



*"Our Neighborhood. Our Choice."*

**BMHA Perry Choice Neighborhood**

## **BMHA TECHNICAL REPORT # 2**

# **Neighborhood Support Services Report:**

# **A Need Assessment of the Perry Choice Neighborhood**

Henry Louis Taylor, Jr. & Robert Mark Silverman, Principle Authors

**JULY 2012**

## Table of Contents

Executive Summary.....	i
Why Supportive Services Matter.....	1
Where is the Perry Choice Neighborhood.....	14
The People of the Perry Choice Neighborhood.....	16
The Perry Choice Neighborhood Supportive Services Framework.....	23
Commuting Time and Travel Distance.....	31
The PCN Supportive Service Delivery System in Action.....	35
What We Think: Resident Perspective on Supportive Services.....	40
Recommendations.....	44

# Executive Summary

## *Why Supportive Services Matter*

The Perry Choice Neighborhood (PCN) is both a place and a new way of thinking about neighborhood development. The goal is to develop a plan for transforming the PCN into a lively, mixed-income and economically viable neighborhood. The new community will be anchored by the construction of new housing units undergirded by a strong economy, a sound supportive service structure, and a cradle to college and/or career pipeline. Such a neighborhood will serve as a platform, imbued with the values of participatory democracy, cosmopolitanism, reciprocity, collaboration, diversity, socioeconomic and racial justice, along with collective work and responsibility. This platform will enable residents to achieve economic self-sufficiency, help children do well in school, graduate on time, and then go to college or find good job.



To realize this lofty goal, the PCN will need to develop an innovative neighborhood-based supportive service system. The reason is that residents are going to encounter obstacles in their quest to improve and make their lives better. When this happens, they will need help. This is where the supportive service strategy comes in. Its goal is to provide the residents with the wide range of assistance they will need to successfully navigate the employment, education, health and social terrain of everyday life and culture in the Perry Choice Neighborhood. The purpose of this report is to illuminate the issue that must be confronted in order to build such an innovative neighborhood supportive service system. The report will be divided into five parts: Part One will focus on the methodology and demographic profile of the neighborhood, while Part Two will analyze the existing PCN supportive services framework. In Part Three the BMHA supportive service system will be examined, while in Part Four, the resident's perspective on the supportive service framework will be discussed. The final segment of the report will discuss the recommendations for building a new and highly innovative neighborhood-based supportive service system.

# What We Did

## ***Definitions Matter***

The U.S. Department of Housing and Urban Development defines supportive services as all activities that will promote upward mobility, self-sufficiency, or improved quality of life, including such activities as literacy training, activities that promote early learning and the continuum of educational supports, remedial and continuing education, job training, financial literacy instruction, day care, youth services, aging in place, public transportation, physical and mental health services, economic development activities and other programs for which the community demonstrates need. While we think this comprehensive menu of services is important, for the purpose of this report, we have narrowed our definition to include only those health and social services, which are most critical to promoting the upward mobility of residents and improving their overall quality of life. Concurrently, we have accounted for other critical services, such as education, transportation and public safety elsewhere in our plan. In determining what services to include in this report, we focused principally on services that were delivered by health and social services agencies and that were most closely connected with basic needs and facilitating entry into the workforce.

## ***Data***

The data for this report came from a variety of sources. The demographic data came mostly from the 2000 and 2010 census, with additional information coming from census data compiled by the Nielsen Company. The census information on the BMHA Commodore Perry Homes and Extension Site was derived from a series of BMHA resident surveys compiled by the housing authority on September 14, 2011. To gain insight into the views of the residents, 86 households (17%) surveys were conducted in Commodore Perry Homes, along with another 67 surveys from households in the Old First Ward and in the northern section of the PCN. In addition to these surveys, five focus groups were held with residents of the Commodore Perry Homes and Extension Site, the Old First Ward and the northern section of the PCN. Then to gain insight into the structure of the supportive service organizations operating in the PCN, data was gathered from these groups from a variety of sources.

## ***Where is the Perry Choice Neighborhood?***

The Perry Choice Neighborhood (PCN) is a big shouldered, old industrial community, with a tough, hard-edge persona. Strategically located adjacent to downtown Buffalo, in the lower East Side, the PCN is the place where blacks first settled in Buffalo. The neighborhood is the cultural center of Black Buffalo, as well as the site where Russian Jews, Italians, Irish, Polish, Germans and a smattering of Canadians and British not only shared residential space, but often lived with their black neighbors in boarding houses. Today, the PCN is bounded by Sycamore Avenue on the north, Michigan Avenue on the west, South Park to the south and Smith Street to the east. The Commodore Perry District, which is situated in the neighborhood's southwest corner, is the PCN's prime destination. The importance of the district stems from its proximity to the Inner Harbor, the Outer Harbor First Niagara Center, the Cobblestone District and the Larkin District.



## ***The People of Perry Choice Neighborhood***

The Perry Choice Neighborhood is a cross-class, mixed income multi-racial community, composed mostly of African Americans, along with a small number of whites, Latinos and other people of color. During the 2000s, the PCN lost population, like the City of Buffalo, as the number of people living in the neighborhood fell from 14,720 to 12,411, a decline of 15%. This population dip is slightly higher than the citywide decline of 11 percent- a drop from 261,000 to 230,000. In this analysis, the population is categorized according to stages in the life cycle. This method makes it possible to gain greater insight into the ways that social and economic issues impact on neighborhood development. Slightly more than a fourth of the residents of the PCN (28%) are school age children, with about 6% of these being preschoolers. About 13% of the PCN children are in the primary school, between 6 and 13 years, while 8% are high schoolers, between the ages of 14 and 18 years.

About 18% of the PCN residents are young adults, between the ages of 19 to 34 years. This group is comprised mostly of young men and women who are entering college and/or the workforce. During these critical years, children transition to adulthood and acquire the experience and knowledge base upon which their future success in the United States opportunity structure is based. This is a critical moment in the lives of African Americans, especially males. In this epoch, some will get into trouble, some will end up in prison, some will become victims of street violence, some will join the ranks of the unemployed and some will navigate these treacherous waters and find success.

For the handful of blacks that go to college, they will likely reach a middle-income status. For example, according to the American Community Survey, 30% of the residents in the PCN have high school diplomas, 28% some college, but no degree, and about 12% have college degrees. In this neighborhood, those with a high school diploma and some college, but no degree fall into the same income pool (\$22,000). On the flip side, those PCN residents with a college degree earn about \$37,000 annually. That is about a \$15,000 differential between the two groups. About 27% of PCN residents are entering their peak earning years, between 35 and 54, with another 12% of the population in their prime earning years (55-64 years). This is good news because it means that about 40% of the PCN are at that age where they will be at or near their optimum earning years.

### ***Joblessness***

Joblessness and poverty are very serious problems in the PCN. The term joblessness refers to those workers that are "officially" classified as underemployed and those that are not in the labor force. Using this framework, the PCN has a jobless rate of about 61%. Nine percent of the workers are unemployed and 52% are not in the labor force. The high rate of joblessness in the PCN is directly tied to the low-incomes found in this community. For example, the PCN median household income is only about \$21,110, with about 40% of the PCN population (2,250) earning less than \$15,000 annually. Not surprising, about 42% of PCN residents live in poverty. This high poverty rate is mitigated somewhat by the neighborhood's cross-class character. For example, about 21%, almost one-fourth, of the PCN households make \$50,000 or more annually. These higher income residents are potential anchors and stabilizers of the community. It should be stressed, however, the PCN is no jobless desert. There are about 333 businesses in the PCN, along with hundreds more in the surrounding neighborhoods, including downtown Buffalo, Cobblestone District, Larkin District, and the Buffalo Niagara Medical Campus. Thus, in the PCN, joblessness exists in a sea of employment and opportunities. The challenge, then, is how do we build connections between these jobs and opportunities and the people living in the Perry Choice Neighborhood?

## ***The Perry Neighborhood Support Service Framework***

There are 15 support service organizations in the Perry Choice neighborhood, including the Buffalo Municipal Housing Authority, with about half being multi-service agencies. The services offered by these institutions fall into six categories: crisis assistance, employment services, health, technical assistance, education and special populations.<sup>1</sup> To assist in crisis situations, there are food pantries, crime victim assistance and emergency housing. Also, there are job training and employment assistance programs, and health facilities, including agencies that deal with sustenance abuse. There are legal aid programs and a network of educational services, and programs for youth and elders.

There are five multi-service agencies in the neighborhood—JFK recreation center, YMCA, Valley Community, Buffalo Even Start and Harvest House. Of these, Buffalo Even Start Literacy Center and the YMCA appear to be the most comprehensive. For example, Buffalo Even Start has programs in substance abuse, daycare/childcare, youth, mental health adult education, and a neighborhood-based after-school program. The YMCA has daycare/youth care, mental health, computer training, adult education, and a neighborhood-based after-school program. Even with the closing of the Sheehan Health Network, the PCN still has a very strong health services network. The PCN neighborhood has several programs that provide services for children, youth and elders, including daycare and/childcare programs, while six agencies provide youth programming. The Perry Choice Neighborhood also has a very strong presence on the educational support front. Two programs offer computer classes, five have adult education program, and several offer GED programs. There are also three neighborhood-based after-school programs and five agencies have employment training and/or job placement programs.

### ***Commuting Time and Travel Distance***

The ability to access supportive services is in part connected to the commuting time and travel distance between a resident's home and that service. Using these variables as a reference, the PCN seems to be in excellent condition, especially for a community that is dependent on public transportation. The services available to PCN are situated near each other and within a 1.5 mile radius, and most services can be reached within 28 minutes, depending on the mode of transit used—walking, biking, bus or automobile. However, the commuting time and travel distance is mitigated by the impact of cold weather and the foreboding neighborhood environment on severity of the Buffalo winters and the foreboding nature of the physical environment. In addition, there is a poor intra-neighborhood transit system in Buffalo, which makes the use of public transit for intra-neighborhood transportation problematic.

### ***The PCN Supportive Service Delivery System in Action***

This section describes the approach to delivering services used by the supportive service agencies operating in the Perry Choice Neighborhood. Most PCN agencies are not dependent on neighborhood residents for the support of their agencies. Consequently, they do not track PCN residents that use their services. Also, this is true of those agencies, such as JFK and Lanigan Field House, which provide services primarily for neighborhood residents. The current service delivery system has seven characteristics:

---

<sup>1</sup> The BMHA uses a service coordinator model, so it is not listed among those agencies that deliver specific services.

- **The Silo Approach**

The 15 supportive service agencies in the PCN operate within a silo service delivery framework. While agencies, such as the Harvest House, do have partners that provide them with referrals and that actively participate in their program activities. However, these partnerships are not part of a systems-centered approach to service coordination, but rather the partnerships operate within an agency silo framework. The other multi-service agencies probably operate in much the same manner.

- **The Delivery Approach: “React and Crisis” Orientation**

Most individuals and families seek out assistance only in a crisis situation, or when a problem has worsened and can no longer be ignored. Prevention and an aggressive proactive agenda is not part of the service framework. For example, even though it is widely known that the 16 to 24 age cohort, when children transition to adulthood, is a seriously at-risk population in Buffalo, there are no programs to address their special needs.

- **The Information Literacy Challenge**

Although numerous services exist in the neighborhood, most residents seem unaware of the programs and activities they offer. So, the PCN agencies are underutilized by neighborhood residents. Most neighborhood agencies do not have an aggressive outreach program, thus aggravating this “lack of information” problem.

- **How Do I Get There? The Transportation Question**

Although most services within the PCN are clustered within a one-mile radius, residents still have trouble accessing them. The journey to PCN supportive service agencies appears problematic for many residents. People living in this neighborhood are dependent on public transportation, and bus routes are not designed to provide service for the neighborhood. Thus, for many residents, taking the bus is not a good option for visiting a service agency. At the same time, walking might not be an option, especially in the winter or stormy weather, or when accompanied by a small child.

- **Lack of Participation**

Many PCN residents will not participate in varied employment and enrichment programs designed to make them more competitive in the job market and to improve the quality of their lives. Agency directors complain that programs and activities are often forced to close because of poor attendance.

- **Communications**

Most residents in the Perry Choice neighborhood live on the economic margin, thus making it difficult for them to maintain telephone service. As a result, residents change telephone numbers frequently, thereby making it difficult to communicate with them. This problem is aggravated by the lack of email addresses and the failure to respond to letters.



- **Caught in a Catch-22: Employment Services**

Residents living on the economic margin make rational decisions about work and participation in programs designed to facilitate entry into the workforce. They want jobs, but at the same time, they do not want to cross income thresholds that might jeopardize benefits or that might increase their rent levels. This outlook is the lense through which they view various programs and make decisions about their participation in them.



## ***The BMHA Supportive Service Strategy***

The Buffalo Municipal Housing Authority has three housing developments in the PCN, Commodore Perry, the Frederick Douglas and the A.D. Price housing developments, which are clustered within a half-a-mile radius of each other. About 1,083 residents, or 12% of the PCN population live in these three developments. The BMHA provide services only for residents of the housing authority. It uses a service coordination model to achieve its supportive service delivery goals, along with special Section 3 and financial self-sufficiency programs.

### ***Supportive Service Coordinators***

- The BMHA uses a “passive” supportive service coordinator model, which uses housing aides to connect residents needing help to the appropriate service provider. The model is called passive because the activities of the service coordinator are triggered by phone calls from the manager of the housing development, a resident, or a member of the resident council. There is no case management system in place with an aggressive outreach strategy.
- The senior population in the BMHA appears to be underserved. On one hand, the BMHA housing aides say that most of their calls come from seniors, who often need help with legal issues and paper work. On the other hand, the seniors say there are no special services for them. They feel ignored and forgotten.
- The BMHA PCN Service Coordination system is a virtual one. That is, there is no dedicated space for intake, follow-up and the housing aides do not make house calls. Typically, when help is requested, an appointment will be made at the Perry Auditorium, where a private interview can be held with the person. After determining the person's issue, they are then referred to a service provider. However, there is no tracking system and systematic follow-up. If the person does not call back and the rent is paid on time, the case is considered closed.

### ***BMHA Section 3 and the Financial Self-Sufficiency Program***

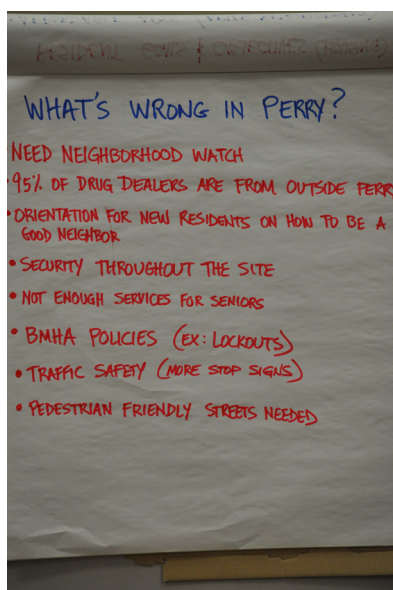
- The Section 3 program was started by HUD in 1968 and mandated that contractors using federal dollars in their projects had to hire about 30% of their workforce from low-income populations, thereby making it possible for these residents to bolster their income and training by working on projects designed to improve their communities. The Financial Self-Sufficiency (FSS) Program is a companion program, which was established in 1990 to help residents of public housing and participants in the Housing Choice Voucher program become self-sufficiency through education, training, case management, and other supportive services.
- There is minimal participation of residents in these two programs, thus keeping them from having a meaningful impact on the lives of residents. At the same time, both programs have great potential, but must be aggressively promoted if they are to be successful. Moreover, in both cases, the disincentives must be removed from the programs to ensure their success.

## What We Think: Resident Perspective on Supportive Services

The PCN is home to a network of fifteen health and human supportive service organizations, including the BMHA, which delivery services across six different sectors—crisis assistance, health, technical support, education, employment services, and programs for special populations—children, youth and seniors. The big problem is that these services are underutilized by neighborhood residents. There appear to be three barriers that keep residents from accessing neighborhood-based supportive services: (1) lack of knowledge (2) distance of the service from the respondent's home and (3) the cost of the service.

### Lack of Knowledge

The surveys and focus groups suggest that residents know the agencies exist, but do not know much about the services they offered. For example, at a focus group held in the northern part of the PCN, a resident said he needed legal advice and could not afford a lawyer. When told the Harvest House, across the street from his apartment, had a legal aid session every Wednesday night, he was shocked.



### Commuting Distance from the Supportive Services

Most residents (survey and focus group respondents) complain about the problems of traveling to places, both within the neighborhood and across the city and metropolitan region. In particular, they expressed concern about the cost of transportation, as well as the availability of bus service at certain times of the day and on the week-ends. This might partially explain why services in the northern part of the neighborhood are underutilized. The bus system does not provide good intra-neighborhood service and, for varied reasons, many residents do not view walking to various service providers as a viable option.

### Cost of Services

Some residents say they do not use services because of their cost. We have no data on the cost of services in the PCN, other than the “hidden” cost of transportation. Nonetheless, in distressed neighborhoods, where many individuals and families struggle to make ends meet, residents always weigh the cost of an item or service in their decision-making process. So, even in situations when the cost of a service is nominal, it still might be considered prohibitive when added to other expenses.



## Recommendations

**1. The Buffalo Municipal Housing Authority should play a leading role in creating a robust neighborhood-based supportive service system in the PCN.** The BMHA is the largest land owner in the PCN, and its three housing developments anchor the neighborhood. Most important, given the centrality of supportive services to the creation of a vibrant mixed-income neighborhood, the BMHA should take the lead in constructing a neighborhood-based network of collaborating supportive service agencies. It should also redesign its own supportive service system so that it provides aid both to BMHA and non-BMHA residents.

**2. Establish a network of collaborating supportive service agencies in the Perry Choice Neighborhood.** Currently, the supportive service agencies in the PCN operate in their own silos with little or no systematic interaction among them. The evidence shows that when supportive service agencies operate in a collaborative framework, their efficiency and effectiveness is significantly improved.

**3. Develop a neighborhood-based supportive service outreach strategy for the Perry Choice Neighborhood.** The supportive service agencies operating in the PCN do not have an outreach strategy for the neighborhood. While some agencies might have their own outreach programs, there is still no systematic, ongoing approach to make residents aware of the varied services offered in the PCN.

**4. BMHA should develop an aggressive supportive service outreach program specifically for residents of the PCN public housing developments.** The development of this type of aggressive outreach is central to creating a BMHA support system that provides quality services to the residents. A central goal of this approach is to move beyond a crisis orientated approach to supportive services.

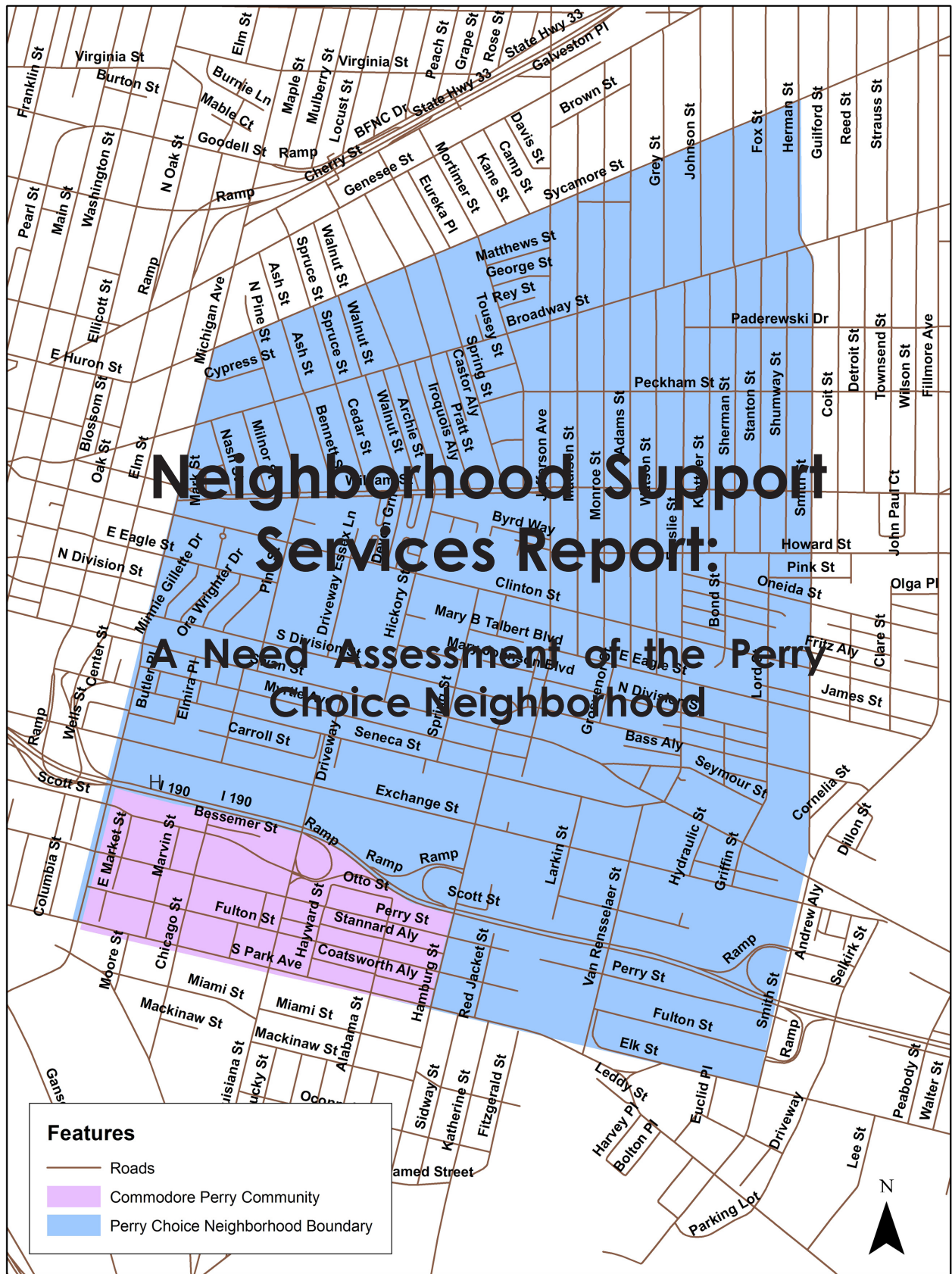
**5. Develop a proactive approach to health, human and social services in the PCN.** The current PCN supportive service system is crisis orientated. A strategy needs to be developed that encourages residents to seek help before a health or socio-economic problem becomes serious.

**7. Develop a plan to improve intra-neighborhood transportation in the PCN.** While not central to this report, it is nonetheless a barrier to service access that needs addressing. The feasibility of a circular bus, jitney service or CarShare model should be explored.

**8. Strengthen the BMHA Supportive Service Coordination Model.** There should be a designated Support Service Coordinator for the Perry Choice Neighborhood, A.D. Price and Frederick Douglas housing developments. The position should operate out of the Perry Choice Neighborhood Planning and Information Center. A system of case management should be added to the service coordination model. This could be accomplished through the development of a partnership with Buffalo State College and UB.

**9. BMHA should develop a robust financial Self-Sufficiency Program.** Residents in the PCN housing developments face many barriers to financial self-sufficiency. There is a need to develop a comprehensive program, which includes information and the development of skills that will lead to a better job, as well as financial literacy training and access to a robust financial self-sufficiency program, which eliminates the disincentives to program participation. The program should also include aggressive information outreach for residents.

**10. Establish a multi-service center at the Lanigan Park campus.** This center should be modeled after the Belle Center in Buffalo and establish so that it compliments, rather than compete with existing services in the PCN. This center should house a service coordination unit, along with case workers, to assist residents in need of supportive services. In addition, the program should have programs for youth and elders, along with recreational and entertainment venues. Lastly, the center should house a complex of educational programs, including an early learning center, after-school program, computer classes, and a GED program.



# PCN Supportive Services System: Why Supportive Services Matter

The Perry Choice Neighborhood (PCN) is both a place and a new way of thinking about neighborhood development. The goal of this two year planning grant is to construct a strategy for turning the PCN into a platform that enable residents to become economically self-sufficient, prepare children for success in school and graduation on time and entry into college and/or a career. Such a vibrant neighborhood will help residents reach their full human potential, acquire critical consciousness and become imbued with the values of participatory democracy, cosmopolitanism, reciprocity, collaboration, diversity, socioeconomic and racial justice, along with collective work and responsibility and that enable residents to achieve economic self-sufficiency, helps children do well in school, graduate on time, and go to college or find good job.



The PCN cannot achieve this lofty goal without the development of an innovative neighborhood supportive system, which establishes positive interactive relationships with the residents. The reason is that residents are going to encounter obstacles in their quest to improve and make their lives better. When this happens, they will need help. This is where the supportive service system comes in. Its goal is to provide the residents with the wide range of help they will need to successfully navigate the employment, education, health and social terrain of everyday life and culture in the Perry Choice Neighborhood.

The purpose of this report is to illuminate the issue that must be confronted in order to build such an innovative neighborhood supportive service system. The report will be divided into five parts: Part One will focus on the methodology and demographic profile of the neighborhood, while Part Two will analyze the existing PCN supportive services framework. In Part Three the BMHA supportive service system will be examined, while in Part Four, the resident's perspective on the supportive service framework will be discussed. The final segment of the report will discuss the recommendations for building a new and highly innovative neighborhood-based supportive service system.



# What We Did

## ***Definitions Matter***

The U.S. Department of Housing and Urban Development defines supportive services as all activities that will promote upward mobility, self-sufficiency, or improved quality of life, including such activities as literacy training, activities that promote early learning and the continuum of educational supports, remedial and continuing education, job training, financial literacy instruction, day care, youth services, aging in place, public transportation, physical and mental health services, economic development activities and other programs for which the community demonstrates need. While we think this comprehensive menu of services is important, for the purpose of this report, we have narrowed our definition of supportive services to include those health and social services, which are most critical to promoting the upward mobility of residents and improving their overall quality of life. Concurrently, we have accounted for other critical services, such as public schools, with the exception of after-school programs, transportation and public safety elsewhere in our plan. In determining what services to include in this report, we focused principally on services that were delivered by health and social services agencies and that were most closely connected with basic needs and facilitating entry into the workforce.

## ***Demographic Data***

The data for this report came from a variety of sources. The demographic data came from the 2000 and 2010 census, along with an additional assessment of the census data from the Nielsen Company. The Nielsen generate HISTA data files, which uses actual census cross tabulations rather than extrapolations of SF3 data and provide breakdowns of households by income, household size, tenure and age groups. This report uses the HISTA data to compliment the information obtained from the SF3 census data sources. The demographic data on the BMHA Commodore Perry Homes and Extension Site was derived from a series of resident surveys conducted by the BMHA and compiled on Wednesday, September 14, 2011.

## ***The Survey***

To gain insight into resident's views on health and socioeconomic issues, 86 household (17%) surveys were conducted in the Commodore Perry Homes and Extension Site and 67 household surveys were completed in the Old First Ward and in the northern section of the PCN. The instrument used in both surveys was designed by researchers at the UB Center for Urban Studies in collaboration with stakeholders and residents who lived in the Commodore Perry Housing Development (appendix). The first survey included 68 questions measuring residents' access to health care, health literacy, use of community services, transportation barriers, employment status, perceptions of K-12 educational resources, perceptions of neighborhood safety, and general demographic characteristics. Three residents were trained to conduct the house-to-house surveys. Shortly after the survey started, one interviewer resigned because of a conflict with work. Her surveys were distributed among the remaining two interviewers.

The second survey included 25 questions measuring residents' access to health care, use of community services, employment status, and general demographic characteristics. Using a convenience sample of 67 households, data were collected by pairs of service learning students using the door-to-door canvassing technique. This sample was drawn from selected streets in the Old First Ward / northern PCN after windshield surveys were conducted to assess housing and occupancy conditions in the area. The area has been impacted by property abandonment and a number of

demolitions in recent years. After assessing neighborhood conditions, a random sample of visibly occupied housing units was drawn and referenced during the neighborhood canvassing.

## ***Focus Groups***

To complement the survey data, five focus groups were held with residents in the Commodore Perry Homes and Extension Site, the Old First Ward and in the northern PCN. About 103 persons, including 37 men and 66 women, took part in the five focus groups, which dealt with (1) youth issues, (2) senior questions, and (3) quality of life problems.



## ***Research, Interviews and Field Work***

To gain deeper insight into the support service organizations operating in the Perry Choice Neighborhood, data was gathered on support service organization in the Perry Choice neighborhood from a variety of sources. Using Hanes directory and other resources, supportive service organizations operating in the PCN were identified, their addresses geocoded and mapped to ensure the accuracy of their location. The heads of a select number of social service organizations were interviewed, including the BMHA, Mercy Comprehensive Care Center, Town Gardens Pediatrics, Catholic Charities, the Belle Center, Lanigan Field House, Frederick Douglass, Northwest Community Center, Harvest House, and Martha Mitchell Center.



# Where is the Perry Choice Neighborhood?

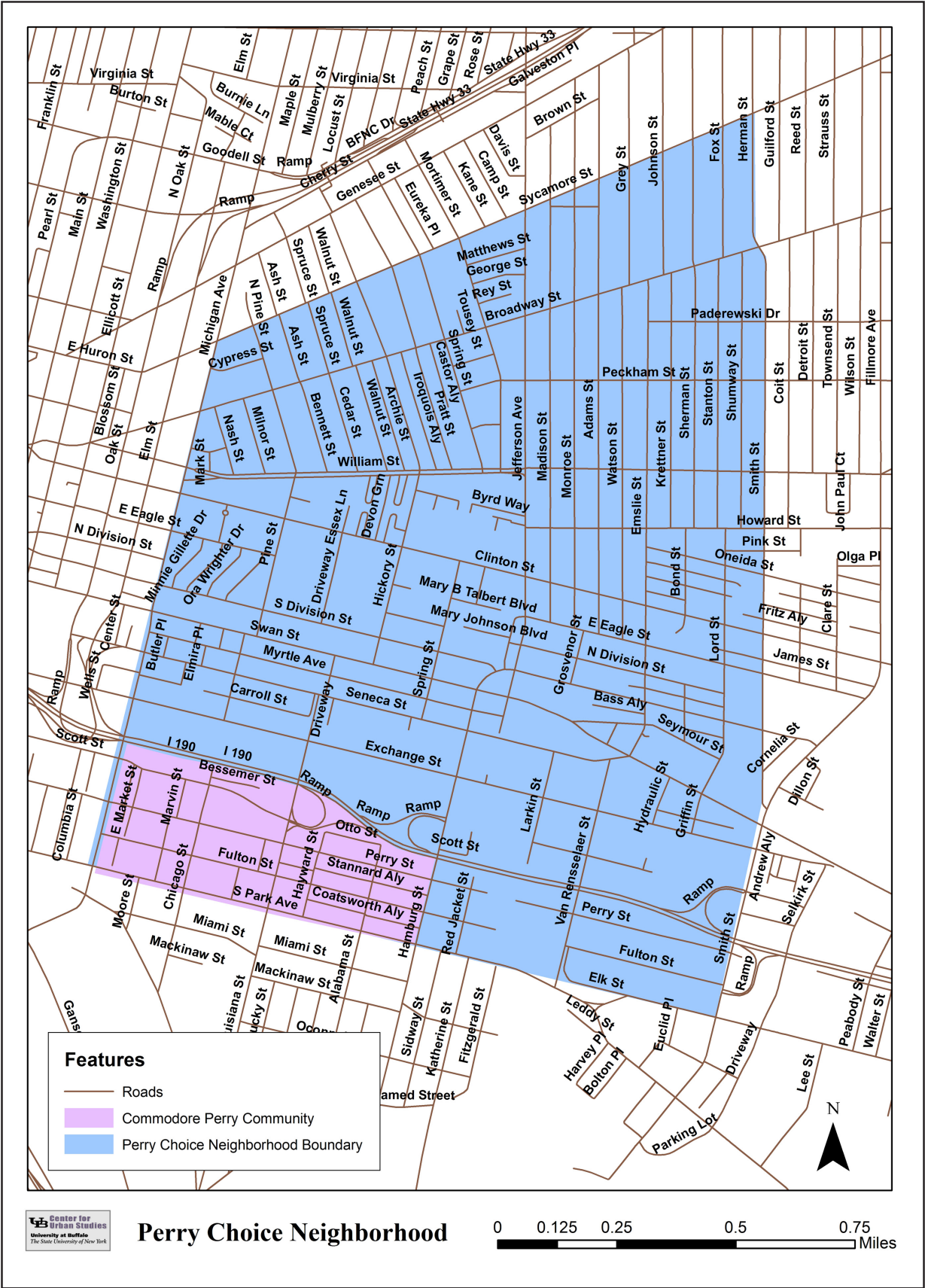
The Perry Choice Neighborhood (PCN) is a big shouldered, old industrial community, with a tough, hard-edge persona. Strategically located adjacent to downtown Buffalo, in the lower East Side, the neighborhood is bounded by Sycamore Avenue on the north, Michigan Avenue on the west, South Park to the south and Smith Street to the east (Map 1). The Commodore Perry District, which is situated in the neighborhood's southwest corner, is the PCN's prime destination because of its proximity to the Inner Harbor, First Niagara Center, the Cobblestone District and the Outer Harbor. The PCN is the neighborhood where blacks first settled. This working class industrial community was the cultural center of Black Buffalo, as well as a place where Russian Jews, Italians, Irish, Polish, Germans and a smattering of Canadians and British shared residential space with their black neighbors, and often lived in the same boarding houses with them. This thriving multi-racial neighborhood was destroyed during 1950s, when the City launched its urban renewal strategy.

The Perry Choice neighborhood has a complex land-use structure. It is still a major center of commercial activity. There are about 333 businesses scattered throughout the community, with the greatest concentration in the area between Swan Street and the I-90 Expressway. The neighborhood is also layered with numerous "unbuilt" lots which are mostly unkempt. Concurrently, there is an extraordinary mixture of housing types found in the neighborhood. Not only are there single-family, doubles in the community, but also triples and high rise apartment buildings. Additionally, the City's largest cluster of public housing units is found in the neighborhood-- Commodore Perry, Fredrick Douglass and A.D. Price – in the city, along with a concentration of Section 8 housing units. Concurrently, there a cadre of homeowners, who reside in upscale, middle-income housing units, along with middle-income renters, most of whom live in the Elk Terminal, a high-end apartment complex. This suggests that both low and middle-income residents can be attracted to the neighborhood.

The PCN is center of redevelopment activity, where several major projects are being planned or implemented, including the Buffalo River Brownfield Opportunity Area, the South Buffalo Brownfield Opportunity Area, the Elk Street Corridor Redevelopment Plan, and the Buffalo River Bend Master Plan. Given its location on outer harbor and near the inner harbor, combined with the major redevelopment projects being planned and/or implemented, the PCN has the potential to become a major tourist site. What makes the area special is the great diversity of sites found in the area combined with entertainment venues and proximity to quality hotels. For example, the area contains the largest concentration of African American tourist attractions in Western New York., including the Colored Musicians Club, the Michigan Street Baptist Church, the Nash House and the Langston Hughes Center. It is home to the historic Larkin District, the Buffalo Transportation Pierce-Arrow Museum, and the Seneca Buffalo Creek Casino.

The Commodore Perry District, located in the southwest corner of the PCN, is the "hub" of the Perry Neighborhood and connects it to the main tourist attractions located along Buffalo's waterfront—the Inner Harbor, First Niagara Center, the Cobblestone District and the Outer Harbor. Thus, the revitalization of the Commodore Perry Homes and Extension Site will catalyze development activities across the PCN.

Map 1: The Perry Choice Neighborhood



# The People of Perry Choice Neighborhood

## Population Profile

The PCN is a cross-class, mixed income multi-racial community, which is composed mostly of African Americans, along with a small group of Latinos, whites and other people of color. During the 2000s, like the City of Buffalo, PCN lost population, as the number of people living in the neighborhood fell from 14,720 to 12,411, a decline of 15%, which is slightly higher than the 11% decline (261,000 to 230,000) experienced by the City. This population change, however, did not alter the proportion of racial groups living in the community (Table 1 & 2). Blacks continued to comprise about 80% of the population, while the proportions of whites and Latinos remained about the same.

**Table 1: Population Composition by Race**

Population	2000	%	2010	%	Difference
<b>Black</b>	11740	80%	9881	80%	-1859
<b>White</b>	2106	14%	1806	14%	-300
<b>Others</b>	600	6%	724	6%	-477
<b>Total*</b>	<b>14720</b>	<b>100%</b>	<b>12411</b>	<b>100%</b>	<b>-2309</b>

**Table 2: Population Composition by Latino Ethnicity**

Population	2000	%	2010	%	Difference
Latinos	991	7%	1005	8%	14
Non-Latino	13729	93%	11406	92%	-2323
<b>Total*</b>	<b>14720</b>	<b>100%</b>	<b>12411</b>	<b>100%</b>	<b>-2309</b>

In this report, population is categorized according to stages in the life cycle, thereby making it possible to understand more deeply the interplay between residents and workforce issues (Table 3). About 28% of the residents of the PCN are school age children, with about 6% of these being preschoolers. About 13% of the PCN population is in the primary school age, between 6 and 13 years, while about 8% are high schoolers, between the ages of 14 and 18 years.

**Table 3: Population Composition by Latino Ethnicity**

Age Structure	2000	%	2010	%	
<b>Pre-School (0-5)</b>	1278	9%	911	7%	-367
<b>Primary School (6-13)</b>	2050	14%	1340	11%	-710
<b>High School (14-18)</b>	1112	8%	1031	8%	-81
<b>College/Entry Career (19-34)</b>	2570	17%	2460	21%	-110
<b>Prime Work (35-54)</b>	4046	27%	3417	27%	-629
<b>Peak Earning Years (55-64)</b>	1312	9%	1523	12%	211
<b>Elders (65 &amp; Over)</b>	2352	16%	1775	14%	-577
<b>Total</b>	<b>14720</b>		<b>12411</b>		<b>-2309</b>

Source: U.S. Census, 2000 and 2010



About 21% of the PCN residents fell into 19 to 34 year age cohort. This group is comprised of residents who are completing their education, entering the workforce and transitioning from childhood to young adulthood. These are very complex years, especially for the 19 to 24 age group, which is making that transition to adulthood. This population group is seriously at-risk. During these years, especially African American males, are in danger of going to prison or becoming victims of street violence. Given these dynamics, this group should be carefully monitored and programs developed to help them succeed. Concurrently, about 27% of PCN residents are entering their peak earning years, between 35 and 54, with another 12% in their prime earning years (55-64 years). This is good news because it means that about 40% of the PCN are in or near their optimum earning years. The median age is about 35 years, which is slightly above the citywide median of 34 years, but below the countywide median age of 38 years.

In the Perry Choice Neighborhood, a good balance exists between the dependent and working age population groups. Dependent population is defined as those residents that do not work and must rely on others for the goods and services they consume. The age cutoffs for this population is under 20 and 65 and over. Obviously, some young people work full time before 20 years, while some elders work long after 65 years. These issues notwithstanding, this concept is still a useful method of gaining insight into socioeconomic problems confronting a distressed neighborhood. About 42% of PCN residents fall into the dependent population age group, while about 39% of the City's population falls into the dependent population group.



## ***The Signs of Distress***

### ***Education***

The education profile of a community is important because it provides insight both into the income earning potential of residents and the labor market barriers they will likely face. About 64% of PCN residents have high school diplomas and some college, which is higher than the citywide rate of 58%. Only about 10% of the PCN population have a Bachelor's degree or higher, compared to the citywide rate of 22%. On the flipside, the lack of education is a serious problem for a large number of PCN residents. About 26% have less than a high school diploma, compare to 19% of citywide residents, which mean these residents will face huge challenges trying to escape from the economic margin.

**Table 4: Education Profile of the PCN and City of Buffalo**

Education Attainment for						
Population 25 Years and Over	PCN	Percent		City	Percent	
Population 25 Years and Over	8,367			167,102		
Less than High School	2,187	26		32,372	19	
High School Degree	2,882	34		50,817	30	
Some College	2,470	30		47,584	28	
Bachelor's Degree	570	7		20,706	12	
Master's Degree	253	3		10,877	7	
Professional School Degree	5	0.1		3,182	2	
Doctorate Degree	0	0		1,564	1	
School Enrollment for Population						
3 Years and over						
Population	12,411			255,745		
Enrolled in School	3,656	29		79,344	31	
Not Enrolled	8,817	71		176,401	69	
School Dropout Rate 16 -19 Years						
Population	942			17,726		
Dropped out	120	13%		1,397	8	
High School Grad or Enrolled	822	87		16,329	92	

Source: U.S. Census, 2000 and 2010

A linear relationship between education attainment and income in the United States. For example, a PCN resident with less than a high school degree will earn an annual median income of about \$15,000, while a resident with a high school diploma will have a median income of about \$22,000. This is also roughly about the same income that a person with some college, but no degree will earn. Likewise, PCN residents with a college degree will earn an annual median income of about \$53,000.<sup>2</sup> Implicit in this data is the notion that a large number of PCN residents go to college, but have great difficulty completing their degrees. If a significant number of these residents “with some college” but no degrees completed their schooling, it would enhance the resident's earning potential. A strategy needs to be developed to help those with some college but no degree complete their education, while efforts should be made to get those without a high school degree to obtain the GED. Concurrently, the PCN high school dropout rate is about 13%. So, efforts should also be made to keep children in school.

<sup>2</sup>This data is derived from the 2006-2010 American Community Survey Census Tract data obtained from the Social Explorer Database. Copies of these tables have been compiled into the Center for Urban Studies Choice Neighborhood Data Base.

### **Employment and Income**

Given the education profile of residents, it is not surprising that the PCN has a large jobless population. By jobless, we are referring to those workers that are “officially” classified as underemployed, as well as those that are not in the labor force. This “catch all” category includes people who are discouraged and no longer look for work, those who are only marginally tied to the work force, along with a range of others including students, prisoners, those in the military, retired workers, house wives, and the like. So, while there are distortions with the use of this category, it nevertheless provides more insight into the problem of joblessness than the term “unemployment.” This concept only covers those workers who are actively looking for a job, but cannot find one.

Using this framework, about 9% of the PCN work force is “officially” unemployed and 48 % are not in the labor force, giving the neighborhood a jobless rate of 58%. This is 10% higher than the citywide jobless rate of 48% (Table 5). What concerns us is the many workers who have stopped looking for work in the formal economy. This is the group most at-risk for embarking on a career in the “outlaw” sector of the informal economy.

**Table 5: Employment Status for 16 Years and Over**

<b>SE:T33. Employment Status For Total Population 16 Years And Over</b>		
<b>Population 16 Years and over:</b>	10,112	%
<b>In labor force:</b>	5,221	52
<b>In Armed Forces</b>	0	0
<b>Civilian:</b>	5,221	52
<b>Employed</b>	4,270	42
<b>Unemployed</b>	951	9
<b>Not in labor force</b>	4,891	48

Source: ACS 2006-2010 U.S. Census Data

Given the high jobless rate, it is not surprising that median household income in the PCN is only about \$21,110. The big problem is that about 40% of the PCN population (2,250) earn less than \$15,000 annually<sup>3</sup> and that about 42% in poverty. Yet, on the positive side, this is a cross-class, mixed income neighborhood, where about 21% of the households make \$50,000 or more annually. Thus, while most people are living on the economic margin, the cross-class, mixed income character of the neighborhood provides an anchoring and stabilizing force. For example, although low-incomes are a characteristic feature of the PCN, the aggregate neighborhood income is still about 186 million annually. Nonetheless, with 42% of the residents living below the poverty line, economic marginalization is a significant issue, with population groups across the life cycle impacted (Table 6). For example, the poverty rate among children under 18 years is 50%, the rate for the population between the ages of 18 and 64 is 42%, while it is 29% for elders, 65 years and over. Given the high rate of poverty among children, without a strong interventions strategy, which seeks to make substantial investment in academic supports and enrichment activities, these children will not likely become competitive in the labor market.

<sup>3</sup>The Nielsen Company; Estimates, Real Property Research Group, Inc.



**Table 6: Poverty Status, Perry Choice Neighborhood, 2010**

<b>% Of Population in Poverty</b>	42
<b>% Families in Poverty</b>	38
<b>% Married Couple with related children in Poverty</b>	4
<b>Male Householder, no wife</b>	4
<b>% Of All Families with a Female Householder – No husband in Poverty</b>	29
<b>%Children under 18 in Poverty</b>	50
<b>% Of Population Age 18 -64 in Poverty</b>	42
<b>% Of Population 65 and Over in Poverty</b>	29

Source: U.S. Census, ACS 2006-2010

#### **Household Structure<sup>4</sup>**

This economic profile helps to explain the PCN household structure. In 2010 only about 16% of the PCN households were composed of married couples, while 19% were headed by females without a husband present. By a wide margin, the vast majority of PCN residents (46%) live alone, in single-person households, with female-led households constituting the second largest household group. When these household types are combined with the neighborhood's low-incomes, it paints a portrait of community with large number of residents living on the margins. Most significantly, the small number of married couple households indicate PCN families are not very successful in combining individual earnings into married families, which enables them to increase their spending power, thereby creating a financially stronger and more stable household unit.

#### **Housing<sup>5</sup>**

An extraordinary mixture of housing types can be found in the PCN. It contains a cluster of three public housing units –Commodore Perry, Fredrick Douglass and A.D. Price, along with numerous two-family units (269 or 15% of the housing stock) and a large concentration of Section 8 housing units. Concurrently, there a small group of homeowners, who reside in upscale, middle-income housing units, along with Elk Terminal, a high-end apartment complex.

Although the PCN is renter dominated (67%), the neighborhood is nonetheless anchored by a strong homeownership base. About 33% of the population falls into the home owning class, which grew by 3% during the 2000s. The key to stabilizing this home ownership is to maintain and continually develop the physical environment. The existence of a large concentration of public housing in the neighborhood, along with a significant concentration of Section 8 housing creates the

<sup>4</sup>This analysis is based on the Nielsen database.

<sup>5</sup>Unless otherwise stated, the data in this section is based on the Nielsen database.

potential to embed high quality owner-occupied units in a vibrant area characterized by a large concentration of affordable housing units. The reason is that BMHA will maintain its units at a high level, while Section 8 housing are required by law by law to keep those units well maintained, both inside and outside. If this law is enforced, it combined with the maintenance activities of the BMHA will vastly improve the visual image of the community.

The age of the housing unit is another lense we can use to gain insight into PCN life and culture. A significant number of the PCN owner-occupied units are about 23 years older or less, with 44% or less being built after 1980. About 36% of these units were built in 1990 or later. This means that significant residential investments are being made in the neighborhood and that a critical mass of residents have a stake in the redevelopment of the community. Also, there are a large number of older units in the community, with 45% of them being built in 1949 or earlier. The good news is that many of these units are rental properties, which might be Section 8 units. If this is true, these units can be turned into neighborhood assets.

The value of owner-occupied housing is another lense that can be used to assess the vibrancy of the PCN. About 53% of the PCN housing units are valued between \$60,000 and \$200,000 plus dollars, with about 47% valued at \$60,000 or less. This brings us to the final point in this discussion. The PCN owning class make significantly more than the renter class. For example, the median income for homeowners is \$42,536 annually, with about 23% of this home owning group earns \$75,000 or more annually. A very different picture exist among the renters. About 49% of this group earns less than \$15,000 annually. Yet, among renters, there is a small cohort (9.4%), who makes \$50,000 or more annually.

This portrait makes it clear that a unique feature of the PCN is its ability to attract both middle-income homeowners and renters. Here, it is important not to counterpoise owners and renters. We argue that a "shared value" exists between renters and owners. The renters want a stable, high-quality residential environment in which to live, work and raise a family. Such an environment will make it possible for property to appreciate, thereby securing the home investment of owners. Given their mutuality of interests, strategies should be forged to get these groups to work and plan together.

### ***Profile of the BMHA Commodore Perry Homes and Extension Site***

The BMHA Commodore Perry Homes and Extension Site is a "community" within a "community." Commodore Perry is situated within the broader Perry Choice Neighborhood, and it is deeply affected by everything that happens in that community. Yet, at the same time, the day to day realities within Commodore Perry, while similar, are different from the broader Perry Choice Neighborhood. This has to be factored into both our analysis of the Perry Choice Neighborhood and in the formulation of a supportive service strategy to improve the lives of the residents. Therefore, although the demographic features of the Commodore Perry Homes and Extension Site are embedded in the PCN profile, it is nevertheless important to single out that development for a more detailed analysis. The reason is twofold. First, as previously mentioned, the realities of Commodore Perry, while similar to the broader Perry Choice neighborhood, it is also qualitatively different. Therefore, we must understand the internal dynamics of Commodore Perry to more fully understand how to transform it. Second, the revitalization of Commodore Perry is meant to catalyze development of the entire Perry Choice Neighborhood. Hence, developing deep insight into that locale is central to the success of this project.

The population of Commodore Perry was drastically reduced when the HOPE VI project demolished about 414 housing units and when residents moved out of many of the remaining decaying housing units. Today there are only about 778 residents living in Commodore Perry, with a median age of about 34 years. About 27% of the population are children, between 0 and 18 years. About 23% of the population fall into the 19 to 34 year age cohort. This is a highly at-risk population, and we need to develop a set of very aggressive outreach programs for this group. Overall, about 50% of the Commodore Perry population is 34 years and under. This means that youth development must be a central part of any strategy to redevelop this community.

**Table 7: Population by Age**

<b>BMHA Commodore Perry Homes and Extension Site</b>		
<b>Age</b>	<b>Number</b>	<b>Percent</b>
Preschooler --0 - 5 years	50	6.45
Primary School --6-13 years	86	11
High School --14 -18 Years	74	9.51
College/Career--19-34 Years	176	22.62
Peak Earning--35 -54 Years	181	23.26
Prime Earning--55-64	104	13.36
Elders 65 +	107	13.75
<b>Total</b>	<b>778</b>	<b>100</b>



At the opposite side of the age spectrum, 27% of the population are 55 years and older. This is the senior population. Given their size, there needs to be a strong emphasis on this population group, while every effort should be made to optimize the employment opportunities for that 35 to 54 age group. This analysis suggest that the Commodore Perry population is evenly spread across three age cohort— Youth & young adults (34 and younger); prime working years (35 – 54 years), and elders (55 & older). The Commodore Perry residents are organized into 497 households, with the single-person household being the predominant unit. This is somewhat surprising considering the large number of young people, 18 years and under, who live in the neighborhood. As expected, household incomes are very low, with a median income of only \$9,000.

# The Perry Neighborhood Support Service Framework

There are 15 support service organizations in the Perry Choice neighborhood, including the Buffalo Municipal Housing Authority. About half of these agencies are multi-service agencies, which provide assistance in six categories: crisis assistance, employment services, health, technical assistance, education and special populations.<sup>6</sup> To help in crisis situations, there are food pantries, crime victim assistance and emergency housing. Also, there are job training and employment assistance programs, and health facilities, including agencies that deal with sustenance abuse. There are legal aid programs and a network of educational services, and programs for youth and elders.

## ***The Perry Neighborhood Support Service Framework***

There are five multi-service agencies in the neighborhood—JFK recreation center, YMCA, Valley Community, Buffalo Even Start and Harvest House. Of these, Buffalo Even Start Literacy Center and the YMCA appear to be the most comprehensive. For example, Buffalo Even Start has programs in substance abuse, daycare/childcare, youth, mental health adult education, and a neighborhood-based after-school program. The YMCA has daycare/youth care, mental health, computer training, adult education, and a neighborhood-based after-school program. The PCN still has a very strong health services network, even with the closing of the Sheehan Health Network. The neighborhood is still anchored by the Mercy Comprehensive Health Clinic, along with several smaller clinics and agencies that deal with sustenance abuse. Several programs provide services for children, youth and elders, including daycare and/childcare programs, while six agencies provide youth programming.

To help residents become financially self-sufficient and to assist public school children, there are two computer programs, five adult education programs and several GED programs, along with three neighborhood-based after-school programs and several employment training and/or job placement programs. On the crisis front, there are services for emergency housing, food pantries and crime victim assistance. If someone needs help with a legal question, lawyers are available for consultation at the Harvest House. There is also a category of supportive services referred to as special population groups. This latter term is not used in the supportive service jargon, and therefore needs explanation. By special population group, we are referring to vulnerable population groups that require a special set of services to grapple with their needs. The population groups falling into this category are preschool-age children, school-age youth and seniors (or elders).

---

<sup>6</sup> The BMHA uses a service coordinator model, so it is not listed among those agencies that deliver specific services.

**Table 8: Profile of Supportive Services in the Perry Choice Neighborhood**

<b>Crisis Assistance</b>	<b>Employment Services</b>	<b>Health</b>	<b>Technical Assistance</b>	<b>Education</b>	<b>Special Populations</b>
<b>Emergency Housing Assistance</b>	Job training	Hospital	Legal Assistance	Neighborhood-Based After-School Programs	daycare
<b>Food Pantry</b>	Employment Assistance	Healthcare Clinics		GED	Youth Programs
<b>Crime Victim Assistance</b>		Mental Health Treatment		Computer Classes	Senior
		Substance Abuse		Adult Education Classes	

**The Service Providers**

Operating within this framework, there are five supportive service programs that offer multiple services—JFK recreation center, YMCA, Valley Community, Buffalo Even Start and Harvest House. Of these, Buffalo Even Start Literacy Center and the YMCA appear to be the most comprehensive. For example, Buffalo Even Start has programs in substance abuse, daycare/childcare, youth, mental health adult education, and a neighborhood-based after-school program. The YMCA has daycare/youth care, mental health, computer training, adult education, and a neighborhood-based after-school program.

**Neighborhood Health**

The health status of any community is the most important quality of life indicator in that neighborhood. If people are unhealthy, depressed and have bodies ravaged with disease, they will not successfully overcome the challenges they face. Therefore, in this report, health issues are examined more closely than other variables. Although the PCN has a good network of health agencies, we nevertheless wanted to gain greater insight into the health status of this community. Toward this end, in partnership with the New York State Health Department, the Statewide Planning and Research Cooperative System compiled data on select diseases on the PCN. The data were drawn from zip codes 14204, 14206, 14210, 14212, which not only covered the PCN, but also adjacent neighborhoods with very similar socioeconomic conditions. The socioeconomic similarities of these neighborhoods make it possible to draw conclusions about health conditions in the PCN. Because the data reported in the following section were drawn from an area larger than the Perry Choice Neighborhood, this broader geography is referred to as the greater PCN. Low-birth weight, Asthma ER visits among children, obesity, and diabetes are important indicators of the health status of a low-income community (Table 7). The low-birth rate of babies in the greater PCN per 1000 is about 39% greater than the rate in Erie County. This is problematic because such infants are at increased risk for serious illness, disability and even death as newborns. Likewise, the Asthma ER visits among children per 1000 in the greater PCN is about 36% more than in Erie County, suggesting that these children with Asthma are probably among that cohort who is also missing a number of school days because of illness. These problems notwithstanding, the rate of Myocardial Infarction (heart attacks) per 1000 in the Greater Perry Choice community is 181.3, which is about 78% greater than the rate of heart attacks in Erie County.



**Table 9: Profile of Supportive Services in the Perry Choice Neighborhood**

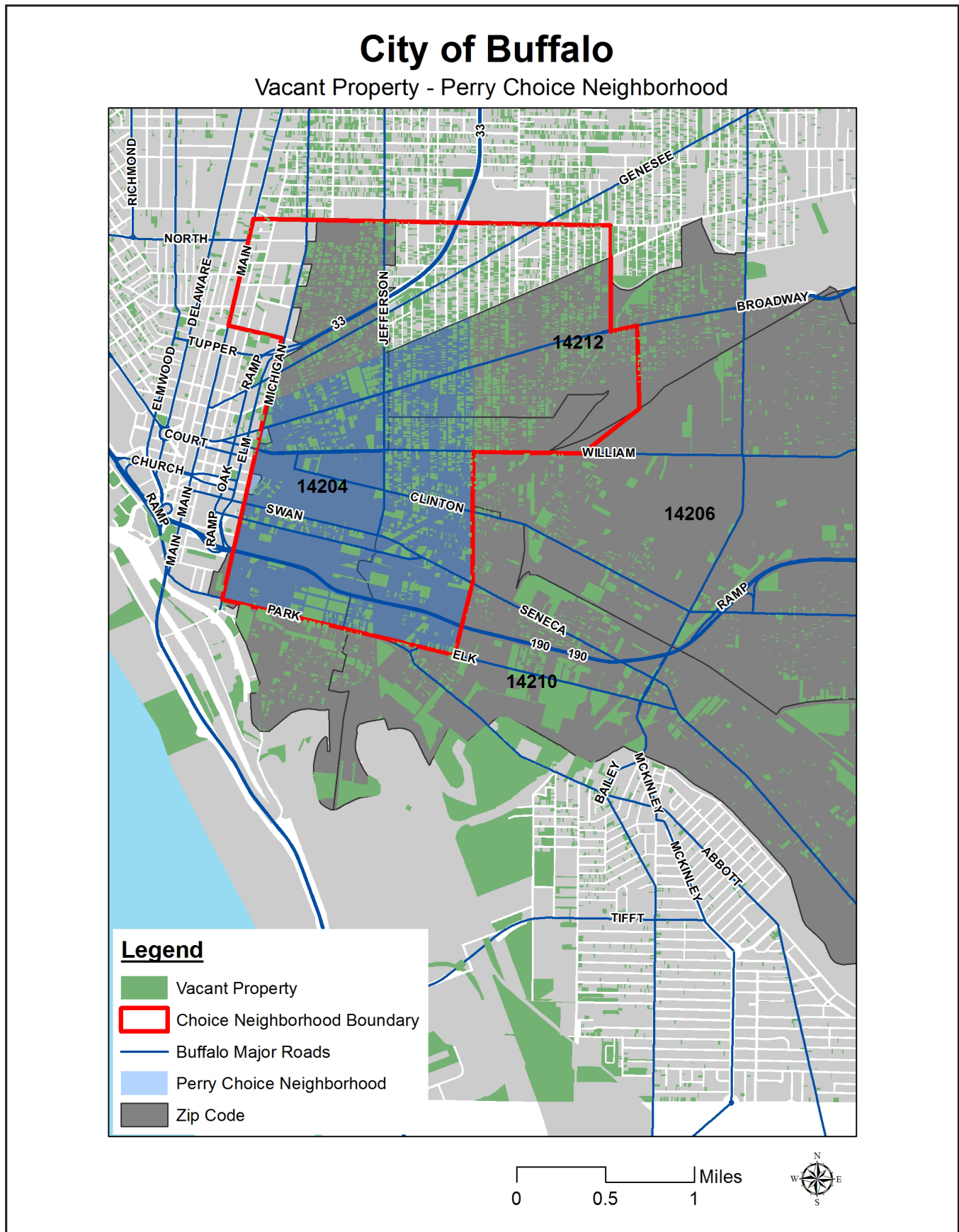
Indicator	Zip Codes 14204, 14206, 14210 14212 (Commodore-Perry)	Erie County	State - NYC
Low birth weight (per 1,000 live births)	105.8	64.1	56.6
Asthma ER visits among children (per 10,000 hospitalizations)	145.6	93.4	75.4
Myocardial Infarction hospitalization (per 10,000 hospitalizations)	181.3	38.9	37.4
% of adults with health benefits (using birth record data)	Public Insurance	48.2%	27.5%
	Private Insurance	47.1%	69.6%
	Self-paid	3.75%	2.0%
	Other/Unknown	0.9%	0.9%

\*The data used is from the Statewide Planning and Research Cooperative System (SPARCS) 2004-2009, and live birth data from 2004-2008





Map 2: Zip Code Map of the Perry Choice Neighborhood



An examination of the following table also indicates that both diabetes and obesity are serious problems in the Greater Perry Choice Neighborhood (Table 8). The table also suggests that the diagnosis of gestational diabetes is lower in the PCN, which may be a reflection of the lower levels of access to pre-natal care, especially when the high rate of diabetes in the overall population of the PNC is factored in. Against this dismal backdrop, the strong network of health providers in the PCN is an important neighborhood asset. For example, there is Sheehan Hospital<sup>7</sup>, Mercy Comprehensive Care Center and Town Garden Pediatrics. Additionally, Harvest House and YMCA have smaller health clinics, while Mid-Erie Counseling and Buffalo Even Start provide mental health services. Three neighborhood agencies provide treatment for substance abuse: JFK Recreation Center, Mid-Erie Counseling, and Buffalo Even Start.

**Table 10: Diabetes and Obesity**

Indicator	Zip Codes 14204, 14206, 14210 14212 (Commodore-Perry)	Erie County		
Using SPARCS:				
Diabetes (inpatient, any dx) per 10,000 hospitalizations	2,064.0	1803.8		
Diabetes (outpatient, any dx) per 10,000 hospitalizations	682.1	584.1		
Diabetes (inpatient, primary dx) per 10,000 hospitalizations	225.3	141.7		
Diabetes (outpatient, primary dx) per 10,000 hospitalizations	47.6	37.7		
Using birth record data:				
Obesity	Underweight	4.9%	Underweight	3.6%
	Normal	40.4%	Normal	48.3%
	Overweight	23.5%	Overweight	24.7%
	Obese	31.2%	Obese	23.4%
Diabetes pre- pregnancy (per 10,000 pregnant woman)	62.9		72.7	
Gestational Diabetes (per 10,000 pregnant women)	426.8		472.1	

\*The data used is from the Statewide Planning and Research Cooperative System (SPARCS) 2007-2009, and Live Birth data from 2004-2008

<sup>7</sup> Sheehan has announced its closure.

The PCN neighborhood has several programs that provide services for children, youth and elders (Table 9). For example, the YMCA, Valley Community, and Buffalo Even Start all have daycare programs, while seven different agencies provide youth programming: First Shiloh Church, JFK Recreation Center, YMCA, Valley Community Center, Old First Ward Center, Buffalo Even Start and Lanigan Field House. Additionally, JFK, YMCA and Buffalo Even Start have neighborhood-based after-school programs.

In this report, we have not listed the public school after-school programs because they are only for the students attending the schools in which they are offered. However, because Buffalo is a “school choice” city, many students do not attend the schools found in their neighborhoods. At the same time, they often do not participate in after-school programs. Therefore, having three neighborhood-based after-school programs is an important community asset. Additionally, three centers provide daycare and/or childcare programs, while six agencies provide youth programming –First Shiloh, JFK Recreational Center, YMCA, Old First Ward Community Center, Buffalo City Even Start, and Lanigan Field House.

**Table 11: Programs of PCN Service Providers**

	Providers													
	Bflo Even Start	Mercy Comprehensive	Lanigan Field House	Cath. Charities	Fulton	First Shiloh	JFK Rec Center	YMCA	Harvest House	Sheehan Clinic	Mid-Erie Counseling	Valley Com. Center	OFW Com. Center	Town Gdn. Pediatrics
Food Pant.			X	X							X			
Substance	X					X			X	X				
Day Care	X						X				X			
Youth	X		X	X	X	X	X				X	X		
Mental	X		X							X				
Health		X					X	X	X				X	
Computer							X							X
Adult Ed.	X		X	X	X		X				X			
Shelter											X			
Employ						X					X			X
Senior			X		X	X					X	X		
After School	X				X	X								
Legal Asst.								X						

The Perry Choice Neighborhood has a strong base of educational support organizations. Two programs offer computer classes, five have adult education program, with several offering GED programs and, as previously mentioned, there are three neighborhood-based after-school programs in PCN. Lastly, being able to get a job with a living wage is the secret to achieving economic self-sufficiency. So, it is good that the Perry Choice neighborhood has three agencies that provide some employment training and/or job placement support. At the same time, it should be stressed that PCN is not isolated from employment centers. There are numerous businesses operating in the PCN, including some large employers. Also, the neighborhood is adjacent to downtown Buffalo, where jobs exist. Still, there is a disconnection between the residents and the jobs and opportunities found in the PCN and in downtown Buffalo. For a community of 12,411, the Perry Choice Neighborhood appears to have a strong neighborhood support service system.

**Table 12: Supportive Services in Perry Choice Neighborhood**

<b>Support Service Providers – Perry Choice Neighborhood, Commodore Perry District, Old First Ward</b>			
<b>Name</b>	<b>Address</b>	<b>Program Description</b>	<b>Services</b>
<b>Buffalo City Even Start Family Literacy Program</b>	425 South Park Avenue	Family literacy program with 4 mandated components: Adult education, parenting education, early childhood education and interactive services including handicapped access. This organization assists low income families in need of Literacy Education and must have at least one child between the ages of 0 – 7 years of age. They primarily serve the Buffalo school district. Other services include GED courses, parenting classes, adult basic classes, child care classes, ESL classes and parental support.	Job training, substance abuse treatment, mental health treatment, child daycare, youth programs, library, after school program, adult education, GED
<b>Catholic Charities</b>	170 Fulton Street	Catholic Charities offers comprehensive human services including counseling, basic emergency assistance, adult mental health and dependency treatment, day care programs, and emergency food pantries. However, the Fulton Street facility only offers the food pantry.	Food pantry
<b>Catholic Health's Mercy Comprehensive Care Center</b>	397 Louisiana Street	Offers a variety of primary care services including wellness/preventative exams, physicals, same-day sick visits, and clinical monitoring of chronic medical conditions. The site includes pediatrics, adult care, OB/GYN, and laboratory and imaging services.	Health clinic
<b>First Shiloh Baptist Church</b>	15 Pine Street	Baptist religious facility.	Food pantry, youth programs, and adult education
<b>Frederick Douglass Community Center</b>	234 Jefferson Avenue	Community center run and operated by the BMHA.	Employment assistance, computer training
<b>Harvest House (New Hope and Good Neighbors)</b>	175 Jefferson Avenue	Courses offered at this institution include: Certified Nursing Assistant (CNA), GED/Occupational Literacy, Home Health Aide (HHA), Licensed Practical Nursing (LPN), Medical Office Assistant, Pre-Collegiate Studies: Math, Reading & Writing Personal Care Aide (PCA).	Job training, legal assistance, health clinic, adult education, GED
<b>JFK Recreation Center</b>	114 Hickory St	Recreation center which promotes advocacy, outreach, education, emergency and community services, asset enhancement and environmental justice.	Employment assistance, job training, substance abuse treatment, senior services, youth programs, after school programs, adult education
<b>Lanigan Field House</b>	150 Fulton Street	Recreation center for youth under the ages 18 and under with 2 gymnasiums, a game room, a weight lifting area, and outdoor basketball courts	Youth programs
<b>Mid-Erie Counseling and Treatment Services</b>	463 William St	Mid-Erie offers effective, affordable child and adult mental health and dependency services.	Substance abuse treatment, mental health treatment
<b>Old First Ward Community Center</b>	62 Republic St	Community center catering to local residents and home to the annual Shamrock Run and Emerald Golf tournament.	Senior services, youth programs, adult education
<b>Olivencia Community Center</b>	261 Swan Street	Community center with historic roots in the neighborhood.	Unknown
<b>Town Garden Pediatrics</b>	461 William Street	: A healthcare clinic that offers emergency medicine and specializes in pediatrics and pediatric developmental behavioral health.	Health clinic
<b>Valley Community Center</b>	93 Leddy St	Licensed child care provider. Serve kids from 6 weeks - 12 years old. Also is a Universal Pre-K provider. The VCA utilizes resources within the educational, business, governmental, and the human service community to enhance programming and provides services not offered by the VCA.	employment assistance, food pantry, emergency housing, child daycare, senior services, youth programs
<b>YMCA</b>	585 William St	The YMCA offers a variety of interactive after school programs and extra-curricular activities. The YMCA also offers aquatic and sports programs along with access to wellness centers.	Health clinic, child daycare, senior services, youth programs, computer training, after school programs, adult education



***The BMHA Commodore Perry District***

The Commodore Perry District is the “hub” of the Perry Choice Neighborhood. Therefore, we are most concerned about service delivery in this locale, including the Old First Ward. There are five supportive service agencies located in the district: Catholic Charities, Buffalo Even Start Family Literacy Program, Valley Community Center, Mercy Comprehensive Care and Lanigan Field House and Park. Both Buffalo Even Start and Valley Community Center are multi-service providers, which offer a range of programs. Collectively, all five supportive service agencies offer food pantries, daycare/childcare, youth/senior services, employment activities, adult education, substance abuse treatment, mental health services and neighborhood-based after school programs.

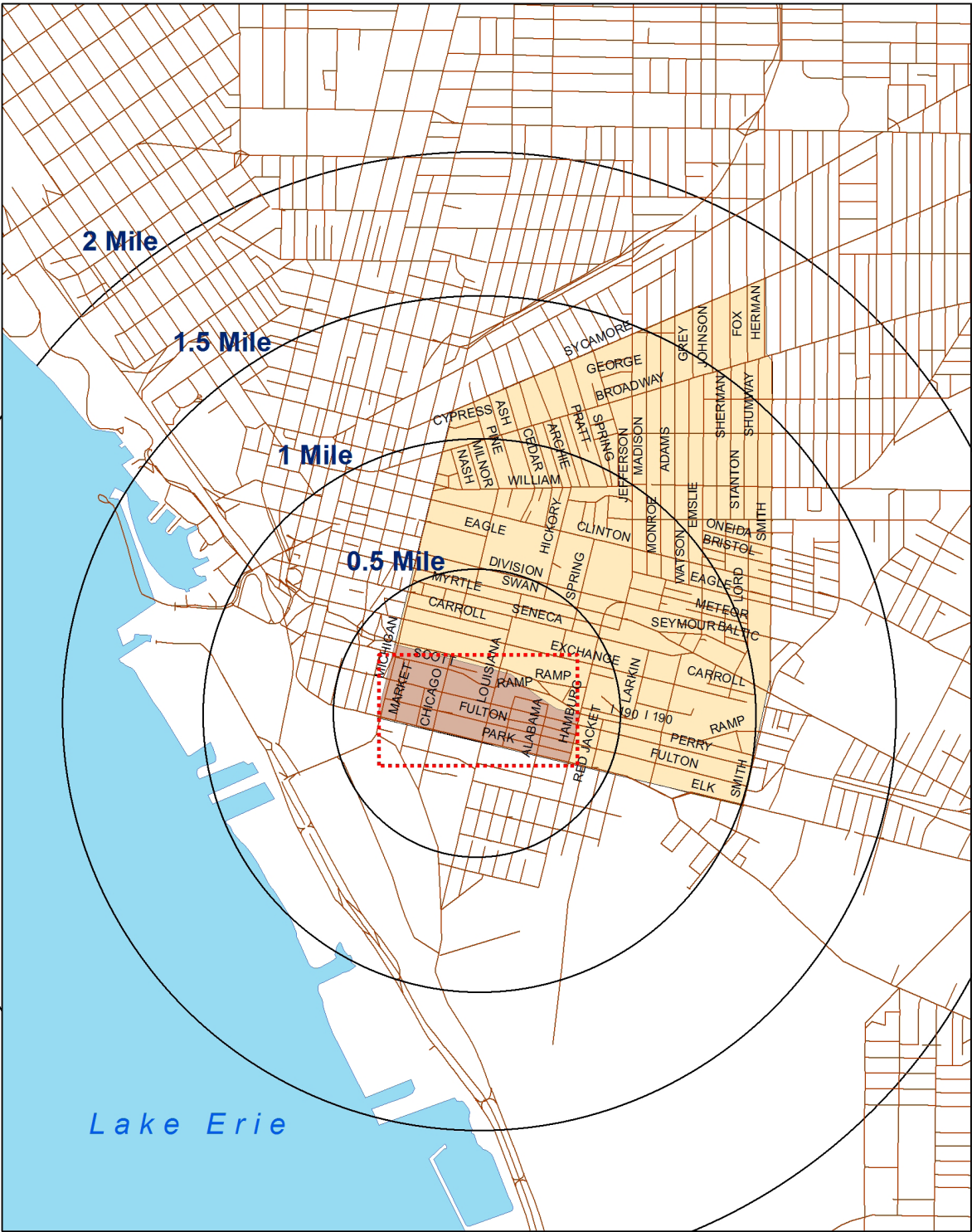
## Commuting Time and Travel Distance

The transportation options in the Perry Choice Neighborhood are limited. While the neighborhood walkability scores are high, there are still challenges getting from one place to another. Enterprises are close together and within walking distance, but this is somewhat mitigated by the harsh winters and foreboding environment. Nonetheless, the ability to access supportive services is in part connected to commuting time and travel distance between a resident's home and that service. The services available to PCN are situated near each other and within a 1.5 mile radius (Table 11). This would suggest that many of the services needed by residents are easily reached. However, this issue must be considered within a Buffalo context, where walkability and walking distance are greatly influenced by the weather (Map 2). When



we examine the commuting time and distance, using the Commodore Perry Homes and Extension Site as the reference point, the accessibility of neighborhood supportive services was determined (Table 12). The data showed that every service provider in the neighborhood can be reached within a 28 minute walk, and if one drives, bikes, or uses the bus, the commuting time is greatly reduced. The severity of the Buffalo winters, however, complicates this story because walking is not always a viable option, especially when snow is on the ground or when adults are accompanied by children. Moreover, the abandonment of buildings combined with demolitions have caused residents to perceive some parts of the neighborhood as scary and dangerous, thereby discouraging walking in these areas. Lastly, intra-neighborhood transportation is problematic because there are no direct buses or jitney services. Thus, to get to neighborhood services, residents must rely on taxis, rides from friends, or “gypsy” cabs. Thus, despite the proximity of these service agencies to residents, getting to them can still be problematic.

Map 3: The Perry Choice Neighborhood



**Legend**

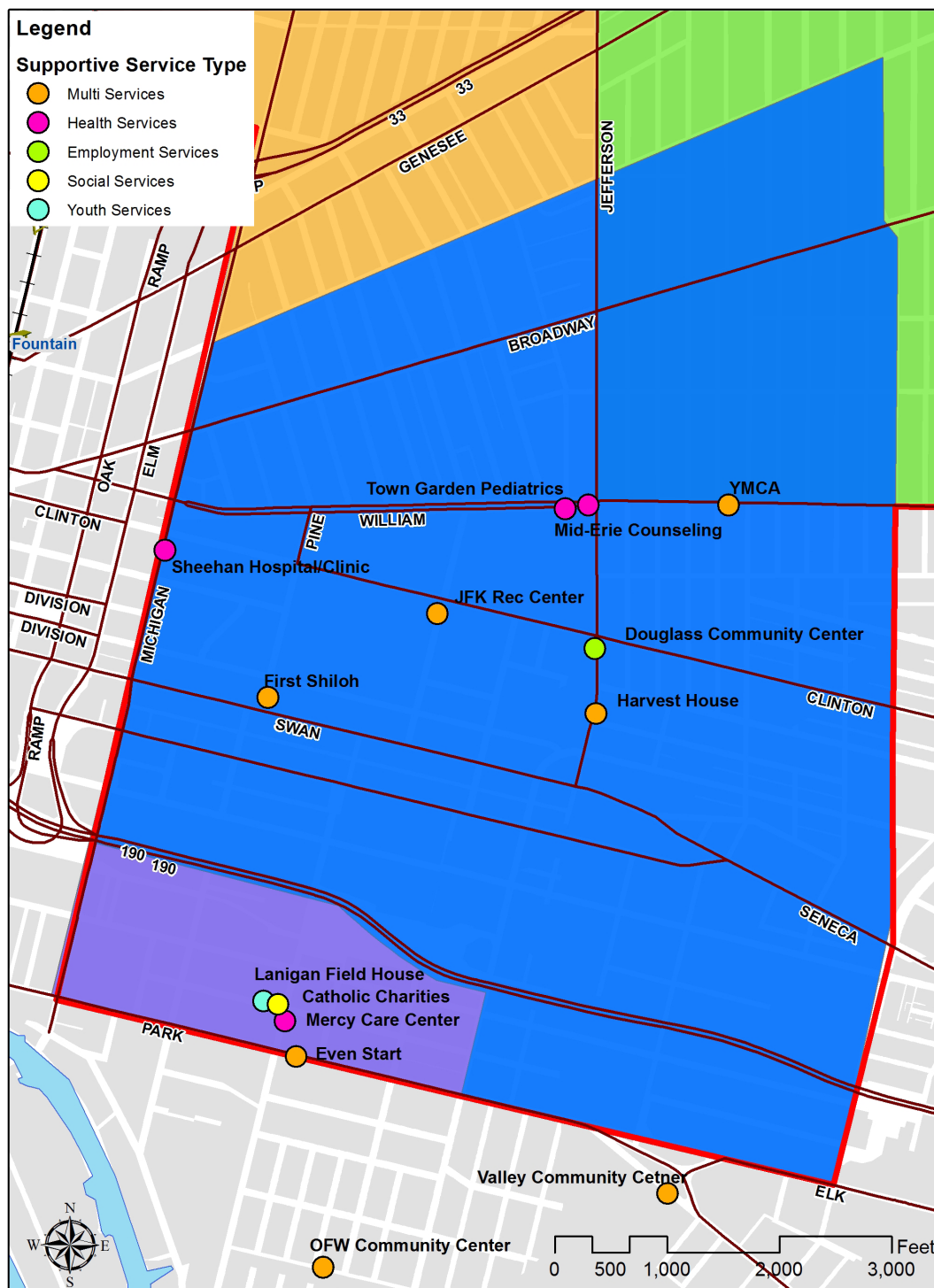
- Buffalo Street Grids
- Commodore Perry
- Perry Choice Neighborhood

**Perry Choice Neighborhood**



Map 4: Supportive Service Providers in the PCN

## Supportive Service Providers, Perry Choice Neighborhood

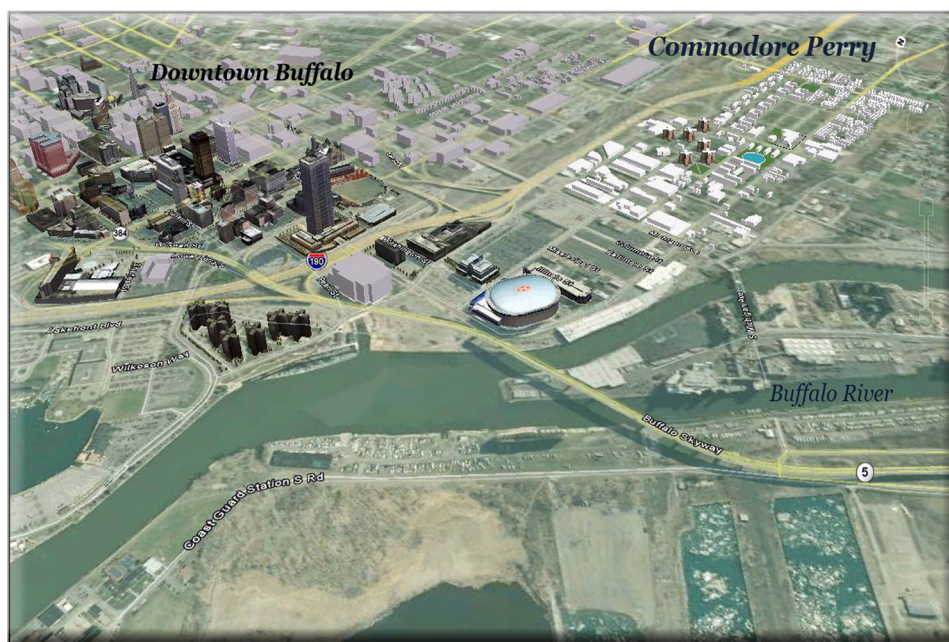




**Table 12: Commuting Time and Travel Distance to Various Service Providers**

Agency	Location	Distance	Walk (min)	Drive (min)	Bike (min)	Bus (Min)
Catholic Health's Mercy Comprehensive Care Center	CPD	0.06	1	<1	<1	none
Catholic Charities	CPD	0.07	1	<1	<1	none
Buffalo City Even Start Family Literacy Program	CPD	0.1	3	<1	1	none
Lanigan Field House	CPD	0.3	7	1	2	4
Old First Ward Community Center	OFW	0.6	12	2	4	9
First Shiloh Baptist Church	PCN	0.7	14	3	4	12
JFK Recreation Center	PCN	0.7	15	4	5	14
Harvest House New Hope Education Center	PCN	0.9	18	4	6	7
Harvest House Good Neighbors Organization Health Care	PCN	0.9	18	4	6	7
Valley Community Association	OFW	0.9	18	3	5	7
Sheehan Memorial Hospital	PCN	1	21	4	6	20
Sheehan Family Care Clinic	PCN	1	21	4	6	17
Mid-Erie Counseling and Treatment Services	PCN	1.2	24	6	9	8
YMCA	PCN	1.4	28	6	10	12

(Source: Google Maps Estimates. CPD is the Commodore Perry District, OFW is the Old First Ward, and PCN is the Perry Choice Neighborhood).



# The PCN Supportive Service Delivery System in Action

In this section, the approach used by the PCN supportive service agencies to deliver the services they offer to the public is examined. The primary goal is to determine the effectiveness of PCN agencies in delivering their services to neighborhood residents. A problem is that most PCN agencies do not appear dependent on residents to support their operations. In fact, the agencies interviewed for this study do not even keep track of PCI residents who used their services, while others, including the health clinics and hospitals, get referrals from other agencies and do not need to know how many of their clients come from the PCN. On the flip side, agencies such as the JFK Community Center, the YMCA and other multi-service agencies with recreational components, probably provide services for residents living near their facility. For example, most of the users of Lanigan Field House live within the Commodore Perry District or nearby.

## ***The Silo System***

The 15 supportive service agencies in the PCN, including BMHA, operate in silos.<sup>8</sup> While some agencies have partners that provide them with referrals and that actively participate in their program activities, they nevertheless still function as silos. For example, BMHA has an extensive network of partners, including important service providers located outside of the neighborhood, such as Belle Center, Northwest Community Centers and Martha Mitchell. These partners are collaborators within the BMHA, and not partners with other agencies in the PCN.

## ***The Delivery Approach: “React and Crisis” Orientation***

Most PCN residents seek help from supportive services mostly when they are in a crisis situation. For example, parent counseling occurs only after there is a report of abuse and it is court ordered, or in the case of BMHA, there is an investigation of a person’s need only after they have failed to pay rent. In this case, rent roll management is the trigger that activates the actions of the service coordinator. Health care is not based on the principles of wellness, but rather an early diagnosis and treatment model. For example, there are no systematic health awareness campaigns, only episodic health fairs or the sporadic distribution of health information.

## ***The Information Literacy Challenge***

Although there are numerous services available in the PCN, but residents seem unaware of them. This “unawareness” is aggravated by the absence of an outreach strategy by the PCN service organizations. So, while there are many important agencies in the PCN, most residents do not know about the services offered by them. There may also be a special problem when it comes to health literacy, where preventive action is so critical. For example, the high rates of Asthma ER visitations among children and Myocardial Infarction hospitalizations are probably the result of not having sufficient knowledge and information about these health issues.

---

<sup>8</sup> They do not operate in a collaborative system that is the result of aligned policies and systems, including, for instance implementing unified outreach campaigns, increasing cross-agency referrals and regularly interacting with the BMHA, which have three major housing developments in the PCN, which house more than 1200 residents.

**How Do I Get There? The Transportation Question**

Residents in the PCN are dependent on public transportation, and transit to varied PCN services might be a problem, depending on where one lives in the neighborhood. For example, walking to agencies with small children might be vexing because caregivers, especially during the winter, cannot walk to these locations. Concurrently, because of concern over crime, there may be areas that residents avoid walking, even during the day. For all these reasons, intra-neighborhood transportation is challenging, and is further complicated by a public transit system is designed to move people across the city, but not within a specific community.

**Lack of Participation**

Participating in program activities is a serious problem in the PCN. This issue was stressed repeatedly by service providers. For example, staffers at Catholic Charities and Lanigan Field House complained about the failure of residents, including children, to participate in programs established for them. For example, an art program at Catholic Charities was cancelled because of poor attendance. The Community Action Organization of Erie County was forced to close its Head Start program in Perry because of limited enrollment; Sheehan Health network closed its health clinic at Commodore Perry because of lack of use. Service providers say that offering material incentives is the only way to get residents to participate. If you serve food, the children might come to the program, but even there, it is difficult to sustain their involvement without material incentives. It is not clear why resident participation in programs is so poor, but it nonetheless represents a huge obstacle to the transformation of PCN.

This may be a problem of the detached resident. By this, we are referring to residents that have withdrawn from formal participation in neighborhood life. Some people refer to this as “apathy,” but we think the problem is more complex. Resident detachments come from a loss of trust, or perhaps, even a loss of hope in the change process. There is a view that organized neighborhood and community activities do not really bring about meaningful change in people’s lives. Moreover, PCN has a history of discontinuing and cancelling services, which are typically grant based. This could have spawned a “why bother attitude,” which pervades the entire community. Residents might believe that participating in a sewing class is not going to improve their lives and that it might take time away from a more important task. When people’s lives are dominated by making ends meet, they do not want to spend time on activities that will not improve their lives or provide them with escapist pleasure. The only way to counter this viewpoint is with an aggressive outreach strategy.

**Communications**

It is very difficult to communicate consistently with PCN residents. The problem is some residents frequently change telephone numbers, do not have email addresses, and rarely respond to mail. Consequently, following-up with residents on various issues can be problematic. To optimize utilization of services within the PCN, it will be necessary to forge a strategy for overcoming this issue.

**Caught in a Catch-22: Employment Services**

Residents in distressed neighborhoods are very rational. For example, people want to work, but also they do not want to cross income thresholds, which might jeopardize their benefits or that might cause their rents to increase. When incomes go up, benefits go down. So, then, residents may not see the necessity of getting involved in computer training, GED and Adult Education classes because they believe these activities will not lead to jobs that will bring about meaningful changes in their lives. Also, they may refuse to participate in the Section 3 Employment program because it might cause their rents to increase. The result is that some residents feel like they are caught in a Catch-22. If you participate in a program that increases your income, it might cause decreases in your benefits. Thus, you work harder, but your actual conditions of life remain the same.

## A Closer Look at BMHA

The Buffalo Municipal Housing Authority has three housing developments in the neighborhood—Commodore Perry, the Frederick Douglas and the A.D. Price. There are about 1,083 BMHA living in these three sites, comprising 12% of the PCN population. These three developments are clustered within a half-a-mile radius of each other. Given the size and concentration of the BMHA housing developments, it is not surprising that housing authority has an active service support unit.

The BMHA uses a “passive” supportive service coordinator model, in which two different “housing aids” are responsible for all three developments. The model is called passive because the activities by the housing aids are triggered by phone calls from the manager of the housing development, a resident, or a member of the resident council. Referrals to the housing aids can also be sparked by a phone call from tenant inspectors. The approach is “crisis-orientated” and driven mostly by rent-roll management. That is, the system is activated when a resident cannot pay his or her rent, and the crisis is considered over once the rent payments are received. Also, the BMHA system does not have a case management component and/or a tracking system to determine what has happened to the resident. This is a serious systems flaw. The goal of the case worker is to ensure that resident are connected to service providers and that the resident progresses through the continuum of services needed to solve their problem. The case workers also serve as an advocate that helps the resident move through the maze and complexity of services they need. Moreover, in an aggressive outreach program, the caseworker does not wait for the resident to get into trouble, but establishes relationships with them before problems crop up, find out the issues in their lives, and then works with the residents to take proactive action. In this regard, they assist the residents with getting jobs, filling out applications, identifying needed services, connecting them to academic and cultural enrichment programs, assisting troubled children get the appropriate services and the like. The bottom line is that no good supportive service system can exist with case management.

The seniors are an important special needs population. The BMHA housing aides say most of their calls come from seniors who often need help with legal issues and paper work. They also say many residents have multiple problems, which are not discovered until the initial resident interview. For example, one housing aide told the story of a couple who wanted to start a karate school. During the interview, the housing aid learned the person had lost his job and was trying to find a way to earn money. He had gotten hurt on the job, and the company fired him because they did not want to give him benefits. So, instead of helping him start the karate classes, he was put in touch with the legal aid program, which helps him get the benefits from his injury.

In many ways, the BMHA PCN Support Service System is a virtual one. There is no dedicated space for intake and follow-up and the support service team does not make house calls. Typically, when help is requested, an appointment is made at the Perry Auditorium, where a private interview can be held with the person. After determining the issue, the person is then referred to the appropriate service provider. However, there is no systematic follow up. The housing aide operates under the assumption that the resident will call for additional help if the problem persists.

### **Section 3 and the Financial Self-Sufficiency Program**

The quality of life focus of the BMHA housing aides also include work on Section 3 and Financial Self Sufficiency Program (FSS). These two programs are designed to increase the income of residents. The Section 3 program was started by HUD in 1968, and it mandated that contractors using federal dollars in their projects had to hire 30% of their workforce from low-income populations, thereby making it possible for these residents to bolster their income and training by working on project designed to improve their com-



munities. The Financial Self-Sufficiency (FSS) Program is a companion program, which was established in 1990 to help residents of public housing and participants in the Housing Choice Voucher program to become self-sufficient through education and training. To participate in the Section 3 program, residents must apply. After which, there is an effort to match the applicant with opportunities suitable to their skill base. In recent years, the BMHA Section 3 job base has expanded to include jobs other than construction. This has greatly expanded the work opportunities available to residents. Once placed on the "Ready-to-Work" list, a person can stay on it for three years, during which they get priority placement on jobs using BMHA financing. Once they get a job, a person is taken off the list until their job ends. Then, they are again placed on the list.

The Family Self-Sufficiency (FSS) program was established by Section 554 of the Cranston-Gonzalez National Affordable Housing Act of 1990 to help residents of public housing and participants in the Housing Choice Voucher (HCV) program become self-sufficient through education, training, case management, and other supportive services. FSS programs are administered by public housing authorities (PHAs) in conformance with U.S. Department of Housing and Urban Development (HUD) regulations (24CFR984). Families that volunteer to participate in FSS sign a 5-year contract of participation (COP) with the PHA that specifies the steps both the family and the PHA will take to move the family toward economic independence. (HUD, 2011).

The FSS program has three primary components—the escrow account, case management, and referrals to supportive services—that work together to help families build assets and make progress toward self-sufficiency. Through the use of FSS escrow accounts, the program offers families the opportunity to save money and an incentive to increase work effort and earnings. The escrow balance is established when a participant's earned income increases, resulting in increases in the tenant's monthly contribution to rent. An escrow credit, calculated by the PHA based on increases in earned income, is deposited each month into interest-bearing accounts managed by the PHA. Families that successfully complete the FSS program receive their accrued FSS escrow funds plus interest. No formal restrictions exist on the use of the escrowed funds, but many families use the funds to help with the purchase of a home, debt reduction, or postsecondary education or to start a new business (HUD, 2011).

One key incentive is that during the 5-year period, housing authorities often will not increase the tenant's monthly contribution to rent until after the 5-year period is over. The use of this incentive to get resident participation is extremely important. As previously mentioned, residents are very rationale. They live on the economic margin, and unless they clearly understand how gradual increments in their income will lead to improvements in their lives, they will not participate. Moreover, residents are very good at managing income increments so that they keep them just below the threshold levels that trigger increases in their monthly contributions to rent. So, without the careful incentivizing of these income producing programs, residents will not participate in them.

### **Program Participation**

There does not appear to be much participation in either the section 3 or FSS programs among the 1,083 residents of Commodore Perry, Frederick Douglas and A.D. Price. There appear to be three interactive reasons for this. First, there is no aggressive outreach program for these activities. The BMHA Housing Aides are responsible for service coordination, Section 3 and the FSS program, along with other quality of life matters affecting the residents. There are four people assigned to do these tasks in 27 housing developments across the City. Given that case load, it is not surprising that there is no adequate outreach program in place. Most residents probably do not know about the Section 3 or FSS programs or have a limited understanding of it. Second, there is no "authentic" case management component linked to the program. And without a case management system in place, none of the above mentioned programs

are going to function effectively.

Lastly, both the Section 3 and FSS programs have disincentives built into them. For example, with the Section 3 program, a person cannot participate without taking a drug test, and if that test comes back positive, they are kept off the list until they test negative. This happens even though the person is not required to have a negative drug test until they are actually hired. In the case of the FSS, a significant number of people will not participate unless it is made clear that their rents will not go up as soon as their income increases. This is an important rent-roll management issue. However, we believe that resident culture must change before they will embrace fully the FSS ideal, and this is an incremental process. So, for example, if a resident in the FSS program is allowed to keep their rent constant throughout the five year contract, they are not likely to complain when it goes up at the end of this period. By this time, they will have realized the impact that these income increments can have on the quality of their lives.

# Resident Perspective on Supportive Services

The PCN is home to a network of fifteen supportive service organizations that delivery services across six different sectors--crisis assistance, health, technical support, education, employment services, and programs for special populations--children, youth and seniors. Unfortunately, these services are underutilized by neighborhood residents.

## **Residents Are Not Using Neighborhood-based Services**

Both the survey respondents and focus group members indicated that most respondents did not use neighborhood-based supportive services. For example, among the population surveyed, most respondents did not use services related to children and youth programs. Given the average age of the respondents, this is not surprising. For example, the average age of those surveyed was 48 years and 54 years. While populations within this age category often do care for young children, the respondents participating in this survey did not.

It is surprising, however, that respondents underutilized the reading and literacy, computer and senior services programs. This is particularly true since about 64% of PCN residents make less than \$25,000 annually and about 57% have a high school diploma or less. Given this profile, along with the literacy problems (discussed in more detail below) reported by the respondents, we anticipated that residents would maximize the use of services related to development assets, which are those programs that enable them to obtain the skills needed to become competitive in the job market and/or to improve the quality of their lives. Nonetheless, when asked about the supportive services they used, most did not list programs offering GED training, adult education, job training, and employment assistance, nor did they list financial literacy, tax return preparation programs, or sewing or cooking and nutrition classes.

The underutilization of health institutions is the most surprising finding. Cost does not appear to be a factor because most respondents said they had health insurance. Distance also is not a factor. At the time of the survey, there were two hospitals in the neighborhood--Sheehan<sup>9</sup> and Mercy Comprehensive Care, and two smaller health clinics located in the neighborhood. The Harvest House and the William Street YMCA both have health clinics. These health facilities are within five minutes of Commodore Perry Homes. So, distance does not explain why the health services are being underutilized.

There are about 778 people living in the Commodore Perry Housing Development, including about 27% of residents over the age of 54 years. This population is large enough to support a small health clinic. Not only that, but given the number of residents over age 54, combined with the number of children, 18 years and younger (210 or 27%) living at Commodore Perry, these services should be widely used by residents, but they are not. Yet, in a focus group, the seniors said that they required health services focused on their specific needs, including adult day care assistance.<sup>10</sup> They also said that there were no medical services available for the disabled. Yet, despite these concerns, only a fourth of the 21 seniors participating in the focus group frequented Mercy Hospital and the Emory Young Health Clinic, located on the BMHA campus, which was forced to close because of underutilization.

Respondents in the Old First Ward and in the northern section (Ellicott District) of the PCN also underutilized neighborhood health facilities. The big difference between the two groups is that respondents in the Old First Ward and in the northern portion of PCN made greater visitations to the offices of private physicians.

<sup>9</sup> Sheehan announced on March 24, 2012 that it would close its doors in about three to four months.

<sup>10</sup> Obviously, adult day care would not be handled by a small health clinic, although it represents an important health care need that seniors say is important.

Even so, they still underutilized the health care facilities in the PCN. At the same time, all respondents overutilized emergency rooms, suggesting a crisis orientated approach to health care. This idea is reinforced by the small number of residents with private physicians combined with the large number of residents with myocardial infarction (heart attacks) and the large number of ER asthma visits by neighborhood residents. This data points to the absence of both early diagnosis and treatment, as well as the proper management of chronic diseases. This may also be related to the “hidden cost” of health care. That is, even with health insurance, patients have co-pays both on visits to the doctor's office or clinic and on medications. Given the combination of low-incomes and the high cost of the housing burden, the insurance co-pay may represent a barrier for residents.

### ***Why Don't Residents Utilize PCN Supportive Services?***

There appear to be three main impediments to accessing community services in the Perry Choice Neighborhood: (1) lack of knowledge (2) distance of the service from the respondent's home and (3) the cost of the service.

#### ***Lack of Knowledge***

The surveys and focus groups suggest that residents know that many of the agencies exist, but they do not know about the services offered. For example, a resident stated annoyingly at a focus group that he needed was legal advice and not one helped him. When told that the Harvest House, across the street from his apartment, had a legal aid session every Wednesday night, he was shocked. In another focus group session with seniors, most participants said they did not know where to go to receive the services they needed and that there is no place for them to get information about the services available to them. They said they needed help filling out different applications and forms. Of course, the BMHA housing aides say they provide this type of assistance and that many of their calls come from seniors. This notwithstanding, there is still a belief that no “dedicated” place exists where seniors can go to receive information about services or to get help filling out applications and forms.

The focus group participants also said that there were no services available for seniors in the neighborhood, including Commodore Perry and the PCN. Yet, there are five different agencies in the PCN and Old First Ward that offer senior services, but the residents showed no knowledge of their existence. Likewise, when the youth focus group was held, the participants said that there was nothing to do for young people. However, there are eight different facilities in the PCN offering youth programs, including five community centers. Lanigan Field House, which is located on the Commodore Perry footprint, is also a site for youth programming. Moreover, the working age participants in the five focus groups all emphasized the need for job training opportunities for people wanting to work. They wanted GED classes, resume writing, computer classes and the like. Various agencies in the PCN already offer programs in these areas, with many of them being poorly attended. Again, residents do not seem to know about the various supportive service programs being offered in the PCN.

The problem is BMHA does not have an office that focuses specifically on information about supportive services and other life chance issues. The result is that residents obtain information on supportive services mostly from family members and friends. Only a small percent say the tenant council is an important source of information. Most significant, the BMHA housing aides were not seen as important sources of information about supportive services. This, combined with the absence of aggressive outreach programs by neighborhood service providers helps to explain why residents know so little about the available services in the neighborhood.

Literacy might be another barrier to gaining knowledge about supportive services. Residents with limited reading skills are not going to learn much about the various services that are available in the Perry Choice



neighborhood. About 28% of the PCN population did not complete high school, which suggest that a large number of people might have literacy issues. For example, the BMHA Commodore Perry Needs Survey suggested that many residents might have a low health literacy rate. For example, while said they had a good understanding of medical conditions and illnesses, on a scale of 1-10, they also indicated they had trouble understanding a doctor or nurse's oral instructions (3.9), had trouble understanding or filling out medical forms (3.4) and had trouble following instructions on labels of medicines (2.7). This suggests that some respondents have basic literacy issues, which might be keeping them from understanding medical technology and/or other issues related to negotiating the health system. While this focus is on health, it might well be true of other areas where the ability to access and use information is critical.

### ***Commuting Distance from the Supportive Services***

Most respondents (survey and focus groups respondents) complain about transportation, both within and across neighborhoods. This might partially explain why those services in the northern section of the PCN are underutilized. Although most services in the Perry Choice Neighborhood and within a one-mile radius, residents still complain about problem of using public transit to reach them. Typically, residents do not consider walking to the various services as an option. One reason is that Buffalo has severe winters. So, a walking culture was never developed in this community. Moreover, in neighborhoods characterized by vacant lots, dilapidated houses and building, and fear of crime, people also avoid walking, especially after dark.

The main issue is that public transit does not provide good intra-neighborhood transit options for residents. So, they rely on getting rides from friends and neighborhoods. While the data show that residents can get to the places they desire, the journey to these various locations is not easy. Given the economic realities confronting residents, they probably carefully make these transportation decisions based on cost considerations. In this context, if you have to get a ride, it really does not matter if you go to Sheehan or to ECMC. The great irony is that some services are close by and if the residents used them, they could probably save money.

### ***Cost of Services***

We do not have any data on the cost of services, other than the "hidden" cost of transportation. Nonetheless, in setting where the struggle to make ends meet is omnipresent, residents are always weighting how much something is going to cost, because they live on the economic margin. So, we suspect that even when costs are nominal, they still might be prohibitive when added to other "nominal" costs they encounter.

### ***Other Observations from the Field***

Over the past six months, during our numerous interactions with residents, we have heard many of their views and stories. In this section, the goal is to share some of the more salient notions that evolved out of these interactions. Some barriers to using services might relate to different viewpoints or beliefs that are held by the residents. For example, some residents say they do not use Mercy Comprehensive Care Center because it is not open on the week-ends, while others say they do not use it because it is Catholic. It is not clear why not being open on week-ends is problematic to residents, unless they view the hospital as a place to go mostly for emergencies. Concurrently, there might be a belief among some residents that the facility is for only Catholics. Another opinion often voiced is that services in PCN are "not any good." This is typically based on what someone heard, rather than their own experiences.

The transportation issue seems more critical that the survey data reveals. At one level, people appear to be able to get to various places, but there is a clear feeling, especially among seniors and the youth, that they are "trapped" in the neighborhood. Although Perry is a walkable neighborhood, residents nonethe-

less complain about the inability to move around the neighborhood or even to go to nearby places, such as the library. Moreover, many residents believe that the programs they need and/or desire are not offered in the neighborhood. At the same time, while the seniors also complain about the lack of programs in the neighborhood, they also desire programs and activities that will take them to other parts of the city and region.

There are two complimentary issues that stand out. The first is communications. Residents frequently change telephone numbers and do not have email addresses, which makes systematic communications with them very difficult. Also, communication by mail is happenstance. You can send mail to households, but you have no way of knowing if they received the mail and/or heeded its message. This also interferes with service delivery. Service providers complained about the challenges of following up on various issues.

A second issue is that many residents appear detached and alienated from formal neighborhood life. This group does not believe the promises about changes in the neighborhood and will not take time away from other activities to become involved in the organized life of the community.

Lastly, as this report was being finalized, we received word that Sheehan Health network was being closed after 128 years of serving Buffalo and the PCN. The closing of Sheehan accentuates two issues. The first is its closing weakens greatly the PCN health care service framework. The hospital provides primary care, diagnostic services, alcohol and drug dependency treatment, and rehabilitation to some 10,000 patients, on both an inpatient and outpatient basis. Most important, the hospital focused on low-income groups and racial nationalities, especially those living in the PCN. So, its loss will hurt the delivery of health services in this area. Secondly, it points to the problems generated by the underutilization of services within the PCN. If PCN residents had optimized services at Sheehan, it probably would not have closed.

# Recommendations

**1. The Buffalo Municipal Housing Authority should play a leading role in creating a robust neighborhood-based supportive service system in the PCN.** The BMHA is the largest land owner in the PCN, and its three housing developments anchor the neighborhood. Most important, given the centrality of supportive services to the creation of a vibrant mixed-income neighborhood, the BMHA should take the lead in constructing a neighborhood-based network of collaborating supportive service agencies. It should also redesign its own supportive service system so that it provides aid both to BMHA and non-BMHA residents.

**2. Establish a network of collaborating supportive service agencies in the Perry Choice Neighborhood.** Currently, the supportive service agencies in the PCN operate in their own silos with little or no systematic interaction among them. The evidence shows that when supportive service agencies operate in a collaborative framework, their efficiency and effectiveness is significantly improved.

**3. Develop a neighborhood-based supportive service outreach strategy for the Perry Choice Neighborhood.** The supportive service agencies operating in the PCN do not have an outreach strategy for the neighborhood. While some agencies might have their own outreach programs, there is still no systematic, ongoing approach to make residents aware of the varied services offered in the PCN.

**4. BMHA should develop an aggressive supportive service outreach program specifically for residents of the PCN public housing developments.** The development of this type of aggressive outreach is central to creating a BMHA support system that provides quality services to the residents. A central goal of this approach is to move beyond a crisis orientated approach to supportive services.

**5. Develop a proactive approach to health, human and social services in the PCN.** The current PCN supportive service system is crisis orientated. A strategy needs to be developed that encourages residents to seek help before a health or socioeconomic problem becomes serious.

**6. Develop a program to increase information literacy among residents of the Perry Choice Neighborhood.** This recommendation is closely linked to the formulation of an outreach strategy. The idea is to increase significantly the awareness of residents of the types of services that are available in the PCN and to encourage them to utilize these sources. BMHA should develop a specific focus for housing authority residents. This is a serious problem and there should be a BMHA specific solution, as well as a community-wide solution.

**7. Develop a plan to improve intra-neighborhood transportation in the PCN.** While not central to this report, it is nonetheless a barrier to service access that needs addressing. The feasibility of a circular bus, jitney service or CarShare model should be explored.

**8. Strengthen the BMHA Supportive Service Coordination Model.** There should be a designated Support Service Coordinator for the Perry Choice Neighborhood, A.D. Price and Frederick Douglas housing developments. The position should operate out of the Perry Choice Neighborhood Planning and Information Center. A system of case management should be added to the service coordination model. This could be accomplished through the development of a partnership with Buffalo State College and UB.

**9. BMHA should develop a robust financial Self-Sufficiency and Section 3 Program.** Residents in the PCN housing developments face many barriers to financial self-sufficiency. There is a need to develop a comprehensive program, which includes information and the development of skills that will lead to a better job, as well as financial literacy training and access to a robust financial self-sufficiency program, which eliminates the disincentives to program participation. The program should also include aggressive information outreach for residents. A strong Section 3 Program should also be developed. In particular, this program should not use a drug testing to pre-screen residents and it should attach a strong case management component to it. Moreover, residents applying to the Section 3 program should be also encouraged to enroll in the FSS program.

**10. Establish a multi-service center at the Lanigan Park campus.** This center should be modeled after the Belle Center in Buffalo and establish so that it compliments, rather than compete with existing services in the PCN. This center should house a service coordination unit, along with case workers, to assist residents in need of supportive services. In addition, the program should have programs for youth and elders, along with recreational and entertainment venues. Lastly, the center should house a complex of educational programs, including an early learning center, after-school program, computer classes, and a GED program.