by Anita Miller and Edward Skloot, November 25, 1991.

## Phipps Community Development Corporation - West Farms

Phipps Houses, founded in 1905, is a citywide developer and sponsor of affordable housing and has been in the West Farms neighborhood for some 30 years. It opened the 731-unit Lambert Houses in 1972 and thereafter built and rehabilitated a number of additional multifamily properties. It has also been the local sponsor of NYC Partnership homeowner housing. By the end of CCRP, Phipps owned and managed 969 units in West Farms (plus another 608 units elsewhere in the Bronx). Phipps CDC was created in 1972 to provide social services where Phipps Housing owns housing. By CCRP's conclusion, the CDC had a staff in West Farms of about 160 people, including its Beacon School. West Farms suffered considerable abandonment in the 1970s. Currently comprised of some 14,000 residents, the community's central priority has been the development of more parks and recreation space, as well as new housing. With local unemployment levels approaching 50%, Phipps CDC has placed high priority on education, training and employment, and childcare.

edited from new amenities and services – many large in scale – as well as a new sense of community and pride among many neighborhood residents and organizations.

When CCRP began, the participating CDCs were already starting to respond to the needs of tenants moving into the new housing that they and others were creating. They began by offering such programs as youth outreach and counseling, case management and adult basic education. Soon, however, they recognized that what they were doing, while useful, did not fully respond to the enormity of the challenges their residents faced. As a result, access to jobs and new economic development moved quickly to the top of CDC agendas for the South Bronx.

Thus when CCRP was being formulated the CDCs sensed what their residents needed. Yet they had neither the capacity nor the relationships that it would take to mount an effective response to the challenges they saw. Each CDC was seeking and pursuing opportunities on an *ad hoc* basis, but without a comprehensive strategy and without a broad base of community support to help in garnering new resources.

CCRP brought to the table the idea of an action-oriented community-wide planning process and backed it up with practical support that enabled people who lived and worked in each CDC neighborhood to forge their own collective “blueprint” for the future. These plans formed an action agenda and at the same time broadened the CDCs’ networks of agencies, businesses, funders and residents. As CCRP unfolded and the community plans took shape, Miller played a critical new role in assisting and advocating for the CDCs. She connected the groups with high level local, state and national public and private organizations in a position to help the CDCs accomplish their objectives. As a result, the CDCs were able to implement an impressive array of community programs and activities. CCRP’s

achievements were most notable in four key program areas: health care, economic development, employment, and quality of life improvements.

**Health care.** With primary health care a critical need in all the neighborhoods, CCRP set out early to help the CDCs establish partnerships with quality stable, well regarded providers who were seeking to open non-profit primary health care practices in the South Bronx. CCRP assisted the CDCs in partnering with these larger health providers by helping to fund capital improvements for their properties. With grant dollars totaling \$300,000 CCRP triggered an additional \$3.8 million for this purpose. By the end of the demonstration nearly 35,000 patient visits were being made annually at the CDC-sponsored health care facilities.

**Economic development.** CCRP played a catalytic role in several CDC-sponsored economic development projects – Mid Bronx’s catering and childcare enterprises; Mount Hope’s Individual Development Account (IDA) program and the Bethex Micro Loan program; and MBD Housing’s \$50 million shopping center which started construction in 2001. CCRP generally supplied first-in money, technical assistance, staff support to advance the projects – and lots of advice.

**Employment.** Creating jobs and improving access to employment were among the CDCs’ toughest challenges, since some 40% of their tenants were on public assistance. CCRP and the CDCs addressed these issues early by choosing to elevate the CCRP employment program to a centerpiece “demonstration-within-the-demonstration.” They adopted a neighborhood-based approach that took advantage of the CDCs’ strong relationships with local residents. Working with FECS, a well-regarded agency specializing in employment, CCRP’s Program Director and



### CCRP's Approach – A Health Care Example

In the health care area we have a classic example of CCRP's "planning-while-doing" philosophy. Our work in this area began even before the United Hospital Fund published its study of health care deficiencies in South Bronx neighborhoods and well before the CDCs' Quality of Life Plans for their neighborhoods had been finalized. The demand for primary health care and the logic of striking partnership deals with local hospital providers were both self-evident. I also knew that bringing new primary health care practices to CDC neighborhoods would help demonstrate to both the CDCs and their communities that CCRP was serious about results and that it was prepared to break new ground getting them to happen. Also, it was a win-win opportunity.

Health care providers, previously unable to find office space, would now be able to house their practices in CDC buildings; each would be accountable to the CDC that became its community sponsor; and each practice would have a CDC-created advisory committee to help it understand what services the community needed. For foundations and corporations loath to fund capital improvements, CCRP showed the value of using matching grants to build out medical offices so that the government funds used to actually provide medical care could flow into poor communities. And with HUD officials in New York and Washington, DC, CCRP made the case that when the only space available for a medical practice in an underserved neighborhood with millions of dollars of HUD-subsidized housing was in a senior citizens building, they needed to waive their regulations restricting the use of building facilities to senior residents alone.

- Anita Miller

the CDCs launched an early pilot program, the New Bronx Employment Service, which later became a catalyst and model for place-based employment programs elsewhere in the country. By the time CCRP ended in 1998, three of the CDCs had screened and placed their first 365 residents. By the end of 2001, the New Bronx Employment Service was operating as a partnership of all four CCRP CDCs and had served 2,000 clients.

**Quality of life improvements.** Neighborhood quality of life issues, particularly safety and open space, were high on resident agendas throughout CCRP. Credit for the effectiveness of the CDCs' neighborhood safety initiatives belongs to the working relationships that were built between a CCRP-funded consultant, program staff, tenants of CDC buildings, and local precincts. Together they achieved early victories in organizing residents to reduce crime in key neighborhood locations. Significant open space improvements took place in all of the neighbor-

hoods as well. During the demonstration, investments of over \$6 million were made in nine new and refurbished community parks and playgrounds. First envisioned in CDC Quality of Life Plans, many of these open space projects came alive through the teamwork and determination of residents working with CDC program managers and CCRP-funded consultants. Residents worked closely with landscape designers and personnel from city and federal agencies to overcome impediments in the system. Agency staff not only valued the community's contribution to each project but also understood the centrality of their community partners to maintaining these projects after completion.

As the CDCs were accomplishing these results in program areas that were essentially new for them, they also continued to be producers and managers of affordable housing in their neighborhoods. In fact, two of the CDCs – Mount Hope and Mid-Bronx Senior Citizens Housing – each grew their housing inventories dramatically. Their successes in housing production helped generate new demands on the CDCs' property management divisions even as they were creating more consumers for a broadening array of services and amenities.

None of these new initiatives were undertaken by the CDCs alone. Each success drew on a variety of partners with new expertise to supplement that already in place. MBD worked with LISC on its shopping center. Several CDCs worked with the U.S. Department of Agriculture on three urban parks. MHHC teamed up with the Bethex Credit Union on micro-loan and Individual Development Account programs. In every case the CCRP Program Director played a critical brokering role that enabled the CDCs, working individually and often together, to take on new challenges. Anita Miller found accomplished organizations like Child Care, Inc. to conduct research, and she helped bring in the Institute for Urban and Family Health, as well as LISC, FEGS, and the Trust for Public Land, as experts or equity partners. She advocated for the CDCs' projects with the Department of Agriculture, Neighborhood Housing Services and the Corporation for Supportive Housing. As she helped with contacts, she also worked consistently as a venture capitalist to promote the CDCs' agendas and leverage new streams of short- and long-term public and private resources. Many of the projects undertaken by the CDCs did not fit easily or well with what these agencies had done previously, so that in making these connections, she was also helping the external partners break new ground and change their own ways of doing things in partnership with communities.

## CCRP's Impacts on the Participating CDCs

Not surprisingly, CCRP presented all sorts of new organizational challenges for the CDCs. As they began broadening their community agendas and taking on new community-building roles, they bumped up against their own limitations – in internal staff skills, organizational and management structures, financial resources and the political and cultural contexts in which they operated. Across the board, the CDCs struggled with these challenges and in doing so were changed, sometimes in fundamental ways.

With CCRP funding, technical assistance, and help in linking with new partners, the CDC programs became much more diverse. 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. However, in CCRP, as in other community-building efforts, the CDCs struggled with identifying qualified new staff to take on new programs.

*It should be clear from the last 30 years of urban reform efforts that innovative three-to-five year foundation initiatives and federal demonstration projects, however inspired, will not solve the long-term problems of low-income neighborhoods. What is missing in most communities is a mechanism for continued investment in savvy, long-lasting institutions to attack these problems themselves ...CCRP will clearly leave the CDCs stronger than it found them, in staff capacity, management information systems, and expanded program expertise, and a talent for the collaborative relationships they have developed with one another.*

– Joan Walsh,

*Stories of Renewal: Community Building and the Future of Urban America, 1996*

Equally important, the CCRP demonstration required creating and sustaining a new kind of leadership team within each organization. These were usually comprised of the executive director, the CCRP manager and an outreach worker. Success hinged on the leadership provided by the executive director coupled with the strength and skills of the CCRP managers in carrying out the agenda.

The CCRP managers' roles evolved over the course of the demonstration, and by the time it concluded these new positions had become an integral part of each CDC's staff. The outreach activities launched during CCRP, although sometimes more difficult to support, have

continued in one form or another in all four organizations since the initiative's conclusion.

Another enduring impact of CCRP was the role it played in helping the CDCs rediscover the value of engaging with neighborhood residents and other interests in community-wide planning. All the CDCs worked initially with their communities to develop comprehensive blueprints, called Quality of Life Physical Plans, which helped them move beyond *ad hoc* decision making to a more strategic way of operating. These initial blueprints, each with its own strategic action plan, helped the CDCs create compelling fundraising tools that supported future development. CCRP made available to the CDCs and their communities a team of professionals that included John Shapiro (of the planning firm of Phillips Preiss Shapiro Associates) and Xavier de Souza Briggs, then a consultant to CCRP and now an Associate Professor of Community Development and Public Policy at MIT. This team helped with planning and with producing a visually compelling and easily accessible graphic representation of each neighborhood. All included housing, parks and playgrounds, medical facilities, security and retail businesses. The plans provided powerful images and guidelines to

direct future services and amenities infrastructure in each community. Notably, this CCRP-supported planning process won the American Planning Association's Presidential Award in 1996.

Through their experience in managing these wider planning efforts, the CDCs all became not only better fundraisers, but also more skillful conveners and facilitators with other com-

munity based organizations, residents, businesses and public agencies. These planning initiatives led to many of the new partnerships that now exist to operate ongoing programs. Also, the CDCs have developed additional partnerships with other neighborhood-based organizations or outside public and private organizations that work with them to deliver services. A number of the collaborative programs and initiatives launched as a result of CCRP have continued to the present. Finally, CCRP's structure and philosophy encouraged the CDCs to work together as a team, resulting in excellent relationships and loyalties. These remain today and promise to endure in the years ahead.

# Comprehensive Community Development

– Tom Burns

At the beginning of the 1990s when CCRP was first conceived, there was little experience with what we now think of as comprehensive community development. Only a few foundations had begun to consider how to broaden the community development agenda to include more than physical improvements. There were certainly no debates on which approach was most effective for organizing a comprehensive community initiative – or CCI – as many of these later efforts came to be called. There were no organized meetings of funders or governmental bodies where experiences could be compared – no Aspen Institute Roundtable on Comprehensive Community Initiatives and no Council on Foundations events where those interested in supporting a more holistic and participatory community revitalization approach could turn for guidance. But the community development industry was growing and an increasing number of mature CDCs faced tough neighborhood revitalization challenges that did not lend themselves to single-solution approaches.

## CDCs Come of Age

During the '80s the community development movement flourished in many US cities. Its growth was aided by a new type of national intermediary, especially the Local Initiatives Support Corporation (LISC) and the Enterprise Foundation. Established in 1980, the purpose of LISC was to solicit and distribute corporate and foundation dollars so as to enable capable CDCs to mount large-scale housing and economic development projects, thereby creating a nationwide community development industry up to the task of rebuilding deteriorated neighborhoods. The mission of Enterprise was related but somewhat different: it sought to assist various types of nonprofit organizations to produce housing for low- and moderate-income Americans. These housing and community development efforts were given a dramatic boost when Congress passed the Tax Reform Act of 1986. The Act provided a Low-Income Housing Tax Credit that created a powerful incentive for private investment in affordable housing in poor neighborhoods across the country. By the middle of the '90s the National Congress for Community Economic Development, the CDCs' national trade organization, estimated there were some 2,000 CDCs nationwide that together had produced over 320,000 units of affordable housing.

## Growing Pains

The remarkable proliferation of CDCs and the steady expansion of the physical side of community development eventually led to a widespread sense of frustration. The bricks and mortar investments being made largely in inner city communities – while an important part of what was needed to restore health to devastated neighborhoods – was in itself not enough. “Old timers” in the movement remembered when community development was intended to be broader in scope, encompassing a whole range of activities and projects that would take aim at rebuilding localized economies and restoring high quality public services. With so many urban neighborhoods being left out of the globalizing economy, there was a crying need for residents of disadvantaged neighborhoods to be reconnected to the broader life of their cities and regions. Community development had arrived in terms of deals and dollars, but it had become something narrower than intended.

How did this happen? Many CDCs, seeking to fill the void left by government inaction and to prove their value to their communities and funders alike, had set out to restore the vitality of their neighborhoods. More often than not, their focus became housing, something that met a very real need and was easier to achieve than the more difficult economic and human development activities that had been tried, without much success, during the '70s and early '80s. The introduction of the federal Low-Income Housing Tax Credit gave CDCs an opportunity to tap into the capital they needed to attack housing deterioration and abandonment – many used federal tax credits to assemble the financing needed to build larger-scale affordable rental housing developments in their communities.

This narrower focus on housing was to some degree encouraged by the national intermediaries LISC and Enterprise. Each had established their own subsidiaries to distribute tax credits and assemble large amounts of equity financing for affordable housing production across the country. Even CDCs that remembered their missions were broader, and that the problems they were trying to address were highly complex, found little opportunity to work outside the housing box – especially once government support diminished for the more holistic programs launched during and after the War on Poverty.

In the past several years, a new and more sophisticated theme has begun to surface, perhaps signaling an emerging new synthesis. Clear-eyed funders, community activists, researchers, policy analysts, and legislators are beginning to see that no single strand of intervention can be counted on to produce significant results for populations in high-risk circumstances. They have seen that narrowly defined interventions can't triumph over the forces of destruction.

The new synthesis rejects addressing poverty, welfare, employment, education, child development, housing and crime one at a time. It endorses the idea that the multiple and interrelated problems of poor neighborhoods require multiple and interrelated solutions. The new synthesizers are determined to reverse "the economic, social, and political marginalization that has turned the urban poor into an 'underclass' and their neighborhoods into battle zones." They refuse to "choose between addressing the structural and behavioral causes of neighborhood dysfunction, or between equipping the poor to leave unsupportive neighborhoods or making them better places to live." They insist on combining physical and economic development with service and education reform, and all of these with a commitment to building community institutions and social networks.

- *Lisbeth B. Schorr,*  
Common Purpose, 1997

The very success of the physical revitalization activities of CDCs, particularly in the late '80s, contributed to a growing discomfort – not just among community development practitioners, but also among experienced grant-makers. They saw the need to increase support for more than just housing, particularly in dealing directly with employment and economic development needs at the neighborhood level. There was also concern that many CDCs, striving to become effective developers of housing and real estate, were losing touch with the communities they served and the organizational goals upon which they were formed. Most funders were not comfortable supporting community organizers, yet there was growing interest among CDCs in using organizers to engage residents directly in program development and service delivery through approaches that later came to be called community building.

At the same time, outside the community development field, in the social services delivery field in particular, there was increasing attention placed on bottom-up rather than top-down methodologies. There was a growing recognition of the value of active involvement by neighborhood residents and service recipients in identifying, deciding on and participating in how services were

delivered. Meanwhile, among those concerned with the flows of government and foundation funding, there was a new recognition that categorical dollars and single-program efforts, which tended to emphasize just one aspect of well-being, did a poor job of responding to what communities really needed.

As the '80s gave way to the '90s, talk spread within the community development and human services fields about the need to rethink how communities could be supported. By the end of the '80s, the climate was right for a variety of new experiments, including one that would open the way for CDCs and other community-based organizations (CBOs) to obtain support that enabled them to deliver a wider range of programs.

## A New Focus on Comprehensiveness

It was against this backdrop of ideas and concerns that an initial wave of experiments was launched. Together they came to be seen as comprehensive community building, or comprehensive community revitalization. One of these, the Community Building Partnership in a single Baltimore neighborhood, Sandtown-Winchester, began in 1991. It amounted to a joint venture between the city's mayor and Jim Rouse, the commercial developer and founder of the Enterprise Foundation. Another, the Ford Foundation's Neighborhood and Family Initiative, was started in 1990. It targeted four neighborhoods across the country, where local community foundations would administer Ford funds for programs that brought individuals together to work on how best to improve their communities. Finally, the Atlanta Project, founded by former President Jimmy Carter in the fall of 1991, was envisioned as a means of bridging the gulf between the "two Atlantas," affluent and poor, by focusing resources on twenty "cluster communities" with high rates of poverty and single-parent families.

As these new efforts were getting underway, there was also new thinking within the Annie E. Casey Foundation about how to work differently, "from the neighborhoods up." The idea was to lend support to local efforts to reform the public systems serving children and families. This new thinking was largely the result of lessons learned within the Foundation's earliest community-based service delivery reform effort, the New Futures initiative, which began in 1987 in five medium-sized cities – Boston, Denver, Detroit, Philadelphia and Washington, DC. In contrast to the Foundation's previous state-level, "top-down" systems reform efforts, New Futures granted some \$10 million

over five years to each of the five cities to fund public/private efforts in target communities.

It was during this period of expanding thinking that the Comprehensive Community Revitalization Program (CCRP) was born.

## CCRP's Place in an Expanding Field

CCRP's decision to try a new approach to community-building in the severely deteriorated neighborhoods of the South Bronx, and its decision to do this together with well-established, entrepreneurial CDCs who could be the drivers of this new approach, gave CCRP its unique focus.

CCRP's interest was not in bricks and mortar, since the CDCs had already demonstrated their abilities to accomplish physical revitalization in their neighborhoods. Instead, its challenge was to help the Bronx-based CDCs broaden their reach and confront more directly some of the economic and social

factors contributing to poverty in their communities. Because of their standing in their neighborhoods and their track records, the CDCs were seen as the most promising vehicles for stimulating new investment in the local services and infrastructure that are

essential to full community life – health care, neighborhood shopping, child care, literacy and employment skills.

In the years following CCRP's launch, another generation of similar initiatives was funded. These included the Annie E. Casey Foundation's Rebuilding Communities Initiative, one of the largest experiments in comprehensive community development ever, launched in 1993 in five neighborhoods in five different cities; LISC's National Community Building Initiative (1993); the Cleveland Comprehensive Community Building Initiative (1993); the New York Community Trust's effort in three New York City neighborhoods (1994); the Los Angeles Urban Funders' initiative, which targeted resources of some 27 funders on employment and jobs in three neighborhoods in the Los Angeles area (1995); the Edna McConnell Clark Foundation's Neighborhood Partners Initiative in five New York City communities (1996); the Pew Charitable Trusts' Targeted Neighborhood Initiative (1996); and Chicago LISC's New Communities Initiative in three Chicago neighborhoods (1998). In still other cities (Indianapolis, Cincinnati, San Jose and Pittsburgh are four we know of),

additional comprehensive community-building initiatives of varying scale were launched. All these efforts included broad community revitalization goals, and all stretched the traditional roles and activities of community-based organizations to enable them to respond more comprehensively to community needs. Looking back, the '90s were indeed a hotbed of experimentation whose legacy can now be felt throughout the community development field.

Almost from its inception, CCRP attracted broad-based interest among community development funders and practitioners. Many of the second generation initiatives noted above drew to varying degrees on the CCRP experience in creating their approaches. Designers of the Annie E. Casey Foundation's Rebuilding Communities Initiative clearly acknowledged the role that CCRP played in shaping the Initiative. LISC's Community Building Initiative launched at the same time drew heavily on les-

*"To tell the story of CCRP, you also have to tell about the flight, the running away, the people coming in, the racism and the bigotry, the destruction of the community, the dumping of homeless families into a community that was fragile to begin with. This is something that we are still struggling with. But the first step that CCRP took was to bring people together who have been disenfranchised and really had no voice. That was the beginning of it."*

*– Zenon Arribalza, Mid Bronx Senior Citizens Council*

sons from CCRP. Slightly later, the precursor to Chicago's current New Communities program was from the start intended to be a direct replication of the CCRP demonstration. In Philadelphia, the Pew Charitable Trusts' Targeted Neighborhood Initiative in three Philadelphia neighborhoods also borrowed several key ideas from CCRP. Designers of more limited community-building experiments in Camden, NJ and Pittsburgh, and the Indianapolis Neighborhood Housing Partnership's Special Impact Program all consulted with CCRP as they gave shape to their programs.

While each of these various comprehensive initiatives had distinct features, they shared some common tenets. Among them was the idea that stabilizing and transforming communities can be achieved through a coordinated, "place-based" approach. Some of the programs included physical development activities, while others placed greater emphasis on improving how services are coordinated and how they affect the well-being of residents, especially children and families. Most sought to pursue a large range of activities simultaneously. And, all chose to



Much of the information available [about CCIs] does not reflect a sufficiently deep mining of the nuts and bolts operational issues that often make or break these initiatives. Though most think a tremendous amount has been learned about the tough operational choices confronted in this work, that wisdom never sees print. "More is known than shows up in these reports," said many. Respondents were anxious to push beyond the stage of naming and framing issues to move beyond general statements about the field's complexity, the patience required, and the importance of leadership. They wanted blunt, candid, hard-edged and timely guidance derived from experience about what to do. A subtle qualification was reflected in some comments: these respondents were not looking for the "one right way," rather they yearned to understand the many different ways that had been tried, and the trade-offs inherent in each, so they could make informed choices.

- From an assessment of the state of the field produced by the Annie E. Casey Foundation, January 2000, authored by Miriam Shark and Ralph Hamilton

rely on a community-based organization to take the lead on a variety of fronts: 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. Like CCRP, most of these initiatives aimed for mutually reinforcing change at multiple levels: neighborhoods, families, individuals. And some, notably the Annie E. Casey Foundation's RCI, also explicitly tried to encourage reforms in the larger public systems serving residents of neighborhoods.

In addition to these efforts, most of which were the result of foundation leadership, there were other shifts that further reinforced the trend toward comprehensiveness. Ideas from CCRP and other similar initiatives were incorporated into the lexicon of professional planners, and new lessons from these efforts were woven into governmental policies and regulations guiding how planning and investments would be made in communities. On the research front, there was expanding interest in describing and documenting the development of comprehensive

revitalization approaches, and in measuring their effects in the places where they were targeted. Some of this research took the form of assessments of individual initiatives.<sup>2</sup> A few studies wove together experiences from several different initiatives and discussed in some detail how these initiatives were designed and actually operated.<sup>3</sup> As you might imagine, the complexity of these initiatives has presented these and other researchers with daunting challenges.

Many of the studies undertaken during the 1990's that tried to measure results fell short of initial expectations. This was mainly because many of the comprehensive initiatives were still relatively new, making it difficult to point to meaningful community results. Skeptics who look back on the voluminous body of published reports produced will have a field day – discovering there was never any broad consensus on the right questions to ask, or the right combination of methods to use, or the right timeframe in which to expect to see convincing results. As with any new field, there was healthy controversy and no end of meetings at which the pros and cons of different study approaches were worked over – with sides being taken among participants who ran the gamut from "pure" researchers to hard-as-nails practitioners to quite a few (such as these authors) who tried to stake out positions somewhere in the middle. What did emerge from all the talk was a more broadly shared sense that the work of comprehensive community building is extraordinarily difficult and requires taking the long view. This means being content with identifying and measuring *intermediate* results that give confidence that progress is being made toward important longer-term outcomes. Perhaps it now seems more obvious that only by constant measuring can we ever be confident that the communities on which we focus are returning to good health.

This more pragmatic approach was well understood by the late Mitchell Sviridoff, former director of national programs at the Ford Foundation and the first president of the Local Initiatives Support Corporation. Sviridoff's 1996 review of CCRP, prepared with William Ryan, captured the right questions that demonstrations such as CCRP should be helping to answer (see box next page).<sup>4</sup>

2 Examples of these are Robert J. Chaskin's *Lessons Learned from the Implementation of the Neighborhood and Family Initiative: A Summary of Findings*, Chapin Hall Center for Children, University of Chicago, December 2000; and Ira Cutler's *Learning Together: Reflections on the Atlanta Project*, The Carter Center, 1997.

3 See, for example, Joan Walsh, *Stories of Renewal: Community Building and the Future of Urban America*, New York: Rockefeller Foundation, 1996 and Lisbeth B. Schorr, *Common Purpose: Strengthening Families and Neighborhoods to Rebuild America*. New York: Anchor, 1997.

4 Sviridoff, Mitchell and William Ryan, *Investing in Community: Lessons and Implications of the Comprehensive Community Revitalization Program*. Case Study paper, 1996. Available from the Civic Practices Network at <http://www.cpn.org/topics/community/bronx2.html#investing>.

We propose to examine CCRP's blend of human service and community development strategies, particularly in terms of three questions that are central to any comprehensive revitalization strategy:

- **How does an initiative invest in community capacity?** The human service approach focuses on developing and coordinating programs. The community development approach has favored developing strong community-based organizations. In combining the two, CCRP uses a special investment strategy that builds strong organizations and links them with the most promising programs and expertise available.
- **How does an initiative make the concepts of "coordination" and "comprehensiveness" operational?** The human service tendency is to build a new structure for the centralized coordination of multiple service providers. The community development approach focuses more on creating resources – housing, jobs, businesses, parks, etc. CCRP combines both approaches but it is its support of entrepreneurial collaboration among a set of strong, self-directed organizations that gives it special advantage.
- **What role should residents play in the revitalization of their neighborhoods?** The human service tendency has been to work with residents as clients/consumers or as advisors to new coordinated service systems that in turn view residents as clients or consumers. The community development tradition favors the civic engagement of residents in managing and developing a range of community institutions. CCRP is fundamentally rooted in this approach, though it has woven into its operations the client-service provider model as well.

...The story of CCRP is not about a contest of approaches but rather their combination as part of a new approach.

- From Sviridoff and Ryan  
*Investing in Community, 1996*

In part as a response to the proliferation of these experiments and the need for answers as to which of these new approaches to problems of neighborhood decline were proving the most promising, the Roundtable on Comprehensive Community Initiatives was formed in 1992 and made part of the Aspen Institute in 1994. Headquartered in New York, the Roundtable has since its inception become a clearinghouse for information on the variety of experiments underway and has produced a range of publications on the subject.<sup>5</sup> To this day, the Roundtable continues to serve as a meeting place for researchers and others interested in the field of comprehensive community building and neighborhood change.

Some of the most profound insights from that time were captured in a document prepared by staff at the Annie E. Casey Foundation and probably never intended for wider circulation. In that document, a report on conversations undertaken by Foundation staff for the Roundtable to assess the state of the field and the Roundtable's future agenda, were strong and consistent themes:

- Those interviewed expressed great optimism about the prospects for continued support for "place-based

poverty alleviation approaches characterized by a comprehensive framework, multiple targets of intervention and deep community engagement."

- There was a clear sense that the field was growing and becoming more complex, with a variety of new community-building efforts taking shape, some building on existing community initiatives and others designed as new, larger-scale comprehensive initiatives.
- Despite their general optimism, many of those interviewed still felt the field needed more useable evidence of results and more hard-edged answers about what works and why.

Many respondents also saw that as the comprehensive field grew it would need to adjust to accommodate the growing emphasis on the interconnections between neighborhood health and the health of larger regional economies. Now, many years after that report was completed, we believe the proliferation of the comprehensive approach has indeed continued unabated, and the interconnections between healthy neighborhoods and healthy urban regions are now much more widely understood.

5 Perhaps the Roundtable's most significant accomplishment was the formation of a Steering Committee on Evaluation, which led to the publication of two volumes on *New Approaches to Evaluating Community Initiatives*, in 1995 and 1998, and two compendiums of ideas that came from professionals directly involved in the work – the first, *Voices from the Field: Learning from the Early Work of Comprehensive Community Initiatives*, in 1997; and the second, *Voices from the Field II: Reflections on Comprehensive Community Change*, in 2002.



It is plain that since the start of CCRP the field of comprehensive community revitalization has itself matured – we have now moved well beyond the notion of *generations of experiments*. The idea has in many respects become common practice within the community development industry.<sup>6</sup> Along with its widespread incorporation into everyday practice, comprehensive community development has continued to attract research interest. There is a new emphasis on the rigorous measurement of community change, and with it much better and more accessible indicators of overall neighborhood health. And there continue to be forums where proponents and skeptics can compare what has been accomplished, and what is being learned.

## CCRP as a Model

Despite the incredible growth in support for comprehensiveness as an approach, there is as yet no clear agreement on what makes for success, or what the attributes are of an effective comprehensive community revitalization strategy. It is in this context, and with a hope of providing the kind of practical knowledge that is being called for, that we have approached the task of extracting from CCRP some useful lessons for this new school of community development.

But why look to CCRP for guidance? Yes, it is true that CCRP was launched rather a long time ago. It is also true that CCRP is unique because of the particular context of the South Bronx – with its vast multifamily housing stock, the massive abandonment the community experienced, and the uniquely tough challenges that New York City presents for doing community development. One obvious reason that CCRP remains relevant to the field is because of its recognized accomplishments, many of which persist years after the program was concluded, and some of which have only recently been fully realized even though plans for them were laid ten or more years ago. But another equally important reason that CCRP remains relevant has to do with *how* it did what it was able to do – its highly pragmatic strategy for moving to a comprehensive community development approach; its reliance on well-established and entrepreneurial CDCs with proven track records in physical development; its relatively modest scale of funding

compared to other CCLs; its approach to directing and managing the demonstration; and its emphasis on community-based interaction rather than a newly created neighborhood governance structure.

For the designers and managers of today's comprehensive community initiatives, CCRP continues to offer many practical lessons on the nuts and bolts aspects of actually setting up and operating a comprehensive community initiative. Over the seven years that the demonstration operated, much was learned about structuring and staffing the program, getting it off the ground, and managing CCRP's day-to-day working relationships with its funders and the participating CDCs. Equally important was CCRP's experience with funding and its uses – from raising and collecting philanthropic dollars and reporting back to funders, to ways of spending it flexibly and judiciously on CDC staffing and programs – ways that leverage more dollars from new sources, especially government. All these lessons continue to have relevance. Finally, perhaps more than the others, CCRP's lessons endure – the difference made by skills like leadership, communications and problem-solving in achieving community revitalization goals.

Then and now, practical factors like these make the difference between success and failure. By making the right choices early on and as the initiative unfolds those responsible for implementing comprehensive community development programs can contribute mightily to whether or not their initiative gets off to the right start, and how well it progresses toward the goals it sets. At the *macro* level, many community revitalization programs sound marvelous, but it is only at the *micro* level that one can see these programs succeed or fail. The CCRP story told here is a micro-level tale of practical thinking on the ground. Its lessons have enduring value – for individuals and organizations struggling to make comprehensive development work in neighborhoods across the country, and for the funders, researchers and evaluators who support their efforts.

6 As evidence of this, we note that working comprehensively is now a central tenet of LISC's most recent national strategic planning framework, adopted by its board in September 2005.

# Shaping and Launching the Program

– Anita Miller

The idea of mounting a comprehensive revitalization initiative in New York City's devastated South Bronx started in the early '90s with Edward Skloot, president of the Surdna Foundation. From the outset he had in mind going beyond the massive redevelopment of housing that was at last occurring in the nine-square-mile area. He knew that what the South Bronx also needed was a highly strategic effort that would take aim at converting it from a social and economic wasteland into a functioning community. To his way of thinking such an initiative, to be successful, would have to be large scale, bottom-up and driven by nonprofit community development corporations (CDCs). Already they were producing their neighborhoods' new and rehabilitated dwelling units. It was time for them to reestablish the other ingredients of healthy community life.

## What It Would Take

To justify mounting such a program, Surdna would have to be assured that there were CDCs in the South Bronx prepared to lead the comprehensive renewal effort that Ed Skloot envisioned. Further, the Foundation needed to know that the individuals and agencies whose support would be essential also agreed that the time had come to focus on the rebuilding of *whole communities* there – not just housing.

Obtaining the answers to these questions and gauging the feasibility of the entire venture was my first task for Surdna. The second, which began only after we had clear grounds for proceeding, was to actually design a comprehensive program that assumed a \$3 million Surdna Foundation grant.

This was not a task for the feint of heart. Moving from the general idea of a comprehensive initiative to the actual nuts and bolts of a specific program required fundamental judgments that could come back to haunt us if not handled well. Adding to the difficulty of my assignment was our inability to clearly define either the scope of the challenge or the outcomes to be pursued, even though we knew early on both our physical locale and programmatic focus. This was because CCRP was to be a bottom-up program. Until its participants completed a community-wide planning process, we would not know the specific priorities of each neighborhood. These decisions, once made,

would take us beyond vague notions of "improving the quality of life in distressed South Bronx neighborhoods" to the outcomes we would seek and the criteria by which the success or failure of CCRP could be measured.

Meanwhile, we were able to pin down a number of key design elements. These included how the initiative would be assessed, how comprehensiveness – a term with many interpretations – would be defined, and how the program's structure, as well as the relationships within it, would be formulated.

For CCRP, relationships were a make-or-break issue. All of the parties had to feel a sense of ownership for CCRP to succeed. This was not a simple matter. There were relationships between lead funders and secondary funders; between funders of every ilk and the CCRP program director; between the program director and program operators (the CDCs), and program operators and target neighborhoods (both their residents and organizations). An across-the-board buy-in from all of the players would engender confidence in the initiative. Confidence, in turn, would promote the environment essential for long-term foundation and corporate support. It would also dissipate the sense of alienation that pervaded the South Bronx in the early '90s, where residents and organizations alike had experienced decades of empty promises and bitter disappointments.

Figuring out our position on assessment – the critical business of evaluating our work – was one of our easier tasks. As we saw it, once one uses millions of dollars to fight problems that have plagued society for decades, and then calls what is being accomplished a "demonstration" (as we did), others should have the opportunity to learn from the experience – whether it be good or bad. Thus we opted for an assessment that would not be for internal purposes only but would be broadly distributed to the field.

We also wanted the CCRP assessment to be formative. This meant that we would regularly receive observations from the assessment team that we could use as the basis for corrective action throughout the life of the program. As for the team itself, we were convinced that those who assessed our program would have to come to the work with a keen understanding of just how difficult it was to intervene in a distressed community like the South Bronx. With the help of Jim Pickman, an expert in every aspect of community development, we set out to identify

observers of the urban landscape who could be counted on to understand that CCRP's results would be incremental and that the earliest outcomes would surely be of the groundwork variety.

In the interest of enhancing confidence and trust in CCRP, we provided both the CDCs and our funders with an opportunity to contribute to the design of the assessment and gave them a role in selecting the consultant who would be working with us. In return, we received the benefit of their expertise. The process we used led us to select the Philadelphia-based OMG Center for Collaborative Learning headed by Tom Burns. Tom, along with his colleague Gerri Spilka (now OMG's Executive Director) grasped what we were trying to do and found a way to ensure that their reports continued to add value throughout the six and a half years of the demonstration.

## Formulating a Program Strategy

There are a number of different program strategies from which current developers of comprehensive initiatives can borrow. Some focus on just one area such as families and children. Here, the effort is to create synergy between multiple service providers so as to achieve better outcomes for the target population. Such programs more often than not are top-down, seldom involving the target population in decision-making. The breakthrough they make is to bring to the table a host of disconnected agencies that can be more effective working together than in isolation.

Other initiatives are known to focus solely on economic development. An example is the three-site Neighborhood Strategies Program launched in the mid 1990s by the New York Community Trust. This effort hit its stride several years after starting up when a linkage to the SEEDCO organization's welfare-to-work initiative was established, thus enabling participating organizations to develop the expertise needed to help their residents find and keep jobs.

Still others build their program strategy around the notion that social infrastructure is the key to reversing neighborhood decline – an idea popularized by Harvard professor Robert Putman in his book *Bowling Alone*. This approach, commonly labeled “community building,” may hold promise for those places, both urban and rural, where a community is fraying but is not severely distressed. In such situations bringing people together to strengthen a local social/civic fabric can represent the first step towards achieving positive change. As to complex revitalization initiatives like CCRP, they too see

community building as important, but treat it as one ingredient among many that are needed to achieve neighborhood rebirth.

Certainly, for many urban and rural areas, there can be real value to programs with a singular mission. But this was not the case for the beleaguered and densely populated South Bronx of 1991 where there was so little in the way of health care, child care, after-school programs, quality education, parks or playgrounds, decent shopping, or programs to connect people to jobs and to one another. Here, as in other poverty stricken neighborhoods all across America, the pursuit of revitalization called for a more *comprehensive* strategy that would take aim at the full spectrum of neighborhood life. It would include people and systems, economic vitality and the physical environment while incorporating features of the narrowly focused programs noted above.

Defining our view of comprehensiveness was only the first of a number of critical decisions. Others pertained to the vehicle we would create to manage the entire effort; the strategies that we would use to raise and deploy funds; the kind of “partnership” – if any – we would seek to foster with participants, with funders and with agencies of government, and too, the handful of initial principles that we would employ to guide how CCRP would operate.

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**Certainly, there is value to programs that have a sharp, singular focus. But we did not think such an approach was well-suited to the beleaguered and densely populated South Bronx of 1991 which had so little in the way of health care, child care, after-school programs, quality education, parks or playgrounds, decent shopping, or programs to connect people to jobs and to one another.**

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## Determining the Delivery System

Understanding that CCRP's delivery system would be critically important to the success of the entire enterprise, we undertook a brief scan of the field to learn what we could about how three other early comprehensive programs were structured.

We started with the Ford Foundation's Neighborhood and Family Initiative (NFI) whose mission was to stimulate broad-based and sustainable change in neighborhoods located in four cities across the country. NFI looked to specially organized collaboratives in each city to first identify the needs and priorities of targeted neighborhoods and

then to define outcomes and strategies that would address them. Made up of people from a number of sectors, including local residents, all four collaboratives were structured as informal committees operating under the aegis of the local community foundation that served as both sponsor and fiscal agent on behalf of the Ford Foundation.

NFI did not prove to be a model that CCRP could draw upon. Even in the Initiative's initial phase when we reviewed the program's structure it was possible to see flaws in its design that promised to subvert the entire effort. All decisions were being made on a group basis by unaffiliated individuals. There was no local development organization positioned to drive the effort; also, decisions that required an expenditure from the Ford Foundation grant had to be approved by the board of a community foundation that did not have the experience at the time for the role it had agreed to play.

For a number of years after NFI was launched, people involved in the community development field debated the pros and cons of using a collaborative as the centerpiece for a comprehensive initiative. On one side were those who believed that this was an effective and democratic way to organize a large scale, place-based program. On the other were people, like those engaged in CCRP, who saw such an approach as the equivalent of setting sail in difficult waters with neither captain nor compass.

By the end of the '90s the debate about collaboratives versus using one agency to lead the effort was pretty well settled. A good indication can be found in the final Chapin Hall report on NFI to the Ford Foundation in which the author, Robert L. Chaskin, concludes, "Initiatives that were organized around strong lead agencies rather than informal collaboratives tended to provide a more solid base of organizational capacity to build on, and were able to launch into program development and implementation with greater efficiency."<sup>7</sup>

Also in our scan of the field, we reviewed the Enterprise Foundation program in Baltimore's Sandtown-Winchester neighborhood known as Neighborhood Transformation (NT), another first-generation comprehensive initiative of scale. Lacking a local organization in the target area with sufficient capacity to lead the effort, NT's program designers called for an outside organization to serve as the on-the-ground delivery system. The Enterprise Foundation filled this role by establishing itself within the target neighbor-

Sponsors of these comprehensive initiatives generally arrive at this new Promised Land by way of two quite different routes: one via human services and the other via community development. To review these two routes no longer means returning to the rivalry between two orthodox schools of social strategists and the people strategists, who argue for programs tailored to individual needs (e.g., education, job training, social services) versus place strategists, who argue for programs aimed at improving living and economic conditions within a given community (e.g., housing stock, economic development, job creation). As they have moved toward comprehensive community strategies, both schools have transcended that debate. Both have developed new analyses of their roles.

On the one hand, many human service professionals (the "people" strategists) have concluded that a series of specialized programs aimed at the various needs of individuals is not working well. They are looking to link them, rationalize them, and make them more responsive to families through new oversight and planning structures. They are also seeking new ways to engage residents in the design and operation of the programs in an effort to strengthen communities' problem-solving capacity. They are attempting to reform service delivery systems.

On the other hand, community development practitioners have meanwhile determined that, despite their encouraging successes in physical development, they too need a new approach. They need to pay more attention to the goals of public safety, family self-sufficiency, and overall neighborhood stability more directly if their improved housing stock is to endure. They are setting more comprehensive goals.

Though human service professionals and community development practitioners now find themselves on common ground, they come to it with very different histories. As they establish new community initiatives, they are assessing which of the conventions, tools and values they carry will serve their new mission. What best supports comprehensive community strategies? What new approaches are needed? How can the wares of human service and community development be fitted together to create new results?

- From Sviridoff and Ryan, 1996

hood to work with city agencies, neighborhood groups and individual residents.

This initiative, too, was not what we had in mind. We were in the enviable position of being able to design CCRP around strong neighborhood-based entities with community development experience – an option that

7 Lessons Learned from the Implementation of the Neighborhood and Family Initiative: A Summary of Findings. Chapin Hall Center for Children at the University of Chicago, December 2000.

Enterprise did not have when the Sandtown-Winchester project first began. This turned out to be NT's Achilles heel. An evaluation completed at the end of NT's tenth year by Prudence Brown tells us that despite notable community improvements, the outside entities and the local residents were never able to develop the unity of purpose and understanding that was required to actually achieve the comprehensive vision for ending poverty held by Baltimore's Mayor Kurt Schmoke and Jim Rouse, the revered founder of Enterprise.<sup>8</sup>

The third large-scale program that we looked at, the \$32 million Atlanta Project (TAP), was inspired by Jimmy Carter's resolve to overcome poverty in twenty Atlanta neighborhoods. We could see – even in its first year of operations – that this massive effort was destined to stumble badly despite its strong support from Atlanta's business sector. Lacking direction from a central core that had community development experience and without expert technical assistance, there was little likelihood that many of the twenty "neighborhood clusters" created for the program could build sufficient capacity to produce tangible outcomes for their communities. Several years after CCRP began, the Atlanta Project was downsized and restructured to eliminate its neighborhood clusters and replace them with a new delivery system and more realistic goals than those originally promised by TAP. This, too, was not a path we chose to follow.

Our examination of these early comprehensive programs confirmed our initial decision to mount CCRP with established large-scale neighborhood organizations positioned at the center of a place-based delivery system. They would engage local people in identifying what needed doing and involve them in making it happen. In the South Bronx, it was clearly CDCs that had the unique ability as well as the credibility to do this job. They had emerged over the years as prodigious developers of affordable housing and were already deeply engaged in rebuilding neighborhoods where they played the critically important leadership role we knew was needed.

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**Our examination of these early comprehensive programs confirmed our initial decision to mount CCRP with established large-scale neighborhood organizations positioned at the center of a place-based delivery system.**

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## Structuring the Intermediary

The decision to rely on large-scale CDCs to serve as "neighborhood-based intermediaries" that would take responsibility for implementing a CCRP program in their communities took care of only one half of the delivery system that CCRP required. A second critical decision had to be made about managing the demonstration.

We saw the value of having a central structure that would serve as a fulcrum for the entire initiative and understood that effectiveness would rest on it being independent of the protracted decision making processes common to all foundations. Such an entity would perform numerous functions – all critically important. For example, it would receive and deploy funds, provide both coordination and leadership, and link its participants to resources beyond the insular South Bronx. This understanding led us to plan for a CCRP intermediary – a separate operation – with a professional at its helm who had the type of experience needed to fill the multiple roles required for the program's success.

### Alternative Intermediary Structures

There are numerous options that the designers of a CCI can consider when structuring an intermediary. Several larger-scale demonstrations have been operated from within a foundation, such as the Annie E. Casey Foundation's Rebuilding Communities and its Making Connections Initiatives and the Edna McConnell Clark Foundation's Neighborhood Partners Initiative. In all three, coordination and leadership are the domain of foundation staff.

In the case of Ford's Neighborhood and Family Initiative, The Center for Community Change, a national Washington-based nonprofit, coordinated the program. The Center used consultants to serve as mentors for each site, while local community foundations assumed both program and expenditure responsibility.

In some instances, an existing national or local intermediary has assumed the intermediary role for a new comprehensive venture. An example is LISC Chicago. In 1999, LISC started a three-CDC comprehensive program known as the New Communities Initiative (NCI). A few years later, the New Communities Initiative expanded to encompass 16 different neighborhoods throughout the city. It also provided help to Milwaukee LISC to mount a similar initiative. In both cities, the local LISC office continues to serve as the program intermediary.

8 *Neighborhood Transformation Initiative: Lessons Learned about Community Building and Implementation*. Paper prepared by Prudence Brown for the Annie E. Casey Foundation, 2001.

Decisions about CCRP's intermediary structure had to be made before the Surdna Foundation's Board of Directors would meet to vote on making a \$3 million grant to CCRP. Management of the program would be high on its list of considerations. Thus, even before the grant recommendation appeared on the Board's September 1991 docket, I was asked by Ed Skloot to sign on as the initiative's Program Director.

We configured the intermediary with a two-person staff that would be located in Surdna offices, and because we saw CCRP as a program with a limited life, we chose not to incorporate it. Instead, the Foundation took expenditure responsibility for all of the foundation and corporate money CCRP received. To satisfy other funders that this was indeed permissible under IRS regulations, the Foundation secured a legal opinion to that effect. This structure worked well: while Surdna gave CCRP its independence, Ed Skloot and Marc Venoge, the Foundation's chief financial officer, were always available to provide support. CCRP was included in the Surdna audit and we had a protocol – a very simple set of procedures – for releasing funds. Little else was mandated.

In countless ways, CCRP's design and way of operating are a reflection of Anita Miller's personal philosophy, operating style, and prior experience as a grantmaker. She brought to the initiative a deep understanding of the South Bronx, a respect for its CDCs and their accomplishments, and a gutsy blend of vision and entrepreneurship.

From the beginning, Miller knew that even though the CDCs participating in CCRP had committed to its goals, they also had many other activities on their plates that competed for attention. She also recognized from early on the need to find a balance between investing in a community engagement process and investing in projects with the potential to produce early, visible results that would give CCRP momentum. She had already learned as a grantmaker of the extraordinary value of foundation dollars when used flexibly, quickly and non-bureaucratically. And she knew that the job required lots of advocacy and selling to attract new resources from government and other partners.

Skills like these are difficult to capture in a job description, but they made all the difference in how the demonstration worked and what it was able to accomplish.

- Tom Burns

Because the office space that Surdna could make available to us was limited, we had to be extremely strategic about adding staff at the intermediary level. For instance, when it became necessary to hire a technology specialist to work with the CDCs, he had to work from home. And when we needed technical assistance for all of the groups on an ongoing basis, instead of hiring CCRP program staff, for whom we had neither office space nor job security, we contracted with major citywide organizations such as the Federation Employment and Guidance Services (FEGS) or the time of their professionals, who were then assigned to work with us.

## Beginning the Real Work

With CCRP we started out knowing that the locale would be the devastated South Bronx, the nation's long-time symbol of urban decay. We also knew that with the South Bronx CDCs we would have access to a delivery system with the capacity to lead a complex program. Details about the program's design were finalized only after innumerable visits to South Bronx neighborhoods and scores of conversations with people who reacted to our proposal with valuable information. The experts with whom we spoke included: South Bronx organizations and local officials, foundation personnel, national and citywide nonprofit agencies, and people from government and academia who were engaged in the field of community development.

They told me of the strengths and weaknesses of various organizations, programs and agencies, and gave me feedback on how they viewed our notion of comprehensiveness. At the same time that they informed me, they were also informed about what was about to transpire and some even ended up as supporters of the program.

This outreach fed into a program paper clearly labeled "DRAFT" that was widely circulated with a request for comments. The draft set forth the rationale for the initiative, and in most general terms, its proposed *modus operandi* and structure. Looking back, that early thinking about what the program should aim to achieve (see box on next page) still makes sense to me.

A key idea in the paper was that those CDCs selected for CCRP would be called upon to play a new kind of role in their neighborhoods and that the demonstration would need to supply them with the resources and support to do so. "CCRP envisages CDCs as neighborhood-based intermediaries rather than 'super-agencies' that would directly provide all the social and economic pieces of the revitalization puzzle. As intermediaries, CCRP par-



ticipants would build their revitalization strategies around strengths found in their own neighborhoods and the wider community.”<sup>9</sup>

In my early interviews I found evidence of the readiness of several South Bronx CDCs to move into this new role. One CDC had organized a small cadre of municipal agencies around the issue of junk-filled lots. Others had been successful in reducing drug dealing in their neighborhoods through joint action by residents, police and the district attorney’s office. But a big unanswered question that had to be addressed was: “What additional CDC capacity would be required to achieve credibility and effectiveness in this role?”

### Seeking the Right Course

In the paper were many more questions about the way the CDCs might begin to work differently in their neighborhoods:

- With respect to *mounting collaborative efforts*, I wondered, “How will CDCs work most effectively over time with such municipal providers as schools, and sanitation and police departments, and what changes in performance can we expect their joint efforts to produce?”
- With respect to *improving human service delivery*, I asked, “How does a neighborhood create a coordinated, cost-effective human service delivery system that works in a unified way with families, rather than treating interrelated problems in a piecemeal fashion? Do CDCs begin incrementally, by focusing the joint attention of multiple agencies on a given number of families? Or do they start by organizing existing neighborhood providers to initiate a new, full-scale referral and case work system at the outset?”
- With respect to the challenges of *building individual self-sufficiency*, we wondered, “How will CDCs meet the challenge of helping neighborhood residents recognize and act on their capacity for becoming more self-sufficient? For the South Bronx, faced with the task of re-housing over 20,000 new families, many headed by females, many dependent on welfare, the issue of ‘empowerment’ is immediate. Most [CDCs] agree it must be addressed at the family level and reinforced at building and community levels.”
- With respect to the CDCs’ *relationships with residents*, I wanted to know, “Would CDCs [continue to] rely heavily on traditional social work practices or would they

#### CCRP’s Goals

The proposed Comprehensive Community Revitalization Program would have impact at two levels. At the macro level, it would provide useful information to the CDC movement nationally about organizing and implementing broad scale revitalization efforts. It would also report on those strategies, both short-term and long-term, that make a difference.

At the micro level, six or more South Bronx development corporations with operations of scale would receive the assistance they need to begin an incremental process of change aimed at strengthening the fabric of their neighborhoods. CCRP would assist them to insure the continued viability of newly rehabilitated and constructed housing and to increase the capacity of their residents to become productive members of their community.

The goals of participating CDCs would be embodied in a strategy for social and economic intervention that each participant would formulate for its neighborhood. A second set of goals would respond to the national demonstration research dimension of the program. These would include demonstrating:

- Resources required by a CDC to permit it to function effectively in the role of a neighborhood based intermediary that works collaboratively with other service providers;
- Systematic approaches to resident and community empowerment that employ community organizing techniques;
- The types of financial and technical assistance needed to assure the capacity of mature CDCs to spearhead the development and execution of holistic revitalization strategies;
- The ability of CDCs to mobilize other organizations, both public and private, for proactive programs to strengthen the performance of key institutions, such as schools and/or population groups, e.g., youth or the unemployed;
- Increased support for the devolution of government activities to capable CDCs and the organizations with which they work.

- From the CCRP Program Paper, 1991



combine these with CDC organizing techniques? If so, how? Would CDCs encourage independence through highly structured building and block councils that use both mutual support and peer pressure to assure a well-ordered living environment? ... What opportunities would CDCs create to involve residents of their buildings and the larger community (including public housing projects) in community life and what techniques work to achieve their participation?"

- And finally, with respect to the CDCs' *ability to find resources to sustain their programs*, I wondered, "Would a CDC with a holistic strategy for revitalizing its neighborhood be better positioned to attract a range of needed programs and services than an organization continuing to pursue piecemeal approaches to community development? The same question could be asked relative to facilities. Examples would be parks and playgrounds, childcare facilities and those that could offer cultural and indoor recreation opportunities. Would a physical plan that reflects community priorities and fits into a larger neighborhood revitalization strategy influence public and private funders to increase support for such facilities?"

Among those with whom I shared the paper were several of the CDCs most likely to be selected for CCRP. They were asked to review the draft and then give us their feedback in a joint session at which time they would be free to express their opinions about the projected program. In particular, we needed to know if the course suggested by the paper was attractive and important to them – as well as doable.

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**I shared the CCRP draft program paper with several of the CDCs most likely to be selected. We needed to know if this was attractive and important to them, as well as doable.**

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The process of consulting with a wide range of people achieved what we hoped it would. Feedback was highly informative and at the same time we were able to solidify relationships with potential allies for CCRP at a very early stage in its development. It allowed for one-on-one discussion of our assumptions and provided input on the structure and the delivery system we thought would work. As a result, when CCRP was launched some months later there were numerous individuals in key places who had contributed to the program's development and who could feel some degree of investment in its success.

### Selection Criteria

A CDC eligible for participation in the demonstration program would be:

- Strongly rooted in its neighborhood and involved in reconstructing its local community;
- Responsible for a large housing portfolio;
- Committed to assisting community residents to assume new responsibilities for their personal development, for their building and for the wider community;
- Skilled at networking with other service providers, municipal agencies and neighborhood institutions;
- A strong advocate for its residents, and its neighborhood at large;
- Well regarded by the private, nonprofit and public sector organizations with which it works.

- From the CCRP program paper

## Defining – Then Changing – How We Chose Participants

In every program there will be some organizations that are naturals for being selected. In our case we were looking for CDCs that were big organizations with large housing portfolios. They would have to enjoy a good relationship with both public and private organizations, and play a clear leadership role in their neighborhood going back ten, fifteen or even twenty years.

Three of the South Bronx CDCs appeared to meet these criteria right off the bat. But even then I couldn't be sure of any of the groups until I spent time in their neighborhoods with their executive directors and staff. This involved visiting them in their offices, and going with them to see their housing developments. I also spoke with others who worked with the groups and got a reading from the Borough President, a local elected official whose insights I trusted (and whose advice turned out to be most insightful when three years later we had to drop one of our six organizations).

I even spent time with one CEO who took over a housing organization from his father, whose reputation was quite clouded. Nonetheless, I approached the group with an open mind, only to find that all signs pointed to deeply entrenched problems, one of which was the total indifference of the young CEO to any organization

outside of his own highly political realm. Another group, one we had helped to get started when I was at LISC, had the largest housing portfolio of all, but was still operating out of a tiny makeshift basement office with a skeleton staff. That would have been okay, but no matter how much I pressed the director, he could not see beyond the number of housing units he controlled to the isolation of his impoverished tenants and the distressed conditions of neighborhoods where they lived.

We followed up my visits by asking the likely candidates to return a brief questionnaire that asked mostly for numbers and some ideas about what “comprehensive” would mean in their community. A few were done thoughtfully; most were filled out perfunctorily and one never came back at all. With their oral and written comments in hand, I began to prepare for the next step which was to select some eight to ten groups for mini-grants. The purpose of these grants was to underwrite the costs associated with their preparation of a program piece that we would use to evaluate their candidacy for CCRP.

But before we ever got to mini-grants and a competitive process I realized that this was the wrong way to go. It didn't really matter that we already had advertised the process. *It was more important that we not start the program out badly.* After all, these were strictly housing organizations. They plied their trade very well, but knew little about mounting health care practices or day care centers or attaching people to work or economic development. Also, they would not have sufficient time or resources to involve the people of their neighborhood in making strategic decisions about the future of their community. CCRP did have the resources to help them make informed decisions and to organize people, but those would not be provided until they were official participants.

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### Before we ever got to mini grants and a competitive process, I realized that this was the wrong way to go.

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Then, too, I worried that the competition could become too fierce. We were trying to bring organizations *together* – to foster teamwork. Would not the process we intended simply alienate them from one another? So we changed direction – a step I have never regretted. Instead, I prepared extensive write-ups on seven of the candidates that Ed Skloot and I considered to be the strongest and presented them to the CCRP Funders Advisory Committee. This panel was formed to enable

#### The Six CDCs Selected to Participate in CCRP

- Banana Kelly Community Improvement Association
- Mid Bronx Desperados Community Housing Corporation
- Mid Bronx Senior Citizens Council, Inc.
- Mount Hope Housing Corporation, Inc.
- Phipps Community Development Corporation (West Farms)
- Promesa Housing Development Fund Corporation

the funders then on board, as well as our would-be funders, to advise us on the selection of participants. Most knew the organizations by virtue of their grantmaking activities. Banana Kelly, Mid Bronx Desperados and Mid Bronx Senior Citizens Council were easy choices while others were not so clear-cut. Phipps CDC was not a South Bronx-based organization, but rather a subsidiary of a very large-scale nonprofit housing agency based in Manhattan. Promesa was primarily a drug treatment agency that had been reaching out to the community surrounding its facility and was just beginning a housing program. The next CDC on our list was a very fine, productive organization. Unfortunately, its executive director gave every wrong answer to questions that probed his willingness to buy into CCRP, and managed to convey a hearty indifference to the benefits that would likely be available to its participants. Mount Hope was the organization that had never returned the questionnaire. Nonetheless, this CDC had a new executive director who yearned to be included. The Committee chose six groups.

I should note that since CCRP I have been asked to advise two other comprehensive programs about selection (Edna McConnell Clark and LISC Chicago). In both instances I suggested that they use a combination of intensive site visits and an application form that was somewhat longer and more open-ended than the questionnaire I used. This worked well for both programs. In fact, even after extensive briefing, organizations thought to be excellent candidates for their programs proved to be very short on vision, failing to grasp how they could use a comprehensive program with deep pockets to improve the quality of life in their neighborhoods. Others came thorough with flying colors.

## **“Partnership” – Separating Reality from Rhetoric**

Besides our struggle to select participants, we also struggled to define how we wished to work together with the CDCs in whom we would be investing for years to come. Looking back, CCRP's approach to working with its participants produced an initiative with many, many positive outcomes at the same time that it managed to avoid some of the pitfalls related to partnership forging that other large-scale programs experienced.

A program officer for a California foundation described a thorny situation to me that came about because the program's participants had come to expect that all of the money earmarked for the effort would flow to them. When the groups learned both they and an intermediary organization selected to manage the initiative would be funded from the same pool of funds, they did not hesitate to make their displeasure known to the foundation. While the program eventually moved forward without rancor, this was a hard way for all concerned to come to an understanding about how “the partnership” that had been spoken about early on would actually work.

Another comprehensive program started out by parceling out substantial amounts of year one and year two money to its lead agencies. The intermediary expected that “partners” would quickly design and start to implement large-scale community building strategies. As it turned out, the participants did not share the intermediary's interest in moving forward in a timely way.

Further, the lead agencies had, in effect, gone into “business” for themselves, negating opportunities to take on major community development issues common to the three CDCs and, in fact, all of Philadelphia's poor neighborhoods. Also lost was an opportunity to stimulate learning from group to group, along with the chance to build momentum and credibility for both the CDCs and the initiative as a whole. Thus, the intermediary's generous funding strategy left it without sufficient dollars to enhance the work of individual participants or to undertake programs involving all of the groups that would serve to enrich the entire effort.

By year three, the initiative's program director took charge and began to change the strategy. She recaptured unspent funds and required each organization to develop and justify an annual budget. This intermediary became proactive. For one of the CDCs, the program director was able to hire a consultant to structure a CCRP-like joint employment venture with a well-regarded citywide agency. This enabled the CDC to greatly professionalize and expand what had been a modest jobs program. She

also negotiated a break-through single-family construction program for CDCs with both the city and state as major players, while working with participants to mount what turned out to be a substantial block-scape program.

I was never comfortable labeling CCRP a partnership because of the inherent inequality that is built into relationships between intermediaries, who have control of a program's purse strings, and its participants. After all, the intermediary makes the decisions about who gets how much money and for what purpose. However, others, like our evaluators OMG, who knew us better than most, insisted that while the CCRP intermediary and its participating CDCs were not actually equal, we did have a partnership that worked very well. They reasoned that this was possible because of the respect that the parties had for one another and because the roles of the partners were well specified from the outset. In particular, the funding partner was clear about its expectations as well as the responsibilities it was prepared to exercise as an entrepreneurial investor with a commitment to showing results.

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**I was never comfortable labeling CCRP a partnership because of the inequality that is built into all relationships between intermediaries and participants. However, others, like OMG, who knew us better than most, insisted that while the CCRP intermediary and its participating CDCs were not actually equal, we did have a partnership that worked very well.**

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There is a lesson in these tales. The first is that regardless of how one labels a relationship, when an initiative is relatively long term, and extraordinarily rich, all concerned must arrive at ground rules – few as they may be – well before the program starts. Otherwise, as was the case in the scenarios above, there will be false expectations on the part of either the neighborhood participants or the funders, or both. It should not be hard to openly discuss how the “partnership” was designed and how it is expected to function. In fact, it is far easier to do this upfront than to deal with misunderstandings that are likely to show up later on.

## **Establishing Initial Working Principles**

In fact, we did not launch CCRP with a carefully considered list of working principles to guide us through the demonstration. But we did begin with certain notions about how we intended to work and as time went on,

**CCRP's Working Principles**

- CCRP will be a bottom-up program *building from strength* at the neighborhood level.
- Its delivery system will be mature Community Development Corporations (CDCs) positioned as *neighborhood-based intermediaries*.
- CDCs will not act as super agencies; rather they will work with others capable of delivering program elements.
- The Initiative will look to CDC participants to actively engage residents and community-based organizations, both private and public, to obtain their support for the CCRP effort and contribute to its sustainability.
- Each CDC will be provided with funding for new program management and outreach staff who must be dedicated to its CCRP effort.
- Planning will *focus on assets* as well as issues and problems.
- CCRP organizations will *plan and do simultaneously* so as to jump start their comprehensive programs.
- Energy and resources will be focused on *implementation* of neighborhood plans and leverage for the projects and programs they set forth.
- CDC and resident capacity will be built as a result of *doing*.
- Formal alliances with state and local government to secure support for plan elements will be pursued.
- CCRP will be *both entrepreneurial and opportunistic*.
- CCRP, together with its funders and participating CDCs, will select evaluators for the initiative and will make their assessments widely available.

new ideas were added. With some help from our assessment team, we began to see these ideas as a set of “core principles” that were influencing our decisions and that we often used in describing the CCRP approach to others. These working principles, shown in the inset above, have stood the test of time in the South Bronx – and in Chicago, and wherever comprehensive programs are modeled after CCRP. These principles worked for us and for LISC Chicago and there is a good chance that they will prove highly useful to other initiatives. At the very least, they will likely stimulate the designers of similar programs elsewhere to come up with guiding principles applicable to their own situation.

## Setting and Managing Expectations

Beyond having some working principles to start with, an initiative like CCRP needs to be mindful of shaping the kinds of expectations that those inside and outside have about what is possible, and what will be required to make things happen. What a challenge it was to find the right balance between thinking big and taking risks on the one hand and, on the other, zeroing in on doable projects and programs that yielded incremental improvements. All along, I was conscious of the need to temper our talk about outcomes in areas where we knew it would be difficult to show results during the relatively short span of time planned for the demonstration.

Managing expectations means sorting through the differences between things that can be done relatively quickly – and here I mean in a matter of a year or two, not months – and what will take much longer, perhaps decades, to accomplish. While momentum and early victories are all important, a comprehensive initiative with many players and numerous parts does not produce dramatic change overnight. In fact, I don't know of any such program that does. The difference here is that, for a program of scale, many eyes are watching, some rooting it on, others waiting for it to stumble. Regardless, it does take time to move sizable projects forward. For example, we started work on the MBD shopping center even before CCRP was launched in early '92. A decade later this ended up as a \$50 million project that employs some 350 people in a neighborhood where there was a paucity of stores and no decent place to buy fairly priced food and medication – a project long in the making but (typical of New York City) with a big payoff at the end.

A second example of what patience and hard work can produce is the \$18 million Community Center that Mt. Hope has been inching forward ever since its community did its CCRP Quality of Life Plan in 1993. With a substantial portion of funds raised, a nationally known architectural firm under contract and two agencies identified – one for childcare and one to operate youth programs – Mt. Hope is looking forward to the project's completion. When it happens, it will be a tribute to the perseverance of CDC leadership and its concern for the young people of its neighborhood.

Of course, there are many elements of a community's plan that can see the light of day in much shorter time frames. These include community building around the preparation of a Strategic and Quality of Life Physical Plan and neighborhood-wide events such as an arts festival or back-to-school fair. Parks, playgrounds, even primary health care practices, job resource centers and anti-crime

### The Mount Hope Community Center

The soon-to-be-built Mount Hope Community Center will rise on an abandoned lot on E. 175th St., between Townsend and Walton Avenues. For the citizens who wrestled this South Bronx neighborhood from the brink of disaster, the Center's existence will address this community's past indignities, satisfy present critical needs, and help propel it into a better future. The Mount Hope Community Center will centralize not only recreational and cultural facilities, but also a broad array of Mount Hope community services. It will pull youth off the streets and give them a place to play, learn and be safe.

A hugely exciting aspect to the project, one of the first in the Bronx, is that the Center will be an example of sustainable design, also known as "intelligent" or "responsible" architecture. It will be energy efficient, environmentally sensitive and economically prudent. Human comfort is prioritized by clean air and abundant natural light, gardens and green spaces – especially valuable in an area with exceptionally high asthma rate and a severe lack of recreational space.

Mount Hope Housing Co. is on the last stretch of fund-raising for the community center, with a goal of raising approximately \$1 million more in order to open its doors.

*- from the Mt. Hope website,  
www.mounthopehousing.org, 2006  
(see p. 45 for architectural rendering)*

efforts can often begin operations within a matter of one or two years. But it is important to be realistic. Every project requires enormous energy, high level brokering, and know-how to make it happen. But if all the parties engaged in the initiative have an entrepreneurial approach, skillful management and a focus on capacity building, good results will surely follow.

Beyond projects such as these, and even those that take as much as a decade or more to complete, there are worthwhile program investments that continue over still longer timeframes. For example, CCRP's work in improving access to primary health care has as its real outcome improved life prospects for a whole new generation of children growing up in the Bronx. CCRP's efforts to expand resident access to jobs haven't been just about assistance in landing that first job, but are aimed at getting people started on a path toward improved employment that will likely involve a sequence of job opportunities that benefit those individuals and their families for many years to come.

The point of all this is that the early task of setting expectations is a challenge that requires clear thinking, balance and an element of realism. This holds not only about *when* meaningful results will be evident, but also about *how* the easier, shorter-term projects can reinforce and set the stage for the tougher, longer-term work that is essential for lasting neighborhood change.

## What We Learned Along the Way

- ★ **Take as much time as necessary at the very beginning of the comprehensive community program or initiative thinking through the assumptions and strategic options available that will inform its design.** This early investment in mapping out what the program is trying to accomplish and how it will operate will save immeasurable time and energy later on when critical design decisions will need to be made. At a minimum, develop a clear picture of the program's strategic goals, its scope and duration, the types of outcomes that are expected within the anticipated timeframe, and how you will track and gain feedback on progress being made.
- ★ **Figure out the strategy you will use in developing the essential working relationships that will be needed for the program to operate effectively.** This means at a minimum the levels of involvement you will seek from each stakeholder when making important decisions about how the program will proceed. For example, the relationships that will need to be established with and among funders and investors, the relationship of program staff with CDC (lead agency) staff and boards who will be responsible for planning and implementing neighborhood-level programs, and the expected relationships those lead agencies will need to develop and maintain with neighborhood residents and other stakeholders.
- ★ **Determine the kind of intermediary structure that will be needed to achieve the program goals.** This will require thinking through everything from the level of investment required for this function, to the kind of leadership and staffing it will need. In addition, there will be such matters as where it will be housed, the degree of discretionary freedom it will need to make effective program decisions, and the methods by which it will provide information to and receive guidance from the program's funders and investors.
- ★ **Think through in the beginning not only the criteria and process for how participants will be selected, but also the guidelines and process that will be used to make decisions about their continuing in the program.** In addition to having a clear set of criteria worked out that can be communicated to everyone in advance, it makes sense to determine in some detail how the information needed to make a sound decision will actually be gathered.
- ★ **Put together and obtain agreement on a few working principles that will help not only in establishing working relationships between the intermediary and lead agencies, but also in making any number of decisions along the way that cannot always be fully anticipated.** Working principles provide a valuable frame of reference. They don't need to be sharply defined rules and procedures, but they will go a long way in clarifying what is intended. And there's nothing wrong with adding to a list of principles once established.
- ★ **Expectations matter, both internally and externally.** If a program is exploring new ground or taking on an especially difficult challenge, then expectations need to be managed to acknowledge these facts. A well-managed set of expectations can help in tempering unrealistic enthusiasm and in interpreting progress that may seem to take overly long and fall short of ambitious goals. And, of course there's nothing wrong with celebrating accomplishments that exceed what one hoped to achieve.



## Money Matters

– Anita Miller

Dictionaries describe an intermediary as an emissary, mediator, agent, go-between, negotiator broker, intercessor or middleman (or woman). Together these words provide a pretty close picture of how an intermediary for a comprehensive revitalization program must function. We learned from our CCRP experience that when it comes to money matters, the intermediary – whether an individual or organization – has a sensitive and complex interstitial role between those who provide financial resources and the organizations that seek them. Structuring relationships and devising strategies to obtain funds from the first group, and making them available to the second, is critical to the success of the entire enterprise.

### Settling on a Financing Structure

Many intermediaries start out as independent nonprofit organizations with their own board of directors. Other intermediaries, like CCRP, are conceived as temporary entities – unincorporated subsidiaries of larger organizations created for the purpose of operating a program that will conclude in a finite number of years.

The permanence of a free-standing nonprofit corporation offers numerous advantages when it comes to raising money. These entities can build staff and programs that are highly attractive to funders. They also can assemble a board of directors whose members are capable of providing high-level access to both public and private sector sources of support. For example, former President Jimmy Carter and Jim Rouse, the visionary master builder, raised large sums of money for their comprehensive community initiatives in Atlanta and Baltimore. Another intermediary started in the early '90s, the Corporation for Supportive Housing, also was blessed with a chairman with extensive experience and contacts – Richard Ravitch, a former head of the New York Metropolitan Transit Authority and past president of the New York State Urban Development Corporation. He worked closely with staff to attract well-known people to its board of directors as well as to secure generous financing for its ambitious program.

In instances where the intermediary is expected to have a limited life, as with CCRP, it is likely to be established as a program within a large agency or foundation.

Several of the comprehensive initiatives that were funded in the '90s did operate with such a structure. The Edna McConnell Clark Foundation's Neighborhood Partners Initiative and Annie E. Casey Foundation's Rebuilding Communities Initiative are two examples. The New Communities Program operated by LISC/Chicago with major support from the MacArthur Foundation is another. All these programs had dedicated staff who were responsible for the effort both internally and externally, and were free to shape how things happened within broader policy and budget guidelines.

In the case of CCRP, as I briefly noted in Chapter 3, we were created as a demonstration program and structured as a quasi-independent entity within the Surdna Foundation. Other foundations and corporations funneled funds into a separate account at Surdna, which took "expenditure responsibility" for the money. To make this arrangement possible, Surdna's attorneys prepared a legal opinion to address donor concerns about how the IRS would look upon their granting funds via another foundation.

### How CCRP's Structure Evolved

Later in the demonstration we created CCRP, Inc., a 501(c)(3) nonprofit corporation, so that we would be eligible to receive a \$257,000 grant from NY State for the CCRP Ombudsman program. This program, which provided the missing link between pupil, home and teacher, involved all of the CDCs and took place in local schools. In a functional sense, CCRP, Inc. served as a subsidiary of the unincorporated CCRP program. Its purpose was to be a repository for funds from public agencies as well as from foundations and corporations, some of which preferred having their awards go directly to an incorporated nonprofit operation.

The not-for-profit New York Lawyers Alliance drew up the bylaws for the new corporation. The rules called for the executive directors of our CDCs to constitute the corporation's board of directors. And because the new organization was a vehicle to support the activities of the CCRP program, the staff of the intermediary was to serve as the staff of CCRP, Inc. as well.



The bylaws also anticipated the possibility of having to drop a CDC from CCRP for non-performance. They permitted executive directors to serve on CCRP, Inc.'s board only as long as the CDC he or she headed continued as a participant in good standing in the CCRP program. This provision proved critical when we later had to remove CDCs from the program (that story is told in Chapter 7 – Making it All Work).

Having a formal structure and bylaws served the initiative well. Although the demonstration that triggered the formation of CCRP, Inc. concluded in mid-1998, the corporation itself continued to operate for several years thereafter with revised bylaws, its own staff and joint CDC projects of significant scale. In fact, CCRP, Inc. evolved after the conclusion of the demonstration into a new kind of intermediary – perhaps the first of a new breed of comprehensive initiatives in which CDC partners actually own the entity and provide the leadership.

## Money Worries

No matter how well formed the structure, an intermediary responsible for a community building initiative spends much time and angst raising and deploying money. This is likely even with an intermediary that operates as a program within the foundation that launches it. While there may be no need to worry about budgets for such essentials as core staff, planning, evaluation, technical assistance or technology, even these in-house intermediaries are under constant pressure to attract other resources – both public and private. There is always a need for funds to foster economic development or open space, develop a facility, or mount any one of a number of new programs in areas such as employment or health and child care.

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**Intermediaries in a community building initiative spend much time and angst raising and deploying money. Even intermediaries sponsored by foundations feel constant pressure to attract new resources. They have to demonstrate enough early success to attract the other money needed to get the level of impact they want.**

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Then there are intermediaries with a generous sponsor but insufficient funding to quickly develop a pipeline of significant projects. Yet without such a pipeline they cannot attract the added dollars necessary to achieve the impact they want. This was certainly true for CCRP, which started out with \$3 million of flexible funding and

a host of services from the Surdna Foundation. Initially, it seemed like a great deal of money. But as we began to plan the demonstration in some detail we became aware of three realities. First, we recognized that Surdna's grant alone would not be enough to implement the program at the scale and with the outcomes we came to envision. Second, it was apparent that I as Program Director would have to be highly proactive, encouraging the CDCs and "doing deals" to get their projects off the ground. Third, we would have to be strategic in our spending so that the program would not run out of either time or money before we had much to show for early investments of money and effort.

The sense of urgency and purpose stemming from our money worries clearly served us well. By the time CCRP ended in mid-1998, the intermediary had raised a total of \$9.5 million in support from 21 foundations and corporations. And we managed to jawbone our way into an innovative, albeit short-lived, New York State program of grants and loans for large CDC projects and programs. But, even more significantly, we used our funds to leverage another \$44 million in support of CDC projects and programs, exclusive of housing. (Within several years this number more than doubled as projects and programs already in the pipeline when the demonstration ended began to come to life.)

## Raising the Initial Funding

Back in 1991, when it was time to write the program paper that would describe CCRP, the world of community development was already intrigued with the idea of "bottom-up" programming. No more, it seemed, would every philanthropy dictate rigid, highly prescriptive formulas for how their money would be spent. Instead, we began to talk about making room for the thinking and experience of grantees who would, at last, be able to respond to funder challenges rather than funder dictates.

Against this background and with few precedents to call upon, I embarked on creating a compelling, but not overreaching, "sales" document for the Surdna Foundation board of directors. Ed Skloot and I agreed that it would have to include a brief history of community development, the rationale for undertaking a place-based demonstration in comprehensive revitalization, why it made sense to focus on the South Bronx and why we would choose CDCs to function as "neighborhood intermediaries." It would also have to spell out our *modus operandi* and the achievements or outcomes investors could expect from this exploratory journey.

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**With few precedents to call upon, I embarked on creating a compelling “sales” document for the Surdna board of directors on why it made sense to choose South Bronx CDCs to be neighborhood intermediaries.**

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This was no easy task, for we were asking for \$3 million for CCRP at the same time that we were saying that, since this was to be a bottom-up program, we had no way of knowing the specifics of our pursuit nor what outcomes could be expected. The best we could offer was a vigorous, integrated framework aimed at improving the quality of life in neighborhoods where CDCs had already developed well over \$500 million of affordable housing. They were neighborhoods, however, where little remained of human service systems and an economic infrastructure after decades of neglect.

Sketchy as our proposition was, Ed Skoot made a persuasive argument before the Surdna Foundation directors and won their full support. The CCRP program paper also struck a chord with a number of other foundations, and it caught the attention of many others in the community

*CCRP brought together a powerful consortium of private funders based on the conviction that clarity of vision, passionate and informed leadership, teamwork and tenacity all exist in low-income communities. It showed a new way to harness these things by giving power over decision-making and money to local intermediaries, and proved that when private funders “loosen the reins,” this force can lead to strong positive social change.*

*Aida Rodriguez, Associate Dean for Academic Affairs, Milano  
The New School for Management and Urban Policy  
(and former Program Officer at the Rockefeller Foundation)*

development field. We received scores of requests for the paper even before it became available over the Internet, and years later Aida Rodriguez, former Rockefeller Foundation Deputy Director and now an associate dean at Milano, The New School for Management and Urban Policy in New York City, reported that she regularly referred to it in her graduate school classes.

What the CCRP program paper did offer, explicitly, was fundamental questions, the answers to which would tell

us whether or not our approach to renewing distressed urban areas would achieve positive neighborhood change. If so, our work would have significant value to others in the community development field. After all, in 1991 we knew little of what to expect from efforts such as CCRP and were hungry for answers to even the most elemental questions. Some of these we listed in the program paper (see Chapter 3, CCRP's Goals sidebar).

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**Developers of similar initiatives today no longer face the dearth of history and experience that we did when designing CCRP.**

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Today developers of similar initiatives no longer face the dearth of history and experience that we did. There are now numerous comprehensive initiatives and variations of early program designs to draw upon. We now have access to published assessments that reveal the details of how initiatives were organized, what approaches they employed and what real challenges they faced over their history. Many researchers, including Avis Vidal, formerly with the Urban Institute, Robert Chaskin and Prudence Brown at Chapin Hall, and Lisbeth

Schorr at Harvard, have published on the subject of comprehensive community initiatives. Academics teach the practice, most notably Xavier Briggs, who was associated with CCRP while a Columbia University doctoral student and is now at MIT's Department of Urban Studies and Planning. The Aspen Institute Roundtable

on Comprehensive Community Development continues to serve as an important resource for discussion and information, offering its own publications as well as an Internet website ([www.aspenroundtable.org](http://www.aspenroundtable.org)) that provides an array of useful materials.

## Being Smart about Spending Money

As to the deployment of funds, there were questions to be weighed, pitfalls to be avoided and guidelines to be established. Some of what we grappled with is found here:

- Do you divide the money you've raised up front among the lead agencies? Or do you budget to allow for judicious core support for each participant while reserving for program-wide activities, technical assistance and seed money?
- Do you skew funding so that movers and shakers making dramatic changes in neighborhood conditions get more support than CDCs that are less ambitious?
- Do you invest long-term in worthy programs and projects that are unlikely to leverage other people's money and/or create steady cash flows? Or do you support the start up of only those efforts sure to attract the financial resources needed to get off the ground and endure?
- Do you believe that lead agencies should not become "super" agencies, taking on projects outside of their own domain – especially if there are already other organizations with the capacity to get them done?
- As for consultants: What should they do? When should they be called upon? What do they earn? And importantly, are their services truly wanted by intermediary staff and by the CDCs?

While there are no pat formulas for dispensing money, we learned there are four key guidelines that help predict success: 1) the intermediary must devise a clear strategy for maximizing the impact of the dollars available, a strategy that promotes the goals of the initiative; 2) the intermediary must establish clear ground rules for working within that strategy; 3) the intermediary must then follow those ground rules; and 4) all of the recipients must understand and agree to the strategy.

As with all else in CCRP, we figured it out as we went. Our actual strategy and guidelines evolved only over time. When we were first getting started we had the instinctive feeling that we needed to set a tone for the program. We needed to clarify that CCRP's funds did not represent a "pot" that we were going to divide among participating organizations.

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**As with all else in CCRP, we figured it out as we went. But our early instincts were that we needed to set the tone that CCRP's funds weren't a pot to be divided among participants.**

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We delivered our message at a large kick-off meeting attended by staff and board members from the CDCs, representatives from foundations and citywide agencies and organizations. This event also gave us the opportunity to talk about the importance to CCRP of the "we" factor – by which we meant teamwork and the pride we would share in one another's victories. This was a unique message for New York City – and elsewhere as well.

## Investing Flexibly and Strategically

Think for a moment of the intermediary as an entrepreneurial investor with flexible funding at its disposal, rather than as a traditional grant maker. To me it conjures up an image of an initiative that uses relatively modest startup support and has the ingredients necessary to attract a great deal of additional money to achieve both scale and sustainability. And because the entrepreneurial investor leading this initiative is not averse to taking risks, he or she is willing to deal where other funders dare not go. Always ready to take a leap of faith, this investor is first in with enough financial support and/or expertise to make a venture believable and doable to others with deeper pockets.

CCRP was just such an entrepreneur. We had no choice but to assume this role. Had we not, there would have been no hope of bringing to life local visions of renewed communities. So we focused on using our resources to leverage other people's money. This meant that CCRP funds earmarked for new efforts would be used to lay the groundwork for attracting more substantial sums added by others.

Often we would begin a project by finding highly qualified technical people – the consultants we had planned for – to help us. We sought out those who had strong track records and the ability to inspire the confidence of our organizations. We felt there was no better way to learn about putting together a complex project on a new subject and to capture the interest of private foundations and/or public agencies.

For example, as much as we husbanded our funds, we never hesitated to spend for landscape architects to work with residents on an initial sketch of a park or playground that promised to stimulate the imagination of a funder. Nor did we hesitate to pay the Trust for Public Land to help scope and expedite proposed open space projects. Investments such as these – sometimes accompanied by a small grant directly to the provider – were often key to our being able to garner a total of some \$6 million for ten new parks and playgrounds. This for neighborhoods with millions of dollars of new and rebuilt affordable housing – but no safe place to sit or play.



MBD's New Horizons Retail Center is a 136,000 sf shopping facility anchored by this Pathmark supermarket and pharmacy. Nearly 350 new jobs have been created since the Center's opening, eight years after CCRP's predevelopment grant that got the project moving.

Our flexible funding strategy included other investments. Without flinching, we offered the MBD board of directors \$150,000 to begin developing a large-scale shopping center in its neighborhood, provided the CDC was also willing to become an early investor by using some of its own money earned from the sale of affordable housing tax credits. For over a decade MBD, along with City and State agencies, had struggled unsuccessfully with the idea of creating a mini-industrial park on 11 acres of city-owned land – lots where the skeletons of derelict apartment buildings once stood. A promising alternative that had not been considered prior to CCRP was to use the land for a retail complex instead. With some \$200 million of new and rehabilitated housing right there, and a staggering unemployment rate, such a center would fill an enormous need for both shopping and jobs.

There was no better way to grasp the viability of this concept, than to visit Monsignor William Linder, the genius who built the giant New Community CDC in Newark, New Jersey. Before we officially launched CCRP, I had arranged for Monsignor Linder to host a visit by Father William Smith,

MBD's chairman and Ralph Porter, the CDC executive director. Together we viewed Linder's new retail center anchored by a large Pathmark supermarket and pharmacy. On the same day of our site visit to New Community we also met with the executives of Pathmark and its parent corporation, Super Markets General. Soon after, the CCRP grant together with a \$100,000 match from the CDC itself got the project moving.

It took eight years of overcoming one serious obstacle after another before LISC and MBD were able to open the doors of the New Horizons Retail Center. Costing near \$50 million, the 136,000 square foot facility is anchored by a state-of-the-art Pathmark supermarket and pharmacy, with 19 other stores offering goods and services long absent from the area. Together these retail outlets provided almost 350 new jobs.

In the same vein, CCRP paid for consultants and a modest grant to match a federal contribution that, together, enabled the Mid Bronx Seniors to turn an ancient kitchen into a modern facility for a new catering venture. Healthy Living Systems' mission was to provide

*"When we talked about creating youth programs, CCRP funded us to begin with and then we got our own money. We also talked about economic development and that catering kitchen. And we went out and got a person to write the proposal and got the necessary dollars. The other thing was the daycare center – CCRP gave us extra money so that we could attract an experienced director.*

*Yes, Anita sometimes turned us down, but she always found some way to say no that didn't make you feel like you were begging. Usually it was, 'If you can't find the money, we'll get you started. If you run into trouble, we'll help you out.' That was very important – because you weren't being told how your community should be run."*

*– Jeanette Puryear, MBSCC*

### How CCRP Handled its Money

- **Two-thirds of the money CCRP raised was unrestricted funding.** Although some funders placed restrictions on the kinds of activities their funds could be used for, CCRP did not take any money for purposes that did not mesh with its own program goals. The majority of CCRP's dollars were available to be used flexibly at the discretion of the Program Director to support a range of program activities.
- **CCRP's Program Director had plenty of authority to make decisions on her own about how program dollars could be spent.** CCRP's funders received annual budgets for informational purposes only. They were not asked to approve annual program budgets, nor did they approve individual requests by the CCRP Director before spending decisions were made. So the Program Director could respond quickly to requests by the CDCs for support to launch new projects, deal with emergencies and help out when things didn't go as planned. A simple system of checks and balances established with Surdna's executive director and chief financial officer, together with an annual audit, assured the financial integrity of the initiative.
- **CCRP's funders were kept well informed about how CCRP dollars were being spent.** Reports on fund expenditures were prepared prior to every meeting of the Funders Advisory Committee and reports on program spending were reinforced by CDC presentations and site tours to make CCRP's activities tangible.
- **CCRP's participating CDCs did not receive an up-front funding commitment when the demonstration began, nor did they each receive equal amounts of funding, nor were their annual allocations the same from one year to the next.** CCRP's support was provided flexibly based on each of its CDCs' particular staffing and program needs. The CDCs prepared and negotiated annual requests with the CCRP Program Director. Annual budgets generally covered salaries for their CCRP program managers and outreach workers and included a small discretionary funding pool to cover additional program needs. These annual requests were made on the understanding that the CDCs could approach CCRP at any time for unusual or unanticipated support for CCRP-related activities.
- **CCRP dollars were frequently committed or advanced as "first-in" money to gain additional resources for programs and projects.** Playing an entrepreneurial investor role, CCRP often made funding commitments early in the development of new CDC ventures to assist them in their fundraising efforts and also signal to other prospective funders its endorsement of the new project or program.
- **With one notable exception (the program-wide CDC employment initiative) CCRP funds were not used to support continued staffing for individual efforts.** CCRP's support was largely focused on core staff for CCRP activities and new program development responsive to Quality of Life plans. When program support was provided, it was usually to help test or launch a new program idea, or occasionally, to cover gaps in program funding. In this way, CCRP avoided building longer term dependence on CCRP dollars for new programs developed during the demonstration.
- **CCRP's participating CDCs were encouraged and supported by the Program Director in their efforts to identify additional funding, preferably public dollars, to support longer term programs.** Because its funding was limited, CCRP recognized early on the value of working closely with its participating CDCs in finding the longer term support needed to ensure that new programs could continue after the demonstration was over.

jobs for the unemployed and hundreds of meals each day for publicly-funded feeding programs under very large competitive contracts.

In the case of Mid Bronx Senior's Head Start center, we had a three-pronged approach. CCRP engaged Childcare, Inc., a large citywide agency, to complete a needs assessment and later to act as a consultant. We also supplemented the salary of the Head Start director whom the CDC wanted to hire. And we captured the interest of the New York City Agency for Child Development by offering a donation towards first-year operating costs (which they ultimately did not request help with).

Opened in 1995, the Head Start Center is a marvelous facility. The Agency's initial budget for the Center included funds for asbestos removal, renovation, and equipping

four classrooms, in addition to offices in Mid Bronx Seniors' Family Support Center. Thereafter, with \$100,000 from the State of New York, the CDC created additional daycare classrooms bringing the annual total of children served to 324 and the total of individuals employed to 63. As to public funding, the program garnered nearly \$9 million in its first eight years of operations.

The Mount Hope and Promesa CDCs and the Bethex Credit Union, which was located in a Mount Hope apartment building, came together in a new three-way joint venture to mount a neighborhood-based micro loan program. CCRP supplied a modest grant for outreach to their residents along with a writer to work with the organizations to develop the proposal that succeeded in winning a \$50,000 start-up grant from Citibank. The relationship

between Mount Hope and Bethex continued to flourish. With the CDC at its side, Bethex became a Federal Credit Union and went on to open a new branch in a second neighborhood. Today Bethex has grown to 11,000 members and has \$5 million in loans outstanding.

As an outgrowth of this relationship Mount Hope went on to create an Individual Development Account (IDA) program, encouraging employed Bronx residents to save by matching each dollar of their savings (to a maximum \$1,500) with \$2 in IDA dollars raised by the CDC. Launched in 1996, this CDC-operated enterprise was a pioneer for IDA programs in both New York City and New York State.

CCRP support enabled Promesa to secure \$500,000 from the Department of Health and Human Services for its youth program. Here, too, the winning combination was using technical assistance early on to help frame the organization's program and convert its thinking into a draft proposal, joined with a small matching grant often consisting of in-kind services.

Meanwhile, all neighborhoods in which the CDCs worked were desperate for primary health care as an alternative to seriously overcrowded and understaffed hospital emergency rooms. We quickly learned that certain hospitals were willing to open primary care practices provided they could obtain funds to help convert CDC spaces into medical offices. Using the Engleberg Foundation's \$300,000 grant earmarked for health services to make the needed capital improvements was an easy decision. By the time our negotiations with the health care providers ended, we had made it possible for three quality nonprofit medical practices to open in neighborhoods that had lots of new affordable housing, but no doctors.

The lesson from these stories is that without flexible funding – the most difficult support to obtain – none of this would have happened. It is this kind of funding that enables a comprehensive initiative to be responsive to the needs of the people with whom it works. Without this type of support, there is little momentum, no entrepreneurial thrust, no opportunistic endeavor, and little opportunity to achieve a holistic approach to community development. With flexible funding, communities can actually pursue their plans and, in fact, the future of their neighborhoods.

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**The lesson from these stories is that without flexible funding – the most difficult kind to obtain – none of these results would have happened.**

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Fortunately, there are some foundations and corporations that readily understand this. Others find it impossible to deviate from categorical grantmaking. Even so, it is sometimes possible to work closely with a supportive program officer to reconcile the initiative's mission with narrow funder guidelines. Of course, no matter how appealing the dollars, an organization should never take money that would divert it from its established priorities.

## Building and Managing the Investor Relationship

There are numerous lessons about financing a large-scale initiative that we learned along the way. Many would apply to other initiatives, regardless of the type of program being pursued. One suggestion to the field that comes from the CCRP experience is to create a funders' committee so as to tap into the considerable wisdom and energy that exists in the philanthropic community. Such a panel can raise awareness of, and stir enthusiasm for, the added value that a comprehensive, multi-disciplinary program adds to the funds they invest. In addition, CCRP had no real board of directors, so the funders' Advisory Committee served as an informal, quasi board that met three or four times a year to review progress and to respond to our expressed need for advice when we had challenges to resolve.

Another suggestion relates to maintaining the support of those who become involved in the early years of an initiative. We started with the governor's staff while the program was still in a formative stage, and then went on to brief the various state departments to whom we would be looking for funding. Thus when the state came out with its comprehensive program, the NBA, we were known to the various officials who had to approve a waiver allowing our multi-neighborhood program to be selected for participation.

Our entry to city government was via the Plan Commission and the Mayor's office. We asked for and received their imprimatur, which may have been of some help in some instances. I also took advantage of a long time relationship with the Bronx Borough President to discuss CCRP with him even before we launched the program and, too, we held several events for local politicians and their staff. In the long run though, it was most often up to the groups to call upon their own elected officials to deliver – something that only they could do.

As to putting in place the core funding for this size initiative, it is important to start right away to reach



investors – getting them in early enough to participate in making critical decisions before the initiative is officially launched. For us, this meant that Ed Skloot and I would seek funding partners even as Surdna's board of directors was considering its \$3 million startup award. When Surdna's approval came through, we accelerated our efforts, adding some candidates who at first blush were not interested in community development and didn't know much about CDCs. One was the Clark Foundation, which focused on economic development, and another was the Engleberg Foundation, whose main concern was health care.

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**When putting in place the core funding for this size of initiative, it is important to start right away to reach investors – getting them in early enough to make critical decisions before things are officially launched.**

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This required many an escorted visit to the South Bronx and numerous conversations aimed at convincing potential partners that our program would render a superior product with outstanding results. We provided two reasons: we could deliver the program in which they were interested at the neighborhood level, and, because other funders were tackling other pieces of the puzzle, their money would reinforce, and be reinforced by, the larger comprehensive effort.

After some three months, when it appeared that we had indeed built a cadre of interested philanthropies, we invited both the committed and the tentative to Surdna for a briefing and to ask their opinions about which of the seven CDCs under consideration should be invited to participate in CCRP. Thereafter, with only one funder declining support, five came on board with us, adding some \$2 million to the program almost immediately.

Other philanthropies responded to our requests once the initiative began to produce serious programs and projects. By the time CCRP concluded it counted 21 funders. As to the Clark and Engleberg foundations and their narrower program interests, over the life of CCRP the two contributed more than \$1.2 million. In return each got exactly what had been promised. Clark's \$900,000 of economic development funds seeded the MBD shopping center and Mid Bronx Seniors' catering venture. It also paid for the computerization of all the CDCs, and financed their neighborhood-based Job Resource Centers, along with the technical assistance those proj-

ects required. The Engleberg Foundation's grant in the amount of \$300,000 for health care represented a very large vote of confidence in CCRP by its executive director, Rabbi Balfour Brickner. These were the moneys that we used to supply the missing ingredients needed to get three of four CDC-sponsored primary health care centers off the ground at a time when resources for basic capital improvements were nearly impossible to find anywhere. We achieved the outcomes we did because Al Engleberg directed us to use his gift in any way that we saw fit.

Another aspect of funder relations was the attention we paid to our supporters' desire for timely and detailed information about progress. The working relationships we established included a regular flow of very substantive information, much of it captured in a well organized "board book" that included both program reports and financial detail. Joint meetings of the funders involved presentations from individual CDCs, our planners, and/or regular site visits to the South Bronx. OMG, our assessors, also met annually with the Advisory Committee and worked with its evaluation subcommittee, the only subcommittee formed by the larger group. That committee's members were experienced at evaluation and provided feedback on CCRP progress and outcomes. This committee also performed the important task of reviewing the drafts of all three evaluations prior to their being finalized, while continuing its informal advisor role until the program ended.

The Funders Advisory Committee proved a worthwhile vehicle for engaging our supporters and giving them an appreciation for the comprehensive approach, regardless of the type of funding they had made available. The information and reports they received were not limited to just one piece of the program but spoke to the entire effort. Suppliers of flexible support saw how their dollars advanced the larger strategy and achieved maximum leverage. In this way, those foundations that remained categorical funders, or were new to community development, grew more flexible over time, no doubt a result of learning how we went about fitting together the pieces of our comprehensive mosaic.

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Finally, it is important to recognize that only rarely, if at all, can one come up with an ideal funding scenario for multiyear efforts that need a steady and sizeable stream of money. The head of one large comprehensive program told me that the main reason he finally left his job as director of the initiative he founded was he could no longer deal with wooing, winning over and reporting to the scores of agencies – both public and private – that supported his program. In other words, he burned out. By the time CCRP ended in mid-1998, I, too, was pretty worn down from raising and deploying the nearly \$10 million dollars from many sources, each with their own idiosyncrasies. This became increasingly difficult once we hit year five – despite the national attention focused on CCRP for the solid performance of our CDCs, and considering the work we had left to do.

## What We Learned Along the Way

- ★ **Seek funding that can be used flexibly, and make as few promises as possible about how program funds will be used.** We are in an age of “outcome funding,” when there is considerable pressure on funders and program managers to define ahead of time, and with unprecedented clarity, what can be accomplished with the funds being raised. Initiatives like CCRP don’t fit this model. In fact, they are probably impossible without a large pool of open-ended resources like those provided to CCRP. It may even be necessary to turn down offers of grants and/or loans that cannot be tailored to meet the interests of program participants rather than divert them from their primary goals.
- ★ **Invest in a seasoned initiative manager with whom all are comfortable in giving the authority to make significant program spending decisions.** CCRP was able to accomplish what it did because the Program Director was well-regarded and trusted by the funder and nonprofit communities, as well as the public sector. She was able to negotiate with authority with the participating CDCs and move quickly when needed to commit funds to help out in an emergency or to take advantage of an entrepreneurial opportunity. Having this kind of flexibility was critical to CCRP’s success and will be important in other initiatives modeled on CCRP. The big lesson here is that you should budget adequately to get the right person.
- ★ **Keep funders informed about how things are going, including both the good news and any not-so-good news.** Regular and accurate narrative and financial reporting is only part of the challenge. Funders want to see progress and share success with those who are doing the hard work on the ground. At the same time, they don’t want surprises and genuinely appreciate knowing in advance should serious problems arise, or when a difficult decision may be approaching.
- ★ **Don’t tie up resources too early and be ready to respond quickly when needed.** In a program like CCRP, committing too large a percentage of available dollars early will greatly reduce the possibility of supporting new ideas and projects when opportunities arise. Avoid the temptation to budget all the funds in advance. In this way you can keep attention focused on goals and avoid creating unintended organizational or program dependence on initiative resources. In addition, you’ll then have funds available to commit quickly if required by lead agency directors, who may need to act fast to seize an opportunity or avoid a disaster.
- ★ **Think from the beginning about how the activities you support can be funded over the long term and be prepared to help in lining up stable financing for sound new programs.** An initiative like CCRP can only support startups long enough to prove validity, make adjustments and prepare for departure. Having an exit strategy is important. Working to leverage your resources with the funds of others should start early, even while the new program is taking shape. This requires thinking from the outset about the prospects for longer term support and then lending a helping hand in securing public or other dollars to carry on activities after their value is proven.

# Visioning and Planning: Laying the Foundation for Neighborhood Renewal

– Anita Miller

When CCRP started in 1992, New York City was well on its way to making its first \$2 billion investment aimed at rebuilding housing in the South Bronx. Hard as it is to fathom, this massive construction effort was not accompanied by a City plan to ensure that stronger communities, not just housing alone, would emerge from the ashes of what were once vital neighborhoods. Here, amid the nation's very poorest Census tracts, where the income of 45% of the population was below the poverty line and 37% of all households were on public assistance, the basic services and amenities that make for a sound community were being ignored. Neighbors young and old were isolated in a dysfunctional environment disconnected from one another and from the mainstream of New York life a short subway ride away. Still, the South Bronx did have assets – the people themselves, their churches, the agencies that did not flee, and central to all, the CDCs that were physically rebuilding whole neighborhoods and struggling to help the people who lived in them.

By 1996, when the National League of Cities named the South Bronx an All-American City, the tide had begun to turn. Today, the South Bronx is a borough on the move, still poor, but enjoying a rebirth that few thought possible some fifteen years ago. But when we were struggling with how best to launch CCRP, the South Bronx was beyond the pale – an international symbol of urban decay.

It was clear that if CCRP were to actually be the bottom-up program we envisioned, it would have to start with plans developed by each CDC and the people in their respective neighborhoods. As we saw it, there would be two integrated plans for each CCRP community. One would address the physical infrastructure, the other the human services infrastructure. Both plans would give voice to the people who lived and worked there to assure that the plans, as well as the entire program, would have legitimacy both within and beyond the communities.

Local people, after all, were the ultimate experts in matters affecting the quality of community life. Their involvement would also serve as the first of many steps to create a sense of resident ownership and responsibility for the neighborhood, and to ameliorate widespread feelings of alienation and isolation. A simple yet concrete

vision of a future that actually belonged to the people would, moreover, lead to consensus about what had to be done and who would do it – a rarity for any New York neighborhood.

Each participating CDC would serve as the leader in its own neighborhood and thereafter become the keeper of the plan, assuring that it remained a living document that would continue to galvanize both individuals and organizations even after CCRP concluded. And we hoped that the plans would serve as powerful tools when advocating with government, raising money and attracting successful programs from elsewhere in the country.

We also believed that it would be foolhardy to urge the CDCs to set up a formal planning body, or to create a plan, until such time as the organizations were fully prepared to assume the mantle of leadership. Each would first need to create a broad vision for their neighborhood's future; they would also have to feel grounded in CCRP; and they would have to become familiar with the programmatic possibilities that could help turn their vision into reality.

## Searching for the Future

How to begin? This is the question we had to deal with in early 1992 and the question that every community building effort faces at the time of its launch. Among our greatest challenges was to help our participants break out of the categorical funding box to which they were accustomed. Instead they would have to think boldly about the possibilities that a comprehensive initiative like CCRP held for them. We also understood that planning activities had to be bottom-up so that neighborhood people would make the decisions that mattered. Using a planning process that valued their participation was the surest way to engender the sense of community we knew would be essential to building and sustaining a new South Bronx.

Our first exercise was called Future Search. This unconventional planning technique, developed by Marvin Weisbrod of the University of Pennsylvania, proved to be a perfect choice for our initial CCRP planning session. It enabled the CDCs to define their optimal community future and, by doing so, refine the goals and approaches

### Reflections on CCRP's Beginnings

*Tom Burns, OMG:* Was there something about the initial planning event that laid the basis for your building the trust and the joint work?

*Joyce Davis, Mt. Hope:* The constant coming together, the monthly meetings, the ongoing contact we had around issues that were all similar for us – I think that may have been the starting point.

*Jeanette Puryear, MBSCC:* I do think we sort of married each other. I think the wedding day happened not just the day of the planning – maybe that was the reception – but it took place over that period. We needed to have that joint understanding, because I think once we had that we bonded.

of CCRP itself. The CCRP Future Search took the form of an all-day retreat for CDC principals and key community stakeholders whom they invited to participate – about 60 people in all – as well as a handful of foundation observers. By the end of the retreat, we knew that we had found the powerful tool that we were seeking.

While the Future Search made it possible for each group to end the day with a vision of the community they hoped to have, they each had to start by looking back to conditions that existed when their organizations

being able to garner funds other than for their housing operations. Some expressed regret for having become too bureaucratic or losing touch with their community. Others cited lack of time for planning or staff training. Some included inadequate progress in registering voters, involving tenants or enabling them to move forward on a path to self-sufficiency.

Each group was then asked to look ahead five years and to create a comprehensive vision of their community rather than a series of programs or responses to current problems. Virtually all the visions called for an improved quality of life. They saw neighborhoods that were drug-free, where crime and violence were greatly reduced, where decent housing, day care, health care, job training and jobs were readily available to all. But the CDCs' definition of an improved quality of life did not end there. They also visualized residents who were more involved and communities that were more empowered.

Our Future Search retreat was a catalytic experience for everyone involved. Instead of being caught up in bitterness and disappointment about the past, the CDCs used their recollections of neighborhood devastation as the jumping-off point for taking stock of their achievements and plotting a course for the years ahead. Jeanette Puryear of MBSCC described the Future Search as the very first opportunity they ever had to dream. Moreover, by the end of the day the CDCs – all strangers in the past

*I think that the organizations that participated in CCRP were groups that were all in the trenches, dealing with community problems in our own different ways. And it was always these groups fighting for the same pot of money – which meant that we were competitors even though our goals and our needs and desires and hopes were the same or similar. The thing that CCRP did for us – for me anyway – was that I didn't have to be afraid of the other groups. We were finally able to get in the same room and begin to trust each other.*

– Joyce Davis, Mt. Hope

– had gotten to know one another. African American and Latino community leaders shared their histories, their achievements, their pain and their hopes. They also found out just how much alike they were. Each group left that day with a newfound respect for the others.

began, and then to identify what they had accomplished since. Each group brainstormed separately and afterwards reported on how things used to be compared to what they had become. They proudly cited their housing production, their working relationships with other organizations or agencies, reduced incidents of arson, support they were giving to families and the resident organizing they had done.

The CDCs were also asked to identify those things they were "sorry about" or wished that they had done differently. High on most lists was the frustration of not

The Future Search turned out to be a defining moment for the CDCs and the CCRP initiative. But it was only the first of many steps requiring critical decisions that continue to impact the neighborhoods even now. The first decision had to do with planning assistance. We had to find professionals who would have the sensitivity to work with local South Bronx people in a process that would elicit and value their judgment and experience. Next came decisions about the makeup and role of the planning task force that each CDC would create, as well as how they would engage large numbers of people from their wider com-

*“One of the important things in that planning process was that each CDC had the flexibility and freedom to approach their planning in their own way. We weren’t told, ‘You’ve got to get to X amount.’ That flexibility gave us a chance to really think about what was right for us.”*

– Ralph Porter, MBD

*“After that relationship of trust was built, and we worked on our planning, the things Mt. Hope and the others needed didn’t necessarily happen the moment that you might have wanted. But that was ok.*

*“And it didn’t matter to us that someone else needed a supermarket, because we already had some supermarkets in our community. They needed what they needed, and we needed what we needed. It didn’t separate us. That didn’t break the marriage.”*

– Joyce Davis, Mt. Hope

munity. Coming up with CDC neighborhood boundaries was a task new to all of the groups and one that only they could perform best. Another issue to be decided was how we would all interact with agencies of government, both in the Bronx and downtown. The big challenge: being respectful of their bureaucratic turf without encouraging their interference.

## Round One – An Imperfect Beginning

Following the Future Search, the CDCs started on the first of three CCRP-inspired planning initiatives. This initial effort was aimed at producing a relatively simple three year action plan.

It began with a conference we held to introduce the groups to subject areas – such as employment, open space, health care access – that would likely be on their agendas. Rather than one-on-one technical assistance, they received guidance on a group basis along with a written description of what the document should include. As the mid-January 1993 deadline for plan submission approached, I sent each organization the following encouragement: “Your three-year plan will become your CDC’s marketing tool, whether to obtain money or partners. Moreover, we are about to negotiate a Neighborhood Based Alliance (NBA) designation with the State. If we are successful, your plan will be submitted to 21 state agencies for their sign-off and endorsement. We’ve got to put our best foot forward!”

When the plans were finally delivered, I recognized that I had made a serious mistake. It could have been avoided had I looked into what, if any, previous strategic planning experience the CDCs had. Five of the six submissions proved to be very much wanting in both substance and organization. Clearly, developing and writing a strategic plan was not a skill the five groups brought with them to CCRP. They needed more help than we provided. To be credible, their action plans would have had to describe their neighborhood priorities, speak to how they arrived at them, and lay out the implementation goals and outcomes they would seek. Later we learned that we were not alone in misjudging the difficulty of this task for organizations like those participating in CCRP. But it was a mistake we could fix.

## Round Two – Quality of Life Physical Plans

While the first plans were hardly adequate, they did lay the groundwork for the Quality of Life Physical Plans and Strategic Neighborhood Action Plans that followed. All was not lost. Outstanding in both form and substance, the second generation of plans formed the foundation for the entire demonstration, and for all that has been accomplished since.



*The CCRP experience has prompted me to change the way I do planning, not just for neighborhoods but for municipal master plans, for downtown revitalization, for anything where implementation belongs to more than one entity.*

*Most planners pursue some form of what I call validation planning – a start-up outreach effort (workshops, surveys, whatever) to define problems, and a final effort to test the validity of the plan that the “experts” generate. A growing number of planners now pursue some form of vision planning – town meetings where the community generates the plan. CCRP used elements of both. Like in validation planning, the full expertise of the planners is employed; like in vision planning, the emphasis is on community input. But in CCRP planning, the community, implementers and outside experts all collaborate. The task forces and workshops bring residents, stakeholders and implementers to the same table for in-depth discussion. The planners’ homework provides a solid base of research. The funder’s participation provides the key money to jump-start implementation. The big meetings and neighborhood tours provide the passion. The combination of these things provides the momentum. This is how CCRP generated meaningful planning.*

*– John Shapiro, Phillips Preiss Shapiro Associates*

Quality of Life Physical Planning actually began when we retained a professional team to work first with the CDCs and then with the Planning Task Force they had formed. One member was Xavier De Sousa Briggs, then a Ph.D. candidate at Columbia University and now a faculty member of the Kennedy School of Government at Harvard. Another was John Shapiro, a principal of a small New York City planning firm. Previously a president of the New York Metro Chapter of the American Planning Association, John had also worked successfully with community residents on a locally-inspired project in West Harlem.

Xav Briggs, who served as our planning coordinator, was fluent in Spanish and used this skill to assure that Spanish-speakers were comfortable in the workshop setting and could participate fully. He was also a talented graphic artist who could bring both pictorial content and a sharp physical focus to task force sessions, as well as to community-wide meetings held to review and comment on draft plans. As CCRP’s planning coordinator, Briggs set workshop agendas, coached CCRP program managers and outreach workers on their roles and duties, guaranteed that agreed-upon timelines were met, facilitated meetings when necessary and assured that the thinking and principles of CCRP were introduced into task force discussions.

The Shapiro team’s responsibilities included producing such materials as land use surveys and maps and information about the few city agency plans that existed for the six target areas. They also researched such matters as demographics, schools, health status and crime, and provided home mortgage disclosure reports that told us about lending activity in CDC census tracts. John

Shapiro’s most important assignment, however, was to help community planners turn ideas into achievable projects grounded in neighborhood experience. Contrary to the top-down advocacy planning approach normally used by the profession, John did what he has come to call “empowerment planning.”

The strategy for engaging the larger CDC communities in the planning process was to hold well-advertised open meetings at which draft plans were presented. Scores of people attended some of the meetings; hundreds came to others. All turned out to be constructive. Each one started with a mini Future Search that asked people to close their eyes and envision how they would like their community to be in approximately five years. Once again, the Future Search worked. It helped people think beyond the despair of the present and contribute their ideas to a blueprint for the future.

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**Once again, the Future Search worked. It helped people to think beyond the despair of the present and contribute their ideas to a blueprint for the tomorrow that lay ahead.**

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As a result, the plans developed by Task Force members reflected the wisdom of people who lived and worked in South Bronx neighborhoods. They were bottom-up, written in plain language, illustrated in an accessible free-hand style and highly focused on doable projects that would take no more than five to seven years to achieve. We were all very proud when in 1994 the CCRP plans won the American Planning Association's first Annual Presidential award.

### Round Three – Strategic Neighborhood Action Plans

Later that same year we succeeded in negotiating our way into the State's comprehensive program, the Neighborhood Based Alliance (NBA), which promised to be a source of funds for many of the projects and programs included in CDC Quality of Life Physical Plans (see Chapter 6). Step one was to comply with the State's requirement that each CDC create a formal Neighborhood Advisory Committee, or NAC, to prepare

a Strategic Neighborhood Action Plan that would focus largely on human service delivery. The State was highly prescriptive about the NAC, indicating that every organization in the lead agency's neighborhood – regardless of track record or reputation – had to be included. This was a problem. The South Bronx had no shortage of shady and/or argumentative activists. So we solved the problem in the only way we could. We turned a deaf ear to the requirement. Instead, the CDCs relied largely on their existing planning groups, adding only a few judiciously chosen newcomers whom they believed would not disrupt or slow down the work.

To be somewhat responsive to the State requirement for inclusiveness, as well as to assure a CCRP identity within the NBA program, we created a special CCRP wide advisory committee made up of representatives from major South Bronx and citywide public and non profit agencies. This advisory committee was the first such umbrella group ever created for the NBA program. It turned out that committee members were enthusiastic about CCRP and NBA, and forthcoming when called upon for help.

*In Chicago, with Quality of Life planning, the CDCs in NCI had an exciting tool which enabled them to rally their communities around their strengths while identifying important ideas for rebuilding their neighborhoods. The outcome here, like in New York, was integrated, comprehensive strategies that have caught the attention of both public and private sector funders. Would their support have been available had we taken a piecemeal approach to neighborhood rebuilding without the involvement of the target communities themselves? We doubt it.*

– Amanda Carney, NCI/NCD Program Officer, LISC/Chicago

*CCRP is a model for the approach to planning to which we committed when we launched the Agenda for America's Communities. It is the perfect group to receive our first presidential award.*

– APA board member Vivian Kahn

*CCRP is one of the most exciting things I've seen in city planning. It brought together professional planners and community based organizations to provide the highest level of technical assistance to groups that would not normally have it. It is a brilliant linkage. Planning is at the heart of the program and they show us all how it should be done.*

– Eugenie Birch, former Assistant Provost  
Hunter College, now Chairman, City Planning Department, University of Pennsylvania

The State also required the CDCs to describe their neighborhood boundaries. They all identified a “Comprehensive Core” within their generally larger service areas that was similar in size to the one they had delineated for their Quality of Life Physical Plans. When previously asked for guidance in this matter, I had suggested that the groups think about constructing neighborhood borders that would encompass a significant number of CDC sponsored housing units while making sure that their designated areas would be big enough to be substantial in size, but small enough to be manageable.

I also offered two caveats having to do with political realities. The CDCs could avoid a problem with a local, politically appointed community planning board by showing that the CDC Comprehensive Core would be located in only a portion of a board’s total area. And they could steer clear of a hostile and/or competitive neighborhood organization by gerrymandering the borders of a Core to include only turf that clearly belonged to the CDC. This was particularly an issue for one CCRP participant, Banana Kelly (BK). Its territory was intertwined with that of a neighboring CDC with whom there had been bad blood for more than a decade. No love was lost between Banana Kelly and its executive director and Father Louis Gigante’s powerful SEBCO organization. Taking our advice, the borders of the BK Plan turned out looking like the pieces of a jigsaw puzzle. Nonetheless, it was an honest portrayal of how turf was divided in the community and it worked to defray tensions that would have otherwise erupted.

Perhaps social scientists and planners who make a career of defining neighborhoods would be appalled at the criteria we used. However, every one of these CDC defined neighborhoods withstood the scrutiny of officials from both the Borough of the Bronx and the City of New York, as well as from local groups, both friendly and unfriendly.

The state’s NBA application also caused us to examine the notion of forming a collaborative versus developing some other type of participatory vehicle. It was not a subject to be taken lightly, for a collaborative is a mechanism that, like a partnership, calls for both joint decision-making and joint action. That’s a notion that can conflict with the idea of having a lead agency responsible for driving a comprehensive effort. Yet, the word collaborative was very much in vogue. For CCRP, terms such as cooperation or coordination were more accurate.

In our case, each CCRP participant was positioned as a fulcrum with an advisory committee of its own choosing to guide the development and implementation of locally developed strategic and physical plans. The CDCs

knew to make such committees broadly representative in order to assure the validity of their work and achieve the community-wide consensus needed to realize their goals. While they served as lead organizations, we were dead-set against our lead CDCs functioning as super-agencies – organizations that would “do it all” when others were available with the requisite skills to tackle specific plan elements. Rather, we helped them to engage their communities by supplying both technical assistance and support for staff outreach workers. Further, we believed that it was not up to us to propose new governance structures of any kind, including formal collaboratives that would make binding decisions for neighborhoods. Within these parameters, the CDCs of CCRP did a great deal of “collaborating.”

As might be expected, no two CDC planning committees looked alike. Mid Bronx Seniors took advantage of a CCRP consultant to think through how it would organize its NAC. This CDC, like the others, saw the NAC as an important community-building tool and assigned a senior staff person to nurture it. Forty members strong and made up of both residents and agency representatives, the MBSCC NAC is alive and well today, advocating on behalf of the community and planning still for its future.

At the other extreme was the Mt. Hope NAC. Its parent CDC had few other nonprofits located in its target area and also harbored a deep distrust for a number of municipal agencies, especially the local police precinct. As a result, Mt. Hope structured its NAC to mirror membership in its community organization plus a few respected providers. We did nothing to try to change that.

The Phipps NAC, with some 15 members, was the smallest of all. Included were the leaders of the neighborhood’s major nonprofit agencies and several residents, both adults and youth. This is the structure with which the CDC’s executive director – a former high level city official – felt most comfortable. The Task Force strengthened relationships among people who operated cheek-by-jowl, but who, nonetheless, rarely worked together. The group functioned well, and after the work at hand was finished, operated only sporadically and informally for a short period of time.

MBD’s story is quite different. Its Task Force was also a representative body. For years it continued to sponsor an annual outdoor “community planning cookout” in a park-like setting adjacent to an MBD apartment building. Here, in an atmosphere that felt very much like an old fashioned political rally, planning committee members and staff brought the wider community up to date on the last year’s progress and received input on the next year’s

plans. Hundreds of residents together with trades people and service providers attended each and every year.

Even today, I remain convinced that final decisions about the role of a planning or advisory committee and its membership should be left to lead agencies operating at the neighborhood level. Presumably, such organizations have been carefully selected for the program and are quite capable of making decisions about whether an NBA-like advisory committee or a formal collaborative or something in between is best for their situation. Certainly, an intermediary can discuss the matter and urge that membership be broadly representative, as we did, but I believe that this is about as far as an outsider should go without overstepping.

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The strategic action plans that the groups developed for NBA related closely to the Quality of Life Plans they were just completing. The format we used for the NAC plan was the same for all of the groups, while the content reflected neighborhood considerations. Two CCRP consultants coached the community planners, helping them pinpoint their concerns and then fill in the blanks relative to implementation.

Meanwhile, the CCRP managers, now with the experience of two previous planning exercises, were able to move the process at a pace that kept participants engaged. Their work produced straightforward and concise strategic action plans that spoke with one voice to what each community saw as its most important and doable interventions. Not only did the planning groups lay out their major issues – neighborhood safety, employment, and health care – they also set priorities and named the organizations most capable of implementing projects and programs. The plans also listed the resources that they could tap for each. And they projected time lines and measurable outcomes to insure that all involved would be realistic about just how long it might take to produce results and just what those results should look like.

## How We Conducted the Planning

Based on my experience as a Ford Foundation program officer, I often found that the mere presence of the lady with the checkbook (so to speak) could alter the dynamic of a meeting. So I never attended either a training session for CCRP managers or an actual physical planning session. While I was confident that my presence would not faze the CDC people with whom I regularly worked, I couldn't feel sure that the other participants would not feel intimidated if I were in the room. Instead, I consulted regularly with Xavier Briggs and John Shapiro, and gave them feedback after reviewing minutes from each session. I also monitored costs closely and, despite my jawboning, watched an initial \$175,000 "guesstimate" for the entire project become an actual expense closer to \$250,000. As it turned out, compared to costs for this kind of neighborhood planning in other cities, we didn't do badly at all.

Workshops for the planning groups on economic development and job creation produced a number of ideas, one of which was to improve commercial strips as a way to address rampant unemployment in the South Bronx. What the task force members did not grasp was that, while this tactic could help a relatively small number of people, it could not possibly address the needs of the thousands who were on welfare or out of work. Clearly, a meaningful response to the problem of joblessness could not be found in the neighborhoods alone. Instead, we suggested another solution that was readily adopted – a program to connect residents to the many jobs that existed outside of their immediate area but which could be reached by public transportation.

Other problems were more personal in nature. There was the need to counsel the executive director who was bedeviled by a particular task force member whom he had appointed, but who was bound and determined to dominate, if not sink, the entire effort. A polarizing force, she even called on me to complain. While the executive director had many talents, getting into the trenches with the likes of this resident was not one of them. Eventually, at my urging, he met individually with all of the other task force members and found that they, too, thought it would be best to remove her from the group. When he did act, it was on behalf of the entire task force – not his CDC alone.

John Shapiro, our professional planner, brought to the planning process a keen sensitivity, enthusiasm for the program, and knowledge – especially about the protocols we needed to employ in order to maintain the good

will of city planners. Further, he was adept at dealing with participants even on those occasions when they would engage in contentious exchanges. His way of handling such delicate situations was to come up with alternatives that would enable the group to meet its original objectives. This approach worked well.

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**Our professional planner John Shapiro brought to the process sensitivity, enthusiasm and knowledge – especially about how to maintain the good will of city planners. He also handled participants’ contentious exchanges by offering alternatives to get the group back to its original objectives.**

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### Addressing Deeper Issues

Midway through the planning process we called the sessions to a halt in order to respond to what was perhaps the clearest and most recurring theme of our physical planning work with neighborhood residents – crime and their fear of crime.

Upfront it became apparent that there could be no safety for the residents of the South Bronx without a commitment from the police department to work proactively with them. I sought out Jerry McElroy of the nonprofit Criminal Justice Coordinating Council who helped me to reach into the top levels of the New York Police Department (NYPD). We secured their active involvement, beginning with an all day working session that dealt with the business of “Making our Neighborhoods Safe.”

A hundred people attended the workshop – 60 from the six CDCs; 40 from the NYPD. The day included expert presentations, as well as working sessions that teamed up neighborhood representatives with their local precinct police officers. Together they identified specific crime problems and the strategies they would use to address them. The most moving moment of the day occurred when a resident whose daughter had been killed on the streets of her neighborhood rose to speak. First she spoke with passion of police indifference to her CDC’s persistent pleas for attention to criminal activity in its community. But then she told how a local precinct officer had been unjustly accused of negligent behavior. She explained how she had spoken out on his behalf because it was the right thing to do, and told us that he was subsequently exonerated. At the end of the day there were commit-

ments from police and community leaders to work together to fight the plague of street crime infesting each of their neighborhoods and to monitor the results they were able to achieve.

The Bronx Borough police commander, who was an unknown when it came to community policing, and Ralph Porter of MBD, closed the meeting. The commander surprised us all. He not only lauded the partnership that the workshop promised, but heaped praise on the CDCs for the housing they had produced, comparing the renewed South Bronx that was emerging to prosperous suburbs nearby.

Ralph Porter, speaking for the CDCs, told the audience that the workshop had no precedent in his memory. “This is the first time in nearly 30 years of working in the field that I’ve ever had such a roll-up-your-sleeves session, working directly with law enforcement officials and members of the community.” His appraisal was seconded by a well-regarded consultant in the field who called our workshop “the strongest endorsement I’ve ever seen of what community policing is all about.”

Did we wipe out crime in the CDC neighborhoods as a result of that day? Certainly not. But things did improve, and the sense of hopelessness that had pervaded CCRP neighborhoods abated. New lines of communication between residents and their police led to arrests for all kinds of criminal behavior. Police officers began to turn up at community meetings and became more responsive to resident complaints. Later a CCRP neighborhood safety consultant, who was attached to the Citizens Committee for New York, came aboard. She worked with CDC outreach workers to organize parents into patrols that kept areas around schools safe from criminal elements. She also helped organize cadres of residents whose reports of illegal activity made it possible for police to close down businesses serving as fronts for illicit drug and gambling activity. John Shapiro worked with the planning groups on physical improvements that would create safer environments, while the CDCs pressed for better street lighting and increased police presence to deal with neighborhood “hot spots.” At the same time that they organized, they reclaimed parks and playgrounds from drug dealers who had taken them over for their own purposes.

"Crime pervaded their lives, shaping the way they used parks, retail, human services and other community resources, dimming their hopes that revitalization efforts could really make neighborhoods a better place to live and raise their children. Without making streets, housing, shopping and other areas safer, residents told us, no physical or programmatic improvements would make a significant or lasting contribution."

- From *"Making our South Bronx Neighborhoods Safe: Working with the Police Department"*  
CCRP Report, December 1993

## The Quality of Life Plans: What They Accomplished

John Shapiro, his staff, Xav Briggs and I actually wrote the Quality of Life Plans and the texts for the plan posters. We made sure that documents were faithful to the ideas and language and, in fact, the words of the community planning groups. And we expected the CDCs, when it was their turn to edit our drafts, to do the same, even when they decided that a major change would improve the document. Indeed, we took care to send the CDCs each and every revised draft for their comment. Finally, they reached the point of saying no – no more drafts! We had worn them out.

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**We wrote draft Plans and worked to make sure they were faithful to what the CDC planning groups had agreed on. We took care to send them each new draft for their comments. Finally, the groups said no more! We'd worn them out.**

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CDC plan posters were disseminated to community members, public officials and CCRP supporters. Thanks to Xav Briggs, they were in both English and Spanish. Each was printed in the CDCs' trademark colors. John and I were at the printer's until near midnight one evening, determined to get the hues just right. They were beautiful.

Written in the voice of each task force and approximately 50 pages in length, the CDC plans broke new ground for neighborhood planners, both lay and professional. Moreover, they delivered everything we had hoped for. They created a road map for revitalization that the CDCs continue to pursue even today. The community action they called for has helped bring residents together

and strengthened the social fabric of their buildings and blocks. Moreover, the goals set forth in the plans inspired each of the communities to go far beyond the initial efforts they made in 1992 and to develop a full range of quality of life improvements. These include both physical improvements and improvements in the number and quality of human service programs for their residents.

A larger theoretical question was also answered. The initial CCRP program paper asked whether a CDC with a holistic plan would secure greater investments for community improvement than an organization seeking support on a piecemeal basis. The answer is clearly yes. Based on the reactions and results generated, I have no doubt that the plans were a huge asset in attracting both public and private money and programs for the CDCs and CCRP itself. When the demonstration ended in 1998 it had received some \$9.5 million from 21 sources, while the amount leveraged for CDC projects and programs stood at \$44 million. Just after the turn of the century this number exceeded \$80 million, indicating further that the confidence our funders had placed in the CCRP strategy was indeed justified.

More importantly, the plans had begun to work their magic. Berne Zimmerman, chief planner for the Bronx borough president's office and a strong supporter of CCRP, told me that he never signed off on a land disposition request without making sure that it conformed to CDC plans. John Shapiro had kept Berne and local staff of the New York City Planning Commission informed about plan details along the way so that neither they nor we would experience any surprises. And so it was that the chairman of the Planning Commission warmly recommended us to the deputy mayor who, in turn, set up a briefing for us in her office with high-level representatives of every city agency whose cooperation was essential to projects and programs identified in the plans.

But what of the impact of the plans from a CDC perspective? One example says much: William Nelson of Mt. Hope noted that the largest item called for in their plan was a community center. Yet in terms of quality of life, smaller ambitions also delivered some of the most meaningful results, such as open space reclaimed from drug dealers. "Echo Park was totally drug-infested when we got there. We decided to find a way to take it back. It was actually in the plan and we used that to jump-start what we wanted to do. We kept partnering with more and more organizations in the community, started to find ways to get into that park and in the end weeded out the drugs." As for the community center, that too is finally becoming a reality – the beautiful new Mount Hope





The new Mount Hope Community Center, a central element in the CDC's Quality of Life Plan, is expected to open its doors sometime in 2008 (architectural rendering seen here).

*"CCRP was responsible for our seeing that our communities had both assets and deficits. We came to look much more at the assets. It taught us to recognize the whole community, not just in terms of the kinds of services we could provide, but how we could mobilize people, get them engaged."*

*– Jeanette Puryear  
Mid Bronx Seniors*

Community Center, for which the CDC raised in excess of \$11 million, is expected to open its doors early in 2008.

We also believed that the community planning process as conducted by the CDCs would result in a reexamination of their own organizations and their communities. Some groups, when encouraged to take a fresh look at the diversity of their boards, found that their members were still being drawn largely from one racial or ethnic group, despite the dramatic changes in neighborhood composition that had occurred. Those CDCs moved quickly to take corrective action, assuring that members of racial groups that had become a significantly larger percentage of the South Bronx populace would be added to CDC staff and have a voice on its governing body.

Mid Bronx Seniors is an excellent example of the gradual shifts in thinking that took place. As Jeanette Puryear of MBSCC said:

*"CCRP was responsible for our seeing that our communities had both assets and deficits. We came to look much more at the assets. It taught us to recognize the whole community, not just in terms of the kinds of services we could provide, but how we could mobilize people, get them engaged. We began to understand how that engagement really helped us to do the work we wanted to do, how it helped us to revitalize the community. So you didn't see yourself any more as the agency that does it all, but as a partnership between the agency, the community, the other institutions, the government groups."*

This new thinking has lasted.

Ralph Porter confirmed that Future Search and the process of widening the circle of neighborhood players was the first time that MBD had an opportunity to look at its community from a holistic point of view:

*"I think that's really critical. You're getting people involved in the process and there's a lot of wisdom in our community, but it had not been recognized yet. We created a forum for people to actually come and speak out, which created success, which breeds leadership, which gives a sense of hope. We began to change thinking."*

The plans also made it possible for me as the CCRP Program Director to react quickly to CDC requests for money or technical assistance, or both. I knew every element of every plan and the reasoning behind it. When requests fit within the parameters of the plans, it was easy to structure a "yes." And, too, they made it possible to measure CCRP progress and how I should play out my role. Is the CDC making headway in implementing the neighborhood plan, or is there foot dragging going on and if so, why? Did it bite off too much at one time, and if so what kind of added support should I offer? Or is the lack of activity a wake-up call that tells me the organization is abandoning its commitment to the initiative?

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If the principals of a community based program take away only one idea from this book, I genuinely hope it is the notion of undertaking a bottom-up planning effort like CCRP's. With it, I believe that we began the process of changing the face of South Bronx communities and the lives of the many who call them home.

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Now, years after the formal conclusion of the CCRP initiative, I am even more convinced that our \$250,000 investment in visioning and planning yielded great value at many levels. We found powerful common ground among neighborhood stakeholders. We forged new relationships with City agencies, particularly law enforcement. Through the formal Plans, we created a roadmap and a tool for speedy decision-making about funding specific projects. And we gained the attention of important new funders whose resources helped expand even further the impacts of the CDCs' efforts. If the principals of a community based program take away only one idea from this book, I hope it is the notion of undertaking a bottom-up planning effort like CCRP's. With it, I believe that we began the process of changing the face of South Bronx communities and the lives of many who call those communities home.

## What We Learned Along the Way

- ★ **It is important to convene participants very early in the program so that they can be helped to think creatively about the future and discover the common values and shared vision that provide the basis for working together.** This process requires skillful preparation and guidance. A modest early investment in expert facilitation will almost surely yield benefits over the life of the initiative.
- ★ **In a program such as this it would be a mistake to treat planning as an initial stage that must be completed before moving into implementation.** If widely agreed-upon projects can be launched even before planning is completed, you will start out with immediate credibility and momentum. No doubt you will find that planning will continue to be needed as the program evolves to enable each lead agency's planning task force to measure progress and advance new priorities. It may prove useful to engage in alternative planning exercises at different stages or in response to new circumstances or opportunities that may arise.
- ★ **If your goal is to formulate plans that are creative, respond to community priorities, and make good sense, then you will want to find and invest in high quality technical expertise.** Community planning is challenging and requires skills that most organizations do not have in-house. While the process should not be allowed to drag out, it is time-consuming and will likely require a substantial outlay of resources.
- ★ **Good plans can be made better with additional investments in presentation and communications.** Investing both in time and some additional money once plans take shape may be necessary to assure that they are packaged properly for the wider audience you want to reach. Make an extra effort to refine the presentation of ideas and strategies produced by the planning process into documents that are visually exciting and persuasive tools that can help in attracting support and resources for implementation.
- ★ **Trust that the communities with whom you are working will know what they need.** They do, however, need help expressing those needs. Your role should be to create the opportunities for them to do so and deliver the talent and resources needed to capture their ideas and weave them together into a powerful vision and action framework.

# Building Bridges to Needed Resources

– Anita Miller

CCRP was all about building capacity by doing. The initiative was designed around the proposition that meeting the challenges that each neighborhood identified for itself would improve the health of the community. At the same time, organizations and residents would build the capacity to sustain progress after the demonstration ended. This belief was fundamental to CCRP. However, the challenges faced by the CDCs were so substantial that they could not possibly undertake them alone. They would need help linking to all kinds of new resources if they were to achieve their goals and build lasting capacity within their own communities.

We knew from the outset that we would have to move forward aggressively with the best technical support available to implement a quality comprehensive program, and we guessed that doing this collectively, whenever possible, would pay big dividends. CDCs working side by side could master more of the nuts and bolts of a comprehensive strategy than if each organization performed as a solo act. This led us to the notion of using one consultant for CCRP-wide programs to work with all of the participants, both individually and as a group. This would help to build a sense of community among CDC staff and make it possible to achieve both cost savings and continuity.

But this was easier said than done! Early on we learned the difficulty of identifying technical assistance providers who were both expert in their field and conversant in the programmatic nuances that resonate with would-be funders. In addition, the professionals we engaged had to be the kind of people who could readily grasp the comprehensive nature of CCRP and understand that their role was to help the CDCs expand capacity by delivering on their plans. Probably the most frustrating aspect of our search for technical assistance providers was our inability to find Latino and African-American professionals in numbers sufficient to satisfy either the CDCs or me. (Today, thankfully, the ranks of skilled technical assistance providers have far more men and women who reflect the diversity of the neighborhoods where they're being engaged to provide expertise.)

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**Early on we learned the difficulty of identifying technical assistance providers who were both expert in their field and conversant in the programmatic nuances that resonate with would-be funders.**

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While many of the technical assistance people referred to CCRP were truly capable and worked well with one or more groups, this was not the case with all. There were also those candidates who had considerable experience but who were unable to grasp our needs. For example, one of our funders recommended someone who was very effective in designing and managing displaced worker programs. He stood before our groups and told them that, should they mount an employment initiative, they had no chance of succeeding: "There are no jobs out there." Unfortunately, he had not done his homework. He did not take the time to learn about his audience, nor, for that matter, their audience. He was not invited back.

Then there was the disappointment we suffered with an individual who was highly regarded by neighborhood organizations and the obvious choice for the role of CCRP's physical planner to work with the CDCs. Despite advance memos and telephone calls asking that he speak at our first CCRP retreat about the rationale for bottom-up planning, he instead presented a glowing story about a young and utopian organization that had a visit from President Jimmy Carter on his second 1986 trip to the South Bronx. We all knew that the group received a substantial award from HUD thereafter. We also knew the end of the story. The organization never produced a viable housing development, squandered its HUD money and had long since gone under. This would-be consultant, as well, had not done his homework; this audience had already built and were managing housing developments in the South Bronx totaling near \$500 million.

### **“Health Realization” Comes to the South Bronx**

Our first real test of employing an organization for an ongoing program-wide consulting assignment came in mid 1992 when we retained Roger Mills and his Florida team to train trainers from the CDCs in a personal and community empowerment program that Roger called “Health Realization.” The idea behind Roger’s model was that an individual’s ability to participate in community-wide change was a function of their self-esteem and psychological well-being.

I was introduced to Health Realization by Ed Skloot who had learned of it from one of his board members. For many months I ignored the Health Realization materials that sat at the side of my desk. However, I did think often about the fact that the CDCs were not as they once were. No longer a small cadre of dedicated souls who set out to stop the destruction of their neighborhoods, they were now large entities with many newcomers who never had a chance to experience the idealism and concern for people so characteristic of CDC founders. Could community building really succeed if such near bureaucrats could not be turned into employees who saw themselves as being “in service” to the people of their neighborhoods?

Then, too, I began to fully recognize how difficult it would be to reverse the alienation and lack of hope that years of poverty and struggle had created in so many South Bronx residents. That was when Ed and I put skepticism on hold and took a trip to Dade County to visit the program and learn first-hand about the results it claimed. Once there, I was won over by a public housing mother who ascribed the monumental changes in her family’s life to her involvement with Roger’s program.

We engaged Roger and his team only after he had met individually with each of the CDCs. All had been given to understand that CCRP would engage Roger to work only with those groups that wanted to participate. Much to my astonishment, all gave Health Realization a thumbs-up and thus began the training of several hundred CDC staff and residents, a number of whom became expert in delivering the program. Was it a panacea? No. Did it end up costing too much money? Yes. Do many of the CDCs and their staff and residents consider it to have been worthwhile? Absolutely. That is the way these things go!

*- Anita Miller*

## **Knowing When and How to Help – Making Technical Assistance Effective**

As the program progressed, so did our experience with technical assistance. We retained consultants to undertake specific tasks for CCRP itself and to work with the individual CDCs. For example, when CCRP needed help with an RFP (request for proposals) for the evaluation, we turned to Jim Pickman, a well-recognized community development consultant who was then managing a large multi-city housing development effort, the National Community Development Initiative supported by a consortium of national philanthropies. Frank Schneider, an individual identified by Ed Skloot, introduced us to the Future Search as a way to kick off CCRP and actually conducted our all-day visioning session. Goetz Obtsfeld, now a developer of affordable housing after many years at the helm of the Banana Kelly CDC, and Ricki Granetz of the Federation Employment and Guidance Services (FEGS), put in 16-hour days helping a CCRP team prepare a complex application for designation as a Federal Enterprise Community site.

On their part, the individual CDCs asked for and received help on a wide range of subjects. The CDC and I had to mutually agree on the technical assistant and the scope of the work, but the consultant was actually

accountable to the CDC, not CCRP, in spite of the fact that we paid their fee. (Though this sounds like a contradictory arrangement, it worked well.) Bob Brandwein was one technical assistant to whom we turned on several occasions. His track record as a community development consultant was excellent; his fee was fair and he never took an assignment that he knew would fail to meet the criteria of the agency to which the CDC was applying. Bob helped two groups win Federal grants for economic development projects, while a third obtained a large award for its youth program. Then there was Grizelle Ubarry, who came from New Jersey to do leadership training with MBD’s newly formed Community Council; Beth Rosenthal who assisted Mid Bronx Seniors in developing a local Advisory Council; Bea Laurie, our neighborhood safety expert, who worked tirelessly with all the groups; and Bill Link who provided management training and technical assistance to three of the CDCs, two of which had board-related issues that needed to be addressed.

Over time, we also learned more about handling both contracts and relationships with those organizations that supplied us with the “dedicated staff” – either full or part time – who were assigned to work with CCRP on a continuing basis. The dedicated agency staff methodology gave us people who were both hard working and imaginative, as well as the services of more experienced, senior staff. As we hoped would be the case, they pro-

vided a continuity of effort that was important to CDC capacity growth. Nonetheless, in year two we called upon the CCRP managers at each of the CDCs and their technical assistants to develop a joint work plan so that projects in which they were engaged would progress on a timely basis without the finger pointing that sometimes occurred when they hit a snag. We quickly came to understand that we were remiss in not requiring such a plan from the beginning.

We were not equally successful in finding a solution to another issue that greatly diminished the value of these otherwise fine relationships. The organizations we had turned to for technical assistance often backed off from helping us to compete for grants or contracts needed to launch the initiatives they helped shape with the CDCs. It turned out their own agency was going after some of the same funds. It was disappointing to find that these very

large and established agencies – agencies we were paying for technical assistance – would draw a line when it came to giving us such help.

Our technical assistance strategy also included outreach to a number of extraordinary agencies that, as a part of their own mission, provided invaluable services to CCRP and its participants. The New York Hospital Fund went beyond researching the need for health care in the South Bronx to help MBD and Mt. Hope create partnerships with health care providers and assist them in starting up their primary health care centers. The Lawyers Alliance prepared the bylaws for CCRP, Inc. Even more important than saving us a legal fee was their ready understanding of the delicate issues involved in creating a CDC-owned corporation that was, in effect, a subsidiary of an unincorporated foundation-funded demonstration program. Another example was the Corporation for Supportive Housing. It put together the financing that the Mt. Hope Community Organization needed to turn a former brothel into housing for residents who were homeless and HIV-positive. The U.S. Department of Agriculture's Urban Resources Program, conceived by the Under Secretary Jim Lyons, did more than grant \$600,000 for three CDC parks. It also gave the CDCs the time of federal employees who helped to move the projects along.

Technology was the one area where we chose to go beyond the contracted technical assistance route. Here we needed an intensive hands-on approach. Paul Winkler joined the two-person CCRP staff to introduce the CDCs to technology and start them on the case management system recommended to all of us by our consultants, Metis Associates. Paul had no small job, for many of the staff were computer illiterate when we started. Not so when we concluded. But progress was not the same from site to site, with the greatest variable being the attention and discipline that each group's supervisors brought to the effort. Having the dedicated services of Paul on a regular basis was critical in moving this large effort forward.

As a result of their work with CCRP, many of our technical assistants, both individuals and organizations, had a learning experience that promised to last long after their association with CCRP ended. In the course of helping the CDCs build capacity in their fields, they had assumed a new hands-on role that actually connected them to poor communities and organizations in distressed neighborhoods. As for the CDCs, there is no question that they had existed in the South Bronx isolated from sophisticated resources. Because of CCRP this is no longer the case.

I am convinced that the organizations participating in CCRP would not have achieved the substantial results

The most innovative aspect of CCRP's technical assistance approach was the CCRP-funded agency staff model. This model proved to be critical to the progress of several CCRP-wide projects, and to building the capacity of the CDC staff in new fields. The Self-Sufficiency and Neighborhood Safety initiatives each had a dedicated staff person who worked full-time with the CDCs under contract to CCRP, while the Open Space initiative had 2 1/2 days per week of staff time for two years that was dedicated to advancing CDC objectives.

In addition to being cost-effective, this approach allowed the individuals selected within the provider agency to devote all or a large portion of their time to CCRP, reducing the competing demands of multiple projects and allowing them to concentrate on working with the CDCs. Staff on the Self-Sufficiency, Open Space and Neighborhood Safety Initiatives, even though fully dedicated to CCRP, remained employees of their respective organizations – the Trust for Public Land, Federation Employment and Guidance Services (FEGS), and the Citizens Committee for N.Y. Thus, these CCRP-funded staff had a unique opportunity to provide the CDCs with access to an array of resources and expertise provided by their respective agencies, and over time, to begin to introduce learning from CCRP into how their own organizations delivered services to neighborhood-based CDCs. With their organizations backing them, these individuals had access to deep knowledge and contacts, and had credibility in their specific fields of practice. Also, they were able to effectively keep abreast of best practices and introduce state-of-the-art ideas into CCRP. Their deep, field-specific expertise enriched the more generalist CDC staffs' understanding of the new program areas into which they were moving.

- From the CCRP Final Assessment Report,  
OMG Center for Collaborative Learning, 1998



they did without the expert assistance they received via CCRP. I am similarly convinced that my performance as manager of the initiative was greatly helped by the smart and caring professionals we employed to advance the effort. Yes, I was demanding when it came to laying out a scope of work and putting forth our expectations. Thereafter, the right consultant with the right skills, working with energetic people at the ground level, could always get the job done. Thus CDC staff knew how to do more, and in a more professional manner, after the consultants departed. This was our experience.

However, it would happen from time to time that a CDC would think that loyalty and a comfortable relationship were the best criteria to use in selecting professional assistance. It was my job to convince the CEO that having a person or team with a very high level of specialized expertise had to be the first consideration. Most often I succeeded, but then again, in CCRP we learned more than once that it is very difficult to give a participant advice they do not want to hear.

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**During CCRP it was apparent that a number of our technical assistants, both individuals and organizations, were engaged in a learning experience that promised to last long after their association with CCRP ended. In the course of helping the CDCs to build capacity in their fields, they had assumed a new hands-on role that actually connected them to poor communities and organizations in distressed neighborhoods.**

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## **Making Introductions and Finding Partners**

Technical assistance was just one of the many kinds of resources CCRP needed in order to make the initiative succeed. The search for new and promising programs that CCRP could import to the South Bronx led us to CET (the Comprehensive Employment Training program) based in Southern California. When Monsignor Lindner of the New Communities CDC in Newark told me about CET and their interest in joining forces with his CDC, I decided to take a trip to the West Coast to actually see the operation on the ground. Accompanying me was Joe Cruickshank of the Clark Foundation, an early and generous supporter of CCRP whose interest was in economic development.

Joe and I liked what we saw. CET lived up to its reputation of being a highly effective model for training and placing large numbers of people in jobs, including those who were Spanish speaking. By limiting English lessons to whatever language competency was needed to do the job for which they were training, the program helped Spanish speakers quickly enter the economic mainstream. Joe and I left California convinced that, given the large Spanish-speaking population of the South Bronx, the wooing and winning of CET should be a priority for us.

But this was not to be for several years, despite Clark's generous support for a New York City CET program located in downtown Manhattan. Then in 1996 LISC and CCRP joined forces with the Phipps CDC and MBD to pressure CET's reluctant CEO, Russ Tershay, to accept City funding to come to the South Bronx. CET opened up in a Phipps shopping strip not far from MBD. Unfortunately, the program did not prove to be transferable in the way we had envisioned. Among the many disappointments we experienced was the rigidity of the City regulations that required applicants from all over New York to be assigned to the CET center from a central intake point. These regulations, which we were unable to change, defeated our dream of having a highly regarded training program as a component of all the CDCs' comprehensive initiatives.

While we were all deflated to have this encounter turn out as it did, we never saw CET as the sole workforce development initiative for our communities. It was a piece of a larger employment strategy. There was also the New Bronx Employment Service, a program of our own. Designed with a job resource center in each of the CDC neighborhoods, it was well suited to the needs of the CDC neighborhoods and worked well.

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**All agreed that Neighborhood Housing Services (now NeighborWorks) could play an important role in the South Bronx, provided we could convince its staff and board to reverse the NHS neighborhood selection criteria that had been in place for some 25 years.**

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We were far more successful in bringing Neighborhood Housing Services (now NeighborWorks) to the South Bronx and integrating it with our CCRP initiative. The effort to create a partnership started when the CDC-led planning groups were in the process of creating their Strategic Neighborhood Action Plans. That was when I suggested to the CCRP managers that it would be worthwhile to investigate NHS, the nation's foremost program for treating frayed

neighborhoods made up mainly of single-family housing. After doing so, all agreed that NHS of New York City could play an important role in the South Bronx, provided we could convince its staff and board to reverse the NHS neighborhood selection criteria that had been in place for some 25 years. This would involve bringing NHS into a neighborhood where multifamily buildings, rather than homeowner housing, predominated.

I had been a fan of Neighborhood Housing Services ever since, as a Ford Foundation program officer, I was introduced to the first NHS – a partnership of residents, lenders, foundations and city government located in Pittsburgh, Pennsylvania. Thereafter, I watched NHS take hold in scores of neighborhoods across the country, where its formula for eradicating redlining – illegal housing practices – and treating troubled working class neighborhoods never failed to achieve lasting results. In 1980 I spearheaded the effort to get NHS going in five neglected New York City neighborhoods. All were made up largely of homeowner housing with a smattering of multifamily buildings.

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**Achieving teamwork between the staff of each CDC and newly hired NHS personnel was not an easy matter. It took persistence and follow-up and involved regular monitoring of outreach and loan activity to track the program's progress.**

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Like most every South Bronx neighborhood, those participating in CCRP had a predominance of apartment houses. Funding flowed to the CDCs for the revival of this stock, while both lenders and the public sector ignored the needs of the neighborhoods' relatively small numbers of old and blighted single-family homes. In fact, when we asked CCRP planners to research the data made available under the Home Mortgage Disclosure Act, we found that almost no private sector lending to support the purchase or repair of older one-to-four-family houses had occurred in the CDC areas for several decades. Clearly, we needed the intervention of NHS with its unique capacity to provide the services homeowners needed, and to package improvement loans that they could afford.

In year five of CCRP, then NHS executive director, Fran Justa, accepted our invitation to come to the South Bronx. The idea was to try a brand new NHS approach, one that promised to have relevance in many other areas of New York City. CCRP contributed to the first year's budget. In addition, I worked with Fran to raise funds for both operating expenses and below market-rate loans from

several lenders – mostly what was then Fleet Bank, the Chase Bank and several foundations, including Astor. As was her usual practice when considering grants, Brooke Astor, head of the Astor Foundation and one of New York's most revered philanthropists, then well into her nineties, came to meet us on site in the South Bronx. She was to have tea and lots of homemade pastries with a small group of Mt. Hope homeowners in one of their vintage houses before making her final decision. She arrived in her chauffeured limousine, coiffed and dressed to perfection and, upon joining the women assembled to meet with her, promptly became "one of the girls." We received her \$25,000 grant shortly thereafter.

Achieving teamwork between the staff of each CDC and newly hired NHS personnel was not an easy matter. It took persistence and follow-up and involved regular monitoring of outreach and loan activity to track the program's progress. Our earliest and greatest success was in Mt. Hope. Here, in no time at all, NHS personnel had teamed up with Peter Bray, the CDC's imaginative housing development officer. He was determined to transform and sell boarded-up homes that had defaced the neighborhood for a decade or more. The financing pieced together by NHS made this possible. In addition, both organizations worked together to open an NHS facility in Mt. Hope that would teach repair techniques to homeowners as well as handy-men (and women) from all over the South Bronx. Little did we know then that, in later years, this training center would serve as an important resource for improving the skills of workers employed by the CCRP Inc. Maintenance Company, a joint CDC enterprise launched in 2000.

## Connecting with the Public Sector

Throughout these chapters we have emphasized the critical role that the public sector played in CCRP. We present more detail here because clearly, private and nonprofit organizations alone could not rebuild the devastated human service and physical infrastructures of the South Bronx without a massive infusion of government dollars.

Recognizing that the enormity of rebuilding the South Bronx would strike fear in the hearts of public servants, we always took pains to convince them that the CCRP initiative would focus only on realistic goals achievable within about five years. Further, we would stay away from advocating for huge capital projects. This was the pragmatic approach we had to take to avoid being written off.

While the City's financial condition at the time was extremely troubled, the health of New York State was excellent. My approach to the Governor's office began

even before we announced the start of CCRP. It centered on the fact that the CDCs would be a superb delivery system for achieving the state's goals, and that CCRP had access to substantial amounts of flexible, philanthropic dollars. Nearly two years later my persistence paid off. We were admitted to a state-conceived comprehensive initiative, the Neighborhood Based Alliance program (NBA) – provided that we covered staff and planning costs that the state ordinarily would have paid. In return, they waived a regulation that would have required each CDC neighborhood to compete for entry individually, rather than as a component part of one “wholesale” program.

This was a small price to pay for the special access to 21 state agencies NBA provided, not only to each CDC lead agency, but also to scores of other organizations located in their target areas. Some state agencies created programs especially for NBA participants; others issued statewide requests for proposals that added bonus points to the competitive score of any organization in an NBA neighborhood.

Together we traveled to Albany to present our Strategic Neighborhood Action Plans and Quality of Life Physical Plans. Both opened the doors to grants and/or loans for activities that ranged from neighborhood safety programs with local police to the development of a new child care center and the staffing of a retail business association. Meanwhile, a member of the Mid Bronx Seniors' Neighborhood Advisory Council, the Women's Housing and Economic Development Corporation (WEDCO), won a multi-million dollar state loan that made it possible to convert the long-abandoned Morrisania Hospital into a housing facility with space for a medical practice, child care center and catering venture.

The NBA was a program developer's dream come true. Because it was to be a seven-year initiative, it gave us the reason we needed to extend CCRP beyond three years. It would now terminate at the same time the NBA did. Then, in 1994, Governor Mario Cuomo lost his reelection bid and the following January George Pataki took office. For the NBA program this meant sudden death. This was a bitter disappointment. The only consolation was that the CDCs had a massive amount of work on their plates, and a respite was not unwelcome. But this was not the response for the long term.

Recognizing that they would now have to bring in substantial dollars to implement their plans, the CDCs began to go out and court South Bronx elected officials. All had access to public dollars. One source of support was in Washington D.C., where Congressman Jose Serrano was the ranking majority member on the House of Representatives Appropriations Committee. Closer to

home were state senators and representatives, city council people and the Bronx Borough President. All of these relationships proved fruitful over time as the CDCs' revitalization efforts built upon one another, producing substantial, visible impact in every CCRP community.

An introduction from Hooper Brooks, Director of Environmental Programs at the Surdna Foundation, along with our award-winning Quality of Life Physical Plans, jump-started our relationship with the U.S. Department of Agriculture's Urban Resources Partnership (URP). Armed with a new appropriation to assist the creation of open space in urban areas, the Department of Agriculture created an interagency team to pursue the program in several cities. One was New York, where a hoard of entrenched open space groups was vying for the money.

The CDCs' Plans won the day for us because they convinced Agriculture representatives that they had found what they were searching for: residents of organized urban neighborhoods who had already developed open space strategies and with whom they could work hands-on. To enable the federal team to choose specific sites for their program, we asked each of the CDCs to nominate a project from their Plan knowing that there was little chance that all would be selected. John Shapiro, CCRP's professional planner, and I escorted the group on a day-long van trip to the South Bronx to meet with the CDCs and visit proposed sites. Three of the most daring and large-scale projects were selected. All would receive funding – a total of \$600,000 for the three – plus agency technical support.

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**With the realization that they would now have to bring in substantial dollars to implement their plans, the CDCs began to go out and court South Bronx elected officials. All these relationships proved fruitful over time, producing visible impact in every CCRP community.**

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Thus did the Phipps CDC's notion of creating a “Zooway” begin to see the light of day. The idea was both exciting and practical – a newly landscaped pedestrian walkway from the Beacon School and a nearby subway stop up to the Bronx Zoo, and a mini-greenbelt on the formerly junk-filled banks of the Bronx River. Phipps received the \$200,000 Urban Resources Partnership award and soon supplemented it with a sizable ISTEA grant from the U.S. Department of Transportation. Further, the CDC managed to get a buy-in for its Zooway scheme from the City's transportation agency. The agency agreed to fuse its own plans for renovating the elevated subway station in West

MBSCC bought the vacant Andrew Freeman mansion on the Grand Concourse in 1982. As part of CCRP, MBSCC restored the grounds and converted the mansion into a Family Support Center housing a number of human service agencies, including the MBSCC/CCRP Head Start center.



Farms with those of the CDC. The result is nothing short of wonderful. The station, which serves as the port of entry for thousands of visitors to the nearby Zoo, reinforces the new image of a revitalized community and remains an important element of the West Farms Quality of Life Physical Plan.

The gardens of MBSCC's Andrew Freeman mansion on the Grand Concourse were considered among the most beautiful in all of Bronx County when the block-long building was constructed in the 1920s. Like the mansion itself, the gardens deteriorated badly in the decades leading up to 1982, when the CDC bought the vacant property to turn it into a facility for elderly residents threatened with homelessness. Since that time, Mid Bronx Seniors has converted a portion of the mansion into a Family Support Center to house a number of social service agencies under one roof, starting with its own MBSCC/CCRP Head Start center.

The URP support that Mid Bronx Seniors won made it possible to begin the massive job of restoring the gardens of the Freeman facility. This money and technical assistance were available nowhere else for this landmark of great local importance.

Finally, the third grant, MBD's Rock Garden Park, was URP's most courageous choice. Just over an acre in size, the site was a steep rocky crag with debris piled a dozen or more feet high from decades of dumping. Rats, oblivious of neighborhood children who played nearby, were the denizens here. Clearing the site and preparing it for the play spaces, gardens and fountain that are there now was a yeoman task. Adults and children alike planned the park and today watch over it while the City Parks Department maintains it.

URP's \$200,000 grant was the vote of confidence that made the notion of creating a park here real. The grant leveraged an additional \$2 million to finish the project, with most of the money coming from the City Council,

via MBD's local councilman, Jose Rivera, who understood the importance of the park to the people of Longfellow Avenue. There were a number of other heroes here as well, including the residents involved in the project, MBD's executive director and CCRP manager, the technical assistance providers from URP, and Abel Cruz of the Borough's sanitation department – who had his crews work over a span of months to clear the site of countless tons of rubbish so that construction of the park could proceed.

To my mind, URP was one of the best programs that ever came out of Washington. Unfortunately, it too was discontinued when an administration changed hands.

Nonetheless, there are a few words of wisdom here for others. The fact that our ideal program – the state's Neighborhood Based Alliance – evaporated is no reason to believe that, at another time in another city or county or state, an NBA-type effort cannot be mounted. Certainly it deserves a try. Clearly, big hopes and dreams require generous public dollars to reach fruition. Had the NBA lasted until its seven-year sunset, it could have turned out to be our magic formula. But like so much else in our field, it did not. It is important, however, to emphasize the CDCs doggedly turned to other sources of public funds, and over time found that, in many cases, the officials in charge of those funds understood the value of a comprehensive initiative like CCRP and were prepared to help make it happen.

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**There are a few words of wisdom here for others even though our ideal program evaporated. The CDCs doggedly turned to other sources of public funds, finding over time those officials who understood the value of a comprehensive initiative like CCRP and who were prepared to help.**

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MBD's Rock Garden Park was a joint venture of community residents, the City of New York and the Department of Agriculture, under the leadership of MBD. Illegal dumping made site cleanup and preparation a daunting challenge for the partners but resulted in a beautiful neighborhood facility.

## Connecting to Corporate Resources

Corporate involvement in CCRP was never all that it should have been. I very much regret that we never found a way to systematically tap into the people resources so abundant in our city's business sector. No doubt one factor was the sheer size and complexity of the city and the isolation of the South Bronx from the corporate community. In most other American cities one is likely to find major businesses involved at the micro level of community life. Not so in New York.

Of course, there were a number of corporate foundations that contributed to CCRP and many businesses, both large and small, worked closely with the New Bronx Employment Service, teaming up with its staff to fill vacant positions with residents from the CDC neighborhoods. And, yes, there were several remarkable relationships that the CDCs themselves cultivated.

Mid Bronx Seniors used an introduction to SCORE (the Service Corps of Retired Executives) to obtain the expertise of retired professionals to help the CDC plan for the transformation of the block-long Andrew Freeman home into a family support center. The challenge here was to continue to house some 100 senior residents in a portion of the massive building – a worthwhile but money-losing venture – while converting thousands of square feet into sorely needed space for childcare and human service programs. Achieving this goal has had a double social utility for the CDC: addressing critical service needs for its community and adding rental income from the facility's new tenants to generate needed cash flow.

Included in Phipps CDC's Zooway project was a Herculean effort to salvage the Bronx River shoreline behind the CDC's Beacon School. This attracted volunteers from such companies as Viacom and Chase Bank, with Sumner Redstone, Viacom's high-profile CEO, serving as leader of his company's volunteers. These and others recruited by Phipps teamed up with neighborhood residents and the Bronx arm of the Department of Sanitation to help rid the rat-infested area beside the river, and the river itself, of mounds of debris and garbage, even discarded stoves and refrigerators that had accumulated over a period of several decades. Today a small amphitheater and a lovely garden built by students and named for the CDC's dedicated CCRP Manager Drew Hyde, stand on the site. The beautiful river itself is once again used and enjoyed by people from all over New York.

In addition, there is a small group of volunteers in particular whose contribution to the people of the South Bronx was truly remarkable. These are the attorneys from top-notch law firms who worked for nearly seven years, donating hundreds of hours of pro bono legal work for MBD and its New Horizons shopping center. One was Robert Clare III, a partner in White and Case. He and his associate, Mario Springer, were responsible for drafting all of MBD's contracts. These included the contract for acquisition of the site from the City; the contracts with the builder and others actually engaged in constructing the project; and agreements with LISC's Retail Initiative (TRI), the patient lender needed to make the financing work. A second set of attorneys led by William Rubin served as MBD's leasing counsel, crafting and reviewing all the



leases with New Horizons' tenants. Both sets of attorneys were recruited via Lawyers for the Public Interest, a non-profit organization that puts volunteer lawyers together with nonprofit clients. They brought to the South Bronx and to a very difficult project the best of what the New York City legal profession has to offer.

I realize now, in thinking about this matter, that I could have taken a far more proactive approach to connect the CDCs with the business community. Rather than merely providing them with information about groups that could help them tap into corporate technical assistance, I could have actually organized this aspect of the program as I did with many others. Perhaps I should have started by brainstorming with each CDC to create a package of opportunities, and then taken those ideas to agencies whose mission it is to make the kind of connections we needed. I believe that this program-wide approach would have helped to develop serious interest, and I suggest it to others, even though it was not tested in CCRP.

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**I realize now that I could have taken a far more proactive approach to connect the CDCs with the business community – actually organizing this aspect of the program as I did with many others. Using a program-wide approach would have helped develop serious interest.**

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## Keeping Track of Progress – Getting the Most from Monitoring and Evaluation

When CCRP started we engaged in a brief but inclusive process that led us to choose the Organization and Management Group (OMG; now the OMG Center for Collaborative Learning) from Philadelphia to do an assessment of CCRP that could be made available to the field. As previously mentioned, I was fortunate to have Jim Pickman work with me on the design of a request for proposals that we sent to more than a dozen organizations. All were approached based on their size and familiarity with community development. In addition, all were located between Philadelphia and Boston to avoid having too much of our \$185,000 budget for evaluation dedicated to travel expenses. More than half of the groups we had solicited turned up for a briefing some weeks later, and of that number approximately five submitted proposals. When it came down to making a final choice, we included the CCRP managers from the CDCs and representatives from the newly formed evaluation subcommittee of the CCRP Funders Advisory Committee in interviewing the two finalists.

OMG's proposal called for a formative assessment. This approach would provide us with the benefit of their observations at regular intervals throughout the program



Young participants enjoy enrichment opportunities at the Phipps CDC Beacon Program, situated in a partner public school which serves as an anchor for the "Zooway" first envisioned in the CDC's West Farms Quality of Life Physical Plan.



rather than waiting for a full-blown analysis when the initiative ended. Such a retrospective would have been of little use – instead, we needed interim feedback to confirm what we were doing well and to correct what needed improvement. For example, when we were called to task for the rapid growth of several of the groups, an effort was made to both slow down their expansion and help them to strengthen their infrastructure to accommodate growth. Of course, the success we achieved was largely dependent on how ready the CDC was to accept both advice and the assistance.

Lesson learned? Yes, indeed. A requirement for ongoing management assistance and attention to the issues – such as too-rapid growth among our CDCs – should have been built into the initiative from the start. At mid-stream it was extremely difficult to place strictures on participants. They could have been a natural part of the program at the outset.

All of the CDCs, with one exception, welcomed the OMG reports. The one participant that resented OMG's critiques did so despite the fact that every group had agreed to being evaluated prior to their final acceptance into the program. Perhaps not surprisingly, this was one of the organizations that did not make it to the end of the demonstration phase. As to the Funders Advisory Committee, its members met regularly with the assessment team and received highly informative reports. In this way the funders were assured that the initiative was moving forward as planned, an assurance that led to the numerous grant renewals we received each year.

What was attractive to us when we initially examined OMG's design for the assessment was not only its formative approach, but its clear perspective on what they should be looking for at each stage of the initiative. They did not raise the bar higher than it should have been at any phase in the program's life. They understood the rhythms of getting a program as difficult as CCRP off the ground. Thus their early reports merely concentrated on signs of progress that told how it was advancing. Further, they did not look for outcomes until it was time to do so, being confident instead that the pieces were coming together that promised the results we were after. Nor did they seek to measure that which was not yet measurable. Jobs secured, primary health care visits, community events, new parks and playgrounds, new child care slots, dollars leveraged – these were what they saw as reasonable indicators of progress on a comprehensive agenda taking hold in CDC neighborhoods.

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**The OMG evaluators understood the rhythms of getting a program as difficult as CCRP off the ground. They did not look for outcomes until it was time to do so, being confident that the pieces were coming together that promised the results we were after.**

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When CCRP started it was projected to be a three-year odyssey. In negotiating our contract with OMG, it was agreed that they would prepare an assessment at the conclusion of each year and that we would publish each and circulate it to the field. When unexpectedly we were able to gain entry to the state's seven-year NBA community development program, we had the perfect rationale for extending the life of CCRP from three to seven years. This meant rethinking how the assessment should work and extending the OMG contract.

As planned originally, we did publish three different assessments: one after the first year, one at the mid-point and one at the end of the initiative. Thousands of copies went out from our offices to nonprofit groups, academic and research institutions, government agencies, philanthropic organizations and interested individuals. This was clearly a worthwhile endeavor. We had spent nearly \$10 million on CCRP operations over a six-and-a-half-year period. What we learned along the way, what we achieved and what we were unable to achieve was information that belonged in the public domain, where we believed it would be helpful to others seeking a more hopeful way to challenge the conditions that exist in every distressed community across America.

OMG's philosophy guiding larger-scale program evaluations is that neighborhoods do not become transformed overnight through initiatives like CCRP. Achieving quality of life improvements is highly incremental and results may take years to materialize. Even so, there are real indicators of progress along the way that we can use to point to the positive changes that the initiative is helping to bring about. These go way beyond counting housing units produced, or dollars leveraged.

- Tom Burns

## What We Learned Along the Way

- ★ **Building the capacity needed to implement a comprehensive effort requires a substantial investment in technical assistance over the life of the program.** Make a generous allowance for TA consulting help, but don't assume you can map out the technical assistance strategy in detail at the outset, or that you can know each year what your technical assistance expenditure will be. Having flexible resources available to use when needed is paramount. But be wary of TA overkill. It has been known to happen.
- ★ **Finding the right technical resources and managing the process requires a readiness to experiment and a lot of trial and error.** The work of guiding the technical assistance aspect of a comprehensive effort often includes substantial direct involvement in finding the right kinds of technical resources, being sure the scope of each assignment makes sense, and ascertaining that the fit is right between consultant and client. Even then there will very likely be a few mistakes that require a readiness to reassess what works and what doesn't and the flexibility to make changes when needed.
- ★ **Don't be afraid to be engaged and get your hands dirty, but also know when to step back.** Both the participating organizations and the TA providers you and they choose will likely welcome your involvement as they sort out how they will work together. You will want to see them agree on a scope of work, timetable and proposed outcomes, as well as the regular reports they will generate. However, it is best if you maintain a respectful distance once their joint effort is underway. You may also find it valuable to bring TA providers together from time to time so they can compare notes and clarify expectations about their respective roles. Although you are most likely underwriting the technical assistance work and guiding the process, it is best to treat the organizations as clients since it is they who must ultimately value and make use of the results.
- ★ **Provided the fit is right, the model of contracting with a single agency to provide staff dedicated to supporting technical assistance needs can greatly improve the quality of technical assistance available to program participants.** This model especially makes sense for program-wide efforts or for program components such as planning, where issues are likely to be similar across sites and where proven skills and an established base of knowledge and expertise are especially valuable. Remember, too, that for your chosen technical assistance providers, working in similar ways with several different organizations and neighborhoods often has both financial and staffing advantages, so you might well get a bit more for your investment.
- ★ **Beyond the provision of technical assistance, a comprehensive initiative is greatly strengthened by efforts to open access to new program resources, both public and private.** Do not underestimate the value of your own contacts and those you can establish in your role as a program director. These can be of enormous benefit to the groups with whom you choose to work. Be prepared to spend time opening and building relationships between your CDC counterparts and the people and resources that they and you need to strengthen the overall program.
- ★ **Invest in an external evaluation team with the right technical skills, a solid plan and a commitment to providing timely feedback.** Contrary to the views of some funders and program managers, evaluations can be more than a burdensome requirement. The right team really can add value throughout a program, not just to the participants but also often to you as a program manager. Your evaluators can open opportunities to gain perspective on your role and provide you with a well-informed sounding board for ideas and strategies you may be considering.

## Making it All Work: Leading and Managing

– Anita Miller

There are few jobs as challenging (read difficult) in the community development field as managing a comprehensive initiative. After all, it involves intensive work with a number of audiences all at one time – first to build momentum and then to achieve outcomes on a scale that makes a difference. Working with community based organizations, funders, technical assistants of every stripe, government officials and evaluators requires the manager to be at times a leader, follower, sales person, administrator, program developer and even tour guide. Often times simultaneously.

For me, there was never a more satisfying job than being at the helm of CCRP. For seven years we labored and saw how our efforts produced results that were truly important to the people of the South Bronx. We watched new ties being woven among CDCs located cheek by jowl in the same nine-square-mile area – groups that had rarely worked together or talked to one another before about their common issues. Then there were the relationships that flowered between the residents and the CDCs and the residents with one another. How gratifying it was when the first primary health care facility opened and then the second, third and fourth followed. Before long there were 35,000 patient visits made right in the neighborhoods by people whose only previous access to health care was overcrowded emergency rooms at local hospitals. Childcare and job resource centers and parks and playgrounds were priorities for every community. The CDCs of CCRP delivered those and more.

As I started to work with Ed Skloot at Surdna to develop CCRP, it soon became apparent that both knowing the South Bronx and being known almost everywhere was a very real asset. I had worked with the CDCs when at the Ford Foundation and the Local Initiatives Support Corporation (LISC). I built relationships with many professionals from the foundation, corporate and public sectors in the course of my tenure at both places – a period spanning some eleven years. Always a proactive program officer, I had gained a reputation as a deal maker and an advocate for those in the neighborhoods with whom I worked. Both things were true. I first got my hands dirty in East Harlem in the late '60s. Here I learned how tough it could be to inch a housing program forward and how naïve it was to think that bricks and mortar alone could lift

long-impooverished families out of poverty. Yes, I bought into the notion of comprehensiveness way back then, on 119th Street in East Harlem, and was as determined an advocate as any indigenous group could have.

Being entrepreneurial and knowing the worlds from which all of our players came was only the beginning of what was required to run CCRP. The CCRP intermediary would need a manager who was both responsive and flexible, but not to the point that its mission and basic strategy were compromised. Then there was the matter of respect. I greatly admired the CDCs for the difficult work they did and the commitment they brought. It was critically important, too, never to tread where the CDCs alone had the right to go. Their local politics and their local politicians were their business, not mine. Securing the favors and funding that they needed for their own initiatives was up to the CDCs. Program-wide efforts were different. This was my turf too. As to trust, with all of the people from all of the domains engaged in CCRP, it was an out-and-out imperative.

Lest I leave you with the impression that running a large-scale program such as CCRP is exclusively about leadership, let me quickly acknowledge the importance of management backup. CCRP benefited greatly from being situated at the Surdna Foundation. Here, we had people and systems support of the highest caliber. A second all-important source of support came from a trusted lieutenant with extraordinary people skills. Linda Diamond could be counted on to do everything from arranging meetings and maintaining our financial records to putting together our board books and working whatever number of hours were needed to meet whatever deadline we faced.

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**It was in East Harlem where I learned how tough it could be to inch a housing program forward and how naïve it was to think that bricks and mortar alone could lift long time impoverished families out of poverty.**

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Rarely was there a day that did not involve at least one thorny issue that called upon my skills and /or tested the values upon which CCRP rested. Unlike the

people I now counsel, I had no experienced intermediary manager to whom I could turn. As a result, CCRP was all about “learning by doing.” Indeed, this fast became CCRP’s mantra, not only for me but for the CDCs as well. It was learning by doing when we set out to select the participants and then reversed course; when we launched the program, raised over \$9 million for program operations from 21 corporations and foundations, designed a CDC enterprise to carry on after the demonstration; and especially when it became necessary to drop one CDC in year three and another in year four.

## Getting Off to a Fast Start

Momentum is highly critical to the credibility of a comprehensive initiative and getting things moving is no small part of an initiative manager’s job. In the case of CCRP, there were quite a number of organizations, agencies, funders and neighborhood residents who had to feel invested for the effort to work well. Engendering a sense that they were part of something dynamic, something that at last held great promise for the beleaguered South Bronx, was highly important to CCRP’s success.

Fortunately, I was one of those people in Mike Sviridoff’s orbit during my career at both Ford, where he headed up the National Affairs Division, and at LISC, where he had been the founder and first president. The greatest pro of them all, Mike was highly strategic in the way he went about introducing new concepts and new programs. As a member of the small team that started LISC, his marching orders were to put together a handful of “deals” – no small projects – that could be cited at a press conference announcing the program. This proved impressive. The message we conveyed at the press briefing not only validated the program design, but showed we had real momentum.

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**Momentum is highly critical to the credibility of a comprehensive initiative and getting things moving is no small part of an initiative manager’s job.**

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We did no less in managing the start-up of CCRP. Well before we were ready to “go public” I began working with the CDCs that I knew would surely be selected on a handful of difficult and highly visible projects that either had been on neighborhood agendas for some time or would be at the top of priority lists once they began planning.

We used the CCRP kickoff in 1992 to talk about our commitment to “planning while doing” – or “doing while planning.” We explained that we were not interested in waiting for the end of a planning process to tackle the most compelling needs of the six neighborhoods. The proposed MBD shopping center was one of several that provided a fine opportunity to boost CCRP’s credibility in this regard and send a message about our shared vision: “When MBD cuts the ribbon to start construction on its supermarket, all of CCRP will be there to cheer its victory. And, too, we will be at Banana Kelly, sharing the community’s pride when BK and Montefiore Hospital together open the doors of their children’s health care practice.”

That afternoon ended with our first CCRP executive session. It was a brief, informal meeting with all six CDC executive directors to devise an expedited process for hiring the two CCRP staff each organization would need to steer the work. I had prepared draft job descriptions for both the CCRP manager and the outreach worker, and proposed a classified ad with all six agency names. We would place it on their behalf. We agreed they would give us any changes they wanted within three days. We also agreed that I would have an opportunity to sign off on their final candidates prior to a job offer being made.

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**We were not interested in waiting for the end of a planning process to tackle the most compelling needs of the six neighborhoods.**

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To build support and enthusiasm for CCRP soon after the kickoff, we set out to hold a number of events for the CDCs that would give CCRP a kind of panache of its very own. During the all-day Future Search or “visioning” session we describe in Chapter Five, the CDCs learned first-hand of each other’s struggles and accomplishments, while also sharing the future they would seek as a CDC engaged in CCRP. The day proved a learning experience for everyone and did more than I imagined possible to both energize the program and build camaraderie among its participants.

The Future Search was followed by a retreat for CDC staff, board leaders and funders. It was aimed at enhancing relationships while increasing programmatic know-how. After all, organizations engaged largely in one sphere of activity, mostly housing development, or drug treatment, in the case of Promesa, would now have to address a number of new and unfamiliar subjects as they worked with their communities to develop

a holistic agenda. Primary health care, employment, neighborhood safety and physical planning were some of the subjects addressed by professionals in each field at the two-day program.

In the summer of 1992 we held a dinner in the beautiful elephant house of the Bronx Zoo to honor our CCRP participants – board, staff and resident leaders alike. Several hundred local people came together that night and former President Jimmy Carter was our guest of honor. Getting the former president to come back to the South Bronx was no small feat. I had to penetrate innumerable layers of staff surrounding him. Most, it seemed, had never heard of Charlotte Street or the South Bronx, despite all those 1986 pictures of the President standing there amidst acres of rubble and abandoned buildings. In the end, he said yes, so long as the schedule included revisiting Charlotte Street to see the 89 impeccably maintained homes that had been built on the 13-acre site.

There was no advance public notice of his visit. However, homeowners immediately recognized the President and, to the discomfort of the Secret Service men guarding him, poured into the street, surrounding President Carter to express pride in their community. It was a wonderful and very moving experience for all – the former President, the homeowners and me, the teary-eyed former LISC program officer responsible for LISC's financing of the model homes at a time when few people believed single-family houses on this barren site could possibly work. A private meeting with the six CDC executive directors and a speech at the CCRP dinner, which was followed by brief presentations by the six CDC executives, capped President Carter's time with us. All told it was a very special day for the South Bronx, for which we had Ed Skloot to thank. This spectacular event honoring the CDCs was his idea and the Surdna Foundation footed the bill.

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**Now it was time for the CDCs to get back to work. What remained to be seen was how effectively each organization would use CCRP's money and TA, how they'd work cooperatively, and what they'd do to become the intermediary CCRP envisioned.**

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Now it was time for the CDCs to get back to work. Our efforts had been geared to delivering both energy and information to help them move their comprehensive programs forward. We were at their side, but only to support them. What remained to be seen was how effectively each organization would use CCRP's money and technical

assistance, how the groups would take to the notion of working cooperatively with one another, and what they would do to turn themselves into that neighborhood-based intermediary that CCRP envisioned.

## Working Out Rules of Engagement

Like much else with CCRP, our rules of engagement evolved as the program unfolded. An early test was the hiring of CCRP managers and outreach workers. Sometimes a CDC's favorite candidate did not have the experience called for in the job descriptions we had all agreed upon. This was one of those thorny decisions that an intermediary would rather not face. I tried to discourage the executive directors from making the wrong choice, but if the effort did not succeed, I backed down rather than exercise a veto. I reasoned that to negate the first program decision the CDC was asked to make would have started both the CCRP initiative, and my relationship with the CDC executive director, off on the wrong foot. Instead, I chose to assume that an individual wrongly selected would fail at the job. Were that to happen, the CDC, now knowledgeable about the experience and skills required, would find a more suitable candidate.

In one case a poorly chosen CCRP manager stayed on – and on – requiring a special effort from us to keep the group up to speed. In two others, events validated my early reasoning. The second CCRP managers hired were excellent. They had both the creativity and managerial skills that the position demanded. Then there was the executive director who completely shunned the consultative process we had adopted. Instead, she filled the CCRP manager job with a succession of junior staff people rather than bringing aboard an individual with the solid experience the position required. That was our first inkling that this executive director would be a most indifferent CCRP participant.

Collective decision-making was an important part of the CCRP ethos and after a while we got quite good at it. Among the many decisions we arrived at together were: to make employment a priority and treat it as a joint pursuit; to compete as a group for very large scale state and federal programs; to have all of us, including the CDCs and our planning consultant John Shapiro, go to Florida as a team to accept the American Planning Association's first annual Presidential Award; to launch CCRP, Inc. to succeed the demonstration; to mount the same computer system for all; and even to field a (winning) CCRP softball team.

However, we all fully understood that having respect for the individuality and privacy of each CDC was important to the success of the initiative, as well as to my relationship with each of the groups. So we were careful to keep information about the amount of core support granted to each CDC confidential in order to avoid competition among the organizations. This was the limit of what we held back, however. The CDCs did receive the very same Board books that were prepared for our foundation and corporate supporters in conjunction with their regular Funders Advisory Committee meetings. These books contained both financial information and narrative reports from the CCRP program director and our consultants.

Each CDC had control over matters that related exclusively to its own comprehensive initiative. Each also participated in consensus decisions about CCRP-wide programs and events. The vehicle for joint decision-making, as well as for program-wide communication, was the CDC Advisory Committee. We met about once a month at CDC offices in the Bronx. In attendance were executive directors, their CCRP program managers and those consultants or technical assistants whose work was on our agenda for the meeting.

Of course, there were special meetings as well. On two occasions we came together to decide whether to enter the competition for very large government awards. The first had to do with the state's Neighborhood Based Alliance (NBA) program that would give the CDCs special access to state program money. The second was the federal government's Enterprise Communities program. In both cases, the groups believed it was worth a fight to have CCRP considered. At stake was generous support that could provide the CDCs with dollars needed to implement large-scale projects and programs called for in their Quality of Life plans.

As important as solidarity was to our quest for both programs, we never deviated from a clear understanding that applied to all CCRP-wide programs: If any one of the CDCs wanted to opt out, for whatever reason, they could do so without jeopardizing their role in CCRP. One CDC, Mt. Hope, hesitated about going into the state program, fearful that doing so would fracture its relationship with the Northwest Bronx Community and Clergy Coalition of which it was a member. In the end, after much internal debate, Mt. Hope willingly joined forces with its fellow CDC participants in what turned out to be a winning application.

As to the federal program, CCRP received the required nod from City Hall to apply only four days before the Enterprise Community application deadline. Undaunted, program staff, aided by a small cadre of loyal consultants led by Getz Obtsfeld, worked until four in the morning each day to meet the deadline. The application we submitted under the CCRP banner was prodigious. In the next several weeks I received a number of calls from HUD in Washington which led me to believe we were a serious contender. However, when Harlem, home to Congressman Charles "Charlie" Rangel, sponsor of the federal legislation, won an Empowerment Zone designation, it negated the possibility of an Enterprise Community next door in the Bronx. Disappointed? – yes. Surprised? – no.

Childcare and employment are other examples of the difficult challenges that the groups took on together. In 1993, well before the welfare reform legislation of 1996, the CCRP CDCs recognized the importance of childcare to employment success. Instead of treating childcare strictly as a service for kids – as was the norm – Head Start and daycare showed up in the economic development sections of the CDCs' strategic action plans, where they were described as critical to overcoming joblessness. Reluctant to get into the child care "business" themselves, they decided to work together on another approach. They asked existing South Bronx child care agencies to expand so as to meet the area's sizable short-fall of day care and Head Start slots. Despite our offer of CCRP help, none of the existing providers agreed to enlarge their programs. Then Mid Bronx Senior Citizens Council stepped forward. Working with its fellow CCRP participants and our consultant, Child Care Inc., Mid Bronx designed a new initiative. It would include a central head start center in an MBSCC building as well as satellites based in the homes of child care providers in CDC neighborhoods. The first program of its type in New York City, the MBSCC/CCRP Head Start Center began with 144 children and a \$900,000 budget funded by the City of New York. It wasn't too long before this childcare program was serving some 324 children with an annual operating budget in excess of \$2 million.

The CDCs also chose a team approach in tackling unemployment. With Ricki Granetz, their talented FECS technical assistant, the groups explored workforce development programs then being offered in the South Bronx. The research proved illuminating. Most programs involved "deep skills" training. Not only were slots in these programs few in number, but the bar for entry was exceedingly high. Clearly, there was nothing here for the vast majority of CDC neighborhood residents whose



needs the CDCs saw as being very straightforward. They needed work readiness training; they needed help in locating a job or ESL (English as a Second Language) classes or a training program; and they needed a range of support services for themselves and their families that would enable them to be successful at whatever path to self-sufficiency they chose.

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**The CDCs also chose a team approach in tackling unemployment, finding a need for programs addressing work readiness and various support services that would assist neighborhood residents in gaining self-sufficiency.**

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In 1994, we launched a joint CDC neighborhood-based workforce development initiative and called it the New Bronx Employment Service (NBES). The name was inspired by our pro bono publicist, Fred Danzig, former editor of Crain's New York. He insisted, and we agreed, that the time had come to distinguish the revitalizing South Bronx from the bruised and embattled South Bronx of previous decades. NBES, the first of several New Bronx entities, was a network of CCRP-supported Job Resource Centers located in CDC buildings with programs designed to meet the needs of local residents. Soon thereafter NBES evolved into being the centerpiece of each CDC's human service activities.

The CDCs turned in excellent results. By the end of 2001 they had put 2,000 people to work. But financing NBES was a struggle. When it started, both public and private funders were interested in "deep skills" or "sectoral" training despite the fact that this type of program was costly and could serve only a small fraction of the city's jobless. They turned a deaf ear to our arguments that a variety of programs were needed. Later, when welfare reform came along, NBES found itself in New York City's vast political labyrinth, without the clout to secure the financing it deserved. Yet, NBES managed to continue and do well. Two of the CDC Centers were partially supported with funds raised by CCRP, Inc. which also provided NBES coordination, while the other two relied on their CDC parent for operating support. In the case of MBD, the employment service was transformed into a hiring center for the 21 employers at its shopping center, while the other CDCs incorporated the program into their regular human service offerings.

What had we learned? The first lesson was that breaking an important program rule can sometimes be justified. In this case, we were faced with a challenge central

to our mission: helping residents of CDC communities – among the poorest in the nation – begin the long climb out of poverty. The rule we broke was never to mount an operating program without having lined up long-term financing in advance. In this case, we decided that we had to wing it. This was a risk, but we believed that once NBES began with CCRP dollars, the sheer wisdom of its approach would win support from other sources. Instead, the premise of our original rule proved correct. The support we hoped for did not materialize and CCRP had to stretch its own funds to keep NBES going. However, I have no regrets. Neither do the CDCs. They built the capacity to operate a first-rate jobs program in their neighborhoods and put hundreds of people to work!

LISC/Chicago used our lesson to good advantage. Based on the difficulties that CCRP experienced, they made sure to secure city funds for its CDC neighborhood-based jobs programs well before launching. Consequently they sleep better than I did then.

## Operating with Flexibility

The autonomy I enjoyed as the CCRP intermediary made it possible to respond quickly to CDC requests and to pursue numerous opportunities that promised to enhance CCRP's impact. Because I had both program flexibility and dollar flexibility, I could quickly back up decisions with commitments on which others could rely. This flexibility was a key factor in distinguishing CCRP from other grant-making and lending operations – even other comprehensive initiatives. It enabled me to be highly proactive – to introduce the CDCs to new ideas and resources, to act on a need for assistance or the opportunity for a CCRP-wide program. In other words, to say, "we can help you do that." Looking back, I believe that this flexibility may have been CCRP's most important weapon. It would surely have great value for other comprehensive initiatives as well.

Having this flexibility also made it possible to keep up the program's momentum. We could respond on the spot to requests for technical assistance to scope out a project, or prepare a grant application that would further a CDC's strategic or Quality of Life Plan. If the organization had an individual or technical assistance group in mind, we'd ask to see the resume. If not, I would offer a recommendation. Either way, it was understood that we would be looking for the best talent available.

I also regularly responded to requests for letters of recommendation in support of all kinds of applications. Sometimes two CDCs competing for the same award needed letters. What all of these requests had in common

was that they always arrived just before the submission deadline. No matter. We turned them out in record time, saying the appropriate thing, careful never to favor one CDC over another.

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**Having flexibility distinguished CCRP from other grant-making and lending operations – even other comprehensive initiatives. It enabled me to be highly proactive – to introduce the CDCs to new ideas and resources, to see a need for assistance or the opportunity for a CCRP-wide program.**

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This was the scenario that unfolded when Promesa and Phipps pursued the same federal award. Promesa emerged the winner of a \$500,000 grant that enabled it to mount a new program for neighborhood youth. During the application period CCRP not only suggested and funded a consultant to work for Promesa, it committed a modest early grant to the program and provided a letter of support. Phipps asked for, and received, only our letter. When word of Promesa's award was announced, the first congratulatory call that the CCRP manager received was from his peer at the Phipps CDC.

There were also times when it was necessary to turn down a request. Here again, Promesa serves as an example. When Promesa's CCRP manager suggested a micro loan program, we agreed that given his lack of first-hand experience with such enterprises, he would likely need a consultant. The consultant he selected had good credentials, but he submitted a rather expensive proposal that included only his time and a limited amount of money for several micro loans. The proposal did not build in technical assistance for the borrowers beyond the creation of mini business plans. Nor did it contemplate using CCRP money to tap other funds so as to create a loan pool, or to build or borrow the capacity needed to both originate and administer loans.

While I could not respond positively to this request, I did keep looking for a workable micro loan program that Promesa could pursue. Then CitiBank came out with a request for proposals that would provide \$50,000 to start up a micro loan program. This presented an opportunity for Promesa to join forces with Mt. Hope Housing, its neighboring CCRP participant, and the Bethex Credit Union, which was located in Mt. Hope space. Bethex, a small-scale but skillful community institution, pledged its own funds to supplement a CitiBank grant, while providing the capacity and systems needed to both make and administer loans. CCRP helped to prepare the three-way

grant application and also volunteered a modest amount of money for community outreach. The trio won the CitiBank award – one of four nationally – along with accolades for the soundness of its proposal.

The relationship between Mt. Hope and Bethex has continued to flourish and the credit union has continued to make micro loans. Additionally, the CDC has helped the credit union expand its banking services to organizations and individuals in underserved areas across the South Bronx. It is one of the very first community development credit unions to offer Individual Development Accounts. These provide savers who have goals, such as a home purchase or an advanced education, with matching funds raised by Bethex.

MBSCC's proposal for CCRP funding to support an after-school youth program was another initiative that did not receive a resounding nod. While a worthwhile notion, MBSCC did not have an ongoing source of funds to maintain the effort and CCRP's pockets were not deep enough to fund program operations (although we did later breach this policy when it came to the CDC Job Resource Centers). Pressed by MBSCC, we agreed to make a six-month start-up grant. Thereafter, the CDC would be responsible for keeping the youth program alive. At the end of the sixth months, the program did continue with new funding, although it never received the amount needed to operate at the scale the CDC wanted. Keeping it alive proved difficult, but MBSCC was unwilling to abandon the effort. To do so would have left the youngsters of their community without any after-school resource whatsoever.

The flexibility that was built into CCRP, together with my knowing the CDCs and the goals listed in their plans, made it easy for me to make quick funding decisions. Had this not been the case, and had the organizations been required to rely on foundation, corporate and government support, they could not have reached the high levels of productivity they achieved as CCRP participants.

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**Building capacity in CCRP was all about building capacity by doing. The initiative was designed around the proposition that meeting the challenges that each neighborhood identified for itself would improve the health of the community while at the same time its organizations and resident body would build the capacity to sustain progress even after the demonstration ended. This belief was fundamental.**

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## When Things Go Awry

It was to be expected that a program as daring and complex as this would experience serious problems. And it did. Dealing with these turned out to be particularly sensitive because of the number of parties involved and because we were committed to assuring that the interests of all would be duly considered. There were the funders for whom the Surdna Foundation exercised expenditure responsibility; there was the CCRP intermediary, which served as a surrogate for the funders; and there were the organizations experiencing problems, whose confidentiality we sought to maintain so that their reputations would not suffer. As to the other, less troubled CCRP participants, they watched from a distance as we attempted to isolate troublesome issues so they would not slow the entire initiative. Solving the major problems we experienced with three of our six participants ate up an inordinate amount of my time. Perhaps this proves crisis management for a comprehensive intermediary is no different than crisis management in any other situation where the objective is to respond fairly, promptly and with discretion.

The first two of our major problems had to do with CDCs that had become CCRP “drop-outs.” Rather than formally exiting the program, both organizations showed little concern for CCRP’s basic requirements which were, in fact, very simple and non-bureaucratic. In both instances our actions were guided by the CCRP Funders Advisory Committee. The third major problem had to do with a CDC torn by a conflict involving two board factions. This one I handled on my own while keeping Surdna informed of the corrective action I was attempting.

In dealing with the first problem CDC, Ed Skloot, in his role as chairman of the Funders Advisory Committee, called a series of five meetings. The first was with a newly constituted special committee of the Advisory Committee whose advice we sought. The second was with the full Funders group, with whom we arrived at a set of procedures for handling the matter. These began with a suspension of the CDC until the shortcomings that were reported in the organization’s audit, along with CCRP issues, were addressed. Next we met with two senior LISC staff, since the CDC’s multi-million dollar housing portfolio represented one of the largest LISC/National Equity Fund investments anywhere in the country. The purpose of this meeting was to discuss the CDC’s deeply troubled housing program and what interest LISC had in corrective action. The fourth meeting was with the Board of Directors of the CDC to convey our concerns about the CDC’s poor overall condition and the indifferent attitude towards CCRP of

its president/chair. It was then that we informed the CDC board of our decision to suspend the organization from CCRP on the basis of its unsatisfactory performance.

Thereafter, when the CDC president and board of directors promised substantial improvements in writing, we lifted the suspension. As it turned out, I did this prematurely, for despite our efforts to be supportive, nothing changed after all. In fact, matters worsened as the few key reforms instituted were up-ended by the CDC’s president without board consultation. Left with no other choice, we recommended to the CCRP Funders Committee that the CDC be dropped from the program. The Committee concurred, bringing an end to a difficult chapter in CCRP history.

Our next major problem occurred a year later. Another of the CDCs experienced a serious tragedy that was aired by nearly every newspaper and television station in New York City. The organization’s controller was murdered on the steps of the CDC’s offices. Much later it came to light that an employee of the organization’s drug treatment program committed the crime in an effort to cover up his theft of program monies. However, this incident led to numerous revelations in the press about the organization itself, some that focused on its fiscal condition; others about financial disagreements between the agency and the state. At the time, the organization was a stellar CCRP performer. And unlike the situation with the first problem CDC, here the executive director, who was the organization’s founder, was unabashedly enthusiastic about CCRP and gave it added support from his own staff and budget.

Faced with an avalanche of bad news, but no proof of CDC involvement in the tragedy or malfeasance in the handling of its funds, CCRP maintained steadfast neutrality and conveyed the same to both the other CCRP participants and funders. In the end, the organization was exonerated, but not without the executive director having to step aside to make room for a new CEO.

Under the new executive director, whose sole focus was a total remake of the agency, the CCRP program suffered badly. In hardly any time at all there was little left of CCRP at the CDC. Under these circumstances, our posture was to work flexibly with the CEO and his ambitious turnaround strategy, while seeking to salvage what we could of the CCRP initiative. Unfortunately, our efforts did not prove successful. Neither did our attempts to obtain from the new executive director or his staff even minimal compliance with CCRP’s requirements for remaining in the program. There was no functioning CCRP manager, while a once vibrant neighborhood council and a federally-funded youth program – all products of CCRP involve-

ment – languished for lack of professional support. Weeks turned into months and we were unable to obtain the bare bones CCRP reports and plans that we had to have before processing a new annual grant. So the Funders' Committee decided to cut them loose.

The third problem involved a long smoldering animosity between the two organizations that had co-founded one of our CDCs. It came to a head when the chairman of the CDC board summarily fired the executive director without cause and took over the organization's operations. Clearly, an intervention was needed. As a neutral party of interest with close to \$1 million invested, CCRP intervened. I started with an emergency meeting with the board, at which time its members agreed to both a financial review and our assistance in finding a new executive director.

My next step was to get local staff from the Enterprise Foundation involved. Enterprise had worked closely on housing matters with the CDC for more than a decade. We needed William Frey, its New York City director, to weigh in as mediator and to share the costs of outside professional help. He agreed to both.

Two highly skilled professionals, an interim CEO for the organization and a management consultant to act as a mediator between the two factions, were brought in to help. Hiring a new executive director who was both apolitical and highly qualified was a major step in the right direction. However, this did not stop CDC board members from preparing to engage in a legal battle. In the end, an agreement engineered by their attorneys and a new chairman of the board – a retired fire department official with great stature in the community – set the CDC on a stable course. But not before the executive director, who had been hired only two years before, resigned. Fortunately, within the organization's ranks was another person – the chief financial officer – who was equally talented and well suited for the position. The ending to this story continues to be a happy one. The CDC has been moving forward and once again is a vital organization, setting and meeting ambitious goals.

Each one of these cases required that we communicate promptly about what was happening both to the CDCs and our technical assistance providers. In doing so I made every effort to be both discreet and honest. To say that the events described above went by without notice would be a gross exaggeration. All involved in the initiative were well aware of the troubles that surrounded all three groups. This was all the more the case because of the camaraderie and interaction we had encouraged among CCRP players. In the end, in the case of the two

CDCs we dropped, I found it best to focus on our commitment to due process and to articulate our unwillingness to have precious program dollars go to organizations that no longer took seriously the opportunities that CCRP presented – for whatever reason.

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**Dropping CDCs from the program was considered by some to be a bold and unprecedented move. We considered it necessary to ensure the integrity of the program.**

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Many in the community development world were surprised that we actually dropped CDCs from the program. This was considered by some a bold and unprecedented move. We considered it necessary to ensure the integrity of the program. Others thinking about mounting a comprehensive initiative should anticipate the possibility of having to let go at least one of the groups they choose at the outset. Situations change over the course of a multiyear program. CCRP is a good example of this. By starting off with several organizations – at least three or four or more – there still would be enough participants to sustain the program should it become necessary to jettison non-performers. Certainly, one would want to avoid a situation where it was necessary to hold on to a non-performer simply because the program could not tolerate the shrinkage.

As to helping to straighten out a difficult situation, such as two factions of one CDC going to war, effectiveness rests on being both proactive and evenhanded. Our ability to intervene came not only from past support for the organization, but also from our immediate offer to bring in outside professionals as problem solvers. This is another instance where having flexible dollars to spend can make a huge difference. CCRP invested some \$35,000 to keep one organization from self-destructing. It was money well spent.

What did we learn from these experiences that could help intermediaries for programs like CCRP? In retrospect, the choice of a social service (drug treatment) agency with clients across the city rather than an organization whose first loyalty would be to the neighborhood where it is located brought with it a risk. If the going got tough for any reason (as it did in this case when the murder, bad press and financial woes arose) this agency's interest in community building quickly faded. Under similar circumstances, a neighborhood-based organization whose primary mission was community improvement might have

hung in there and welcomed the support that a sympathetic funder could render “to right the ship.” Further, I believe that I was remiss in not being rigorous about meeting – perhaps annually – with the boards of each participant organization, although at the outset, the CDC executive directors had little enthusiasm for my doing so. In all likelihood, we – the CCRP intermediary – could have been more responsive to board concerns, and they to ours, had we stayed in regular communication. No doubt, this would have had to have been a condition of participation, agreed to prior to the start of the program.

Above all, we learned that serious organizational problems seldom right themselves. If an organization flounders as a result of internal conflicts, but is worth saving, getting one’s hands dirty by intervening judiciously can prove worthwhile. That was our experience. But if a deeply troubled organization, along with its board of directors, is in the tight control of a leader who turns his or her back on both the neighborhood and the outside world, there is no other choice for a program like ours than to leave it to its own devices. This, too, was the experience of CCRP.

## What We Learned Along the Way

- ★ **Don't overlook the importance of building early momentum and showing visible results.** Part of the leadership task is demonstrating very early, both inside and outside the initiative, that results matter. Many of its goals will be difficult to achieve and take years to accomplish. But there ought to be some opportunities for showing early results that set the stage for those that are to come later. Even before the program begins, think through the opportunities available to show some visible changes. These early wins are invaluable in building confidence and enthusiasm for the hard work that follows. Programs that require ongoing fundraising and additional partners need the momentum that comes from a few early wins that reinforce planning and strategy development. Momentum builds credibility, sustains interest and attracts resources.
- ★ **Spend time early on and regularly thereafter defining the rules of engagement that set the stage for how you lead.** A leader can only lead with confidence if there is clarity about his or her role and the roles of others. This applies to how the initiative manager relates to both CDC and funder participants. No leadership role can be fully defined at the onset, but an early investment in talking through assumptions about key decisions will help in getting off to a good start and will make future conversations about roles and decision-making easier. Later on, when conflicts and uncertainty arise, having a common point of reference will greatly simplify the task of working through differences.
- ★ **Sensitivity toward the players and their work, hands-on knowledge, and an entrepreneurial bent are all indispensable to the leadership of comprehensive community initiatives.** This work is different from lots of other work in the foundation and nonprofit sectors. Comprehensive initiatives present challenges that call for a unique blend of skills over and above those often associated with good grant-making or effective nonprofit management. Respect for the strengths of your lead agencies and their neighborhoods, practical knowledge of their worlds and the constraints under which they operate, and a willingness to trust their judgment and share in their risks, are absolutely necessary to be successful in leading initiatives of this kind.
- ★ **Design into the program manager's role the flexibility and discretionary authority needed for real leadership.** The challenges of leading and managing this type of comprehensive initiative are difficult enough without adding the additional challenges of working within an overly prescriptive structure of guidelines and procedures. For the initiative manager, a preoccupation with detailed prescriptions may be a sign that funding partners have not fully thought through the decision-making process or that they are not comfortable delegating the authority needed to effectively lead the effort. For the funders of such initiatives, excessive worrying about guidelines and procedures may signal underlying doubts that the initiative manager is the right person for the job. Either situation spells trouble ahead.
- ★ **Anticipate that there will be occasions that call for tough decisions, and once the evidence is clear, don't hesitate to act.** Before acting, it's always wise to go to program advisors in advance to prepare them for what is coming and secure their concurrence. When things turn difficult, discretion matters. Finding the right balance between what to reveal and what to keep confidential is never easy. In general, your goal should be to offer enough information to your program advisors to show that you're acting fairly while not revealing more than they need or want to know.



## **Adopting CCRP's Lessons in New Settings**

– Tom Burns

From the start, the CCRP demonstration was intended to yield lessons for others in the field. Even before it was launched CCRP attracted interest from people who wanted to know such things as what it was trying to do, how its funders were brought together, how the CDCs would work with one another and with CCRP's staff, and, of course, what it hoped to accomplish. As the years passed, that interest continued to grow. Funders and public officials from across the country, and beyond, showed up for site visits to the CDCs and tours of their neighborhoods. All sought to learn more about the approach and see its results. CCRP's director and staff from its CDCs were invited to conferences to share their experiences and offer advice.

Much of the CCRP experience already has found its way into print. Interest in receiving the interim and final evaluation reports was strong and steady during the actual demonstration. CCRP itself in 1996 invited community development experts Mitchell Sviridoff and Bill Ryan to do an early analysis of CCRP and its contribution to the field. During the nineties CCRP was the subject of several case studies and articles that helped broaden knowledge of comprehensive strategies in the US and beyond. Looking back over the years since it was first conceived, we feel confident that this experiment has met early expectations about its contribution to the theory and practice of comprehensive community revitalization.

Now, some fourteen years after the demonstration was launched, it ought to be possible to determine which parts of the CCRP experience still have validity in a new era – one in which comprehensiveness is pretty much a given and there are a variety of sources from which to draw guidance. One of the toughest parts of learning from a demonstration has always been to figure out which aspects have more general and lasting relevance, or, as someone once said, "which lessons have legs." We begin this final chapter by revisiting what we believe are the essential themes from the demonstration. These are themes that speak to the contemporary challenges of putting together community-based programs that are multifaceted and that seek to achieve results of scale leading to measurable quality of life improvements in troubled neighborhoods. We then highlight some examples of how ideas from the CCRP demonstration have already shaped other comprehensive initiatives, and

show how those involved have drawn upon CCRP as a useful point of reference. We also restate the case for well designed and well managed neighborhood revitalization initiatives. They are, we argue, an indispensable part of any urban revitalization strategy that seeks to balance economic development and poverty alleviation goals.

### **CCRP's More Durable Lessons**

It is helpful to begin this section by examining what kinds of lessons would be useful, and to whom. We see at least four audiences. First, there continues to be interest among philanthropies and urban funding consortia in launching multi-faceted initiatives in their own communities. Second, there are those charged with actually managing these initiatives on the ground. Third, there are the many CDCs and other types of community-based organizations that have established themselves within narrower program areas, such as housing and physical development, and that are now expanding and integrating their programs to achieve more comprehensive effects. Finally, there are the evaluators, researchers and policy-makers to whom CCRP offers guidance in thinking through how to change the way community rebuilding initiatives are designed and managed.

The five "how-to" chapters that form the heart of this book told the story of how CCRP actually happened. Each offered practical suggestions relating to one of the five key challenges that every comprehensive initiative eventually confronts:

- Making critical early design decisions that set the stage for what comes next;
- Finding, managing and spending the flexible dollars that stimulate and fuel the creative efforts of community leaders;
- Nurturing new visioning and planning activities that set the initiative's direction and are essential to engaging the community;
- Assuming a bridge-building role to connect expert technical and programmatic resources with the work going on in the participating communities; and finally,
- Steering the effort with the entrepreneurial leadership needed to venture into new territory, solve problems, recover from mistakes and keep the initiative moving in the right direction.

These, we have said, are the details of implementation that matter most. Embedded within these practicalities are some broader words of advice for those contemplating how to introduce and frame a comprehensive community initiative. What follows is a summation of key questions and answers that speak to the most common design choices.

### *Can established CDCs move into broader intermediary roles in their neighborhoods?*

We think CCRP has shown beyond doubt that well-established and competently led CDCs can effectively diversify into new program areas when given access to new core staff, capacity-building resources, seed capital and expanded networks. With proper support they are able to expand their missions, diversify staff and programs, and effectively capture new, stable public and private resources to sustain new programs over time. We also believe that CCRP's CDCs have demonstrated their capacity to move into a new kind of intermediary role in their neighborhoods, serving not simply as conduits for new program dollars but also as independent, but highly accountable, entities that help catalyze the interest and support needed to launch ventures and improve community well-being.

### *Do these new neighborhood intermediaries have to be CDCs?*

We think CCRP has shown that CDCs well established and anchored in their communities have unique advantages that position them for comprehensive community rebuilding. But could other types of community-based organizations also take on this difficult work? We think that large, place-based human service organizations can be good candidates, provided they have on board an entrepreneurial leader, the know-how to "do deals" and assemble resources for new projects, and a keen appreciation of the value that community engagement adds. The key is openness to trying new things.

### *How important is capacity building to success?*

Capacity building is critical prior to start-up in order to mitigate the inevitable growing pains that a comprehensive initiative encounters. CCRP demonstrated the value of increased organizational capacity by first enabling its CDCs to hire project-dedicated staff. But as was discovered in other similar initiatives, CCRP learned this is not enough. To

sustain broader agendas and the increased complexity that comes with an ambitious comprehensive approach, CDCs are more than likely to require concentrated and ongoing support to address their own management needs, particularly at the senior staff and board levels.

### *How well can CDCs make the transition from their familiar physical development roles into new roles as catalysts for the social development of their neighborhoods?*

CCRP has shown that an early investment in quality of life planning, with a strategic action emphasis, is needed to put in place "blueprints" to guide the CDC and its partners in their revitalization efforts. The CCRP communities' continued reliance on plans and strategies developed some years ago provides ample evidence of the lasting value of investments in broad plans that capture the shared vision of residents and other neighborhood stakeholders. The plans also played a key role in attracting large-scale public and private support.

### *What kind of staffing does a comprehensive initiative really need and what's the best way to support it?*

The CCRP model of investing in core funding for program staff has been emulated by later initiatives. Paying for a few dedicated staff persons, typically an initiative manager and an "outreach worker" (CCRP's version of the skilled community organizer), makes all the difference in ensuring that the CDC has the capacity needed for community outreach, planning and program implementation.

### *What kinds of technical assistance are needed and how can technical assistance best be provided?*

CCRP opened new avenues for organizing and delivering technical assistance within a comprehensive community initiative. CCRP support for outside agency staff to work hands-on with the CDCs evolved into a model technical assistance strategy that proved to be a cost-effective way of securing quality professional assistance that enabled the CDCs to venture into new program areas. Not only did the CDCs benefit from expertise they could not otherwise afford, but just as important, the staff of the TA-providing agencies broadened their own understanding of the CDCs' needs. They honed their own skills in making their technical knowledge useful to the real world problems found within CCRP neighborhoods.

*What guidance can the CCRP demonstration provide about sustaining programs and activities launched during a comprehensive initiative?*

Time after time, CCRP demonstrated the importance of putting funding in place for new programs prior to their being launched, rather than CCRP coming up with operating support or permanent financing. Finding such funding was not always easy and in a few instances the search was unsuccessful. But in general, CCRP's investment on the front end – mostly for the technical assistance needed to help CDCs solve feasibility, operating and funding issues – resulted in stable, continuing support from government agencies and/or philanthropies eager to fund sound programs targeted at community needs. In effect, CCRP provided the evidence we had hoped to see that strong CDCs, once they find their niche within a new program area, are able to replicate the entrepreneurial approach already proven in the housing and physical development arenas. Although much of the credit for finding continued funding goes to the CDCs, CCRP has shown the valuable role that the director of a comprehensive initiative can play in opening doors to new resources and encouraging CDCs to build their own capacity to do the same.

*Given the new emphasis on outcome-oriented funding, what lessons can be learned from CCRP's approach to balancing comprehensive community revitalization goals with a commitment to showing visible short-term results?*

CCRP had no choice but to focus early on achieving tangible short-term results. Since it began with only some of its funding in place, it had to proceed with a strategy that would help to draw in additional funders along the way. But there is a bigger lesson to be drawn from CCRP's emphasis on concrete "early action" projects. In fact, the momentum that derived from CCRP's early wins did much more than help raise money. Visible results showed that CCRP was, indeed, outcome-oriented. They also established the credibility needed within and beyond the community to tackle the harder issues that require sustained effort over many years.

Everyone associated with CCRP embraced very ambitious change agendas for each of the South Bronx communities. At the same time they also understood that the long, hard journey toward comprehensive betterment of

a whole neighborhood would be both incremental and cumulative. Their commitment to go forward was fueled by many victories, both small and large, that sustained those doing the work and attracted new supporters to it. The continuing commitment that CCRP's CDCs have made to the strategies they adopted during the demonstration is clear evidence of their having fully embraced this approach. Only now – more than a decade after CCRP was launched – are we beginning to see an equally strong response from funders of comprehensive community change. This response shifts from an emphasis on quantitative results within an artificially bounded time frame toward a better understanding of the cumulative effects of incremental gains on comprehensive community outcomes.

*What about finding the longer-term funding needed to continue the "softer" planning, community building and program development work that CCRP supported during the demonstration?*

CCRP clearly demonstrated how early and flexible dollars can help start new programs, while also showing that, with adequate time, CDCs are able to sustain many of the "softer" functions they value, like recreational or leadership development programs for kids, and additional outreach staff to deepen connections with residents. Once the CCRP demonstration program ended in mid-1998, some merged the functions of CCRP staff into those of other funded positions, while others fine-tuned property and asset management operations to increase revenues from existing properties. Several allocated a larger portion of the overhead received from new programs and projects to cover the costs of maintaining staff and functions formerly covered by CCRP. But mostly, they have strengthened their fundraising capacities, in some cases parlaying their CCRP experience and exposure into new grants from private foundations to support their community-building work.

*How long is long enough? For what period of time does a comprehensive initiative need to be funded to assure that it will have lasting results?*

CCRP demonstrates that dramatic results can be achieved with philanthropic dollars channeled through a well-designed and managed multi-year initiative. But the CCRP experience, along with those of kindred pro-

grams, provides at least two more useful insights. First, the launching and managing of a comprehensive community change initiative is even more demanding than first thought. It involves a complex array of neighborhood planning, program development, organizational and community capacity-building activities, all of them sensitively designed, integrated with one another, and allowed to be absorbed into the CDC organizations serving as neighborhood intermediaries. Second, these initiatives, targeted as they are to communities that have suffered from decades of disinvestment, should not be conceived as having clear ending points. Questions about how long it takes are therefore difficult to answer with certainty. The correct answer might be: “Long enough to allow time for everyone involved – CDCs, initiative managers and funders – to learn how to become effective in their respective roles. Long enough, also, to establish sufficient credibility and momentum through visible results and to ensure that the CDCs (or other CBOs) involved have sufficient opportunity to develop the capacities needed to assume responsibility for sustaining the initiative on their own.” Although CCRP’s six-plus years seems like a long time, it was probably closer to the *minimum* time needed to ensure that the effort is sustainable.

### CCRP’s Influences in Other Settings

Earlier we indicated that CCRP has already helped shape the thinking behind several other comprehensive initiatives. In an effort to understand better which aspects of CCRP’s design or implementation have proved most helpful to others, we looked more closely at three examples. We asked practitioners who were most closely involved which aspects of CCRP they chose to incorporate into their own thinking and why. Further, we asked them to reflect on what they found useful about CCRP as their own initiatives unfolded. Our aim here is not to provide a thorough account of each of these initiatives, but rather to highlight how features of CCRP played a part in their design or execution.

The three initiatives we chose were the Annie E. Casey Foundation’s Rebuilding Communities Initiative, the Targeted Neighborhood Initiative (TNI) funded by The Pew Charitable Trusts in Philadelphia, and the New Communities Initiative sponsored by LISC/Chicago. In 2003 the latter was expanded from a three neighborhood program to one that encompasses 16 Chicago neighborhoods. It is now known as the New Communities Program (NCP).

I chose to become a funder of CCRP, and even agreed to head the committee overseeing the CCRP evaluation, because I saw this as one of the best ways of learning first hand about how a comprehensive neighborhood approach is actually implemented. The Annie E. Casey Foundation’s experience was then mostly in the redesign of large-scale systems that touched the lives of kids. We knew little about the field of community development, but we had a strong hunch that efforts directed to improving the neighborhood environment could have a powerful effect on the lives of children and their families. As we began shaping our own Rebuilding Communities initiative, we knew we had to make some very basic design decisions about how we were going to work with the communities we selected. CCRP proved to be very helpful in making several key choices. Among these were the decision to go with established CBOs who could serve as the lead organizations for the initiative, the decision to invest early and heavily in a planning and visioning process that engaged the communities and set their directions, and the decision to find a skilled and experienced initiative manager to guide the initiative’s development both within the Foundation and in each of the five RCI communities.

*- Sandra Jibrell, Consultant and former Director of Community Initiatives, Annie E. Casey Foundation*

**The Rebuilding Communities Initiative.** The RCI program was launched in 1993, not long after CCRP began. The effort focused for nearly eight years on five neighborhoods in five cities. It initially drew considerable attention nationally because of the impressive commitment – over \$18 million – that a national foundation was prepared to make on what was then a still-untested approach. What a departure for a foundation that had previously focused almost entirely on improving the delivery of services to children and families through state-level, “top-down” system reforms. According to Sandra Jibrell, now Director of Community Initiatives at Casey and then the chief architect of the initiative, RCI provided an opportunity to gamble on a very different, but uncharted, approach. What if the Foundation were to experiment with a “bottom-up” strategy for improving the lives of children and families by changing the conditions of the neighborhoods in which they lived? Jibrell and others at the Foundation were convinced there was merit in the approach, but also recognized that they knew little about the worlds of community development, comprehensive community change and resident empowerment and capacity-building. All were relatively new to a Foundation that had concentrated so much of its energy

and resources on the service delivery systems and agencies of the governmental sector. As they began shaping the initiative in 1992, Jibrell set out to learn all she could about how to piece together a comprehensive community change effort that would be focused on improving neighborhoods but with the ultimate goal of improving outcomes for the children and families living in them.<sup>10</sup> Looking back at the period prior to RCI's launch, Jibrell is quick to acknowledge that her main reason for joining CCRP's funders was to learn from an initiative with similar goals and that was already underway. She credits her exposure to CCRP as having provided the basis for several key decisions about RCI's design and management.

The RCI initiative concluded in 2001, but many of its activities, especially those focusing on resident engagement and leadership development, are being continued by the lead CBOs and governance structure in each of their communities. In each of the five sites, a centerpiece program or initiative emerged. There's a community-based child welfare service delivery system in Washington DC; a grass roots education reform effort in Detroit; a more integrated mental health and substance abuse system in Denver; resident-guided physical revitalization planning and a new community facility in Boston; and a multi-neighborhood governance collaborative in Philadelphia. As with the CDCs involved in CCRP, the lead organizations have joined to create a new alliance that will enable them to sustain their relationships with one another and serve as a resource to other communities entering the world of comprehensive community revitalization.

**The Targeted Neighborhood Initiative.** This four-year initiative in Philadelphia was launched in 1996 with a grant of \$4.5 million from The Pew Charitable Trusts. TNI was intended to support the efforts of four CDCs to achieve significant, visible change in housing and physical conditions in neighborhoods hard-hit by decades of economic and social disinvestment. Michael Rubinger, formerly associate executive director at The Pew Charitable Trusts and now president of the Local Initiatives Support Corporation, was TNI's creator and early champion. He viewed the demonstration as a particular response to the need in Philadelphia to produce tangible evidence that a more targeted approach to com-

As we got deeper and deeper into TNI, it was enormously helpful to be able to see another initiative in operation that was working well and that we could replicate. CCRP showed us the importance of being strategic and that success depended not just on finding the essential resources but also on skilled project management. Most of all, CCRP gave us the courage to think big and take risks.

- Beverly Coleman, Director, Philadelphia Neighborhood Development Collaborative and former TNI Manager

munity development would get results. He hoped that TNI would show what established CDCs could accomplish when they had access to the resources needed to take on housing and physical development projects of scale in well-defined target areas within their neighborhoods. He reasoned that if the CDCs could demonstrate that well-designed physical revitalization strategies, supported by other programs, could produce very tangible results over the four years; it would be easier for them to leverage additional public and private resources.

Although TNI emphasized physical revitalization, its overall strategy was broader and more comprehensive. In his original description of the initiative, Mike Rubinger referred to the CCRP experience as an important precedent for a more comprehensive but targeted approach to community development. Like Sandra Jibrell of Annie E. Casey, he provided funding to CCRP to learn first-hand how it operated and what outcomes it was actually producing.

To achieve this comprehensive effect, the Philadelphia CDCs were encouraged to think boldly, not only about how to advance housing projects that had scale and that reinforced one another, but also to plan strategically and with broader neighborhood participation. And, too, they were challenged to develop supportive programs such as commercial corridor improvements, residential "blockscaping" to unify the appearance of whole blocks of homes, better crime and security strategies, as well as other economic development and employment efforts. Over the years it operated, TNI enabled its participating CDCs to build nearly 500 units of affordable housing in their target areas, make commercial improvements (including a new 46,000 s.f. supermarket and shopping

<sup>10</sup> RCI's stated goals were "to maximize the capacity and impact of neighborhood resources and institutions; to establish effective neighborhood-based service delivery systems for children, youth, and families; to develop capable and effective neighborhood collaboratives to which state and local resources and authority could gradually be devolved; to improve housing and social and physical infrastructure; and to increase public and private investment in the neighborhoods." The five sites selected were in Denver, Washington DC, Boston, Detroit, and Philadelphia. Additional information on this initiative is available on the Annie E. Casey Foundation's website: [www.aecf.org](http://www.aecf.org).



center in one neighborhood), landscape and beautify three entire blocks, build new parks and community gardens, undertake repairs in scores of owner-occupied homes and launch two new workforce development programs.

Like RCI, TNI's design also drew on the CCRP experience. Like CCRP, TNI chose to work with established CDCs, four in all, who would receive a substantial commitment of grant dollars for their operations along with additional flexible project support and technical assistance. Like CCRP, it invested heavily in quality of life physical plans to engage residents, create a common framework and build momentum around key projects and programs. Like CCRP it sought to develop new relationships with established technical assistance organizations that had experience working with CDCs, and new funders and financing sources with the capacity to invest in the TNI communities.

Later on, when the need for mid-course adjustments arose, TNI looked to CCRP for the strategies it had used. These included strategies for managing money, as well as for developing cross-site projects and making connections to new funders and financing resources. Beverly Coleman, who managed TNI through its entire four years before moving to the position of director of the Philadelphia Neighborhood Development Collaborative, also looked to CCRP for guidance at several critical points in TNI's development. One change inspired by CCRP involved committing resources to the CDCs on the basis of their progress, actual needs and proposed uses rather than providing them with a fixed sum annually. This shift allowed for the reprogramming of unspent monies previously earmarked for CDC projects. As a result, funds became available for new ventures that took aim at increasing TNI's impacts and capturing additional resources. With advice and some direct project assistance from Anita Miller, she took the lead in shaping and launching new TNI efforts. One such effort was to go after new state funding for homeownership projects. Another was to launch the blockscape program that brought together Neighborhood Housing Services (now called NeighborWorks), experts in home repair and façade improvements, with Philadelphia Green, experts in partnering with communities around urban greening efforts, to achieve the dramatic block-level improvements mentioned above. A third was to engage a highly regarded citywide employment organization to help a TNI participant to increase the effectiveness of its jobs program, and to obtain public contracts to secure its future. Both were achieved.

**LISC/Chicago's New Communities Initiative.** A third program, NCI, was designed from the outset by LISC/Chicago to closely replicate CCRP. It was launched in 1998 with LISC as the intermediary and became the New Communities Program (NCP) four years later. With support from the John D. and Catherine T. MacArthur Foundation, and from the national funding consortium Living Cities, the program expanded from three to 16 Chicago neighborhoods. NCP, like NCI, is working with a lead agency in each neighborhood that functions as CCRP's neighborhood-based intermediaries did. Here, too, each lead agency is charged with responsibility for bringing together its community to identify critical needs and develop and implement strategies to address them.

NCP, like NCI, is led by a LISC program officer. Until she stepped aside in early 2005, Amanda Carney adopted an entrepreneurial approach modeled on the one that Anita Miller employed in CCRP. With periodic input from Anita Miller, Carney worked closely with LISC/Chicago's program director, Andrew Mooney, to set the style for how the program operates. Working flexibly with each CDC, program staff offer the resources needed to advance specific neighborhood improvement goals, while at the same time devoting much time and energy to ensuring the success of initiative-wide efforts. Joel Bookman, a veteran Chicago CDC director, with Susana Vasquez, also a former CDC staff member, continue this approach since taking over from Carney.

Auguring well for NCP is the unique set of attributes that LISC brings to its work. These include previous experience with the smaller NCI effort; its own pool of funds available for packaging housing and economic development ventures; staff expertise; and excellent bank and governmental relationships.

While LISC relied on CCRP's selection criteria for NCI, with NCP it decided to deviate from the notion of choosing only those neighborhoods with strong CDCs. Instead, it tackled some of Chicago's most severely distressed communities – neighborhoods where there was no seasoned organization capable of leading the program. To overcome this limitation, LISC decided to support one new group led by a well-regarded city council member, and at least two limited-purpose organizations. Over time they hope to evolve strong lead agencies that can gain both the credibility and management skills required for successful results. This is a challenge made feasible by the projected ten-year life of the program.

NCP supports dedicated staff in each of the CDCs, and underwrites the costs associated with Quality of Life Planning. Thereafter, support such as technical assistance,



There's little flash to the CCRP approach, just a lot of common sense. Select credible lead agencies, provide flexible dollars, do some community planning while acting immediately on identified needs, fund on the basis of outcomes rather than 'entitlement', keep a healthy attitude toward market forces and the private sector, act like a venture capitalist, look for ways to link agencies and people together, and don't waste time on losers.... Most of all, do what a good intermediary should do: provide some discipline to what is usually a chaotic development process... Our experience in Chicago with the New Communities Initiative, which is directly modeled on CCRP, demonstrates quite powerfully the effectiveness of the CCRP methodology in other urban contexts.

- Andrew Mooney, Senior Program Director,  
LISC/Chicago

grants and/or loans, is made available for projects identified in the Plans. In addition to assisting the development of new housing strategies, program funds have been used to start a highly successful community newspaper in one neighborhood, to cover predevelopment costs for two supermarkets, and to assist a cooperative venture between the Chicago Park District and CDCs working on open space projects in their neighborhoods. Here, assistance is provided by the Trust for Public Land. A major component of NCI/NCP is its network of neighborhood employment centers. LISC brings predevelopment financing, a funding agreement with the city and an alliance with Project Match, a nationally recognized employment program. With the advent of NCP, the mission of the Centers has expanded to include a broad range of financial services – from income tax preparation to credit counseling – aimed at building the wealth of neighborhood residents.

LISC's NCP strategy, while still in its infancy, promises a program that will go far beyond those of previous comprehensive community initiatives, including CCRP's Bronx initiative. The scope and depth of NCP and the likelihood of ten years of funding from MacArthur, coupled with LISC/Chicago's willingness to take on hard-pressed neighborhoods with little or no organizational depth, promise that much will be learned from this important Chicago initiative.

The three above examples describe decidedly different programs, embodying goals and strategies that respond to circumstances that may differ from those of the South Bronx, each yielding impressive but varied results. Despite their differences, they have all looked to particular characteristics of the CCRP demonstration for

inspiration and guidance. Leaders of these initiatives are able to articulate with clarity certain features of CCRP's design and management that have been borrowed and adapted as needed at different stages in each initiative's development. In all three cases, there is little doubt in the minds of those most involved of CCRP's positive influence on the results that have been achieved.

We have chosen to highlight these specific examples, but we know of others that could easily be added. To be sure, the kind of anecdotal evidence we have cited has its limits. But it does suggest that there are features of the CCRP demonstration that have contributed significantly to the evolution of best practices in a field that may no longer be new but is still very much in flux. Our hope is that the advice and lessons offered in this volume continue to spur innovation in the practice of comprehensive community revitalization.

## Where To Next?

The future of comprehensive community revitalization approaches and their role within the broader array of urban strategies, both place- and people-based, is very much on the minds of those who care about America's cities. Our focus has been largely on the "how" of comprehensive initiatives, not on the "why." We have taken for granted that the arguments for place-based community change have been well articulated and that the melding of place- and people-based strategies makes the most sense as a response to the persistent poverty that affects so many urban neighborhoods. Nonetheless, we have a sense that, after many years of experimentation with comprehensive approaches, some difficult decisions need to be made about how best to focus future investments.

We concur with the authors of the Aspen Institute Roundtable's publication, *Voices from the Field II*, which took stock of the accomplishments of the past decade and framed the challenges (see sidebar). However, to their assessment we would add at least two points that follow directly from the CCRP experience and that of parallel demonstrations. The first is that the expectations and assumptions made in early experiments about what might be possible, given the timeframes in which the demonstrations operated and the levels of resources available were often quite unrealistic, not nearly as grounded as they might have been in practical knowledge of the conditions of the neighborhoods and cities in which they were operating. Admittedly, some initial demonstrations had crippling design weaknesses. However, in more cases than not, we think, the amount of

After a decade of experience, the record of [comprehensive community initiatives] is mixed. Many initiatives did indeed produce valuable change in their communities: they increased the quality and quantity of social services, economic activity and physical improvements; they developed new capacities and relationships; and they brought new resources to the neighborhoods. But they were not the agents of community transformation that many hoped they would be. The neighborhoods in which they operate are still poor, and they still have critical socio-economic problems. In part, this is because the initiatives have not fully translated the principles of comprehensiveness and community building into action. It is also because the ways in which the core concepts were interpreted did not pay sufficient attention to the capacity needed within neighborhoods in order to implement a comprehensive community-building agenda. Nor was the need recognized for a sophisticated understanding of how to work with structures outside the community.

- From *Voices from the Field II*, Aspen Institute Roundtable on Comprehensive Community Initiatives

time needed to reap benefits is far greater than the duration of many of the original efforts. This is surely the lesson that the CDCs involved in CCRP have drawn. It is also the principal reason they continue to sustain and build on their initial Quality of Life Plans long after the interests of many of their funders shifted elsewhere.

The second point is that, for a variety of reasons, the quality of *execution* of so many of the change strategies embodied in these early programs was far less than it might have been, or would need to be, to address the ambitious goals that were adopted. Now, however a great deal of practical experience is available about how to take on processes of community change – from CCRP certainly – but also from the whole array of demonstrations that were undertaken. We've learned about the structuring of intermediaries and the handling of resources so they are applied flexibly and strategically to achieve the highest possible leverage. We've learned about the vision and practical skills needed among those who shape and guide these efforts. We've learned the myriad benefits of approaching comprehensive goals incrementally through activities that weave planning and action together to build capacity, broaden engagement and create momentum.

How worthwhile it would be to bring together the rich experience of the last dozen years and begin to think carefully about investing in another generation of comprehensive initiatives – initiatives that would capture and build on best practices, new capacities and the shared

wisdom of those most involved. Imagine a proliferation of new experiments, some larger and more closely studied, others more modest and fitted to opportunities in places where comprehensive strategies have not yet been tried. Some might build on results already achieved in neighborhoods where substantial investments have been made. Others might begin in entirely new places where interest and conditions are right. Bringing these experiences together and reaping the next level of learning from them would be the very same networks of funders, evaluators, practitioners and academics that have already taken shape around well established organizations such as the Aspen Roundtable, and forums such as the Council on Foundations.

What would be different about this next generation would be the way in which the initiatives were designed and managed. They would take full advantage of practical lessons from CCRP and other similar efforts about the kinds of leadership, flexibility and hands-on experience that truly make the difference.

This is how useable knowledge develops and this is the kind of knowledge that is sorely needed, not just in the field of comprehensive community building, but more generally in the field of urban and community development. It is our sincere hope that the experience of CCRP will advance this larger and more enduring field of community renewal, a field that will yield benefits we can only imagine in communities of every kind across this country.

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