



NEW YORK CITY
DEPARTMENT OF YOUTH AND COMMUNITY DEVELOPMENT
SERVING NEW YORK CITY YOUTH, FAMILIES, AND COMMUNITIES

156 William Street
New York, New York 10038
www.nyc.gov/dycd

JEANNE B. MULLGRAV
Commissioner

March, 2008

Dear Community Member:

We are pleased to present you with the attached Neighborhood Development Area (NDA) Concept Paper and invite you to comment on the approach it outlines with respect to critical social services for New York City's low-income residents and communities. This Concept Paper serves as a precursor to an NDA Request for Proposals (RFP) for programs which will begin July 1, 2009.

As the Community Action Agency for New York City, the Department of Youth and Community Development (DYCD) is the recipient of federal Community Services Block Grant funds targeted to 43 low-income communities designated as Neighborhood Development Areas (NDAs). Through the upcoming RFP, DYCD seeks providers for a range of programming that is more focused and outcome-driven than in the past. Community representatives are currently conducting needs assessments to determine the most needed services in each NDA and are selecting among program areas that include services for middle-school youth, high-school-aged youth, adult learners, seniors, those in need of housing assistance, and immigrants, as well as support services for youth, families, and individuals. The NDA RFP will also seek providers for the HealthStat Initiative, which facilitates access to affordable health insurance in targeted communities.

The poverty rate in New York City is nearly 20 percent, affecting over 1.5 million New Yorkers. The City's persistent poverty prompted Mayor Bloomberg to convene the Commission for Economic Opportunity in 2005 to examine strategies to improve the lives of low-income New Yorkers. The Commission identified three populations especially affected by poverty: the working poor, young adults aged 16-24, and young children. In December 2006 the Center for Economic Opportunity was established to implement initiatives to especially address the needs of these three target groups. The findings of the Commission confirm the importance of DYCD's anti-poverty mission. The NDA RFP embodies that mission by seeking qualified providers of services that will help families and individuals reach their full potential and become more self-reliant. To achieve maximum impact, services will be focused on areas with high concentrations of poverty.



To assist us in developing the forthcoming NDA RFP, we would greatly appreciate your thoughts and feedback. Please email your comments to CP@dycd.nyc.gov (enter "NDA" in the subject line of the email). If you prefer, you may mail written comments to the attention of:

Nancy Russell
Planning, Research and Program Development
Department of Youth and Community Development
156 William Street, 2nd Floor
New York, New York 10038

Please note that we are only able to consider written comments received by 5:00 p.m. on April 10, 2008.

Thank you in advance for your consideration. Your collaboration is a valued component of our efforts to advance the field of youth and community development.

Sincerely,

Jeanne B. Mullgrav

Attachment



Michael R. Bloomberg
Mayor

New York City Department of Youth and Community Development



Jeanne B. Mullgrav
Commissioner

Neighborhood Development Area Concept Paper

Introduction

Following 9/11, fiscal policies enacted by the Bloomberg Administration positioned New York City (City) to confront the possibility of an economic downturn. However, throughout the City's periods of economic resurgence, persistent poverty has remained a grave concern. The overall poverty rate of nearly 20 percent affects the lives of over 1.5 million New Yorkers. It disproportionately affects children, immigrant workers, and the families of single female-headed households. Moreover, in close to one-half of poor households, the head of the household is working. Poverty is also concentrated geographically, with 248 out of just over 2,200 census tracts classified as "in extreme poverty" because more than 40 percent of the population lives below the poverty line.¹

To address poverty, the Department of Youth and Community Development (DYCD) administers federal Community Services Block Grant (CSBG) funding for the City. As further described below, CSBG is a federally-funded anti-poverty program established in 1964. Following release of this concept paper, DYCD will issue a request-for-proposals (RFP) for new CSBG programs that are not only more focused and outcome-driven, but also targeted to the most needed services identified by community representatives. Through this RFP, DYCD will seek appropriately qualified organizations to provide a wide spectrum of programming to match the self-defined needs, assets, and priorities of the City's 43 low-income communities, each of which has been designated as a Neighborhood Development Area (NDA). DYCD also will seek providers for the HealthStat Initiative, which facilitates access to affordable health insurance in targeted communities.

In 2005, Mayor Michael R. Bloomberg established the Commission for Economic Opportunity, asking business and community leaders to undertake a comprehensive examination of poverty, assess its causes, and develop a plan to improve the living conditions of low-income families and individuals. In keeping with the hallmarks of his tenure, the Mayor also challenged City agencies to set specific goals and measures by which innovative strategies for significantly reducing poverty could be tested and, in both the short- and long-term, the lives of New Yorkers and their communities improved.

In September 2006 the Commission issued 31 recommendations to specifically address the needs of three populations especially affected by poverty: the working poor, young adults aged 16-24, and young children.² In December 2006 the Center for Economic Opportunity (CEO) was established, under the aegis of Linda Gibbs, Deputy Mayor for Health and Human Services, to work with DYCD and more than 19 other City agencies to develop, carry out, and evaluate initiatives based on these recommendations.³ Leveraging both public and private funding, CEO programs are being implemented both citywide and in

¹The New York City Commission for Economic Opportunity, *Increasing Opportunity and Reducing Poverty in New York City*, September 2006, p. 8. See also CEO's website, nyc.gov/ceo, "poverty facts."

²Ibid.

³Center for Economic Opportunity, *Strategy and Implementation Report*, n.d., p. 1. See also CEO's website, nyc.gov/ceo.

selected City neighborhoods with high concentrations of poverty. In addition, CEO has undertaken an effort to build on existing research and develop more relevant measures of poverty for the City and other urban areas.⁴

Even as these new projects are being implemented, tested, and considered for expansion, the wealth of information generated by the Commission and CEO underscores the importance of DYCD's anti-poverty mission and the services supported by its network of providers. Like its sister agencies, DYCD anticipates integrating best practices highlighted by CEO and working to capitalize on synergies between successful CEO initiatives and programs supported by other funding streams.

Both DYCD's and CEO's anti-poverty initiatives aim to provide services that will help families and individuals reach their full potential and become self-reliant. Both target low-income communities. In particular, DYCD's programs under the upcoming RFP will complement CEO programming by addressing the needs of high-school-aged youth and the working poor through education and employment services, literacy services, services for immigrants, and assistance to individuals and families in accessing community and social services, including health insurance.

The Community Services Block Grant

Since 1996, DYCD has served as the Community Action Agency (CAA) for the City. As such, DYCD is the recipient of federal CSBG funds through the State of New York. CAAs distribute funding for programs on a local level in accordance with the goals of the federal CSBG statute:

*... the reduction of poverty, the revitalization of low-income communities, and the empowerment of low-income families and individuals in rural and urban areas to become fully self-sufficient.*⁵

CAAs utilize a range of approaches to achieve these goals. The federal statute suggests the provision of a variety of social services featuring maximum community participation and the strengthening of local organizational capacity.

As the City's CAA, DYCD incorporates federal goals into its approach to community development. DYCD seeks to increase self-reliance, literacy and life-long learning, and personal and community well-being, so that individuals and families can reach their full potential. The agency invites residents of low-income communities to participate in the decisions on CSBG programs in their neighborhoods. DYCD also follows an asset-based approach to development that builds on the existing capacities, skills, and resources of individuals and communities, rather than focusing on their perceived deficits. Key features of asset-based community development include the development of the problem-solving capacity of local residents and institutions and building relationships among these community stakeholders.⁶

Neighborhood Development Areas (NDAs)

In order to maximize the impact of CSBG funding, DYCD targets programs to low-income communities, which it designates as NDAs. The 2006 American Community Survey estimates that 19.2 percent of City

⁴Ibid, p. 38.

⁵42 U.S.C. 9901 et seq.

⁶J.P. Kretzmann and J.L. McKnight, *Building Communities from the Inside Out: A Path Toward Finding and Mobilizing a Community's Assets*, Evanston, IL: Institute for Policy Research, 1993.

residents and 16.3 percent of City families are living in poverty.⁷ While these rates are considerably higher than those of the U.S. as a whole (13.3 percent for individuals and 9.8 percent for families)⁸ the poverty rate in the NDAs is much higher still. Research underscores the extreme disadvantages of poor people who live in neighborhoods with high concentrations of poverty, compared to poor people who live in more economically diverse communities.⁹ One study conducted in Yonkers, New York, showed that adults who moved to low-poverty neighborhoods were less likely to be exposed to violence and disorder, experience health problems, abuse alcohol, or receive cash assistance, and were more likely to report satisfaction with neighborhood resources, experience higher housing quality, and be employed, when compared with adults who remained in high-poverty neighborhoods.¹⁰

The 43 NDAs reconfigured as of July 1, 2005 were based on poverty data from the 2000 Census. The CSBG statute states that the term “poverty line” means the official poverty line defined by the Office of Management and Budget based on the most recent data available from the Bureau of the Census. The official poverty line is the criterion of eligibility in the CSBG program.¹¹

To establish eligible NDAs, the following method was used. Census tracts with at least 30 percent poor residents were identified and, if several such tracts were contiguous, that cluster became the nucleus of an NDA. Each cluster of contiguous census tracts was then assessed to determine whether it contained a minimum of 4,000 poor residents. If so, these areas were then expanded to include adjacent census tracts in order to enable the CSBG programs to serve the poor in surrounding areas. This analysis was presented to and approved by the DYCD Community Action Board.¹²

The NDAs located in each borough are listed below.¹³ The borders and identifying numbers of the NDAs are similar to those of the local community districts, but are not always exactly the same; an NDA may include portions of more than one community district. A city map showing the location of all NDAs is available on DYCD’s website at www.nyc.gov/dycd.

Borough	NDAs
Bronx	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12
Brooklyn	1, 2, 3, 4, 5, 6, 7, 8, 9, 11, 12, 13, 14, 15, 16, 17, 18
Manhattan	3, 7, 9, 10, 11, 12
Queens	1, 3, 4, 5, 7, 12, 14
Staten Island	1

⁷U.S. Census Bureau website, <http://factfinder.census.gov>, retrieved November 16, 2007.

⁸Ibid.

⁹The effects of concentrated poverty have been highlighted by a number of researchers since the 1980s, beginning with W. J. Wilson, *The Truly Disadvantaged* (University of Chicago, 1987) and furthered by A. Kotlowitz., *There Are No Children Here* (Anchor Books, 1991); G. J. Duncan et al., eds., *Neighborhood Poverty, Volumes I and II* (Russell Sage Foundation, 1997); and J. Rosenbaum et al., “Fifteen years later: Can residential mobility programs provide a permanent escape from neighborhood segregation, crime, and poverty?” (*Joint Center for Poverty Research Policy Briefs, Vol. 5, No.2, 2003*).

¹⁰R.C. Fauth, T. Leventhal, and J. Brooks-Gunn, “Short-term effects of moving from public housing in poor to middle-class neighborhoods on low-income, minority adults’ outcomes, *Social Science & Medicine*, December 2004, pp. 271-284.

¹¹42 U.S.C. 9901 et seq.

¹²The analysis is available on DYCD’s website at <http://www.nyc.gov/dycd>.

¹³The decennial census currently remains the only accurate source of income data at the census tract level. Since the NDAs are based on census tract data, their boundaries are not revised for the upcoming RFP.

NDA Needs Assessments

Each NDA is represented by a Neighborhood Advisory Board (NAB),¹⁴ which is composed of residents of the community. In preparation for the upcoming RFP, NAB members are conducting needs assessments for social services in their NDAs through public hearings and community surveys. Depending on the allocation of funds, NABs will identify and prioritize up to seven program areas from the list provided by DYCD and described below. The priority program areas for each NDA will be published in the RFP and program proposals will be required to address these areas in order to be considered.

HealthStat Initiative

Access to quality health care continues to be an important need of low-income persons in New York who, according to studies conducted by the City Department of Health and Mental Hygiene, experience greater rates of illness and are less likely to receive medical care. Eleven percent of City residents are eligible for, but not enrolled in public health insurance programs.¹⁵ HealthStat is a comprehensive citywide initiative designed to enroll children and families in public health managed care insurance programs. These programs make health insurance available at no or very low cost to income-eligible families. Proposals are being solicited to provide the HealthStat Initiative in each of the following NDAs:

Borough	NDAs
Bronx	9
Brooklyn	2, 4, 16
Manhattan	10, 12
Queens	3, 7
Staten Island	1

Content of the RFP

Program Areas

NDA needs assessments are based on the program areas listed below. Only the following program areas, developed by DYCD and reviewed by the CAB, will be funded through the upcoming RFP.

1. Middle-School Youth: Educational Support and Leadership
2. High-School-Aged Youth: Educational Support and Employment
3. Adult Literacy: Adult Basic Education (ABE) and General Education Development (GED) Tests Preparation
4. Seniors: Social, Cultural, and Support Services
5. Housing: Advocacy and Assistance
6. Immigrants: Support Services
7. Healthy Families: Support Services

Proposers may only propose services in the program areas specifically prescribed for each NDA by the needs assessments. Proposers may propose services in one or more program areas within a particular NDA. Proposers may also propose services in more than one NDA. However, for each program area and each NDA proposed, a separate proposal must be submitted.

¹⁴Each NAB has a maximum of twelve members, six of whom are appointed by DYCD and six of whom are nominated by elected officials and appointed by DYCD.

¹⁵Center for Economic Opportunity, *Strategy and Implementation Report*, n.d., p. 65.

Brief descriptions of each program area, including population to be served, are outlined below.

1. Middle-School Youth: Educational Support and Leadership

This service area will provide creative approaches to educational support, leadership development, and life skills development. Emphasis would be on building educational skills to improve literacy and numeracy, as well as promoting motivation and engagement. Partnerships with schools, participant involvement in program planning and implementation, and activities to foster parent involvement would be essential program components. Programs would operate for ten months, during the school year.

Programs would serve youth in grades six, seven, and eight who lack the skills that are associated with successful high school completion.

2. High-School-Aged Youth: Educational Support and Employment

Programs would help youth develop academic, personal, and workplace skills; explore individual interests; and gain exposure to career and higher education options. Emphasis would be on building educational skills, encouraging school attendance, and assisting students to attain high school diplomas. Educational services would augment rather than replicate school-day learning experiences.

Programs would provide incentives to promote program enrollment, regular attendance, and retention. Incentives may include paid internships; non-cash rewards such as group outings and trips, gift vouchers, and tickets to sports and entertainment events; and stipends to cover travel and other necessary program expenses. Programs would encourage participants to connect education with careers and provide activities such as assistance with college and financial aid applications, college tours, and college speakers. Partnerships with schools and employers, participant involvement in program decisions, and activities to foster parent involvement would be essential program components. Programs would operate for ten months, during the school year.

Programs would serve struggling high school students, including youth who are overage and under-credited and/or at risk of dropping out. Programs also may serve high-school aged youth who are no longer attending school.

Programs may serve either or both in-school and out-of-school youth, separately or in an integrated model.

3. Adult Literacy: Adult Basic Education (ABE) and General Education Development (GED) Tests Preparation

Programs would assist adults to become literate and obtain the knowledge and skills necessary for employment and self-sufficiency and to pursue further education. ABE programs will provide instruction in reading, writing, and mathematics in English and are intended for students reading at or below the 8.9 grade level, as measured on the Test for Adult Basic Education (TABE). GED test preparation classes are intended for students reading at or above the 8.9 (TABE) grade level who lack high school diplomas. The classes are provided to help students prepare for the GED tests in writing, reading, social studies, science, and mathematics. Instruction would be provided in contexts relevant to students' interests, needs, and cultural backgrounds.

To receive instructional services, individuals would be at least 16 years old and not enrolled or required to be enrolled in secondary school under New York State law.

4. Seniors: Social, Cultural, and Support Services

Services for the older adult population would foster healthy physical, psychological, and social well-being for persons aged 62 and older. Programs would provide a range of services such as social and recreational activities; intergenerational activities; exercise and nutrition; and access to health insurance, medical assistance, and community services. Programs would provide supportive services, including housing assistance, which would help older adults maintain independence and enable the homebound to remain in their homes. Programs may also provide supportive services for older adults raising grandchildren.

Programs would serve adults aged 62 years and older, including those who are homebound and those who are not.

5. Housing: Advocacy and Assistance

Housing programs would provide housing assistance to low-income tenants and homeowners and tenant groups with the goal of maintaining or attaining adequate, affordable, and safe housing. Programs would assist individuals and families to address rent issues, code enforcement, and landlord negligence. Programs would provide information and advocacy on tenants' rights, housing support programs, foreclosure prevention, and predatory lending practices.

Programs would serve families and individuals in need of housing assistance and advocacy.

6. Immigrants: Support Services

Programs would provide City immigrants and their children with the tools and resources to become more self-sufficient, strengthen their families and support systems, and improve their living conditions. Using a holistic, case management approach, programs would assist immigrants in accessing government benefits; legal assistance, including assistance with matters related to citizenship and other immigration benefits; education and employment; health care; and social services.

Programs would serve City immigrants and their families.

7. Healthy Families: Support Services

The goal of the healthy families program is to support and strengthen families. Using a strengths-based, case management approach, programs would address the particular needs of each family. Case management would include working with the family to assess strengths, needs, and resources; developing an individualized strategy to meet short-term and long-term goals; and following up with the family to determine whether goals have been met and/or needs have changed. Programs would assist families in accessing resources for identified needs, including domestic violence, substance abuse, HIV/AIDS, and health and nutrition. Programs would also provide advocacy and assistance in obtaining government benefits, housing, education and employment, and other social services.

Programs would serve youth, adults, and families.

Program Requirements

The following elements would apply to all program areas.

- An asset/strength-based philosophy is required for all agencies. This approach encourages the worker to help participants assess their needs and build on their strengths in order to reach their goals.
- Agencies using volunteers must provide appropriate volunteer training, applicable to program design, and maintain records of their time commitment.
- Information, referral, and assistance; service coordination; and entitlement assistance are service approaches that must be employed by all agencies. Except for Program Areas 6 and 7, they cannot be claimed on the service level report.
- Agencies must provide advocacy services to participants. Advocacy includes intervening and negotiating on behalf of participants through telephone calls; accompanying participants to housing court hearings, school suspension, truancy meetings, discrimination or entitlement hearings, administrative proceedings, and other meetings; and assisting participants in designing follow-up plans.
- Agencies must maintain program files that include registration forms, contact hour sheets, and case management notes.
- All staff must have the appropriate education and experience for providing the proposed services.
- Agencies must describe proposed services and provide evidence of substantive linkages with appropriate public, private, and community-service providers working in areas related to the program area.

Program Area Outcomes

Programs will be required to select and track one appropriate outcome selected from the list below and report milestone and outcome achievements to DYCD. Programs will be required to propose indicators for each selected outcome which will further define the outcome and provide a means for measuring it. Examples of indicators are listed below next to each program area.

	Program Area	Outcome
1.	Middle-School Youth	Youth show academic improvement. <u>Indicators:</u> higher scores on tests such as ELA exams; higher grades in English and/or math
2.	High-School-Aged Youth	Youth show academic improvement. <u>Indicators:</u> higher scores on tests such as Regents and SAT practice exams, higher grades in English and/or math
3.	Adult Literacy: ABE	Participants advance to the next ABE level. <u>Indicator:</u> same as outcome
	Adult Literacy: GED	Participants attain the GED. <u>Indicators:</u> same as outcome; higher score on GED predictor test
4.	Seniors	Participants obtain needed benefits and services. <u>Indicator:</u> completion of applications for benefits such as housing subsidies, food stamps, or Medicaid Participants demonstrate positive physical, psychological, and social well-being. <u>Indicator:</u> increased participation in social/ recreational activities

5.	Housing	Participants resolve housing problems. <u>Indicator:</u> representation in landlord/tenant court or negotiations Participants secure adequate and safe housing. <u>Indicator:</u> completion of applications for Section 8 vouchers or public housing
6.	Immigrants	Participants obtain needed benefits and services. <u>Indicators:</u> completion of citizenship applications; completion of applications for benefits such as food stamps, housing subsidies, or Medicaid
7.	Healthy Families	Participants obtain needed benefits and services. <u>Indicator:</u> completion of applications for services such as public assistance, Medicaid, housing, or domestic violence shelters

Funding

Maximum Available Funding: The maximum available annual funding for all contracts awarded from the upcoming RFP is an estimated \$16 million. The funding allocation for each NDA is a percentage share based on the number of poor persons residing in the NDA, as compared to the number of poor persons living in all the NDAs combined. Funding allocations within each NDA are proportionately allocated among program areas according to the priority of each program area identified by the NAB members through the needs assessment.

Minimum Program Funding Amount: In order to ensure program viability, no program will be funded for less than \$50,000 annually.

Cost/Participant: The minimum and maximum annual costs/participant allowed for each program area are outlined below.

	Program Area	Annual Cost/Participant
1.	Middle-School Youth	\$1300-\$1600
2.	High-School-Aged Youth: In School	\$2000-\$2200 with incentive \$2375-\$2750 with paid internship of 75-150 hours
	High-School-Aged Youth: Out of school	\$2500-\$2700 with incentive \$2875-\$3250 with paid internship of 75-150 hours
3.	Adult Literacy	\$94/instructional hour*
4.	Seniors	\$630-\$765
5.	Housing	\$520-\$635
6.	Immigrants	\$620-\$760
7.	Healthy Families	\$675-\$825**

*If full-time teachers are used, \$8 may be added to the instructional hour rate. If a teacher provides 700 instructional hours annually and is provided benefits (health insurance, sick leave, and annual leave), that teacher is considered full time.

**Cost per family unit

HealthStat Initiative

HealthStat is a successful enrollment model based on hiring HealthStat Coordinators in targeted, economically distressed communities to assist in outreach to and enrollment of residents in public health insurance. These communities were selected based on their large immigrant populations, as well as populations eligible for public health insurance options such as Child Health Plus and Family Health Plus.

The work of the HealthStat Coordinator is to conduct outreach to potential enrollees. This work entails promoting public health insurance options, educating individuals about eligibility requirements, and organizing and coordinating enrollment events. The HealthStat Coordinator will also be responsible for working with CBOs to ensure that CBO program staffs are trained to consistently market public health insurance programs to current program participants.

Those proposing to serve an NDA identified as a targeted HealthStat service area may additionally propose to provide HealthStat services to that NDA. One of the proposers awarded a contract to provide an NDA program in the targeted area will be awarded additional funding of \$54,000 to provide HealthStat services.

Procurement Timeline/Contract Term

It is anticipated that DYCD will release an RFP for this procurement in Spring 2008. The proposal submission deadline will be approximately six weeks from the release of the RFP. DYCD anticipates entering into three-year contracts for programs to begin July 1, 2009.

Comments

Please email comments to DYCD at CP@dycd.nyc.gov no later than April 10, 2008. Please enter “NDA Concept Paper” in the subject line.

Written comments may also be submitted to:

Nancy Russell, Project Director
Department of Youth and Community Development
156 William Street, 2nd Floor
New York, NY 10038