



*"Our Neighborhood. Our Choice."*  
**BMHA Perry Choice Neighborhood**

The Perry Choice Neighborhood

# **Supportive Service System**

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## Threshold Plan

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# Introduction

This report outlines a threshold plan for improving the supportive service infrastructure in the Perry Choice Neighborhood (PCN). By “threshold plan,” we are referring to a set of baseline ideas about enhancing the supportive service infrastructure in the PCN. The ideas contained in this plan will continue to grow and develop as we interact with the residents and neighborhood-based service providers.

Residents of distressed neighborhoods will encounter obstacles in the quest to improve their lives. The role of supportive services system is to help them avoid and/or overcome these barriers. Nowhere is this truer than in the PCN. This mixed income neighborhood is dominated by residents living on the economic margin. It has a jobless rate of 57%, a median household income of \$21,000, with about 40% of the residents living below the poverty line. The lack of housing affordability in the PCN exacerbates the low-income issue. An astounding 40% of the PCN population is paying 50% or more of their income on housing. The residents are going to face difficulty as they move toward economic self-sufficiency. This is where the neighborhood-base supportive service system comes into play. This system will play a critical role in helping the residents mediate the conflicts and challenges they face.

The purpose of this threshold plan is to outline a strategy that will be used to improve the delivery of supportive services in the Perry Choice Neighborhood. The plan will be divided in to four parts. The first part will outline the need for a new approach to the delivery of supportive services in the Perry Choice Neighborhood. The second section will discuss the performance indicators which were formulated to guide the work and development of the PCN supportive service system, while in the third section, the planned supportive service system will be explored in detail. Lastly, in the Appendix, the PCN Life Chance Center is discussed in greater detail.

## 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 resident 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 optimized 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 Performance Indicators**

The purpose of the performance indicators outlined in this threshold plan is to identify the outcomes that we are seeking to achieve and to establish a framework to use in the development of a set of metrics to measure those indicators and to monitor our progress toward achieving them. The performance indicators have been divided into two categories. The first set of indicators are designed for the support services providers, while the second set of indicators focus on designed neighborhood outcomes. These performance indicators are meant to provide a framework for understanding the effectiveness of the neighborhood supportive service by monitoring the “real” changes taking place down on the ground, where everyday life and culture unfolds.

### **Support Service Providers**

1. All supportive service providers in the Perry Choice Neighborhood (PCN) and Old First Ward (OFW) will partner to form a Collaborative designed to enhance the delivery of supportive services in the PCN.
2. A proactive support service system approach exists that emphasizes prevention and early intervention in health, human and social issues.

3. A neighborhood service coordination system will connect residents to the appropriate supportive health, educational, human and social services when needed.
4. The Collaborative will employ local, state, and/or federal best practices in developing its supportive service delivery model.
5. Case workers will follow-up to ensure that individuals and families received the needed services.
6. A tracking system will be developed to monitor access to supportive services.

### **Neighborhood Residents**

7. Residents of the PCN have knowledge of and information about the support services available in the PCN and across the region.
8. Residents will be able to obtain healthy and affordable food in the PCN.
9. Affordable day care options will be available to families of the PCN that will enable single-parent households to obtain the appropriate supportive health, educational, human and social services when needed.
10. 90% of the able-bodied residents, 25 years and older, of the PCN have at least a high school education and/or employable skills that allow them to obtain a job that pays a living wage or to start a business in the WNY region.
11. The number of households in the PCN below the poverty level will be reduced by 20%, which will enable individuals and families to afford the cost of housing, utilities, and all basic necessities needed to live a healthy lifestyle.
12. Residents in the PCN are financially literate.
13. 80% of residents in the PCN at all stages of the life cycle have a medical home (family physician) and have regular medical examinations.
14. Residents of the PCN engage in healthy lifestyle activities that promote good nutrition, exercise, and physical and emotional well-being.

# The HELP Network

The HELP Network<sup>1</sup> will be a collaborative of health and human service agencies found in the Perry Choice Neighborhood, along with the Buffalo Municipal Housing Authority, University at Buffalo School of Social Work, and representatives from important supportive service organizations in Buffalo and Erie County. The goal will be to create a coordinated approach to neighborhood service delivery by bolstering cooperation among the different support service, so that a seamless system of service delivery exists in the community.

The HELP Network will consist of three interactive components: the HELP-1 Collaborative, the Perry Choice Neighborhood Service Coordination Unit, and the Perry Choice Neighborhood Life Chances Center. The Network will operate under a management team, which will be responsible for coordinating the network activities and facilitating cooperation and support among the different agencies and organizations.

## The Network components

### 1. The HELP-1 Collaborative

The HELP-1 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.

### 2. The PCN Service Coordination Unit

The service coordination unit is a systems-centered approach to coordinating the multiple services across agencies within a community, based on the needs of PCN and BMHA residents. The goal is bolster access, utilization and quality of

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<sup>1</sup> HELP stands for Help everyone leverage their full human *potential*. In Help-1, the “1” symbolizes solidarity, unity and commitment to helping each person realize their full human potential.

service delivery in the PCN and to identify critical gaps in the service delivery system. A fundamental goal of the supportive service coordination unit will be to identify unique needs and gaps in the service delivery system and to work with members of the HELP-1 Collaborative to generate the additional services to fulfill these needs and gaps.

The PCN Service Coordination unit will be operated by the U.B. School of Social Work. Their responsibility will be to guide the overall direction of the unit and to make sure that it stays on course. UB graduate students in social work will anchor the work of the unit. These students will function as case managers and support service coordinators. As case managers they will be responsible for assisting residents access the services they need and want.

Their work responsibilities will include screening/assessment/risk management, crisis intervention, follow-up, advocacy and the ongoing monitoring of resident progress, as well as other activities deemed appropriate by the UB School of Social Work

The student interns will operate under the supervision of a full-time licensed social worker, who will report to the UB School of Social Work. The UB Social Work Field Coordinator will oversee the work of the social worker.

### ***The BMHA and Catholic Charities Partnership***

The service coordination unit will forge a close working relationship with the Buffalo Municipal Housing Authority and Catholic Charities. The unit will work very closely with BMHA housing aides, who are responsible for service coordination at the housing authority. The housing aides will refer residents, who come to them for help, to the UB led PCN Service Coordination Unit. Moreover, the unit will work closely with the BMHA and develop and implement a case management strategy targeting the Commodore Perry, Fredrick Douglass and A.D. Price housing developments. Later, in the second phase of operationalizing the unit, case management services will be extended to all members of the HELP-1 Network.

Initially, the PCN Service Coordination Unit will be housed in the same facility with Catholic Charities and will work closely with that organization. However, it will not be a Catholic Charities organization. Rather, it will partner with Catholic Charities in the same manner that it partners with other organization in the HELP-1 Collaborative.

Catholic Charities currently operates a Food Pantry and other programs at its site on 150 Fulton Street in Commodore Perry and has indicated to the planning team that it has space available to house the UNIT. This arrangement will provide the unit with adequate office space during its start-up phase of development.

### 3. The Life Chances Center

The Life Chances Center (LCC) will be a multiservice organization with a dual function. On the one hand, a goal of the LCC will be to forge a set of unique programs and activities that are designed to integrate the different sectors of the Perry Choice Neighborhood by closing the “social distance between the various income, racial and ethnic groups living in the Perry Choice Neighborhood. The second goal will be to house a set of supportive services that complement the services offered by other PCN service providers, including those located in the Old First Ward. The LCC will be modeled after Belle Center, and like that facility, it will house a swimming pool. This is extremely important because the LCC seeks to develop a swimming based academic support program modeled after the USA Swim Team affiliated club being developed at City Honors High School. The Buffalo Swim Racers is targeted for the PCN and will be the neighborhood's swim-academic support program until the new Life Chances Center is built.

## Conclusions

The **HELP Network** will be governed by a Board of Directors who will provide oversight, direction, and fiscal management for the Network. The board will be made up of the BMHA, members of the collaborative, funders, and others connected to service delivery and programs critical to residents of the PCN.

The HELP Network will function as a

- A one-stop shop (the Life Chances Center) where people know they can go to receive assistance to connect to the services they need in their life at that moment.
- Access to information on all of the health, human, and social services available in the PCN and throughout the Buffalo region.
- A Support Service Coordination Field Unit that assists in navigating the supportive service system by providing assessment, case management, service referral, and tracking and follow up activities for individuals and families in the PCN,
- A nurturing and trusting environment where people can confront the issues facing them in an honest and supportive manner.
- A network of service providers and professionals who work together and are dedicated to solving the most critical problems facing residents of the PCN.
- A network that recognizes emerging trends and is responsive to the changing needs of the population.
- Other supports, such as transportation access, to get people where they have to go to receive necessary services.

In addition, the organizations and agencies that comprise the network will also benefit in many ways:



- Members of the network are aware of “Who Does What” in the PCN target area, making it possible to avoid the duplication of services and unnecessary competition among service providers.
- Opens the door for collaborative efforts in the areas of fund raising and grant writing.
- The opportunity for expanded service provision through strategic partnerships
- Access to, and sharing of, information on current trends and needs of the residents of the PCN, which will enable organizations to shift programs and priorities as necessary.
- Increases in the number of clients served, as the Support Service Coordination Field Unit's case management and referral system is operationalized.

Finally, the community as a whole benefits from the creation of the support network as problems are solved, people's lives improve, and as the PCN becomes a great place to live, work, and raise a family.