

The Perry Choice Neighborhood

# Neighborhood-Based Supportive Service Collaborative

# A Component of the Supportive Service System

Prepared by
The UB Center for Urban Studies

August 2012



#### The Need

In the Perry Choice Neighborhood, the majority of residents live on the economic margin. Given their socioeconomic profile, this group is going to face serious problems in the battle to make life better for themselves and family members. Yet, based on our analysis, the current supportive system does not help residents successfully mediate the City and region's complex health and socioeconomic landscape (Taylor and Silverman, 2012).

This is where neighborhood-based supportive services come in. There are 15 supportive service agencies in the PCN, along with the Buffalo Municipal Housing Authority (BMHA). The clustering of these supportive agencies within a one mile radius creates the potential for the neighborhood to develop a robust center of supportive services, but this has not happened. The PCN service agencies operate in isolation from each other, do not have a systematic approach to outreach, and many residents do not know about the services they offer. The result is that most people living in the PCN do not use the neighborhood-based supportive service system.

Instead, they typically travel to more distant parts of the city to access the needed resources. This not only hurts the residents, but also the supportive service agencies themselves. If community residents optimize utilization of neighborhood-based support services, it would help the agencies meet their fiscal bottom line, as well as improve the quality of service delivery in the neighborhood. For example, if the 12,400 PCN

residents optimized utilization of Sheehan Health Network, it might not have been forced to close.

#### The Barriers

There are many perceived barriers that stand in the way of residents using the PCN supportive service system. Many of the obstacles include, but are not limited to, lack of information or lack of awareness of services, fear and mistrust of service providers, self-imposed barriers of pride and denial, transportation, location, child care issues, and cultural relevance. The challenge at the community level is to help remove the barriers that keep residents from accessing services, to build the partnerships needed to expand the services that are lacking and to involve residents of developing the supportive service network.

#### The Collaborative

The PCN Neighborhood-based Supportive Service Collaborative will be a partnership among supportive service organizations located in the PCN, along with the BMHA and other key City and regional health and social service organizations. The goal is to construct an integrative supportive service network that enables all participating agencies to optimize the delivery of their services to neighborhood residents, bolster outreach, share information and facilitating fund raising. By working and planning together, the collaborative will be able to deliver their services more efficiently and effectively, especially in terms of removing barriers to accessing services, expanding existing services and filling service gaps.

Additionally, the collaborative will be able to improve services by identifying the best practices in the PCN and bringing them to scale. Lastly, by engaging in joint fund raising and advocacy, working collectively to identify at-risk populations and to engage in outreach activities, the network will bolster the long-term capacity of supportive service providers to achieve their organizational missions and to expand the range of services offered to residents of PCN.

#### **Mission Statement**

The mission statement of the Supportive Service Collaborative will be focused around these goals, and resemble something like the following:

"The mission of the Supportive Service Collaborative is to provide a high quality, prevention-focused supportive service system to improve the ability of neighborhood residents to reach their full human potential and experience a high quality of life."

### **Organizational Structure**

#### The Collaborative Membership Body

All member organizations of the Collaborative will be part of a Leadership Team that will oversee all operations. Members of the team will be composed of representatives from supportive service agencies that operate within the Perry Choice Neighborhood.

Other partners in the supportive service framework, such as the Oishei Foundation, the UB School of Social Work, Buffalo Municipal Housing Authority and other "mother ship" agencies will be represented as well to provide guidance, technical insights, and to assist the Collaborative with development activities.

#### **Sub-Committees**

Sub-committees will be established by the leadership team to plan, oversee, and carry out various responsibilities of the Collaborative.

#### The Neighborhood-Based Supportive Service Network Management Team

The Neighborhood-Based Supportive Service Network (NBSSN) Management Team will execute system-wide activities to assist the Collaborative with achieving its goals and mission. The Management Team will connect with community partners, manage strategic planning activities, and oversee implementation of Collaborative-approved plans and strategies. The Management Team will also be responsible for coordinating system-wide fundraising and outreach initiatives. The director will also function as a liaison between the Collaborative, The P&I Center, the Service Coordination Unit, the Mini-education Pipeline, and other activities taking place in the Perry Choice Neighborhood.

#### **Member Organizations**

Like the P2 Collaborative, the PCN Supportive Service Collaborative will be composed of membership organizations. They will include supportive service agencies within the neighborhood as well as outside partners. All organizations will receive one vote during any decision-making process.

For at least the first two years, member organizations will not be charged an annual membership fee. By the third year, once the programmatic activities have been firmly established, membership fees will be instituted in order to ensure the long-term sustainability of the organization.

## Responsibilities of the Collaborative

#### Establishing strong lines of communication between agencies

One of the major challenges in the current Perry Choice Neighborhood supportive service framework is a lack of communication and coordination between supportive service providers. While all providers seek to improve the quality of life of residents through the services they offer, a lack of communication results in the inability of the entire system to meet the comprehensive needs of needs of neighborhood residents. One provider alone may be able to meet some needs, but effective communication can help ensure that the providers work together as a system to ensure that all resident supportive needs are met.

The Collaborative will be responsible for establishing an open dialogue between providers as well as between major social service agencies and organizational "mother ships" that can provide guidance to the system through bi-monthly meetings and conversations about challenges and plans for the system.

#### Sharing data across agencies

Data sharing will be an essential function of the Collaborative. In order for the Neighborhood-Based Supportive Service Network to function effectively, providers in the Collaborative will be required to share necessary data for system evaluation and needs assessment processes conducted by the Management Team. For instance, the Management Team will need to know how many residents were served per year and other statistics in order to evaluate the effectiveness of the system at reaching residents in need.

More importantly, however, the Service Coordination Unit will require confidential data related to clients of the case management system. In order for a provider to be considered for referral by the Service Coordination Unit, they will be required to share data about the types of services that have been provided to clients of the Unit during referrals in order to provide effective follow-up. With the permission of clients, it will be the duty and responsibility of providers in the Collaborative to share this confidential information with the case managers in the Service Coordination Unit.

Members of the collaborative who play an advisory role will guide the Collaborative in best practices for system-wide data sharing.

#### Advising the Management Team with a System-Wide Strategic Plan

The Collaborative will serve an advisory role to the Supportive Service Network Management Team in all aspects of operations and programming activities. They will provide guidance to the Management Team with regards to establishing a system-wide strategic plan, filling challenges or gaps in supportive service needs for residents.

#### Developing a System-wide Outreach Strategy

The Collaborative will work closely with the Supportive Services Management Team to develop a system-wide outreach strategy to inform Perry Choice Neighborhood residents about all of the supportive services available to them. Providers and agencies in the Collaborative will also have the opportunity to participate in PCN Bi-Montly Resource Events to increase neighborhood exposure.

#### Developing a System-wide Sustainability and Development Strategy

In addition, the Collaborative will guide the Management Team with the establishment of a system-wide funding and sustainability strategy. This strategy will involve raising money to support or expand existing programs and to establish new supportive service programs to fill gaps in neighborhood needs.

#### Linking residents to the Service Coordination Unit

Members of the Collaborative will be linked directly to residents in need of the services they provide through the Service Coordination Unit, which will provide case management services to residents in both public and private housing in the Perry Choice Neighborhood.

In addition to providing data about clients of the Service Coordination Unit for follow-up, members of the Collaborative will be responsible for connecting residents for whom they provide services to the Service Coordination Unit when they identify the potential need to do so. All members of the Collaborative will provide their clients whom are PCN residents with the need for follow-up and service coordination. The Service Coordination Unit will provide

# Benefits of the Collaborative to Neighborhood Providers

#### High quality case management services for clients

Clients of Collaborative member agencies, especially those who are residents of the Perry Choice Neighborhood, will be provided with case management services through the Service Coordination Unit. This will help providers conduct effective follow-up with

clients to ensure the provided services were effective at meeting resident needs and improving quality of life and well-being.

#### Technical support and an expanded knowledge base

Through connections with other agencies in the neighborhood and access to the support of the Management Team and the Service Coordination Unit, members of the collaborative will benefit from a wealth of knowledge about what other agencies are doing, regional and national best practices.

Providers who are part of the Collaborative will contribute to the establishment of a system-wide strategic plan that will assess system-wide needs and challenges. This process will also involve providing technical and strategic planning support for individual organizations and providers, particularly in cases where they are expanding their ability to provide services to PCN residents. Technical support from the Management Team will help organizations plan more effectively for the future and have a better understanding of their role in the neighborhood's supportive service framework

#### System-wide outreach and exposure

The Collaborative will work with the Management Team to establish a system-wide outreach strategy to inform residents about all of the supportive services available to them in the neighborhood. This effort will help providers increase their exposure in the community without dedicating a significant amount of manpower and resources individually.

#### Expanded base of clients in need

Through access to coordinated outreach efforts, system-wide resource planning, and an effective case management system, providers in the Perry Choice Neighborhood will have access to a larger base of residents who are in need of the services they provide. This expanded resident base will help providers to expand successful programs and help them to accomplish organizational missions.

#### **Greater Financial Sustainability**

Through planning and partnering in system-wide fundraising activities, members of the Collaborative who are providers in the neighborhood will benefit from technical assistance in planning for financial sustainability of existing programs and in planning for the expansion or addition of new ones.

#### Greater power to improve client quality of life

Through connecting clients to the Service Coordination Unit and other aspects of the Supportive Service Network, Collaborative service providers will help their clients obtain the comprehensive array of services they need to help them reach their full human potential. While individual providers may be able to meet some needs, providing their clients with an entire menu of system-wide options and aggressive case management follow-up will help prevent them from encountering crisis situations and ensure that a wide range of potential needs are met. Since the goal of all supportive service providers should be to put residents in need on the path to success in their lives, connecting them to the Supportive Service Network will help to achieve this goal.

# Goals of the Supportive Service Network Management Team

The goals of the Management Team will be:

- 1. **To establish formal lines of communication** between providers to effectively coordinate service provision for residents
- 2. **To function as a planning entity** to enhance the quality of the neighborhood-based supportive service system
- To develop system-wide projects and initiatives to fill gaps in supportive service needs
- 4. **To address new challenges and obstacles** that residents face that negatively impact their quality of life
- 5. To ensure that the neighborhood supportive service providers are taking a **proactive and preventative approach** to service provision
- 6. **To link the supportive service providers** more effectively with regional supportive service "mother ships"
- 7. **To build effective system-wide outreach strategie**s to inform and connect residents of the PCN to services that can benefit them.
- 8. To manage and coordinate the development of the Life Chances Center as a central space for supportive service activities and events within the community

### Responsibilities of the Management Team

# Establishing a 5-Year Neighborhood-based Supportive Service Strategic Plan

In partnership with the Service Coordination Field Unit, the Mobile Safety-Net Team, the P&I Center, and BMHA, the Management Team will be tasked with developing a neighborhood-based Service Strategic Plan that will guide the way that supportive service agencies will work together and cooperate to accomplish system-wide goals and achieve the desired outcomes of the PCN Initiative's Supportive Service Performance Indicators. The Service Strategic Plan will also outline all of the services currently provided by the system and will incorporate the master plans of the neighborhood's supportive service providers. The Plan will also outline the work that the Management Team will do to support the needs of the system as a whole in achieving the desired outcomes of the Performance Indicators.

The plan will be reviewed at least once annually as part of a needs assessment process and minor revisions to the plan will be made as needed by the Board during this time. Every five years, the plan will undergo a complete review and evaluation process and will be updated based on the revisions proposed as a result of this process.

#### **Annual Needs Assessment and Progress Reports**

In partnership with the Oishei Foundation's Mobile Safety-Net Team, the Service Coordination Unit, and the Planning and Information Center, the Management Team will undertake annual needs assessment reports outlining the supportive service needs of residents in the PCN and evaluating how successful the system as a whole has been at achieving those needs. The needs assessment will be used to inform revisions to the Management Team Plan in order to meet new or changing needs by residents.

#### Filling Gaps in Supportive Service Needs

Using the needs annual needs assessment reports and other data from the community; the Management Team will be responsible for developing strategies to meet new supportive service needs in the neighborhood. When obstacles arise for residents or they encounter a challenge in obtaining needed services, it will be the responsibility of the Management Team as a whole to develop a solution, including new programming when necessary, to meet unfulfilled needs. The strategies produced by the Management Team should be incorporated into the Strategic Plan as they are developed.

#### Establish a Sustainability Strategy

After the completion of the Management Team Plan, the Management Team will be responsible for building a strategy to ensure that the supportive service system will having a lasting and long-term impact on and finance the addition of new services as needed by residents. The Management Team will work closely with private foundations, prospective funders, and regional "mother ship" organizations when establishing the Sustainability Strategy. The Needs Assessment and the Management Team Plan will help to inform the strategy as well.