



Opening Doors: Buffalo and Erie County Community Plan to End Homelessness

A PROJECT OF THE
**Homeless Alliance of
Western New York**

“Ending homelessness
does not mean that
nobody will become
homeless, but that
**effective systems will be
in place to help people
become housed again
rapidly.**”

– NAN ROMAN
PRESIDENT, NATIONAL ALLIANCE
TO END HOMELESSNESS

Plan Guiding Principles:

- a) No one chooses or wants to be homeless.
- b) Poverty is the root cause of homelessness.
- c) No family, individual, child or veteran should be homeless.
- d) Homeless people need stable and affordable housing.
- e) We can end long term homelessness by providing Permanent Supportive Housing which has been proven to be more cost effective than doing nothing.
- f) We can develop a better system to assist people when they experience difficult housing situations.
- g) The discussion must start with how we *can* accomplish the goals outlined in the plan rather than why we *cannot*.





The Homeless Alliance of Western New York is a not-for profit independent membership organization responsible for facilitating dialogue between government, private sectors, community organizations, foundation sectors, and members of the general public to combat homelessness. Working with these entities to minimize services gaps and maximize assistance available to homeless persons, the Alliance takes primary responsibility for coordinating the Erie County Continuum of Care (CoC) application for the U.S Department of Housing and Urban Development (HUD) Annual Assistance grant competition which brings in \$10 million annually into Erie County community for homeless housing services.

The Alliance is also the Homeless Management Information System (HMIS) lead agency for Erie County and is responsible for conducting research in order to better understand the nature and extent of local homelessness.

Homeless Alliance Staff

The planning, research and writing of this plan was made possible by the Homeless Alliance staff, namely, Dale Zuchlewski, Executive Director, Connie Sanderson, Continuum of Care Coordinator, Suckie Smith, Director of Operations, Rebecca Detlef, HMIS Coordinator, Kexin Ma, Research Coordinator, Michael Knott, VISTA Member, Alecia Zimmerman, Community Analyst, Andrew Gaber, PHD candidate and former HAWNY Community Analyst Assistant, Megan Bingham, VISTA Member, and Dr. Warren Marcus, Alliance consultant.

Homeless Alliance Board of Directors

Chris Syracuse, Board Chair, Kenneth Turner, Karen Carman, Carolyn Hillman, Patrick Henry, Mike Henry, Janet Meiselman, Glenda Washington, Penny Selmonsky, Rachel Rzayav, and Peter Vukelic.

Acknowledgement

We would like to thank the **Steering Committee Members of Erie County Plan to End Homelessness, City of Buffalo, Erie County, and the Town of Tonawanda** for their unwavering support in the creation of this plan. Particular thanks also go out to **Canisius College** for their assistance in surveying homeless individuals and to all academics and **Erie County homeless community advocates** of homeless issues. We have learned a lot as a result of your work. To **Jason Tedeschi**, Owner & Creative Director at *ajar media* for the cover design. We are particularly indebted to the **United States Interagency Council on Homelessness** and to the following service providers that participated in the focus groups, client surveys, and agency questionnaires, which provide the footprint for this plan.

Focus Group Sessions (Held March 2012)	Participating Agencies
Prevention	Town of Tonawanda, City of Buffalo, Erie County, Crisis Services, HAWNY, Hispanics United of Buffalo, Lake Shore Behavioral Health, Department of Health, Catholic Charity, Pride Center of WNY, Matt Urban Hope Center, Board of Education, Benedict House, Gerard Place, United Way of Buffalo & Erie County, Neighborhood Legal Services (NLS), Evergreen Health Services, Red Cross, and 211 WNY.
Outreach and Chronic Homeless	Lake Shore Behavioral Health, Matt Urban Hope Center, Erie County Medical Center, Evergreen Health Services, Department of Veteran Affairs, 211 WNY, City of Buffalo, NLS, UBFM Healthy Partners, Hispanics United of Buffalo, Compass House, Olmsted, and Sheehan.
Emergency Housing	Buffalo Municipal Housing Authority (BMHA), NLS, Buffalo City Mission, Matt Urban Hope Center, Family Promise of WNY, Haven House, Living Opportunities at DePaul, Salvation Army, Evergreen Health Services, Friends of Night People, 211 WNY, Crisis Services, TSI Emergency Housing Services, ECMC, and ECDSS.
Transitional Housing	CSDD, Gerald Place, City of Buffalo, UBFM Healthy Partners, Hispanics United of Buffalo, TRY, Cazenovia Recovery Systems, Erie County, Living Opportunities at DePaul, Red Cross, United Church Home, and Evergreen Health Services
Permanent Housing	Matt Urban Hope Center, Lakeshore Behavioral Health, BFNC, WNY Veteran Health Center, City of Buffalo, NLS, Spectrum, Restoration Society, ADDS, Cazenovia Recovery, and Horizon Health Services.
Youth	Crisis Services, City of Buffalo, Erie County, United Church Home, Compass House, and United Way of Buffalo & Erie County.
Rural Homeless	Village of Springville, Erie County, HAWNY, Catholic Charities, Mobile Safety Net Team, Lakeshore Family Support Center, Town of Concord, Love Inc. of Springville, Belmont Housing, Crisis Services, Springville School District, and Springville GI CSD.
Single Point of Entry	Matt Urban Hope Center, Erie County, HAWNY Crisis Services, 211 WNY, Belmont Housing, Buffalo City Mission, Catholic Charities, Lakeshore Behavioral Health, Neighborhood Legal Services, DSS, and Compass House.

Special thanks also go out to our sponsors M & T Bank, The John R. Oishei Foundation, the Department of Housing & Urban Development, City of Buffalo, and Erie County for their continued financial support of the Homeless Alliance of Western New York.

Table of Contents

Message from Mayor’s Office.....	1
Message from County Executive.....	2
Executive Summary.....	3
Vision, Goals and Objectives.....	6
Introduction.....	7
Poverty as a Root Cause of Homelessness	8
Cost of Homelessness	9
Erie County.....	12
City of Buffalo.....	14
Homelessness in Erie County	15
Emergency Housing.....	16
Transitional Housing.....	17
Permanent Supportive Housing.....	18
Chronic and Unsheltered homeless.....	19
Homeless Veterans.....	21
Family Homelessness.....	22
Youth Homelessness.....	23
Rural Homelessness.....	24
Domestic Violence	24
HIV and AIDS.....	25
Feedback from Consumer Survey.....	27
Objectives and Strategies.....	28
Increase Leadership, Collaboration, and Civic Engagement.....	28
Increase Access to Stable and Affordable Housing.....	34
Increase Economic Security	40
Improve Health and Stability.....	43
Retool the Homeless Crisis Response System.....	47
The HEARTH ACT Implementation.....	50
Prevention and Rapid Re-Housing.....	51

Coordinated Assessment/Entry System.....	53
Action Plan Implementation.....	56
Performance Measurements Framework.....	61
Monitoring and Evaluation.....	63
Glossary of Acronyms.....	65
References.....	66

Appendices

Appendix i: PRISM Steering Committee.....	70
Appendix ii: HUD New Definition of Homelessness.....	72
Appendix iii: List of useful websites and selected recent cost of homeless studies.....	74
Appendix iv: Funding Sources of Units to end long-term homelessness.....	75

List of Tables, Charts, Graphs, and Figures

Chart 1: Reasons for becoming homeless.....	27
Chart 2: Performance outcome measurement timeline.....	63
Chart 3: Plan monitoring and evaluation.....	65
Figure 1: Plan Steering Committee.....	70
Graph 1: People living below poverty line in Buffalo-Niagara.....	9
Graph 2: Cost Comparison – Homeless Bed Types in Erie County.....	9
Graph 3: Costs of Chronic Homeless in Rhode Island.....	10
Graph 4: Age of homeless individuals.....	11
Graph 5: Age of chronically homeless individuals.....	11
Graph 6: Erie County Hearth Act implementation model.....	55
Table 1: Point – in –Time Count.....	15
Table 2: HMIS recorded and estimated homeless count by provider.....	15
Table 3: Target Homeless Population.....	15
Table 4: County child care cost statistics for Western New York.....	23
Table 5: PLWHA households with unmet housing needs by type of assistance in Erie County.....	26
Table 6: Action Plan implementation.....	56
Table 7: Plan Monitoring and Evaluation framework.....	64

Structure of the Plan

The Plan is divided into four sections:

Introduction: This section describes the reasoning behind the update of this plan. It also provides a glimpse of the underlying causes of homelessness in Erie County and the cost implications associated with homelessness in general.

Homelessness in Buffalo and Erie County: This section provides discussions of the current state of homelessness in Buffalo and Erie County. The majority of the discussions are derived from community focus group sessions that were conducted in the spring of 2012.

Objectives and Strategies: The plan has thirteen (13) objectives, fifty six (56) strategies, and five (5) themes. Our objectives are designed in alignment with the theme of the federal government strategic plan to end homelessness in order to specify how the strategy will work to address the needs and gaps identified by our community.

HEARTH Act Implementation: The Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act implementation is the driving force in the implementation of many of the strategies outlined in this plan. The HEARTH act plan implementation will focus on retooling the crisis response system in our community based on national best practice models, rapid re-housing, housing first, coordinated entry system, and use of the common assessment tool.

Methodology

The foundation for this Plan update began in January of 2011 when the Homeless Alliance began an effort to de-duplicate and increase data accuracy in the local Homeless Management Information System that resulted in the Annual Report on 2010 data. The efforts to increase data accuracy continued into 2012 when the Homeless Alliance published the Annual Report on 2011 data.

With accurate data available, Homeless Alliance staff then began to update the 10-year Plan to End Homelessness in January of 2012. A Steering Committee was formed consisting of community stakeholders, research on the various issues was conducted, seven focus groups were conducted and Homeless Alliance staff began to align local data and research with the United States Interagency Council's (USICH) federal plan: Opening Doors. The federal plan was amended in September of 2012 and this plan reflects the amendment.

Students from Canisius College assisted in the plan by conducting client surveys in various shelters and the results reflected throughout the plan.

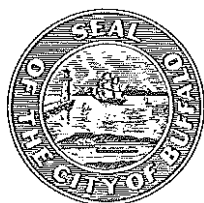
Homeless Alliance staff attended the National Alliance to End Homelessness conference in July of 2012 to gain further knowledge of national best practice models and attended several workshops on the newly released Homeless Emergency and Rapid Transition to Housing (HEARTH Act).

A draft of the local Opening Doors plan was sent to various stakeholders for their review and comment. Many of these suggestions were incorporated into the final document.

Message from the Mayor of Buffalo



October 5, 2012



CITY OF BUFFALO
BYRON W. BROWN
MAYOR



Dear Friends:

On any given night in Buffalo and Erie County approximately 1,000 men, women and children are experiencing homelessness. In 2011, there were an estimated 5,050 people who experienced homelessness. These numbers suggest that ending homelessness is an attainable goal which we must strive to achieve.

With Emergency Solutions Grant funds, the City of Buffalo has been able to fund the Street Outreach program at the Matt Urban Hope Center that actively assists those most in need living in conditions not meant for human habitation. These funds have also been utilized to help literally thousands of people and families who need emergency shelter at the City Mission and Salvation Army. Further, my administration's funding of the Code Blue Warming Centers has given people a warm bed on the coldest nights during Buffalo's harsh winter months and linked them with much needed services.

The Homeless Alliance of Western New York has worked hard on developing an update to the ten-year strategic plan to end homelessness – Opening Doors: Buffalo and Erie County Community Plan to end homelessness. This plan represents a reorientation of the homeless service community and of the City of Buffalo toward ending, not merely relieving, homelessness.

The Plan derives from community-based, strategic work grounded in sound local and national research and the voices of those the effort is intended to help. This approach is exactly what is needed to ensure shelter for the approximately 150 people sleeping on the streets of this City of Good Neighbors on any given night during the year.

As we move forward as a city, as a community, we cannot forget the less fortunate among us, particularly the homeless. I applaud the Homeless Alliance of Western New York for working so diligently and with great dedication in their effort to end homelessness.

I pledge the cooperation of the City to implement as much of this plan as we possibly can in order to end homelessness in Buffalo and Erie County.

Sincerely,

Byron W. Brown
Mayor, City of Buffalo

65 NIAGARA SQUARE / 201 CITY HALL / BUFFALO, NY 14202-3392 / (716) 851-4841 / FAX: (716) 851-4360 / www-city-buffalo.com

Message from the Erie County Executive



October 5, 2012



COUNTY OF ERIE

MARK C. POLONCARZ
COUNTY EXECUTIVE

Dear Friends:

Homelessness is a national problem for which there are no easy solutions. Although homelessness is typically associated with large urban centers, sadly it is a problem that plagues small towns and rural communities as well.

In Erie County, there were more than 5,000 homeless individuals last year. Even more troubling was that approximately 18 percent of those individuals were children under the age of 18. When an individual becomes homeless all too often they remain hidden, living in dangerous, dirty and unhealthy conditions. In Erie County, we are committed to ensuring they get the help and the services they need in the most cost-efficient manner possible.

Opening Doors: Buffalo and Erie County Community Plan to End Homelessness is an awareness of what we want to achieve in order to end homelessness and eradicate the disconcerting concentration of poverty in our community. In order to get there, we need a framework that clearly defines where we are today in ending homelessness, where we want to be and how to get there. This framework is defined in strategic and operational terms.

I would like to applaud the Homeless Alliance of Western New York team and all who contributed to the planning and development of this plan. Eradicating poverty and homelessness in our community means creating multiple alternative implementable strategies and coordinated approaches.

Buffalo and Erie County Community plan to end homelessness presents a clear view of where we are today, what needs to be done and over what time frame. It is a plan that is going to take our county from the present into the future. A plan that will guide us, as a community to make collaborative efforts, not only of ending homelessness but also of improving the quality of life of our community, our children and future generation.

I would like to thank everyone who contributed to the development of this plan and, as County Executive; I pledge the cooperation of the County in implementation of this plan so that we may put an end to homelessness in Erie County.

Sincerely,

Mark C. Poloncarz
Erie County Executive

RATH BUILDING • 95 FRANKLIN STREET • BUFFALO, N.Y. • 14202 • (716) 858-6000 • WWW.ERIE.GOV

Executive Summary

Executive Summary

During the administration of President George W. Bush, communities around the country were encouraged to develop 10 Year Plans to End Homelessness. Erie County and Buffalo through the Homeless Alliance of Western New York, responded to the nationally unified effort by releasing their Prevention, Resources Independence, Services and Maintenance (PRISM) Plan in 2006. President Bush also reinvigorated the United States Interagency Council on Homelessness (USICH) in 2003 in order to coordinate Federal efforts to end homelessness. In 2003 President Bush called for attempting to end chronic homelessness, recognizing the cost savings associated with this effort.

In 2010, under the guidance of President Barack Obama, USICH released Opening Doors, the first federal strategic plan to prevent and end homelessness. Communities around the country were encouraged to review their plans and to align them with the federal goals.

In response to this federal effort, the Homeless Alliance of Western New York has again led the effort in Erie County and Buffalo to align our local goals with nationally proven best practices, the latest research and the federal Opening Doors plan.

This Executive Summary is just a snap shot of what needs to be done to accomplish the goal of ending homelessness. Everyone, especially elected officials and high level administrators, is encouraged to read the entire document to fully understand what this community needs to accomplish if we are to end homelessness.

Executive Summary

Erie County Community Checklist to End Homelessness:

- 1) First and foremost, we must inspire the community and government to end all types of homelessness. We are doomed to fail unless there is a concerted effort by all parties: government, non-profits and the private sector, towards this goal. Which public official will be the champion of this issue? Who in the private sector will step forward? The Homeless Alliance of WNY is prepared to lead the non-profit sector but we cannot do it alone.
- 2) Ending homelessness will take a collaborative effort. A regional Interagency Council on Homelessness should be established in order to coordinate available resources.
- 3) 58% of renters in Buffalo and 52% in Erie County are paying more than 30% of their income for rent, putting too many people at the brink of homelessness. More affordable rental units are needed in Buffalo and Erie County.
- 4) There is a shortage of Single Room Occupancies (SRO) and one (1) bedroom apartments for low income individuals. We need at least 500 SRO and/or one bedroom units at affordable prices.
- 5) It is a proven fact that providing Permanent Supportive Housing (PSH) to the chronically homeless individuals is more cost effective than doing nothing. We are estimating that there would be a cost savings of \$3.8 million per year if the chronically homeless were housed. The low demand Housing First concept is a nationally proven best practice model to house the chronically homeless. Four hundred (400) Housing First units are needed to end chronic homelessness.
- 6) Erie County needs more Veterans Affairs Supportive Housing (VASH) vouchers to end veteran's homelessness and needs to be awarded Support Services for Veterans Families (SSVF) funds to prevent veteran homelessness. No veteran should suffer the trauma of homelessness.
- 7) All Public Housing Authorities (PHA's) in Erie County need to assist in the efforts to end homelessness. As the largest PHA in Erie County, the Buffalo Municipal Housing Authority (BMHA) should be at the forefront to lead all others.
- 8) As poverty spreads further into the suburban and rural communities, improved access to services and housing options must be increased.

Executive Summary

- 9) Poverty is the root cause of homelessness. The availability and access to living wage jobs is paramount to the efforts to fight poverty and end homelessness.
- 10) Erie County could see significant cost savings and provide better service to the homeless by using data to target the most vulnerable people for assistance. They can also be a key partner in developing a Single Point of Entry/Common Assessment for the homeless population. The City of Buffalo can also see cost savings by assisting in identifying the homeless population and by encouraging the development of affordable rental housing. The County and City can encourage the Private/Public partnership needed to develop this housing.

Vision, Goals, and Objectives

Vision

Develop and build a collaborative and comprehensive Continuum of Care that is consistent with the federal goals of ending homelessness.

Goals

- Finish the job of ending chronic homelessness by 2017.
- Prevent and end homelessness among veterans by 2017.
- Prevent and end homelessness for families, youth, and children by 2022.
- Set a path to ending all types of homelessness.

Objectives

	Chronic	Veterans	Families	Youth	Rural Homeless
Objective 1: Build public will to end homelessness through increasing awareness and knowledge.	x	x	x	x	x
Objective 2: Promote collaborative efforts.	x	x	x	x	x
Objective 3: Maximize effectiveness of local homeless Continuum of Care and full implementation of HEARTH Act.	x	x	x	x	x
Objective 4: Increase availability of safe, adequate and affordable permanent housing for all populations in Erie County.	x	x	x	x	x
Objective 5: Increase Permanent Supportive Housing units.	x	x	x	x	
Objective 6: Provide homeless housing options for rural homeless population.	x	x	x	x	x
Objective 7: Improve access to education and increase meaningful and sustainable employment for people experiencing or at risk of homelessness.	x	x	x	x	x
Objective 8: Reduce financial vulnerability.	x	x	x	x	x
Objective 9: Integrate primary and behavioral health care services with homeless assistance programs and housing to reduce people's vulnerability to and the impacts of homelessness.	x	x	x	x	x
Objective 10: Prevent family and youth homelessness			x	x	x
Objective 11: Strengthen the capacity of Bas-Net to meet the expanded data collection, reporting and research needs.	x	x	x	x	x
Objective 12: Transform current homeless services to focus on preventing homelessness and rapidly returning people who experience homelessness to stable housing.	x	x	x	x	x
Objective 13: Improve provider understanding of requirements for access to and receipt of services.	x	x	x	x	x

Introduction

Introduction

Prevention, Resources, Independence through housing, Services and Maintenance (PRISM), the Buffalo and Erie County ten year plan to end homelessness was introduced to the public in 2006. In the same year, the U.S. Census Bureau, in conjunction with the American Community Survey (ACS), released data on the status of poverty in Buffalo. The data painted Buffalo as one of the poorest cities in the United States. Though efforts and progress have been made since then, many changes in the social and economic sphere have taken place. The 2010-2011 homeless annual report data chronicled those changes; last year there were roughly 5,050 homeless individuals in Erie County. Eighteen percent (18%) were children under the age of 18 and forty percent (40%) were homeless for the first time.

In 2009, Congress enacted the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act. This legislation reauthorized the McKinney-Vento homeless assistance programs of the U.S. Department of Housing and Urban Development (HUD). The HEARTH Act shifts some of the emphasis in the HUD portfolio of homeless assistance programs. The HEARTH Act required the U.S. Interagency Council on Homelessness (USICH) to develop a federal strategic plan to end homelessness, a plan that embraces economic and social changes that are affecting local communities. That plan, Opening Doors, was released in early 2010. The Homeless Alliance took cognizance of the changes and it is for this reason that we are updating PRISM.

Why is an update to Erie County's plan needed?

The Homeless Alliance of Western New York (HAWNY) recognized the need to update PRISM, the ten year plan to end homelessness, to align with Opening Doors and plan for full implementation of the HEARTH Act by:

- Continuing to update data that reflects economic and societal changes since 2006;
- Completing a gap analysis;
- Assessing if the housing inventory is adequate to meet the needs of all homeless populations;
- Advocating for funding;
- Educating the stakeholders and the general population on homelessness and related issues;
- Strengthening collaboration within the continuum; and
- Ensuring that federal homeless funding in Buffalo and Erie County is maintained.

Introduction

The underlying theme is that the Homeless Alliance needs to encourage and promote partnership initiatives centered on a collaborative and coordinated continuum of care approach to addressing homeless prevention, addressing immediate homeless situations, and reducing recidivism for individuals and families. The end goal that underscores this entire plan is the elimination of homelessness in Erie County.

Poverty as a Root Cause of Homelessness

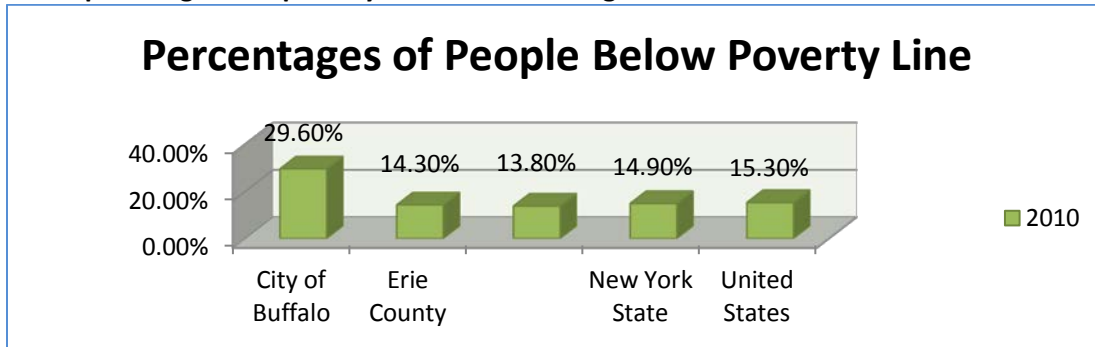
The root cause of homelessness in Buffalo and Erie County is undoubtedly poverty and the effect it has on individuals as well as families.

- In 2010, the poverty rate for city of Buffalo was nearly 29.6% and the rest of Erie County was 14.3%.
- The concentration of poverty is very concerning. As of January 2007, 78.4% of Erie County residents receiving Temporary Assistance to Needy Families (TANF) lived in the city of Buffalo.
- 46% of children in Buffalo live in poverty, according to the 2010 Census Data on Child Poverty in US cities.
- The single largest causes of poverty are jobs that do not offer a living wage.
- Housing is one of the largest expenses for low income households. 58% of renters in the city of Buffalo, where the median rent is \$646, and 52% of renters in Erie County are paying over 30% of their income in rent.
- According to the 2010 Census, 37% of people living below the poverty level line in Buffalo were unemployed, compared to a national average of 32.9%. Contrary to public opinion, the majority (59.6%) of people who live in poverty are employed.

There are simply too many people living in poverty, a lack of living wage jobs and too many people paying more than 30% of the income for rent. These factors, as well as others, leave those living in poverty on the brink of homelessness. If a person loses even a fraction of their income due to illness, reduced hours at work or family crisis, it can begin a cycle of unpaid expenses that can result in homelessness.

Introduction

Graph 1: People living below poverty line in Buffalo-Niagara



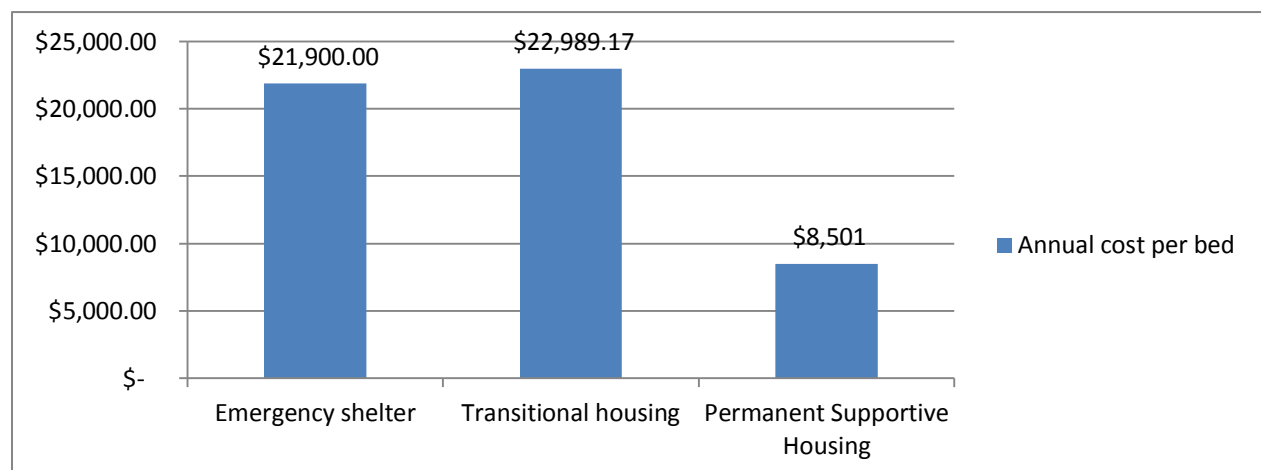
Source: Partnership for the Public Good, Buffalo NY. "Poverty in Buffalo-Niagara"

Cost of Homelessness

Research conducted over the past two decades across the nation has shown that the cost of providing permanent housing, even with supportive services, is less expensive than the cost of shelter, a hospital bed, or a prison cell. For example in an Erie County Department of Social Services (ECDSS) funded emergency shelter, it costs \$60 per night in a shelter for a single mother with a child; \$1,800 if they remain in a shelter for 30 days. This is much more than what would be needed to place this family in decent housing in Erie County.

The graph below provides the annual cost of beds in the Erie County homeless system by type of program. This clearly demonstrates that placing homeless persons into permanent housing as quickly as possible could save the community a lot of money. Research has made an impact on policies; HUD has increased resources for Rapid Re-Housing Programs.

Graph 2: Cost Comparison - Homeless Bed Types in Erie County



Introduction

Cost of Chronic Homelessness

Further, researchers across the nation have been putting incredible efforts into the cost analysis of homelessness. This research has focused on certain subpopulations of the homeless, like the chronically homeless, a small percentage (between 10 – 15%) of the homeless population uses more than 50% of the resources. These studies had a substantial impact on policies, at both the national and local level that have resulted in dedicating resources to develop permanent supportive housing especially those that have used a Housing First/harm reduction approach.

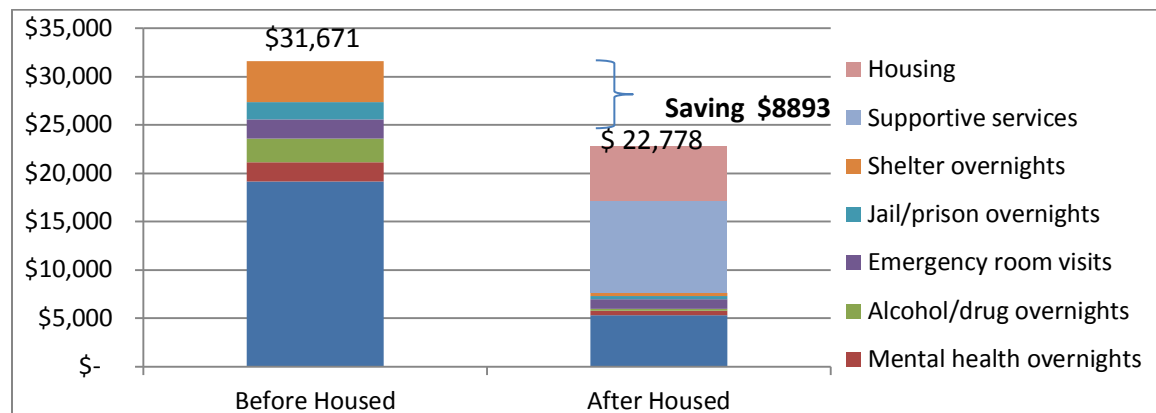
In the Erie County CoC, there are three (3) programs that exclusively serve chronically homeless persons. The average cost per client is \$15,656 per year, and includes both housing and supportive services costs.

Across the country, studies have proven that it is more cost effective to house the chronically homeless rather than leave them on the street. A study¹ from Rhode Island shows that housed chronically homeless can save \$8,893 per client each year. This program serves the chronically homeless population that has similar cost and size to our programs.

In 2011, there were 436 chronically homeless individuals entered into HMIS. Placing the chronically homeless into housing could potentially save the community \$3,877,348 per year.

The County would need to invest some of these savings to provide further street outreach workers and matching funds to accomplish any savings. For further reading on the cost benefits of housing the chronically homeless see Appendix iii on page 74.

Graph 3: Costs of Chronic Homelessness in Rhode Island



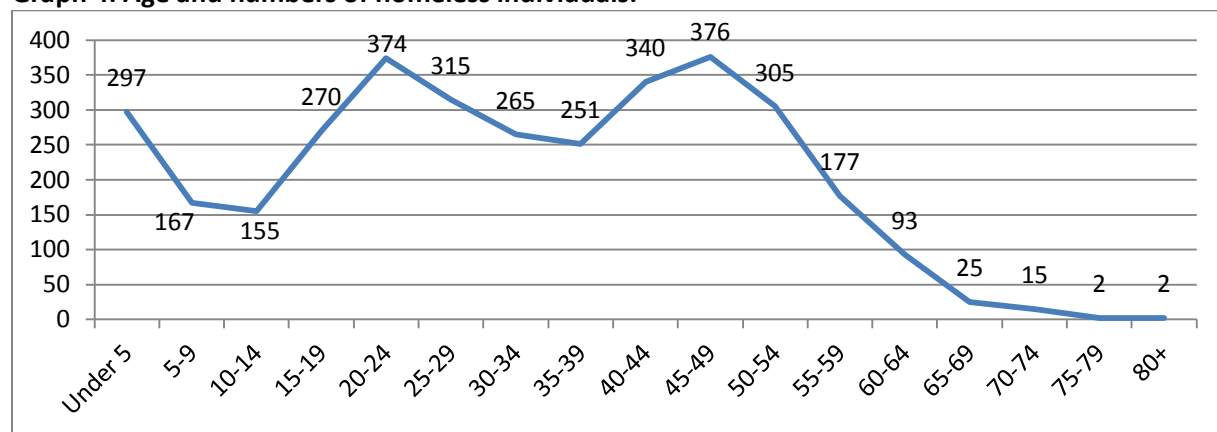
¹ Hirsch, E. & Glasser, I. (2007 August 1). Rhode Island's Housing First Program First Year Evaluation. <http://www.muni.org/Departments/health/Documents/Rhode%20Island%20Housing%20First%20Evaluation.pdf>

Introduction

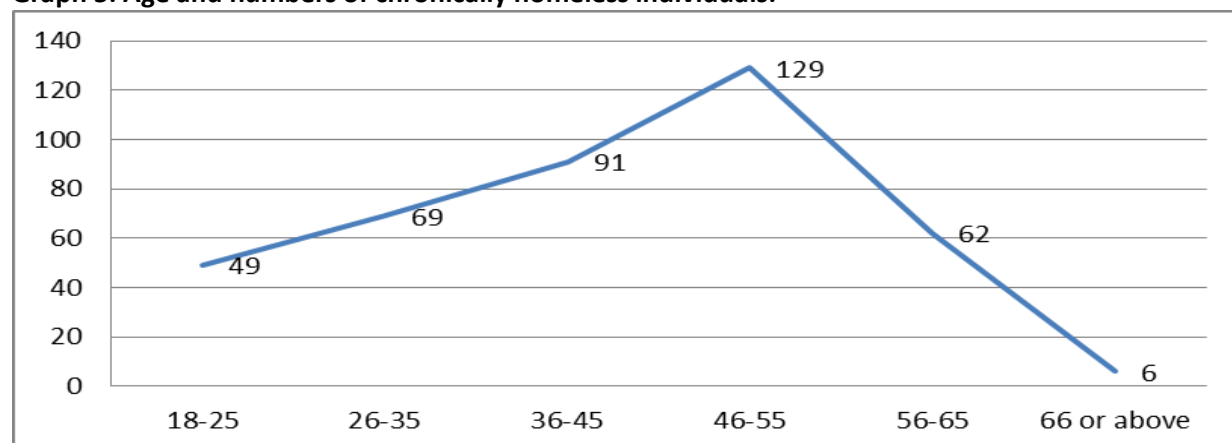
Aging and the Cost of Homelessness

Looking at HMIS data for 2011, there were two peaks in the age distribution of homeless clients: ages 20-24 and ages 45-49. Based on previous research cited by Culhane (2009), the estimated life expectancy for adults who are chronically homeless have a life expectancy of 62 years. In Buffalo, this means that roughly 376 homeless individuals will be coming close to their life expectancy within the next 10-15 years. As people age and approach the end of life, chronic disease management issues increase in addition to rising health care costs. Being able to manage health issues is not always possible in a homeless setting, leading to rising hospitalization and nursing home costs. Taking care of those whose health care costs are relatively low today through appropriate housing and support will help take advantage of significant cost avoidance opportunities.

Graph 4: Age and numbers of homeless individuals:



Graph 5: Age and numbers of chronically homeless individuals:



Introduction

Erie County

The County of Erie is a major provider of homeless services through the Department of Social Services, the Department of Mental Health, and the Department of Environment and Planning.

The Department of Social Services placed close to 1,900 people into emergency housing in 2011 while the Erie County Department of Mental Health served 356 people while utilizing 59% of the \$8 million Continuum of Care funding to provide Permanent Supportive Housing for the homeless. Environment and Planning will receive \$239,000 through the Emergency Solutions Grant (ESG) for shelters, transitional housing, and rapid re-housing.

Erie County could potentially save millions of dollars by effectively using data to target the most vulnerable and high cost users of homeless services, Medicaid services and jails to provide the clients with coordinated services so they achieve stable housing (see the Cost of Homeless Section). The high cost users of services will most likely be the chronically and unsheltered homeless.

In an article in the Seattle Times from September 1, 2012, Seattle Continuum of Care lead Bill Block said, *“We have teams that address the high utilizers of jails and hospitals. Our client-care coordination targets housing to them. Comparing six months before housing to six months with housing, jail days dropped 65 percent, sobering-center days dropped 93 percent and psychiatric-hospital days dropped 85 percent. One thing we've shown conclusively is that stable housing is essential to recovery of all types and at all levels.”*

In order to achieve any cost savings, the Erie County Executive and Legislature would have to make an initial investment in the personnel to analyze data and coordinate services.

Services were coordinated with the Rapid Re-housing programs under development by the City of Buffalo, Erie County and Town of Tonawanda. Further Rapid Re-housing funds are available through the Continuum of Care that requires a 25% funding match that could be provided with ESG funds however, a Continuum of Care application would need a unit of local government or Public Housing Authority to administer the rental assistance.

Introduction

In order to implement any type of coordinated “system” a thorough analysis of available data is necessary. In a show of cooperation and coordination, the Department of Social Services has recently agreed to provide HMIS data to the Homeless Alliance. This development will allow the identification of repeat users of homeless services. This data would then have to be cross checked with high users of other high cost services like medical and corrections in order to achieve the discussed cost savings.

Additionally, the new HEARTH Act and Emergency Solutions Grant regulations require communities to develop a Single Point of Entry/Common Assessment as the first step in engaging the homeless population (this is discussed in detail later in this plan). The County through the Department of Social Services will be a key partner in the development of this new “system.”

The recent advances in Medicaid reform are based upon the same premise of stable housing being the basis for cost savings. Health Homes, New York State’s Medicaid Reform effort would be an ideal future partner for these coordinated services. Governor Andrew Cuomo has included \$60 million in the 2012-13 New York State budget for the provision of Permanent Supportive Housing in recognition of the cost savings that could be achieved with stable housing.

The County and the city can encourage the development of the public private partnership needed to build affordable rental units for the homeless.

Introduction

City of Buffalo

Due to the concentration of poverty within the city limits, a large portion of the homeless population is centered in the City of Buffalo and as a result the emergency shelters are located in Buffalo. Most of unsheltered homeless also live in various camps and abandoned buildings in Buffalo.

According to the Buffalo Fire Arson Squad, there are at least 10-15 fires per year that are attributed to squatters living in abandoned homes simply attempting to stay warm during the cold winter months. The City of Buffalo could see a significant cost savings in if those living in the abandoned homes could be permanently housed. Each fire requires a minimum of 2 Engines companies, 1 Ladder company, and the Battalion Chief. The savings in prevention of injuries to firefighters and property damage to adjacent homes would be difficult to calculate but is still a factor to be considered in the benefits to housing the homeless.

In addition, in the cities that have conducted Cost of Homeless studies, all have found a reduction in the arrests and time spent in the correctional system by the provision of Permanent Supportive Housing to the homeless. One could conclude there would be a corresponding reduction in police costs if there are less homeless people getting arrested, thus freeing up valuable resources for other police services.

Any potential cost savings would only be achieved if the chronically homeless were targeted for Permanent Supportive Housing.

Additionally, the City of Buffalo is the largest recipient of HUD HOME funds meant to provide housing options for low and moderate income families. Additional HOME funds should be directed towards the development of more affordable rental housing. The City should participate in the National Low Income Housing Coalition campaign to dedicate 30% of all government assisted housing to be dedicated to those people at or below 30% of the area median income.

Homelessness in Buffalo and Erie County

Homelessness in Buffalo and Erie County

Homelessness in Buffalo and Erie County

The current homeless service system in Erie County is organized into a continuum of care and structured around the following areas of service delivery and housing: outreach, emergency shelter, safe haven, transitional housing, permanent supportive housing and permanent housing. In April 2012, the Homeless Alliance released the State of Homelessness in Erie County Annual Report. The report presented the following statistics surrounding homelessness in Erie County based on 2011 data entered into the Homeless Management Information System (HMIS):

Table 1: Point- in-Time Count:

Date	Unsheltered Homeless Count	Sheltered Homeless Count	Total
January 27, 2010	201	724	925
January 26, 2011	178	760	938
October 14, 2011*	135	N/A	N/A
January 26, 2012	106	804	910
July 26 th , 2012*	131	N/A	N/A

*Unsheltered street count only.

Table 2: HMIS Recorded and Estimated Homeless Count by Provider:

Program Type	2010 HMIS Count	2010 Estimated Total Count	2011 HMIS Count	2011 Estimated Total Count ²
Emergency Shelter	2887	4565	2595	4282
Transitional Housing	506	581	546	662
Safe Haven	20	20	25	25
Code Blue	N/A	N/A	88	88
Unsheltered	692	692	492	492
Total Unique Homeless Person	3715	5331	3399	5050

Table 3: Four Target Populations:

Chronically Homeless	Veterans	Youth*	Persons in family/ households with children
436	223	523	972/346

- Includes youth below 24 years old
- Based on 2011 HMIS data

² Estimated total count is based on HMIS coverage rate to estimated total homeless in Buffalo and Erie County.

Homelessness in Buffalo and Erie County

Although, the statistics show a small decrease in the total homeless population, there still are underlying issues in this community that are hindering progress in ending homelessness that require our attention. In May 2012, the Alliance conducted a series of community focus groups and administered consumer surveys to help identify these issues. The dialogues focused on identifying trends and changes that have taken place in the homeless system from 2006 to present, and what challenges the community faces in delivering services to the homeless population. Furthermore, the collective assessments brought forth ways in which collaborative partners can work together to address the needs and gaps identified by the community. Areas assessed were: individual and family homelessness, outreach and chronic homelessness, the unsheltered homeless, Veterans homelessness, domestic violence, HIV/AIDS, permanent housing, emergency housing, transitional housing, and rural and youth homelessness. Key issues and findings identified by the community discussions are summarized below.

Emergency Housing

The Emergency Shelter (ES) component of Erie County CoC has the largest number of beds (565) and served the largest number of homeless persons, 4,282 persons in 2011. Although the emergency shelters “touch” the most people, they also have the lowest percentage of participation in HMIS; currently only about 63.5% of the emergency housing beds are covered in HMIS. Utilization on an average night is 90% for ES that serve families and 85% for ES who serve individuals. The majority of persons in emergency housing are male, 62.6%. Females are the majority of adults in households with children. 24% of emergency housing clients are children under the age of 18.

Based on the information from the focus groups held to integrate community input for this plan, the groups identified increasing challenges in emergency shelters.

- Co-occurring disorders related to substance abuse and mental illness.
- Difficulty getting clients linked with services in a timely manner.
- The uninsured/unsheltered refuse to apply or will not comply to get Medicaid.
- Insufficient supply of affordable housing and, particularly, Housing First programs.
- Lack of transportation for housing search (especially for single individuals).

The emergency shelter system plays a crucial role in the re-tooling of the homeless system that will be needed to end homelessness, particularly in reducing both the number of homeless episodes (recidivism) and the length of stay in the homeless system.

Homelessness in Buffalo and Erie County

- Many people “disappear” for a day or two then leave with no further contact. The majority of homeless population stays in emergency housing for less than 30 days, only 27% exit to known permanent housing.
- Emergency housing is not always safe for or tolerant of the LGBT population.
- There are multiple entry points into the homeless system and are generally directed to the first available bed with no guarantee they will be linked to case management and/or support services.
- There are separate applications for each subsidized housing program; public housing, Section 8 programs at Belmont and Rental Assistance Center, private subsidized housing; all of which ask very similar questions. It would save a tremendous amount of time for clients and case managers to complete one and get copies to which programs they wish to apply for. There are also multiple cost and efficiency savings from single point of entry applications.
- Difficult for people to navigate the TA/TANF/SSI/SSD systems to have a stable source of income to pay for housing.

Transitional Housing

The Transitional Housing system in Erie County provides homeless families, particularly victims of domestic violence exiting emergency shelter, and homeless youth, with a safe environment, programs, and services that promote self-sufficiency and independence for a maximum of 2 years. There are very successful models of Transitional Housing programs in Erie County. The Coordinated Entry model using a common assessment tool once fully implemented should ensure that homeless persons who need a higher intensity level of service needs are directed to Transitional Housing programs. Based on 2011 data:

- 42% of Transitional Housing clients came from Emergency Shelter.
- Length of stay time is relatively equal with majority staying one year or less.
- Upon exit, only 53% are entering Permanent Housing. Too many clients are going to unknown situations. HUD wants to see 65% entering permanent housing.
- More women than men are served.
- Age spikes at 5 years or less and 20-24 years.
- There are a significant number of beds dedicated to Domestic Violence (DV) and homeless youth clients.

Homelessness in Buffalo and Erie County

Challenges identified in Transitional Housing from focus groups:

- Focus group participants speculate that some domestic violence victims are returning to their abusers.
- Younger clientele need more intensive services and life skills training than older clients, requiring more staff time and resources.
- Providers see clients needing employment, education, and transportation to improve their situation.
- Mental health issues are a large barrier for clients according to the group. This raises the question of whether the clients are getting appropriate mental health care.
- Systemic issues like lack of truly affordable housing and living-wage jobs are also an issue for clients.

Transitional housing may be more appropriate for younger people who are not as experienced living on their own, those with substance abuse problems and for families with a high number of housing barriers. Most families should be directed towards a Rapid Re-housing program.

Permanent Housing

While Erie County is seeing a reduction in chronic homelessness (5%), there has been an increase in family homelessness by 4% (HAWNY, 2012). Emergency shelters are unable to provide the intensive long-term assistance which homeless families and individuals require in order to stabilize their lives. Although transitional housing programs provide such assistance, the community felt that families and/or individuals are more responsive to service interventions from a stable, permanent housing base.

The community identified the following barriers to accessing and/or remaining stable in permanent housing due to:

- Lack of appropriate affordable, safe housing;
- Income instability and insufficient income; the gap between income and housing costs is getting larger and larger;
- Difficulty navigating public income support systems, i.e. – TA/TANF/SSI/SSD to achieve income stability;
- Landlord requirements are increasing. Many landlords now want the 1st and last month rent in addition to a security deposit;

Homelessness in Buffalo and Erie County

- Clients are not able to have utilities in their name due to past arrears; and
- Lack of resources available for on-going case management and support services.

Life expectancy and the cost of unsheltered homeless people

The average life expectancy of a person living on the streets is age 62, whereas in the general population it is 78. As the homeless population increases in age they become a very expensive population mostly because of poor health conditions that are either paid for by Medicaid or are unreimbursed expenses for local hospitals. Numerous studies have shown it is less expensive to provide Permanent Supportive Housing to the chronically homeless than it is to leave them to literally die on the streets.

Source: Dennis P. Culhane (The Aging of the Adult Homeless Population, Implications for Health and Housing Policy, 2012)

Chronic and Unsheltered Homeless

In the 2011 State of Homeless report for Erie County, there were 436 people identified as being chronically homeless and still needing housing. During the January 2012 Point in Time Count, 106 individuals were identified as living in places not meant for human habitation which is a dramatic reduction from the 2010 count. The reduction can be attributed to Lakeshore Behavioral Safe Haven, Matt Urban HOPE Center's Housing First program, the Code Blue Warming Centers at the City Mission and St. Luke's Mission of Mercy and the coordinated efforts of the WNY Coalition for the Homeless Outreach subcommittee.

The 106 unsheltered homeless number is also known to be an under representation for two main reasons: 1. A total count of unsheltered can never be achieved in any one day simply because the street homeless want to stay hidden. This makes tracking the unsheltered in HMIS even more

important to better plan to house this population. 2. The City Mission made the "Code Blue" cots available for much of the winter, despite a warmer than normal winter. This "low demand" sheltering led to fewer people living on the streets. An indicator of this success was Harbor House seeing fewer clients during this period. Once the "warming centers" closed for the winter, they began to see more clients. A low demand shelter can assist in reducing the number of unsheltered homeless and encourages engagement in available services.

From 2009 to 2011 there were 101 individuals who had 5 or more re-entries into emergency shelters. One person had 11 entries in two years. These clients need to be targeted for concentrated and coordinated services to reduce return to recidivism.

Homelessness in Buffalo and Erie County

Based upon focus groups, attendance at the Outreach subcommittee meetings, and research, there are several barriers to eliminating Chronic Homelessness:

- The community in general does not understand the concept of Housing First, its success and how it actually is more cost efficient than to leave people to literally die on the streets. More Housing First beds will end long-term homelessness
- There is a lack of sufficient Permanent Supportive Housing for the Chronically Homeless. The need for matching funds is a barrier to providing more Housing First options, especially with the need for more intensive case management. Funding for the housing portion is available but it is more difficult to find continued funding for supportive services.
- More Outreach Workers are needed to engage this difficult to serve population.
- People need income in order to sustain themselves in the long-term. Some of the chronically homeless have been sanctioned by Social Services even though they may have multiple disabilities. Applying for SSI and SSD is a time-consuming process.
- This population is very difficult to house because of a variety of issues, such as substance abuse, mental and physical health issues, criminal history, or sex offender status.
- Due to repeated failures, some people have literally given up on the thought of having housing or believe they do not deserve it.
- The belief that the chronically homeless choose to be homeless is not accurate.

Homelessness in Buffalo and Erie County

Homeless Veterans

The Department of Veterans Affairs (VA) and the Department of Housing and Urban Development (HUD) are dedicated to ending homelessness among veterans by 2015. Locally, 223 people who were homeless in 2011 were identified as having veteran status in HMIS. Data is also showing that approximately 10% of homeless veterans in Buffalo are women. Participants in focus groups have also reported seeing more women veterans accessing services than in previous years. This is a national trend as more women in general are serving in the armed forces. At the same time, single female veterans are 2.5 times as likely to be homeless compared to non-veteran females. As in the general population, living in poverty is also a risk factor for female veterans becoming homeless. Female veterans living in poverty are more than three times as likely to become homeless compared to poor non-veteran women (National AHAR Report, 2010).

"A [Veterans Affairs] caseworker tracked me down and convinced me that I should apply for the programs that they have," Rounds said. "Now, I'm going to counseling, I'm seeing a psychologist at the VA, and I'm getting some help. I've been sober for four months. "My advice to any other homeless veterans is, go to the VA and apply for help. There are programs that can help you," said Rounds, who currently lives in a transition home run by a not-for-profit group. "Living on the streets is no way to live. ... Terrible things can happen to you out there."

Source:
<http://www.buffalonews.com/city/article686062.ece>

According to the focus groups, the largest perceived barrier for veterans accessing services is the veterans pride or their dissatisfaction with the system. Veterans who are dishonorably discharged have to use multiple systems for related services (housing, jobs, mental health, etc.). Many are doubled up with friends or family and get discouraged navigating the bureaucratic systems to seek veterans' benefits or public assistance.

New trends related to the veteran population:

- New, younger homeless veterans are emerging.
- Disabled and employed vets do not earn sufficient income to support stable housing.
- The female veteran population who are single mothers has risen.
- There's a gap between clients' needs and the requirements for services provided.
- Local VA keeps their own homeless data and does not use HMIS. VA must begin to utilize HMIS to avoid duplication of data and to better serve the vets.

Homelessness in Buffalo and Erie County

Family Homelessness

According to a 2011 report from the National Center on Family Homelessness, 1.6 million or one in every 45 children is homeless in the United States. Family homelessness in Erie County comprised roughly 29% of the homeless population. 75% of homeless families are households headed by a female single parent and 3% are headed by a male single parent.

Characteristics of families experiencing homelessness in Erie County as recorded in HMIS:

- 22.15% of the total homeless population is children.
- 38.8% of the homeless children are under the age of 5.
- 22.9% of single mothers that are working remain under poverty level. This is the low income households that are employed but still unable to afford the basic needs for their families. These households could easily slip into homelessness.
- 33% of homeless families in Erie County reported being doubled-up with relatives or friends before becoming homeless.
- Homelessness can cause families to separate. Some will send their children to stay with relatives to avoid being in a homeless shelter. Some family shelters do not accept adolescent male children thus causing families to separate.
- 58% spend more than 30% of their income on housing.
- 29% of the homeless population report they are homeless due to family conflicts.
- 24% receives public assistance such as shelter allowance, Food Stamps, and Medicaid.

The focus group discussions provided further insights on family homelessness in Erie County. The inadequate supply of affordable housing in Buffalo and the high cost of child care pose tremendous challenges for families. Low income families, specifically single mothers are heavily burdened by the unprecedented cost of child care which leaves many unable to afford their housing. According to the National Association of Child Care Resources and Referral Agencies (NACCRRA), low income working family with children spend on average \$11,666 or approximately \$972 per month of their annual income for child care in the U.S. In Erie County, parents report high costs of child care of up to \$1,000 per month. Erie County reduced subsidized childcare funding in 2010, creating further financial burdens for many working families. Table 4 below provides a glimpse on the cost of child care in Western New York.

Homelessness in Buffalo and Erie County

Table 4: County Child Care Cost Statistics for Western New York

COST PER YEAR				
County	Under Age 2	Age 3-4	Age 6-12	Child Care Cost Average Increase p/y
Allegany	\$8,736.00	\$8,060.00	\$7072.00	\$554.67
Cattaraugus	\$8,736.00	\$8,060.00	\$7072.00	\$554.67
Chautauqua	\$8736.00	\$8,060.00	\$7072.00	\$554.67
Erie	\$10,660.00	\$9,516.00	\$9204.00	\$936.00
Niagara	\$8,736.00	\$8,060.00	\$7176.00	\$450.67
Wyoming	\$8,736.00	\$8,060.00	\$7072.00	\$554.67

Source: Kirsten Gillibrand, United States Senator for New York, 2011

Child care is a necessary service that enables parents to work. If the cost of care is too high, families have to choose between paying for child care and their housing.

Youth Homelessness

HUD previously defined “Homeless Youth” as unaccompanied youth under 18 years of age. However, in order to accurately address homelessness in the young adult population and better target resources for their particular needs, the HEARTH Act has re-defined homeless youth to include homeless individuals under the age of 25³. Based on Homeless Alliance 2011 Homeless report, 523 unaccompanied youth are experiencing homelessness in Erie County, which account for 10.4% of total estimated homeless population.

Issues identified by the community regarding homeless unaccompanied youth are:

- Lack of local study and data to reflect the needs of unaccompanied youth in Erie County.
- Lack of case workers trained to work with youth with disabilities.
- Increase in Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) homeless youth.
- Increase in younger women aged 19-22 with children.
- Homeless system and service regulations and procedures are designed for adults, thus making it hard for youth to access services.

The amendment to the federal strategic plan is emphasizing communities to address and improve the needs of unaccompanied youth especially needs related to educational outcomes of children and youth experiencing homelessness. This needs to be done through collaborations and interventions⁴.

³ HEARTH Homeless Definition: http://www.hudhre.info/documents/HEARTH_HomelessDefinition_FinalRule.pdf

⁴ www.usich.gov/opening_doors/amendment_2012/

Homelessness in Buffalo and Erie County

Rural Homelessness

Although associated with urban areas, homelessness is also an issue in rural areas. Rural homelessness tends to be more complex to address due to isolation. The economic recession, disappearing farms and closing of factories have increased the number of at-risk rural homeless population. Erie County rural homelessness is the result of poverty and lack of access to services. While Erie County does not see rural homeless as a big issue, about 10% of the homeless population in Erie County lives in rural areas.

The focus group on rural homelessness identified obstacles facing the rural homeless in Erie County:

- Federal funding is focused on the city and most services and shelters are located there. Without private or public transportation, residents in rural areas are unable to access these services.
- Lack of shelters. Therefore, people experiencing homelessness are more likely to sleep on the street or double up.
- Lack of resources and awareness.
- Quality of housing is declining.
- People in rural areas are reluctant to receive services because they think they do not need it. They do not recognize themselves as homeless and fear being called “homeless”.
- Public transportation is lacking, thus making it hard to access services.
- Lack of senior housing.
- Landlords do not want to rent to family with pets.
- There is a general lack of knowledge on issues of rural poverty and homelessness.

Domestic Violence

According to DomesticViolenceStatistics.org, every 9 seconds in the U.S. a woman is assaulted or beaten. Domestic violence service providers in Erie County believe that cases are extremely underreported. Though domestic violence affects all income levels, the majority of those served in emergency shelters live below the federal poverty level.

The only option for emergency shelter exclusively for Domestic Violence victims in Erie County is Haven House in Buffalo which is at close capacity most of the time.

Homelessness in Buffalo and Erie County

Gaps and trends that domestic violence service providers are seeing:

- With more than 800 refugees resettling in Buffalo each year, working with refugees experiencing family violence has become a growing challenge for service providers. The language barriers, cultural differences and ineligibility to work or qualify for public benefits because of citizenship status make it hard to meet the needs of this population.
- An increase in victims of domestic violence with disability or who are elderly with health conditions. Traditional domestic violence providers lack the facilities and trained staff to serve persons with serious mental health disabilities or health conditions.
- Increase in domestic violence in the LGBTQ population. It is harder to serve this population within the traditional setting of a Domestic Violence shelter that exclusively serves one gender.
- Lack of affordable housing. Housing needs for this population are increasing.
- Lack of domestic violence housing and services in rural Erie County.

“Though domestic violence is an underreported crime, police in Erie and Niagara counties documented 10,450 domestic violence incidents last year. That figure includes violence against children and adults.”

Buffalo News, August 20 2010.

HIV and AIDS

In Buffalo, approximately 61% of people living with HIV or AIDS (PLWHA) experience peripheral problems related to homelessness (AIDS Network of Western New York); many lose their employment due to periodic hospitalizations or inability to perform job functions, or costs of healthcare become unmanageable and utilizes resources intended for housing. Data from the 2010 AIDS Network Consumer Survey provided a backdrop:

- 51% earn less than \$15,000 annually.
- 51% are unemployed. 38% of

In 1990, the Department of Housing and Urban Development (HUD) created the Housing Opportunities for Persons living with AIDS (HOPWA) program. HOPWA was introduced to address the demand for housing needs solely for low-income persons who are living with HIV/AIDS and their families to promote housing stability and to provide supportive services.

Homelessness in Buffalo and Erie County

these stopped working because of their HIV status.

- 43% of household PLWHA have children.
- 17% were abused by their partner.
- 63% have suffered from depression and excessive worry. They are confronted on a daily basis with the need to reconcile financial cost for housing and medication.

The survey also reported that 23% of respondents indicated that they have lived on the streets or in emergency shelters since testing HIV positive. In 2010 alone, more than 140 new individuals and families living with HIV and AIDS received supportive services in Buffalo. 38% of these individuals and families

Relationship between homelessness and HIV and AIDS

Income:

Money to pay rent or mortgage is diverted to medical cost.

Eviction:

Home-based care cannot be provided when there is no home.

Living housing conditions:

Poor housing conditions lead to an increase risk of opportunistic infections.

Employment:

When one is severely ill and hospitalized, it is impossible to work.

identified their need as housing.

Moreover, recent findings from a questionnaire conducted by the Homeless Alliance shows that housing is the greatest unmet need (see table 5 below) of persons and families living with HIV/AIDS in Erie County. However, the limited pool of affordable and safe housing in Buffalo makes it even more difficult to rapidly re-house these families.

As a result of the lack of adequate housing, many clients find themselves in a position of having to choose unsafe housing in order to live somewhere that they can afford.

Additionally, nearly all of HIV clients served by service providers in Erie County live below 135% of the federal poverty level. Although Erie County Department of Social Service (ECDSS) provides a **special enhanced shelter** allowance for this population, their income is still insufficient to make ends meet.

Table 5: PLWHA Households with unmet housing needs by type of assistance in Erie County

Type of Assistance	Number of Households
Tenant-Based Rental Assistance	600
Short-Term Rent, Mortgage, Utility	50
Other	100

Source: City of Buffalo HOPWA 2011 Annual Report

Homelessness in Buffalo and Erie County

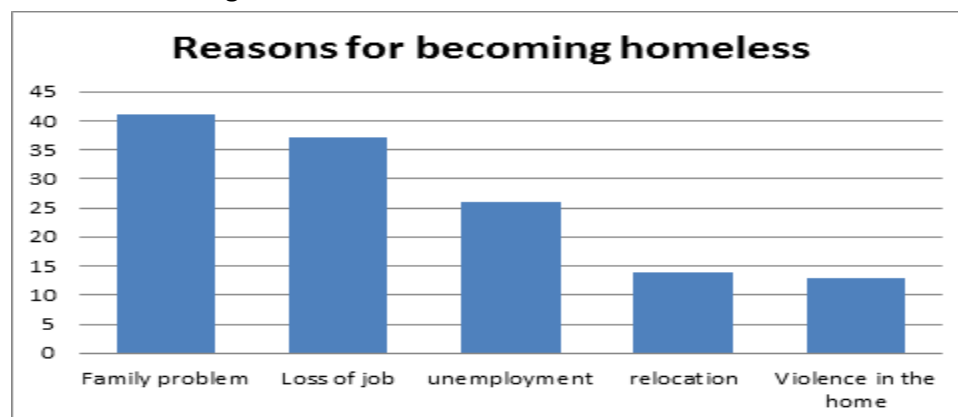
Feedback from Consumer Survey

In order to determine gaps in services as well as understanding reasons for homelessness, in the spring of 2012, a marketing class from Canisius College conducted a consumer survey for the Homeless Alliance. 100 clients (61 male and 39 female) were voluntarily interviewed from the City Mission, Cornerstone Manor, and the Salvation Army. The results produced valuable insight into the clients' perspective of the reasons that caused their homelessness along with ways homelessness could be prevented in the future.

Below are some key findings from the consumer survey:

- 47% of the respondents believed that more affordable housing as well as 40% believed rental assistance would have prevented them from becoming homeless.
- When asked what could prevent them from becoming homeless in the future:
 - 45% responded, "more affordable places to live"
 - 42% responded, "job and employment services"
 - 42% responded, "list of affordable apartments and houses"
- 39% of respondents did not receive the health care they needed due to lack of insurance, and 25% could not afford to pay.
- 24% needed but did not have access or could not afford public transportation. The survey also reveals that 40% of the respondents who used public transportation believe that affordable transportation could prevent one from becoming homeless in the future.
- 52% of the respondents have at least one disability.
- Of the individuals who are homeless due to unemployment, 85% of them at the time of the survey were unemployed.

Chart 1: Reasons for becoming homeless



Source: HAWNY Consumer Survey, 2012.

Objectives and Strategies

Objectives and Strategies

Objectives and Strategies	Chronic	Veterans	Families	Youth	Rural Homeless
Objective 1: Build public will to end homelessness through increasing awareness and knowledge.	x	x	x	x	x
Objective 2: Promote collaborative efforts.	x	x	x	x	X
Objective 3: Maximize effectiveness of local homeless Continuum of Care and full implementation of HEARTH Act.	x	x	x	x	x
Objective 4: Increase availability of safe, adequate and affordable permanent housing for all populations in Erie County.	x	x	x	x	x
Objective 5: Increase Permanent Supportive Housing units.	x	x	x	x	
Objective 6: Provide homeless housing options for rural homeless population.	x	x	x	x	x
Objective 7: Improve access to education and increase meaningful and sustainable employment for people experiencing or at risk of homelessness.	x	x	x	x	x
Objective 8: Reduce financial vulnerability.	x	x	x	x	x
Objective 9 Integrate primary and behavioral health care services with homeless assistance programs and housing to reduce people's vulnerability to and the impacts of homelessness.	x	x	x	x	x
Objective 10: Prevent family and youth homelessness			x	x	x
Objective 11: Strengthen the capacity of Bas-Net to meet the expanded data collection, reporting and research needs.	x	x	x	x	x
Objective 12: Transform current homeless services to focus on preventing homelessness and rapidly returning people who experience homelessness to stable housing.	x	x	x	x	x
Objective 13: Improve provider understanding of requirements for access to and receipt of services.	x	x	x	x	x

Increase Leadership, Collaboration, and Civic Engagement

Objective 1: Build public will to end homelessness through increasing awareness and knowledge.

The community-at-large does not understand the issues of homelessness and the poverty that surrounds it. The Homeless Alliance needs to strategically position itself to bring community leaders, planners, service providers, policy makers, and the general public together to engage in broader discussions and efforts to end homelessness in Erie County. Keeping the plight of the homeless and at-risk in the forefront of the minds of local, state, and federal decision-makers is crucial to the success of this plan.

Objectives and Strategies

Elected officials must commit to being a part of the solution to ending homelessness and direct staffing and resources towards that effort.

Information about all types of homelessness (veterans, family, HIV, DV, youth, and rural) must also be made more readily available to community members in usable formats and promoted to those who may find it useful. Increasing the public's knowledge of homelessness and the causes of homelessness will build momentum toward completion of the goals of Buffalo and Erie County "Opening Doors" plan to end homelessness.

Poverty is the root cause of homelessness. The key to preventing homelessness in the future is the availability of living wage jobs. 40% of the people living in shelters were homeless for the first time last year. This shows there are simply too many vulnerable households in Erie County.

We must also educate elected officials and the general public that it is more cost effective to provide the long term homeless with housing. The savings will be seen in costs related to Medicaid, police and other first responders, and the Erie County Holding Center.

Strategy (a): Collect and provide local data on homelessness and poverty. It is the responsibility of the Homeless Alliance to provide accurate data and research to the general community. The data and research should drive outcome-based planning and funding decisions.

Strategy (b): Elected officials and the general public must be more cognizant of the cost savings of reducing homelessness. The cost savings have gone beyond theory and are now a generally accepted fact.

Strategy (c): Work with community partners to educate the public about poverty and homelessness through Annual reports, the media, educational materials, and awareness events such as the annual Poverty Challenge.

Objectives and Strategies

Objective 2: Promote collaborative efforts.

Cross-system collaborative efforts and program integration is becoming the new planning tool in the streamlining of homeless services funds. Collaboration helps improve the quality and availability of services. Success with this has demonstrated through the Homeless Prevention and Rapid Re-Housing Program's (HPRP) coordinated, centralized intake system. A Single Point of Entry was recognized as a national best practice model by HUD. Lessons learned from HPRP demonstrated that collaborative efforts can make tracking and collecting data on the homeless population easier, avoids duplication of service and client counts, thus making the distribution of homeless funds to the homeless population more efficient.

With the HEARTH Act, HUD wants to see programs work collaboratively to meet system-wide outcomes and measurements. Agencies should expect to be evaluated for continued funding based on client outcomes and fiscal responsibility.

If a regional Interagency Council on Homelessness would be created, it would be led by New York State, Erie County, City of Buffalo and Town of Tonawanda who would coordinate homeless policy based upon the research and statistics provided by the Homeless Alliance. The State of New York sets policies the Department of Social Services follows. They also provide homeless funding through the Office of Temporary and Disability Assistance. They can be a driving force in a collaborative effort. The Department of Social Services, the Department of Mental Health, and the Department of Environment and Planning are the three Erie County departments responsible for portions of homeless funding in addition to the Sheriff's Department's correctional facilities. The City is impacted in police and fire services as well as directing housing policies and ESG allocations. Multiple communities have Public Housing Authorities that could provide housing to the homeless. One coordinated effort would effectively manage the homeless problem.

This coordinated effort can begin with amending HUD required Consolidated Plans to fund priority needs and gaps in homeless services for the ESG, CDBG, HOME and HOPWA funding sources.

If New York State is to truly position themselves to be a leader in the efforts to end homelessness, they can begin with a New York State Plan to End Homelessness as 25 other states have already done.

Objectives and Strategies

A Single Point of Entry to the homeless system is now a HUD requirement for CoC and ESG federal funding. A true SPOE can only be accomplished with the participation of the Department of Social Services as an active and willing partner to develop a system to address a housing emergency.

Poverty is the most pressing issue in Buffalo and Erie County especially now that there are more people living in poverty in the suburbs than the city. Every decision made by a local governmental entity should have an “Impact Statement” that describes how the decision will impact those living in poverty and/or homeless.

Strategy (a): Establish a regional Intergovernmental Council on Homelessness lead by New York State OTDA to include Erie County, the City of Buffalo, and the Town of Tonawanda.

Strategy (b): Establish a Coordinated Entry system (SPOE) that uses a common assessment tool.

Strategy (c): Consolidated Plans should be amended to fund priority needs and gaps (ESG, CDBG, HOME, HOPWA).

Strategy (d): Enhance collaboration and connection between urban and rural areas.

Objectives and Strategies

Objective 3: Maximize effectiveness of local homeless Continuum of Care (CoC) and full implementation of HEARTH Act.

The CoC model was adopted by HUD in 1994 giving local communities the charge to form a primary planning and coordinating body for homeless housing and services to work toward the goal of ending homelessness. The CoC in Erie County includes seven entitlement communities, the City of Buffalo, Erie County, Cheektowaga, Hamburg, Tonawanda, West Seneca, and Amherst. The Homeless Alliance is the CoC Collaborative Applicant for Erie County. As such the Alliance facilitates a unified application that brings in approximately \$10 million in federal funding each year to agencies in Erie County to end homelessness. The primary responsibilities of the CoC include:

- Develop and execute an annual process, in accordance with United States Department of Housing and Urban Development (HUD) requirements, to provide a coordinated and equitable allocation of HUD McKinney-Vento Homeless funding in this county. This includes monitoring the performance of funded projects to ensure compliance with proposed use of funds and that projected outcomes are met.
- Develop an annual CoC Homeless Action Plan to identify and address the housing and support service needs of homeless populations as well as longer term strategic planning to reach the goal of ending homelessness in Erie County.
- Ensure that there is a Homeless Management Information System (HMIS) in place. HMIS is a data collection tool designed to capture client-level information over time on the characteristics and service needs of men, women, and children experiencing homelessness, including an unduplicated count of homeless persons. BAS-Net, Buffalo Area Services Network is the local HMIS implementation.
- Keep the goal of ending homelessness in the forefront by educating public officials and the community at large on issues related to homelessness in Erie County and supporting community wide planning efforts for the development of permanent, affordable housing and permanent supportive housing.

Objectives and Strategies

The HEARTH Act made changes to the CoC programs, including the incentives and expected performance outcomes. In order to remain competitive, the Buffalo CoC needs to work closely with HUD to be consistent with federal strategies and criteria, one of which is the submission of this local plan to end homelessness. This needs to be done in collaboration with other service providers.

As we move forward towards full implementation of the HEARTH Act, we are going to have to modify our methods of providing services to align them with the federal strategic plan and nationally recognized best practice models.

Strategy (a): Collaborate with service providers and the public to identify and address priority issues related to homelessness.

Strategy (b): Ensure that CoC funding priorities address identified needs and gaps

Strategy (c): Retool, re-allocate and repurpose CoC/ESG funding to meet the needs of the homeless.

Strategy (d): Work towards the goal of becoming a Unified Funding Agency and a High Performing Community for HUD CoC funding.

A Unified Funding Agency is a designation that will be awarded by HUD to those Continuums of Care that would be the direct recipient of all HUD CoC funds rather than individual applicants. The CoC would then contract with the individual sub-recipients and take responsibility of monitoring and fiscal oversight of the CoC program.

A High Performing Community is a designation that will be awarded by HUD to those Continuums of Care that have shown significant success in data quality, reduced length of stay in shelters, low recidivism of those returning to shelters, high HMIS data coverage and have excellent systems in place to assist those who become homeless.

Objectives and Strategies

Increase Access to Stable and Affordable Housing

Objective 4: Increase availability of safe, adequate and affordable permanent housing for all populations in Erie County.

There are too many people living in poverty who cannot afford decent, affordable housing. We need to provide affordable housing for homeless households and those at risk of homelessness. However, for this to be achieved, housing providers, city planners, developers, and landlords need to unite, and devise a plan that will increase the availability of safe and affordable housing.

One way to provide affordable housing would be for local units of government to follow the National Low Income Housing Coalition guideline to dedicate 30% of all government assisted housing for people at or below 30% of the area median income. Another way is through existing programs such as Low Income Housing Tax Credits, HOME, and Community Development Block Grant (CDBG) resources.

Most of the people coming through the emergency shelter system are single men and women. There is a dire need for at least 500 Single Room Occupancy and/or 1 bedroom units.

Any discussion of the provision of affordable rental units must include not only the Buffalo Municipal Housing Authority (BMHA) but all the Public Housing Authorities (PHA's). All PHA's must come to the table with their own strategies for providing housing for the homeless. As the largest PHA in the area, the BMHA must be a leader in this process.

According to the Partnership for the Public Good, the city of Buffalo has the oldest housing stock in Erie County. Subsequently, Buffalo is also noted as the 9th worst in the nation for housing affordability; 58% of renters pay more than 30% of their income on housing, according to US Census Data. In the same theme, focus group discussions revealed that the gap between income and housing costs is widening. The inadequate supply of safe and affordable permanent housing in Buffalo poses challenges for low-income households and ending homelessness.

The federal "Opening Doors" strategic plan also emphasizes the need for local communities to secure and provide affordable housing for homeless households and those at risk of homelessness.

Objectives and Strategies

Strategy (a): Develop affordable rental housing units for families through federal, state and local resources by dedicating at least 30% of all governmental assisted housing developments for those making at or below 30% of the area median income.

Strategy (b): Build local capacity to produce and operate affordable housing units.

Strategy (c): Develop Single Room Occupancies (SRO) and 1 bedroom units. 500 new units are needed to help end homelessness in Erie County.

Strategy (d): All government subsidized housing development projects should include units designated for the homeless.

Strategy (e): Encourage the Buffalo Municipal Housing Authority and all Public Housing Authority's to participate in the community efforts to develop homeless housing options.

Objectives and Strategies

Objective 5: Provide Permanent Supportive Housing.

Permanent supportive housing (PSH) is a distinctive category of affordable housing that provides both housing with no limit on the length of stay and support services. Rent cannot exceed more than 30% of a person's monthly income. The intensity of the service provision is determined by the needs of the program participants. There are different models of permanent supportive housing - they can be single site, scattered sites, or clustered units; services may be provided on-site or off-site. Services can be provided by the owner/developer or they may be contracted out to a community based service provider.

Permanent Supportive Housing (PSH)

PSH serves primarily people who have a medically diagnosed mental illness. In 2011, the number of persons who were served in PSH was relatively high in the male population at 60.6% compare to 38.8% female.

The Supportive Housing model started in NYC in the 1980's as a response to homeless individuals sleeping in the streets; many who were homeless due to deinstitutionalization. It is now recognized nationally as the best, most cost-effective solution to chronic homelessness, especially models that incorporate low demand and harm reduction philosophies. Supportive housing drastically reduces the use of the costliest systems of care including hospital emergency rooms, acute care and inpatient psychiatric care according to a half-dozen studies nationally.

Permanent supportive housing programs are the largest housing component of the CoC. The vast majority, 76% of permanent supportive housing beds are for homeless individuals; 24% of the beds serve homeless families. The vast majority of participants come to permanent supportive housing from either emergency shelters or they were living in uninhabitable locations; most had mental health, substance abuse or co-occurring disorders.

The demand for permanent supportive housing beds in Erie County is high and the utilization rate for PSH beds is nearly 100%. It would then seem logical that waiting lists for PSH programs would be long. By virtue of the PSH eligibility requirements waiting lists for PSH pose a dilemma. Emergency programs are rarely able to keep someone long enough for a PSH slot to open up. People are therefore forced to either remain homeless or move to rooming houses or other situations where they are very likely to relapse or decompensate, and will then no longer fit the homeless definition that would allow them to move to PSH if an opening occurred.

Objectives and Strategies

Between 2010 and 2011, there was a reduction of homeless Veterans mainly attributable to the Veterans Affairs Supportive Housing (VASH). Additional VASH vouchers would assist even more homeless Veterans. Currently, there are no Supportive Services for Veteran Families (SSVF) funds allocated to Erie County that would prevent veteran homelessness or to assist them to become rapidly re-housed. A successful application for SSVF funds must be submitted.

Strategy (a): Promote and expand Housing First Model. At least 400 Housing First units should be developed to end long term, chronic homelessness.

Strategy (b): Expand supply of supportive housing.

Strategy (c): Increase accessibility of supportive services and housing.

Strategy (d): Increase the supply of VASH vouchers available to Erie County and qualify for SSVF funds.

Strategy (e): Develop an exit strategy from PSH for those ready to “graduate” but are still in need of a rent subsidy.

Best Practice Model

Designed after nationally recognized *Pathways to Housing*, there are a few Housing First program in Erie County that uses a scattered site, low demand housing approach for the chronically homeless population. Outreach workers engage the chronically homeless by offering permanent housing with no requirements for sobriety or agreeing to go to treatment.

Objectives and Strategies

Objective 6: Provide housing and services options for rural homeless population.

Homelessness occurs both in urban and rural areas but differs in terms of individual and structural factors. HMIS estimates that about 10% of the homeless population in Erie County lives in rural areas. Rural homeless population often live in places like: woods, campgrounds, cars, abandoned farm buildings, or other places not meant for human habitation and are usually spread out, which creates obstacles in the provision and delivery of services.

Community Focus Groups identified that options for transportation and emergency shelters are very limited. In many areas, a bus will make a stop only twice a day. As a result people often have to use volunteer drivers, cars provided by churches, and non-profit organizations to access service that are located in the city.

Due to the distance between service providers in rural areas and those in the city, communication and information exchange are also lacking. Without comprehensive and aggregate information about rural homelessness, it makes the determination of what kinds of services and housing are needed much more difficult. Collaboration between service providers will be an effective way to gather resources, better distribute those resources, and work toward ending rural homelessness.

"When I answered the phone, I could hear her crying before she even said a word. As her story unfolded, it wasn't atypical of others that we have heard in our 15 years of ministry in rural southern Erie County. But for this young mother, this was the first time she had experienced the shock of being homeless.

She and her two children had been living with her boyfriend and his mother. As the verbal abuse toward her and the children escalated, she knew that she needed to leave. But she didn't have the financial resources to support herself and the children, so she tolerated the situation until it reached a crisis point. On Sunday, she was told to leave, and, having no support system in this area, checked into the local motel for the night. She understands the importance of keeping her children in school, so she was unwilling to go to the city for shelter. She was able to find an apartment right away, so her stay at the motel was relatively short. She now faces the burden of finding a job so that she can keep the apartment.

People in rural areas think and behave differently than those in urban areas, for whom services are much more accessible. With some kind of transitional housing available in Springville for this small family, it's possible/likely that they would have left the dysfunctional situation before it reached a crisis point. She would also have had time to access resources that would have helped create a network of support. She is now functioning in crisis-mode.

Our hearts break for the children in these situations- they are powerless.

The cycle continues."

---Wendy Cocca, Executive Director, LOVE INC. Springville, NY

Objectives and Strategies

Rural service providers should become part of the HMIS data collection system to adequately document and track homeless trends.

Strategy (a): Establish alternative shelter options for rural areas.

Strategy (b): Increase transportation options. Transportation is an issue for every homeless population and those in poverty in general. People that need to travel to Social Services, doctor appointments, housing searches, etc. do not have access to reliable, affordable transportation.

Strategy (c): Increase collaborative planning efforts. The needs of the rural populations of the homeless can only be addressed through a collaborative effort. They are often isolated from services by poor transportation and the lack of satellite offices of service providers.

Strategy (d): Develop local data collection methods for rural homeless to enable sound policy making.

Objectives and Strategies

Increase Economic Security

Objective 7: Improve access to education and increase meaningful and sustainable employment for people experiencing or most at risk of homelessness.

“Absent an adequate supply of affordable housing – and the jobs and income supports needed to sustain households once relocated – remedial efforts are doomed to an endless round of musical chairs.”

Kim Hoppe in Reckoning with Homelessness, 2003

Western New York has experienced an increased presence of unemployment and low-wage jobs in recent years due to economic downturns. The Buffalo community in particular was hit the hardest and never really recovered from decades of economic recession. Once a “City of Light” with a burgeoning economy, Buffalo plunged into economic disparity that continues to affect this community to this day. Hard working, responsible families become at-risk of losing their homes as a result of jobs disappearing, reductions in work hours and living wages. Poverty in the center of the city has increased resulting in abandoned homes, workers disappearing in droves in search of better paying jobs. Buffalo current unemployment rate is 8.1%. New York State (NYS) unemployment rate is 8.5%.

One way HUD is measuring performance of homeless programs in Erie County CoC is whether participants maintain or increase their income either through employment or linking participants with mainstream resources and supportive services, including public benefits, employment services, mental health, chemical dependency, health care, etc.

The continuum needs to coordinate employment strategies with housing to provide workforce training and guidance for job seekers experiencing homelessness. CoC housing dollars needs to be linked to employment in order to increase family income. About 5% of the CoC homeless population that were recorded in HMIS in 2011 had income derived from employment. These individuals and families found themselves living on the brink of homelessness. They were living paycheck-to-paycheck and could not sustain their households.

Best Practice Model

Veterans one stop center-
Connecting Veterans to housing,
employment and VA services.

The increase in teen pregnancy and motherhood is significantly affecting the economic independence of young women. One out of twenty girls age 15-19 years old become pregnant in Erie County. Eight zip

Objectives and Strategies

codes in the City of Buffalo have a teen pregnancy rate of 10% or higher. The Institute for Children, Poverty, and Homelessness (ICPH) reports that poor and unmarried mothers face numerous barriers to obtaining and sustaining stable employment with wages above the poverty line due to low levels of education and lack of job skills.

Economic security is enhanced when people pay affordable rents. The waiting list for Section 8 housing vouchers has reached over 7 years. This only demonstrates the immense need in Western New York.

Strategy (a): Support the development of local jobs that pay a living wage.

Strategy (b): Enhance life skills programming to break the cycle of social welfare dependency.

Strategy (c): Improve the identification of children experiencing homelessness and support them in enrolling in school.

Strategy (d): Coordinate/integrate employment programs.

Strategy (e): Increase in housing subsidies and vouchers such as Section 8.

Objective 8: Reduce financial vulnerability.

As poverty is at the root of homelessness, reducing the financial vulnerability of individuals and families is essential. According to recent focus groups discussing homelessness in Buffalo, factors that are influencing financial vulnerability include: low-paying jobs, high costs of child care, medical expenses, high housing and utility costs, and transportation costs. In a separate survey conducted at emergency shelters in the City of Buffalo, 40% of respondents who used public transportation in the last 12 months agreed that more affordable/cheaper transportation could prevent one from becoming homeless in the future.

Best Practice Model:

Successfully link individuals and families to programs like Food Stamps, TANF, CASH and EITC which provides services like free tax preparation.

Objectives and Strategies

Certainly some services to reduce financial vulnerability are not readily available to all that need them in the community, yet others are available, but not readily known to all helping professionals. By utilizing and expanding connections to existing coalitions that work with homeless and low-income service providers to disseminate resource information, the entire provider community can improve its knowledge and its clients' use of the community's mainstream resources (PRISM, 2006).

Strategy (a): Increase access to mainstream income supports and services.

Strategy (b): Empower consumers with the tools to self-advocate mainstream resources and services.

Strategy (c): Increase DSS Shelter Allowance.

Strategy (d): Improve public transportation.

Strategy (e): Establish a homeless advocate at DSS.

Strategy (f): Provide affordable and accessible child care.

Strategy (g): Improve CoC participation in SOAR Training to increase eligible homeless persons enrollment in SSA disability benefits.

Objectives and Strategies

Improve Health and Stability

Objective 9: Integrate primary and behavioral health care services with homeless assistance programs and housing to reduce people's vulnerability to and the impacts of homelessness.

Research has shown that safe and stable housing is the centerpiece of a comprehensive, integrated approach to prevention and treatment. As reported in the Federal Strategic Plan to Prevent and End Homelessness, the integration of housing with services is increasingly identified as a best practice to address complex health

care needs associated with extreme poverty, HIV/AIDS, mental illness and substance abuse. The Matt Urban Center Housing First program demonstrated that 94% of the chronic homeless individuals who were housed and receiving services in the first year, remained stably housed. 75% showed a decrease in their use of alcohol through use of an impairment scale tool used to track and monitor client's consumption.

Medicaid is one of the largest mainstream programs which could assist homeless individuals. Providers say that Medicaid is important because it provides access to primary care and to services in general. It also widens access to mental health or substance abuse services. Any person who receives Medicaid is entitled to certain federally mandated core services such as inpatient and outpatient hospital services, and physician services. New York State also offers optional services through Medicaid: prescription drugs, out-patient services, treatment in psychiatric hospitals (for persons under 21 or those 65 and older), and transportation to medical appointments, including public transportation and car mileage.

Under the Affordable Health Care Act, by 2014 most homeless individuals will be eligible for Medicaid based on their low income status. The National Alliance to End Homelessness encourages supportive housing providers to explore Medicaid as a strategy, among others, to finance effective services that lead to desirable housing outcomes, as well as health outcomes.

Research findings demonstrate the significance of housing as an intervention to address public and individual health priorities, including disease prevention, health care access and effectiveness, and cost containment. This is especially true of HIV and related conditions. Models of care that include housing status as a key component offer great power, enabling new and more effective approaches to HIV prevention and treatment (The National AIDS Housing Coalition 2005).

Objectives and Strategies

The homeless outreach workers have identified a need for a medical professional who can make a mental health diagnosis to accompany them or have a flexible schedule in order to assist clients that would be eligible for housing through the Erie County Department of Mental Health's Housing Coordinator. Those living on the streets with mental illnesses are transient and have difficulties making and keeping appointments. A medical professional that works with the teams could help the clients obtain housing more rapidly.

Strategy (a): Encourage partnerships between housing providers and health and behavioral health care providers to co-locate or coordinate health, behavioral health, safety, and wellness services with housing and create better resources for providers to connect patients to housing resources. This opportunity is enhanced by Medicaid reform, Health Homes and the availability of PSH funds through New York State.

Strategy (b): Make stable housing assistance a top health care prevention priority.

Best Practice Model

Health Home: A Health Home is a care management service model whereby all of an individual's caregivers communicate with one another so that all of a patient's needs are addressed in a comprehensive manner. This is done primarily through a "care manager" who oversees and provides access to all of the services an individual needs to assure that they receive everything necessary to stay healthy, out of the emergency room and out of the hospital. Health records are shared (either electronically or paper) among providers so that services are not duplicated or neglected. The health home services are provided through a network of organizations – providers, health plans and community-based organizations.

Objectives and Strategies

Objective 10: Prevent family and youth homelessness.

An estimated 1,746 persons in families experienced homelessness in Erie County in 2011. 75% of these homeless families were identified in HMIS as female-headed households with children. The underlying problems include generational poverty, broken homes, lack of specialized work history, lack of education, unemployment and domestic violence, a situation that leaves them not only homeless, but leaves them isolated in their struggle to find safe and stable affordable housing while dealing with other multiple issues. Moreover, family homelessness in Erie County could increase due to the widening gap between rental costs and income. As these gaps continue to widen, more and more families are at risk of homelessness. Case management and life skill programs are needed due to the nature of this population.

Subsequently, family breakdown leads to youth homelessness. In 2009-2010, about 3,808 families with children under 5 were prevented from being homeless in Erie County through the federal Homeless Prevention and Rapid Rehousing program (HRPP).

In Erie County, 523 unaccompanied youth experienced homelessness in 2011, 149 were under the age of 18 and 374 were 18 to 24, according to data entered into HMIS. Youth that have histories of abuse and neglect, as well as those who are exiting the foster care, juvenile justice system or criminal justice systems and youth who are LGBTQ are highly vulnerable groups. These groups experience the highest rates of homelessness and health issues.

There are 953 children and unaccompanied youth identified as homeless or at risk of homeless through the Buffalo City School District. Recently the Buffalo City school district has put more effort into training teachers, case workers, guidance counselors,

My Life

"I have been without a permanent home from the age of 14 until to the age of 20. I bounced around from one relative and friend to another. I was brought to Compass House by a concerned counselor from the school I attended in Niagara County. I will admit that my temper caused a lot of my problems but not the homeless issue.

"With the help of Compass House where I also stayed at the shelter for a short time, I was able to obtain an apartment after obtaining payments through Social Security. A lot of people did not know I was homeless because I never told them because I was embarrassed. Compass House helped me get and maintain my Social Security and continue to this day to provide counseling and help with any problem that comes up."

-A former client of Compass House

Objectives and Strategies

and other professionals to identify students that need help. However, due to lack of knowledge of referral resources and the social service process, they are not able to provide help directly to the student. On the other hand, homeless providers are trying to reach out to the students and spread the information to make sure that when the student needs help, they know where to go.

In our community, housing for age 21 to 24 is identified as one of the important service gaps. Youth housing programs do not serve this population and adult shelters might not be the safe option for them. While state and federal funding have been largely cut, case management and life skill programs are urgently needed. Without these services and programs, homeless youth in transitional housing have a hard time graduating from school and finding a job that can sustain themselves. Most of the transitional programs are up to 2 years, which means the youth might be leaving the program at 18. In some cases, they might not be ready to have a job and live on their own.

Strategy (a): Families with children under the age of 5 should be targeted for prevention and homeless services.

Strategy (b): Improve discharge planning for youth aging out of systems for a longer period of time.

Strategy (c): Insure homeless programs that serve households with children are using a family-centered approach that recognizes that each family is unique.

Objectives and Strategies

Retool the Homeless Crisis Response System

Objective 11: Strengthen the capacity of BAS-Net to meet the expanded data collection, reporting, and research needs of the community.

HUD requires all homeless Continuums of Care and ESG funded agencies to input client data into HMIS. BAS-Net or the Buffalo Area Services Network is Buffalo and Erie County's HMIS and a project of the Homeless Alliance of Western New York. It is an internet-based system which allows authorized homeless housing and service provider personnel to enter and maintain client records as part of a community-wide database. BAS-Net is HIPPA compliant with confidentiality and security requirements and is designed to help providers collect real-time, accurate data about the persons they serve. With permission, client information can also be shared across agencies to improve care coordination and reduce intake time.

The goal is to have 100% participation of all homeless providers in HMIS. It is mandatory for CoC and ESG funded programs. Currently, we only have 58% of Emergency Shelters for singles, and 71% of Emergency Shelters for families in HMIS. Due to these shelters not reporting in HMIS, we have to use estimates for total numbers of homeless, recidivism rates, etc.

We must improve the collection of data regarding HIV, DV, youth, and veteran homelessness. HUD is currently in talks with the VA to develop a system to link HMIS with the VA homeless system, Homeless Operations Management System (HOMES). Once these systems are working together, we will have greatly improved our data on veterans. We are also currently in talks with DV providers to gather data.

Moving to an open HMIS system is the key to richer data. Having information such as previous shelters stays and lengths of stay a homeless client has will give case managers an invaluable tool to link the homeless clients with whatever services they need. We are currently working on a coordinated entry system, as well as a common assessment form, both of which will heavily utilize the HMIS system.

Strategy (a): Increase participation in HMIS to include all programs that serve the homeless.

Strategy (b): Improve the collection of data regarding HIV/AIDS, domestic violence, youth, and veterans.

Strategy (c): Design a consolidated tool that will link VA HOME and HMIS data.

Strategy (d): Adopt a set of common outcome benchmarks with the three HEARTH Act outcomes.

Strategy (e): Develop a common assessment tool that will be embedded in HMIS.

Objectives and Strategies

Objective 12: Transform current homeless services to focus on preventing homelessness and rapidly returning people who experience homelessness to stable housing.

In HUD'S traditional Continuum of Care (CoC) approach there are four levels of care that a homeless individual could pass through to permanent housing. In this linear model, the first level is Outreach, Intake, and Assessment. This level is designed to identify what the services and housing needed are, and to provide a linkage to the next appropriate level. The second and third is placing those who are homeless into an Emergency Shelter or Transitional Housing that provide housing with supportive services which allow for the development of skills that will be needed once permanently housed. The fourth level is to place a person in permanent housing or into supportive housing that provides individuals and families with an affordable place to live along with services if needed.

Typically there are requirements for each level that determine access. For example, many shelters will not take individuals who are not sober. Theoretically as a person moves forward and passes through the four levels, they gain skills that will help them become more independent and self-sufficient and will prevent recidivism.

Based on the success of HPRP the new model uses a rapid rehousing approach. This model focuses on both preventing homelessness and rapidly returning those who have become homeless back into permanent housing. With rapid re-housing solutions, homeless individuals and families will be placed in permanent housing quickly, and then linked to support services in the community. Supporters of the Housing First model believe there should not be stringent requirements to access housing. Instead they believe that once an individual is placed into permanent housing; they will eventually agree to be linked to community based services that will stabilize them in permanent housing and promote maximum self-sufficiency.

The data from HMIS should be used to target the most vulnerable people for housing and services. Data should drive planning, decision making and funding towards the efforts to end homelessness.

The first line of defense towards ending homelessness is prevention and diversion. The new Emergency Solutions Grant (ESG) funding is best suited for this purpose as the HPRP program has ended. Additionally, preventing people being discharged from institutions from entering the homeless systems would also reduce the homeless population.

Objectives and Strategies

Strategy (a): Develop Single Point of Entry/Coordinated Assessment system.

Strategy (b): Develop Rapid Re-Housing program(s).

Strategy (c): Use data-driven and outcome-based approach to target and place highly vulnerable individuals into transitional and permanent supportive housing programs.

Strategy (d): Increase resources for homelessness prevention/diversion services (post-HPRP).

Strategy (e): Review and revise discharge planning protocols for criminal justice, hospitals, mental health and foster care systems that will prevent discharges into the homeless system.

Strategy (f): Increase knowledge and use of best practice housing and services models throughout the CoC.

Objective 13: Improve provider understanding of requirements for access to and receipt of services.

There are many barriers that discourage homeless individuals and families from accessing and receiving services. Enrolling for mainstream benefits is usually complicated therefore; many of those eligible to receive services apply or are unable to follow through to complete eligibility.

Making these processes easier to understand for homeless clients is essential and can be achieved through increased knowledge and skills of case workers and intake workers throughout the social service system. Creating one-stop centers can allow clients to access more services by eliminating certain barriers such as transportation and language. More clients can also be reached through educating and implementing “Equal Access to Housing in HUD Programs”, which ensures people to be equally served including the LGBT population. A better communication system could also be created in which service providers can stay in contact with both schools and hospitals to assure less people slip through the cracks. By simplifying requirements and broadening outreach efforts, more clients will be able to receive the benefits and services for which they are eligible.

Strategy (a): a) Increase the communities understanding of “Equal Access to Housing in HUD Programs” rules to ensure all populations are being served equally.

Strategy (b): b) Train homeless service providers to become culturally competent (refugee, LGBTQ, non-English speaking persons, sex offenders, and those with criminal histories).

Strategy (c): Strengthen links between homeless service providers, schools, and hospitals.

The HEARTH Act Implementation

The HEARTH Act Implementation

The new Homeless Emergency Assistance and Rapid Transition to Housing Act implementing regulations were released by HUD on July 14, 2012. If there is one clear message that come from HUD briefings on the new regulations at the National Alliance to End Homeless conference is that “the days of business as usual are over.” In addition, with Congress closely reviewing McKinney-Vento funding during budget discussions, it is also clear that there will be “no more automatic renewals “of Continuum of Care (CoC) projects.

The clearly defined CoC responsibilities of the new regulations include:

- Consult with recipients and sub-recipients to establish performance targets appropriate for population and program type, monitor recipient and sub-recipient performance, evaluate outcomes, and take action against poor performers.
- Evaluate outcomes of projects funded under the Emergency Solutions Grants program and the Continuum of Care program, and report to HUD.
- In consultation with recipients of Emergency Solutions Grants program funds within the geographic area, establish and operate either a centralized or coordinated assessment system that provides an initial, comprehensive assessment of the needs of individuals and families for housing and services. A common assessment tool used throughout the CoC is a requirement for both ESG and CoC funding. *(The single point of entry is discussed further in this plan).*
- Coordinating the implementation of a housing and service system within its geographic area that meets the needs of the homeless individuals.
- Conducting an annual gaps analysis of the homeless needs and services available within the geographic area.
- Consulting with State and local government Emergency Solutions Grants program recipients within the Continuum’s geographic area on the plan for allocating Emergency Solutions Grants program funds and reporting on and evaluating the performance of Emergency Solutions Grants program recipients and sub-recipients.

Rapid Re-Housing

HUD regulations define Rapid Re-housing Assistance as: The provision of housing relocation and stabilization services and short- and/or medium-term rental assistance as necessary to help a homeless individual or family move as quickly as possible into permanent housing and achieve stability in that housing.

The HEARTH Act Implementation

The one clear theme throughout the regulations is the talk of developing “systems” to assist the flow of homeless individuals and families. We can no longer think of our individual programs in a silo or stand-alone programs. Future CoC applications for funding will be judged on how well we develop our system and the meeting of the overall HUD goals as a united Continuum of Care.

Included in this system are the Emergency Solutions Grant recipients, Buffalo, Erie County and the Town of Tonawanda and their sub-recipients.

The consequences of not complying with the HEARTH regulations are quite clear: current funding will be at risk and we may no longer be eligible for additional new projects.

In preparation for the implementation of the HEARTH Act, the CoC will work toward re-tooling the current system to focus on prevention and rapid re-housing activities for homeless individuals and families. A committee is currently meeting to develop a coordinated entry system that will use a common assessment form.

Prevention and Rapid Re-Housing

Based upon best practices from around the country, HUD Secretary Shaun Donovan issued a recommendation that community’s **focus their new ESG funds on Rapid Re-housing programs** because they have proven to be more effective in reducing homelessness than prevention activities.

With limited resources, the biggest challenge will be determining who will be served and how much assistance clients will receive. All programs receiving Rapid Re-housing funds should be using the same criteria no matter where the funds are coming from to ensure consistency across programs and common goals. These guidelines should be developed with the assistance of those agencies selected for funding. It will have to be determined by the providers with assistance from HAWNY on determining goals and outcome measures other than the HUD benchmarks that will be finalized in the HEARTH Act regulations.

The most difficult part of this program development will be assessing clients to receive rental assistance and for how long.

The sheer volume of clients that took part in the Homeless Prevention and Rapid Re-housing Program

The HEARTH Act Implementation

(HPRP) prevented the provision of adequate case management. Any new programs should allow for case managers to actually do case management that would increase the likelihood of long term stabilization of the clients in permanent housing. Regulations require provision of case management services at a minimum of one time/month.

Prevention – Prevention activities are very difficult to measure. Although HPRP assisted 7,700 people in over 6,500 households in two years in Buffalo, Erie County and the Town of Tonawanda, there is no way to accurately determine how many would have actually ended up homeless if it weren't for these funds. If there is one fact that HPRP showed us is the level and depth of poverty in this community. Given HUD's direction to spend the funds quickly, it prevented agencies from conducting the case management some clients needed in order to remain stable in their housing situation.

Housing Counseling/Search – This activity should be combined or coordinated with the Single Point of Entry. Best practices provided by the National Alliance to End Homelessness show that initial contact with a housing counselor who can best advise a client on their immediate housing needs is more successful in keeping people housed in their current situation and reducing shelter entries.

Based upon HAWNY analysis, most homeless families moved in with friends or family, sometime referred to as being “doubled up,” before becoming homeless. Our analysis of the HPRP program showed that it prevented families from reaching the “doubled up” stage and allowed them to remain in their current housing.

Rapid Re-Housing - this activity is referred to as Diversion; the attempt to reduce the number of people entering shelters by assisting a client to maintain housing or at least until new housing can be found. Diversion caused a controversy in New York City when Mayor Michael Bloomberg attempted to place more restrictions on shelter entries thereby denying people shelter. If Diversion is done properly, people remain housed or are rapidly re-housed in order to reduce the trauma of homelessness. It can be done in a thoughtful, caring manner where the needs of the clients are the priority.

The focus group described a need for a common data base of available rental units that are safe and affordable. Additionally, there is a need for tenant and landlord education and mediation.

The HEARTH Act Implementation

Coordinated Assessment/Entry System

Opening Doors, the federal plan to end homelessness has identified the Retooling of the Homeless Crisis Response System as a primary strategy to achieve the goal of ending homelessness in this nation. Based on the proven success of HPRP and Rapid Re-Housing Demonstration Programs HUD is requiring communities to use a single point of entry/coordinated entry system for homeless services in their CoC. A minimum requirement is the use of a common assessment tool for all CoC and ESG programs. Benefits of a coordinated entry/assessment system include:

- Community wide access to information on available programs and services
- Ensures that referrals are appropriate and eligible persons and priority groups are served
- Real-time knowledge about program inventory and capacity
- Improves consistency of assessments, service access and placement times
- Encourages and improves multi-provider coordination; resources may be co-located
- Improves data accuracy for both tracking of individuals (allows for focus on diversion, frequent users, etc.) and system monitoring
- Improves reporting
- Improves planning for resource allocation

Per the new HEARTH regulations, the CoC in conjunction with recipients of ESG program funds must establish and operate either a centralized or coordinated assessment system that provides an initial, comprehensive assessment of the needs of individuals and families for housing and services. The coordinated assessment should align with the written standards developed in conjunction with recipients of ESG program funds that must include:

- Policies and procedures for evaluating individual's and families' eligibility for assistance;
- Policies and procedures for determining and prioritizing which eligible individuals and families will receive transitional housing;
- Policies and procedures for determining and prioritizing which eligible individuals and families will receive rapid rehousing assistance;
- Standards for determining what percentage or amount of rent each program participant must pay while receiving rapid rehousing assistance;
- Policies and procedures for determining and prioritizing which eligible individuals and families will receive permanent supportive housing assistance; and

The HEARTH Act Implementation

- Where the CoC is designated a high performing community; policies and procedures for determining and prioritizing which eligible individuals and families will receive homelessness prevention services.

Any funding for this would have to come under the 60% Services/Shelter cap. All three ESG entitlement communities should contribute funds toward the startup of this approach.

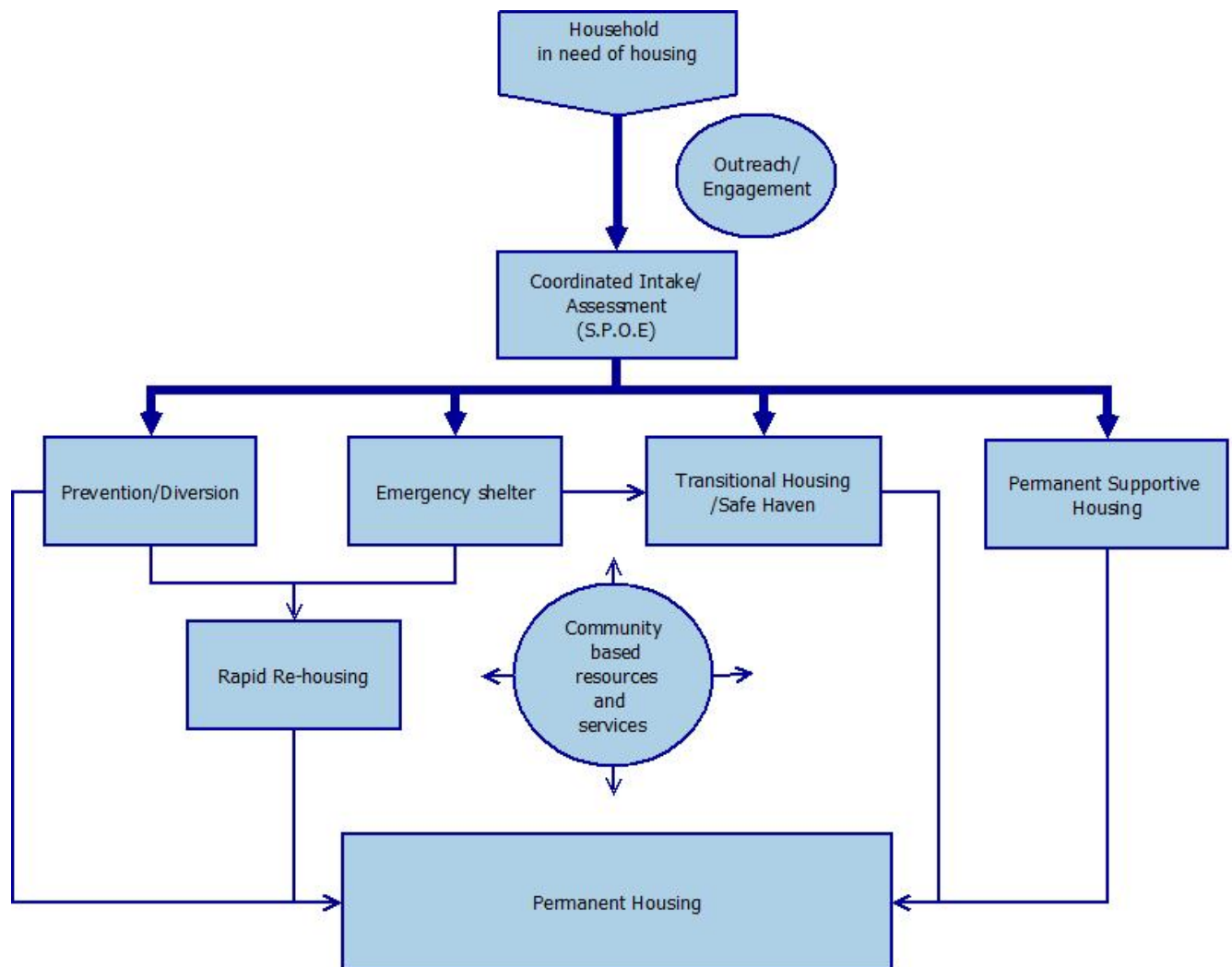
The one consistent point throughout the focus group was the need to assist clients through the maze of services and housing search process. If a person is already suffering the trauma of homelessness, the added pressure of seeking financial assistance, legal assistance, and searching for housing can be overwhelming.

Assistance is needed to guide the homeless through the system and to advocate on their behalf when necessary.

A Single Point of Entry will also allow for 100% Homeless Management Information System coverage, a goal of HUD's homeless programs.

The HEARTH Act Implementation

Graph 4: Erie County HEARTH ACT Implementation Model



Source: Homeless Alliance of WNY, 2011

Action Plan Implementation

Action Plan Implementation

The Steering Committee in conjunction with the Homeless Alliance of WNY will oversee the implementation and will track information on action deliverables. Table 6 below shows actions that need to be implemented in order to end homelessness in Erie County.

Theme: Collaboration				
Objective 1: Build public will to end homelessness through increasing awareness and knowledge.	Timeframe			Potential Responsible Parties
	2013-2017	2017-2022	Continuous	
a) Collect and provide local homeless/poverty statistic.	X			Homeless Alliance/CoC/DSS
b) Educate the public on the cost savings of PSH.			X	Homeless Alliance/CoC
c) Educate the public about poverty and homelessness.	X	X	X	Homeless Alliance/CoC
Objective 2: Promote Collaborative Efforts.	2013-2017	2017-2022	Continuous	Potential Responsible Parties
a) Establish a regional intergovernmental Council on Homelessness.	X	X		CoC/Homeless Alliance/NYS, City of Buffalo, County of Erie/Town of Tonawanda/DSS
b) Establish Single Point of Entry (SPOE).				
c) Consolidated Plans should be amended to fund priority needs and gaps (ESG, CDBG, HOME, HOPWA).			X	City of Buffalo, Erie County, Town of Tonawanda.
d) Enhance collaboration between urban and rural areas.	X			CoC/City of Buffalo/County of Erie
Objective 3: Maximize effectiveness of local homeless continuum of care and full implementation of Hearth Act.	2013-2017	2017-2022	Continuous	Potential Responsible Parties
a) Collaborate with service providers and the public to identify & address priority issues related to homelessness.	X	X		Homeless Alliance
b) Ensure that CoC funding priorities address identified gaps/needs.	X	X	X	City of Buffalo,Erie County/CoC/Town of Tonawanda/Foundations.
c) Retool, Reallocate, and Repurpose CoC/ESG funds to meet the needs of the homelessness			X	
d) Work toward the goal of becoming a Unified Funding Agency and a High Performance Community for HUD CoC funding.			X	Homeless Alliance

Action Plan Implementation

Theme: Affordable Housing				
Objective 4: Increase availability of safe adequate and affordable housing for all populations in Erie County.	Timeframe			Potential Responsible Parties
	2013-2017	2017-2022	Continuous	
a) Develop affordable rental housing units for families through state, federal, and local resources.			X	Local developers/NYS/City of Buffalo/Erie County/Town of Tonawanda/Coc
b) Build local capacity to produce and operate affordable housing units.			X	Potential Responsible Parties
c) Develop Single Room Occupancy (SRO) and 1 bedroom units. 500 New units are needed to end homeless in Erie County.	X	X	X	Local developers/City of Buffalo/Erie County/Town of Tonawanda/CoC/NYS
d) All government subsidized rental housing development should include units designated for the homeless.	X	X		City of Buffalo/Erie County/Town of Tonawanda/NYS
e) Encourage the Buffalo Municipal Housing Authority and all PHA's to participate in community efforts to develop homeless housing options.	X	X	X	HAWNY/CoC/PHAS

Action Plan Implementation

Theme (continued): Affordable Housing				
Objective 5: Provide Permanent Supportive Housing (PSH).	2013-2017	2017-2022	Continuous	Potential Responsible Parties
a) Promote and expand Housing First Model. 400 Units are needed to end chronic homelessness.	X			COc/Erie County/City of Buffalo/Town of Tonawanda/Developers/NYS
b) Expand supply of supportive housing.	X			CoC/Erie County/City of Buffalo/Town of Tonawanda/Developers/NYS
c) Increase accessibility of supportive services and housing.	X	X	X	CoC/Erie County/City of Buffalo/Town of Tonawanda/Developers/NYS
d) Increase the supply of VASH vouchers and SSVF funds available to Erie County.	X	X		VA
e) Develop an exit strategy from PSH for those ready to “graduate” but are still in need of rent subsidy.	X			PSH Providers/Section 8/PHA’s
Objective 6: Provide housing options for rural homeless population.	Timeframe			Potential Responsible Parties
	2013-2017	2017-2022	Continuous	
a) Establish “alternative” shelter options for rural areas.	X	X		Erie County
b) Increase transportation options.			X	NAFTA, Erie County
c) Increase collaboration planning efforts.			X	CoC/Erie County/City of Buffalo/Town of Tonawanda/Developers/NYS
d) Develop local data collection methods for rural homeless.	X			Homeless Alliance/Rural Services Providers.

Action Plan Implementation

Theme: Economic Security				
Objective 7: Improve access to education and increase meaningful and sustainable employment for people experiencing or most at risk of homelessness.	Timeframe			Potential Responsible Parties
	2013-2017	2017-2022	Continuous	
a) Support the development of living wage jobs.				NYS/Erie County/City of Buffalo/Town of Tonawanda/Developers.
b) Enhancing life skill programming.	X	X		Service Providers
c) Improve the identification of children experiencing homelessness and support them in enrolling in school.			X	City of Buffalo/Erie County/NYS
d) Coordinate/integrate employment programs.			X	City of Buffalo/Erie County/NYS
e) Increase in housing subsidies and vouchers such as Section 8.	X	X	X	HUD/Congress/President
Objective 8: Reduce financial vulnerability.	2013-2017	2017-2022	Continuous	Potential Responsible Parties
a) Increase access to mainstream income supports and service			X	CoC, Service providers
b) Empower consumers with the tools to self-advocate mainstream resources and services.			X	Service Providers
c) Increase Shelter Allowance for households on TANF.	X			Erie County/NYS
d) Improve public transportation.	X	X	X	NFTA
e) Establish a homeless advocate at EDCSS.	X			DSS/CoC
f) Provide affordable and accessible child care.	X			Erie County/NYS
g) Improve CoC participation in SOAR Training.	X	X	X	Homeless Alliance/CoC

Action Plan Implementation

Theme: Health and Stability				
Objective 9: Integrate primary and behavioral health care services with homeless assistance programs and housing to reduce people's vulnerability to and the impacts of homelessness.	Timeframe			Potential Responsible Parties
	2013-2017	2017-2022	Continuous	
a) Co-locate housing and health care.	X		X	Health Home providers/developers/NYS
b) Make housing assistance a top health care prevention priority.			X	CoC, Health Home Providers
Objective 10: Prevent family and youth homelessness.	2013-2017	2017-2022	Continuous	Potential Responsible Parties
a) Families with children under age of 5 should be targeted for prevention and homeless services.	X	X	X	DSS, Service Providers
b) Improve discharge plan for Youth Aging out of Systems for a longer period of time.		X	X	Youth Service Providers.
c) Insure homeless programs that serve households with children are using family-centered approaches.		X		Board of Education
Theme: Crisis Response				
Objective 11: Strengthen the capacity of BAS-Net to meet the expanded data collection, reporting and research needs of the community.	Time Frame			Potential Responsible Parties
	2013-2017	2017-2022	Continuous	
a) Increase participation in HMIS to include all homeless providers who are not mandated by a funding source to participate.	X			Homeless Alliance
b) Improve the collection of data regarding HIV, DV, Youth, and Veterans.	X	X	X	CoC, VA, Service Providers
c) Design a consolidated tool that will link VA HOME and HMIS data.	X			VA and HAWNY
d) Adopt a set of common outcome benchmarks with the HEARTH Act outcomes.	X			CoC
e) Develop a unified housing needs assessment tool within HMIS.	X			CoC

Action Plan Implementation

Theme (continued): Crisis Response				
Objective 12: Transform current homeless services to focus on preventing homelessness and rapidly returning people who experience homelessness to stable housing.	2013-2017	2017-2022	Continuous	Potential Responsible Parties
a) Develop Single Point of Entry/Common Assessment (SPOE).	X			CoC/City of Buffalo/Erie County/Tonawanda
b) Develop Rapid Re-Housing program(s).	X			
c) Use data-driven and outcome-based approaches to target and place highly vulnerable individuals into PSH with supportive services.	X	X	X	CoC/City of Buffalo/Erie County/Town of Tonawanda.
d) Increase resources for homelessness prevention/ diversion services (post-HPRP).	X	X	X	CoC/City of Buffalo/Erie County/Town of Tonawanda/NYS
e) Review and revise discharge planning protocols to ensure people are not being discharged to homelessness.	X			CoC/NYS/County of Erie
f) Increase knowledge and use of best practice housing and services models throughout the CoC.	X			Coc/City of Buffalo/Erie County/Town of Tonawanda/NYS
Objective 13: Improve provider understanding of requirements for access to and receipt of services.	2013-2017	2017-2022	Continuous	Potential Responsible Parties
a) Increase the communities understanding of “Equal Access to Housing in HUD Programs” rules to ensure all populations are being served equally.	X	X	X	CoC
b) Train homeless service providers to become culturally competent (refugee, LGBT, non-English speaking persons, sex offenders, and those with criminal histories).		X		CoC, Service Providers/DSS
c) Strengthen links between homeless service providers, schools, and hospitals.	X	X	X	CoC/Boards of Education/Hospitals

Performance Measurements Framework

Performance Measurements Framework

According to HUD definition, performance measurement is a program management system that gathers information to determine how well programs and activities are meeting established community needs and goals.

- i. 100% of homeless housing & services providers will participate in HMIS
- ii. 100% of HMIS users will achieve 95% data input accuracy
- iii. Reduce the number of chronically homeless by 15% each year
- iv. The length of homeless episodes is:
 - less than 20 days; or
 - Length of stay from previous year reduced by 10%
- v. Reduce the number of persons who enter the homeless system by 25% Each year
- vi. The number of homeless individuals and families returning to homelessness is (a) $\leq 5\%$ within 2 years of exiting homeless system or (b) number of homeless individuals and families returning to homelessness within 2 years has decreased by 20% from the previous year.
- vii. 65% (or current HUD benchmark) participants of Transitional Housing and supportive services only Continuum of Care funded projects exit to Permanent Housing.
- viii. Increased self-sufficiency of persons who are homeless:
 - 20% of persons exiting CoC funded programs will have employment as a source of income.
 - <10% of PSH participants exit with no source of income
 - <20% of TH and SSO participants exit with no source of income.
- ix. Participants will remain stably housed for a minimum of six months after receiving prevention/rapid re-housing services.
- x. 77% or more of HUD PSH participants will remain in PSH for at least six months.

Performance Measurements Framework

Chart 2: Performance Outcome Measurement Timeline

Outcome Measurement

Outcome measurement\Timeframe	Baseline	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
100% participate rate in HMIS	74%	80%	85%	90%	95%	100%	100%	100%	100%	100%	100%
All programs will meet 95% data accuracy requirement	49/53	51/53	53/ 53	53/ 53	53/ 53	53/ 53	53/ 53	53/ 53	53/ 53	53/ 53	53/ 53
Reduce the number of Chronic homeless by 90 each year	436	346	266	176	86	0	0	0	0	0	0
Reduce number of homeless veterans by 45 each year	223	178	133	88	43	0	0	0	0	0	0
Reduce number of homeless families by 60 each year	582	522	462	402	342	282	222	162	102	42	0
Reduce number of homeless youth by 53 each year	523	470	417	364	311	258	205	152	99	46	0
Average length of stay in homeless system < 20 days	54 days	50 days	46 days	42 days	39 days	36 days	33 days	29 days	25 days	20 days	20 days
Reduce homeless entry by 10% Each year	5050	4545	4091	3681	3313	2982	2684	2415	2174	1956	1761
Recidivism rate less than 5 %	25% (1470)	23%(1351)	21%(1234)	19%(1116)	17%(999)	15%(881)	13%(764)	11%(646)	9%(529)	7%(411)	5%(293)
65% TH and SSO clients exit to permanent housing*	40%	65%	65%	65%	65%	65%	65%	65%	65%	65%	65%
20% of homeless will have earned income at exit*	9%	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%
>90% of PSH participants exit with income*	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
>80% of TH and SSO participants exit with income*	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%
>77% of HUD PSH clients will remain in PSH for over 6 months*	85%	86%	86%	86%	86%	86%	87%	87%	87%	87%	87%

* Calculated for HUD funded programs only

Source: Homeless Alliance of WNY.

Monitoring and Evaluation

Monitoring and Evaluation

Monitoring and Evaluation is an important aspect of any project cycle. According to the web definition, monitoring and evaluation refers to processes of monitoring a program and evaluating the impact it has on the target population in order to assess the success and gaps in program implementation. To achieve this, Buffalo and Erie County plan needs to be implemented in an accountability manner by setting indicators that can be used to monitor progress and evaluate the effect it has on the community. The implementation success can also be rated in number of homeless clients served through the initial plan implementation and the decrease in the number of the homeless population.

Table 7: Plan Monitoring and Evaluation Framework

Summary	Measurable Indicators	Mean of Verification	Assumptions/Risks
<u>Objectives</u> <ol style="list-style-type: none"> 1. Build public will to end homelessness through increasing awareness and knowledge. 2. Promote collaborative efforts 3. Maximize effectiveness of local homeless CoC and implementation of HEARTH Act. 4. Increase availability of affordable housing. 5. Provide permanent supportive housing 6. Provide housing options for rural homeless. 7. Increase income & reduce expense 8. Reduce financial vulnerability 9. Integrate health care services with housing. 10. Prevent family and youth homelessness 11. Strengthen the capacity of Bas-net to meet the expanded data matching, reporting and research needs. 12. Transform current homeless services to focus on prevention and rapid-rehousing. 13. Improve access by simplifying requirements for access and receipt of service. 	<u>Potential Impact</u> <ul style="list-style-type: none"> Assess the level of poverty and homelessness. Increase employment. Reduction in the number of homeless people. Access to health care and services improved. Access to safe and affordable housing for families improved. 	<u>Evaluation</u> <ul style="list-style-type: none"> CoC ratio of employment. Data analysis reports. Plan mid-term review progress & evaluation reports. Community surveys. Poverty reduction assessment reports. CoC programs site visits reports. 	<u>Assumptions about goals.</u> <ul style="list-style-type: none"> Effective participatory from policy makers, leaders and community members. Co-operation and coordination among providers. Political commitment. Availability and accessibility to data. Stability of the economy.

Monitoring and Evaluation

Chart 3: Plan Monitoring and Evaluation

	Year	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Tasks	Responsibility											
Mid-term review of PRISM, evaluation reports	HAWNY											
Commencing of plan and evaluation	HAWNY, Community providers											
Update Plan	HAWNY, Community providers											
Data Analysis, Evaluate progress reports	HAWNY, Monitoring Committee											
Publicity, awareness to the media, to community, private and public sector	HAWNY											
CoC Project site visits	HAWNY, PRISM Steering Committee											
SOAR Trainings	HAWNY, SOAR Trainers											

	In progress
	Completed

Glossary of Acronyms

Glossary of Acronyms

ACS- American Community Survey

ADDS- Alcohol and Drug Dependency Services

AIDS- Acquired Immune Deficiency Syndrome

BAS-Net- Buffalo Area Services Network

BMHA- Buffalo Management Housing Authority

CoC- Continuum of Care

DSS- Department of Social Services

DV- Domestic Violence

DSS- Department of Social Services

ECDSS- Erie County Department of Social Services

ECMC- Erie County Medical Center

ES- Emergency Shelter

ESG- Emergency Solutions Grant

HAWNY – Homeless Alliance of Western New York

HEARTH- Homeless Emergency Assistance and Rapid Transition to Housing

HIV- Human Immunodeficiency Virus

HMIS- Homeless Management Information System

HOMES – Homeless Operations Management System

HOPWA- Housing Opportunities for Persons with AIDS

HPRP- Homeless Prevention and Rapid Re-Housing Program

HUD- Department of Housing and Urban Development

IDUs- Injecting Drug Users

LGBTQ- Lesbian, Gay, Bisexual, Transgender and Questioning

NACCRRRA- National Association of Child Care Resources and Referral Agencies

NLS- Neighborhood Legal Services

NYS- New York State

PLWHA- People Living With HIV and AIDS

PRISM- Prevention, Resource, Independence, Service, Maintenance

PSH- Permanent Supportive Housing

SOAR- SSI/SSDI, Outreach, Access and Recovery

SPOE- Single Point of Entry

SRO- Single Room Occupancy

SSDI- Social Security Disability Insurance

SSI- Supplemental Security Income

SSA- Social Security Administration

TANF- Temporary Assistance to Needy Families

TS- Transitional Services

UICH- U.S Interagency Council on Homelessness

VA- Veterans Affairs

WNY- Western New York

References

References

PRISM-10 Year Plan to End Homelessness, Homeless Alliance of WNY. 2006

State of Homelessness Annual Report in Erie County, Homeless Alliance of WNY. April 2012

Opening Doors: Federal Strategic Plan to End Homelessness, USICH. 2010

"Profiles of Risk No. 5: Sources of Income." 2012. 15 May. 2012

New York State Department of Health Teen pregnancy rate average 2008-2010

National AHAR Report, 2010

National Center on Family Homelessness 2011 Annual Report

2010 Census data about Child Poverty rates in US Cities over 100,000 population compiled by the
Children's Defense Funds

Opening Doors – Connecticut Framework for Preventing and Ending Homelessness, 2011

HAWNY Focus Groups notes, 2012

Poulin, Stephen R et al. "Service use and costs for persons experiencing chronic homelessness in Philadelphia: a population-based study." *Psychiatric Services* 61.11 (2010): 1093-1098. Culhane, Dennis P, and Stephen Metraux. "Development of cost analysis of the city and county of Fresno's ten-year plan to end chronic homelessness: Preliminary estimates using existing data and recommendations for full evaluation strategy." (2010).

City of Buffalo 2010-2011 HOPWA Performance Report, 2012.

Opening Doors Federal Strategic Plan to Prevent and End Homelessness Amendment 2012, USICH. 2012

References

Website accessed:

Opening Doors - United States Interagency Council on Homelessness." 2010. 15 May. 2012

<http://www.usich.gov/PDF/OpeningDoors_2010_FSPPPreventEndHomeless.pdf>

<http://www.endhomelessness.org/content/general/detail/1613>

<http://www.endhomelessness.org/section/issues/rural>

<http://www.carh.org/index.php?option=comcontent&task=view&id=144&Itemid=123>

Homelessness in Rural America

<http://www.icphusa.org/index.asp?page=16&report=87&pg=48>>

http://www.beyondshelter.org/aaa_initiatives/ending_homelessness.shtml

http://www.usich.gov/usich_resources/videos_and_webinars/tic_webinar/

<http://blog.endhomelessness.org/ending-chronic-homelessness-state-by-state-strategies-for-medicaid-to-make-a-difference/>

http://www.usich.gov/funding_programs/calendar/deadline_soar_technical_assistance_applications/1307

http://www.usich.gov/usich_resources/videos_and_webinars/DOJ_criminalization_resources/

http://www.usich.gov/usich_resources/toolkits_for_local_action/developing_and_implementing_a_community_strategic_plan/

http://www.usich.gov/action/opening_doors_across_america/local_communities_leading_the_way/

<http://www.issues.org/27.2/greenstone.html>

<http://domesticviolencestatistics.org/domestic-violence-statistics/>

<http://www.buffalonews.com/incoming/article158114.ece>

<http://www.criminaljustice.ny.gov/crimnet/ojsa/domestic-violence-data.html>

Bureau of Labor Statistic: <http://www.bls.gov/lau/home.htm>

"Where We Sleep: Costs when Homeless and ... - Bring LA Home." 2009. 12 Jun. 2012

<http://www.bringlahome.org/docs/Where_We_Sleep.pdf>

<http://www.buffalonews.com/city/article686062.ece>

References

<http://hudhre.info/index.cfm?do=viewWhatIsNew&whatsnewid=187>

Senator Kirsten Gillibrand Report on Child Care Cost in NYS, US Senator for New York

<http://www.nhchc.org/faq/relationship-health-housing-homelessness/>

Http://congressional_research.com/RL343....

<http://www.nationalhomeless.org/publications/facts/HIV.pdf>

<http://www.naccrra.org/>

<http://www.nationalhomeless.org/publications/facts/HIV.pdf>

<http://www.aidsnetwork.net/documents/Survey%20Results%202009final.pdf>

www.evergreen.org

[Bureau of HIV/AIDS Epidemiology AIDS Institute, NYS Department of Health, NYS HIV/AIDS Surveillance
Annual Report for cases diagnosed through December 2009 – August 2011](#)

www.benedicthousing.org

http://www.usich.gov/resources/uploads/asset_library/Culhane_Brief.pdf

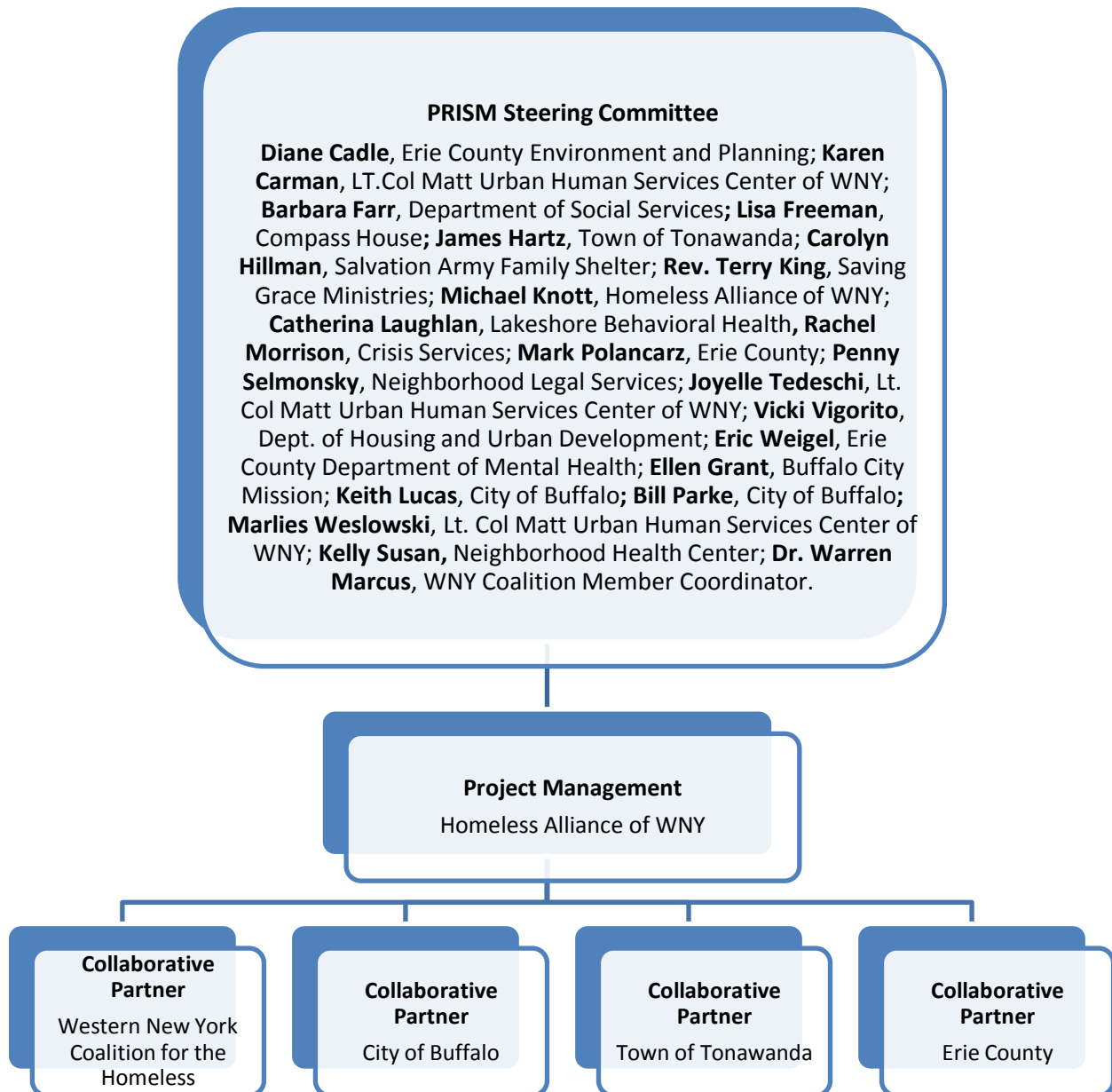
http://www.csh.org/wp-content/uploads/2012/01/Report_EndingHomelessnessAmongOlderAdultsandSeniorsThroughSupportiveHousing_112.pdf

[http://www.alternet.org/story/153040/mayor_%221%22_bloomberg_tries_to_make_it_harder_for_homeless_to_get_into_shelters_\(temporary_reprieve_granted\)](http://www.alternet.org/story/153040/mayor_%221%22_bloomberg_tries_to_make_it_harder_for_homeless_to_get_into_shelters_(temporary_reprieve_granted))

Appendices

Appendix i

Figure1: Buffalo and Erie County Plan to End Homelessness Steering Committee, 2012



Appendices

Appendix ii

HUD New Definition of Homeless

New “Homeless” Definition (effective 1/1/2012 for SHP, S+C and ESG programs)

Homeless Definition has four categories:

Category 1 –(Homeless) Literally Homeless: An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning: Use HMIS Data Standard for Housing Status – Homeless: Literally Homeless

- (i) An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground;
- (ii) An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low-income individuals); or
- (iii) An individual who is exiting an institution (e.g., jail, hospital)
 - a. where he or she resided for 90 days or less **AND**
 - b. resided in an emergency shelter or place not meant for human habitation immediately before entering the institution

Category 2 – (Homeless) Within 14 days of losing home: An individual or family who will imminently lose their primary nighttime residence, provided that:

- (i) The primary nighttime residence will be lost within 14 days of the date of application for homeless assistance;
- (ii) No subsequent residence has been identified; **AND**
- (iii) The individual or family lacks the resources or support networks, e.g., family, friends, faith-based or other social networks needed to obtain other permanent housing

Category 3 –(Homeless) Youth/Children: Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who:

- (iv) Meet the homeless definition under another federal statute; **AND**

Appendices

- (v) Have not had a lease, ownership interest, or occupancy agreement in permanent housing at any time during the 60 days immediately preceding the date of application for homeless assistance; **AND**
- (vi) Have experienced persistent instability as measured by two moves or more during the sixty day period immediately preceding the date of application for homeless assistance; **AND**
- (vii) Can be expected to continue in such status for an extended period of time because of chronic disabilities, OR chronic physical health or mental health conditions, OR substance addiction, OR histories of domestic violence or childhood abuse (including neglect), OR the presence of a child or youth with a disability, OR two or more barriers to employment, which include the lack of a high school degree or General Education Development (GED), illiteracy, low English proficiency, a history of incarceration or detention for criminal activity, and a history of unstable employment

Category 4 – (Homeless) Fleeing Domestic Violence: Any individual or family who:

- Is fleeing or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence;
- Has no other residence; **AND**
- Lacks the resources or support networks, e.g., family, friends, faith-based or other social networks, to obtain other permanent housing.

<u>At Risk of Homelessness (effective 1/1/2012 for ESG Prevention and Rapid Re-Housing Programs)</u>

At Risk: Definition has three categories:

Category 1 – (At Risk) Individuals and families who:

- Have annual income < 30% of AMI **AND**
- Do not have sufficient resources or support networks immediately available to prevent

Appendices

- literal homelessness; **AND**
- Meet at least one of seven (7) conditions
 - ✓ Moved two or more times due to economic reasons in 60 days prior to application for assistance
 - ✓ Living in the home of another due to economic reasons
 - ✓ Losing housing within 21 days after application date
 - ✓ Living in a hotel/motel not paid for by a publicly funded institution or charitable organization
 - ✓ Lives in severely overcrowded conditions as defined by US Census Bureau
 - ✓ Exiting publicly funded institution or system of care
 - ✓ Lives in housing associated with instability and increased risk of homelessness as defined in the Con Plan (ie. – local factors)

Category 2) Unaccompanied Children and Youth who qualify under other federal statutes:

- Does not include children/youth who qualify under the homeless definition
- Does not include parents or guardians
- Regulations include the list of applicable other federal statutes

Category 3) Children/youth who qualify under the Education for Children and Youth Program (725(2) McKinney-Vento Act) and the parents or guardians of the child/youth if living with him/her

HMIS “Housing Status” Data Standard should be answered as follows:

<u>Housing Status Data Standard</u>	<u>Homeless/At-Risk Category</u>
Homeless: Literally Homeless	Categories 1 and 4 – Homeless Definition
Homeless: At-Imminent Risk of Literal Homelessness	Category 2 – Homeless Definition
Homeless: At Risk of Literal Homelessness	Category 3 – Homeless Definition
Housed: At Risk of Homelessness	All three categories of At Risk of Homelessness

Appendices

Appendix iii

List of useful websites and selected recent cost of homelessness studies

National Alliance of Ending Homeless

http://www.endhomelessness.org/section/about_homelessness/cost_of_homelessness

Selected works From Dr. Dennis Culhane: http://works.bepress.com/dennis_culhane/

Family Homeless

- “Costs Associated With First-Time Homelessness for Families and Individuals” (2010)

U.S. Department of Housing and Urban Development

http://www.huduser.org/publications/pdf/Costs_Homeless.pdf

- The Patterns and Costs of Services Use among Homeless Families

Dennis P. Culhane, Jung Min Park, and Stephen Metraux

http://works.bepress.com/dennis_culhane/104

Chronically homeless

- Service Use and Costs for Persons Experiencing Chronic Homelessness in Philadelphia: A Population-Based Study (2010)

Stephen R. Poulin, Marcella Maguire, Stephen Metraux, and Dennis P. Culhane

http://works.bepress.com/dennis_culhane/99

- Health Care and Public Service Use and Costs Before and After Provision of Housing for Chronically Homeless Persons With Severe Alcohol Problems

Mary E. Larimer, PhD; Daniel K. Malone, MPH; Michelle D. Garner, MSW, PhD; David C. Atkins, PhD;

Bonnie Burlingham, MPH; Heather S. Lonczak, PhD; Kenneth Tanzer, BA; Joshua Ginzler, PhD; Seema

L. Clifasefi, PhD; William G. Hobson, MA; G. Alan Marlatt, PhD

<http://jama.jamanetwork.com/article.aspx?articleid=183666>

Rural Homeless Cost of Homelessness-Cost Analysis of Permanent Supportive Housing (2007)

Melany Mondello, Anne B. Gass, Thomas McLaughlin, Nancy Shore PhD

http://socialwork.une.edu/wp-content/docs/PHS_Cost_Study_Final_Copy.pdf

Appendix iv

Funding Sources of Units to End Long-Term Homelessness

HUD Section 811- Supportive Housing for Persons with Disabilities

HUD provides funding to develop and subsidize rental housing with the availability of supportive services for very low-income adults with disabilities. The newly reformed Section 811 program is authorized to operate in two ways: (1) the traditional way, by providing interest-free capital advances and operating subsidies to nonprofit developers of affordable housing for persons with disabilities; and (2) providing project rental assistance to state housing agencies. The assistance to the state housing agencies can be applied to new or existing multifamily housing complexes funded through different sources, such as Federal Low-Income Housing Tax Credits, Federal HOME funds, and other state, Federal, and local programs.

HUD Section 202- Supportive Housing for the Elderly Program

HUD provides capital advances to finance the construction, rehabilitation or acquisition with or without rehabilitation of structures that will serve as supportive housing for very low-income elderly persons, including the frail elderly, and provides rent subsidies for the projects to help make them affordable.

HUD provides interest-free capital advances to private, nonprofit sponsors to finance the development of supportive housing for the elderly. The capital advance does not have to be repaid as long as the project serves very low-income elderly persons for 40 years.

Project rental assistance funds are provided to cover the difference between the HUD-approved operating cost for the project and the tenants' contribution towards rent. Project rental assistance contracts are approved initially for 3 years and are renewable based on the availability of funds.

Community Development Block Grant

The CDBG program works to ensure decent affordable housing, to provide services to the most vulnerable in our communities, and to create jobs through the expansion and retention of businesses.

Appendices

Neighborhood Stabilization Program Grants

NSP is a component of the Community Development Block Grant (CDBG). NSP grantees develop their own programs and funding priorities. However, NSP grantees must use at least 25 percent of the funds appropriated for the purchase and redevelopment of abandoned or foreclosed homes or residential properties that will be used to house individuals or families whose incomes do not exceed 50 percent of the area median income. In addition, all activities funded by NSP must benefit low- and moderate-income persons whose income does not exceed 120 percent of area median income. Activities may not qualify under NSP using the "prevent or eliminate slums and blight" or "address urgent community development needs" objectives.

NSP funds may be used for activities which include, but are not limited to:

- Establish financing mechanisms for purchase and redevelopment of foreclosed homes and residential properties;
- Purchase and rehabilitate homes and residential properties abandoned or foreclosed;
- Establish land banks for foreclosed homes;
- Demolish blighted structures;
- Redevelop demolished or vacant properties

Emergency Solutions Grant (ESG)

The ESG program is designed to identify sheltered and unsheltered homeless persons, as well as those at risk of homelessness, and provide the services necessary to help those persons quickly regain stability in permanent housing after experiencing a housing crisis and/or homelessness. Eligible services include: housing search and placement, housing stability case management, credit repair services, legal services, and landlord/tenant mediation services.

Continuum of Care (CoC)

Continuum of Care programs are a community wide response to ending homelessness. A continuum of care provides funding to non-profits and state and local governments with the end goal of rapidly re-housing homeless individuals and families. The program gives the homeless population access to programs that promote self-sufficiency and reduce recidivism.

Appendices

Grants are offered that give grantee's opportunities to build programs such as transitional housing, shelters, re-housing services, technical assistance, rental assistance, operation cost, etc.

HOME Funds

HOME Funds are the largest Block Grant that gives funding to local and state agencies that want to create programs that provide affordable housing to low income households. Each year HOME Funds give over 2 billion dollars to non-profits, state, and local agencies nationwide.

Participating jurisdictions may choose among a broad range of eligible activities, using HOME funds to provide home purchase or rehabilitation financing assistance to eligible homeowners and new homebuyers; build or rehabilitate housing for rent or ownership; or for "other reasonable and necessary expenses related to the development of non-luxury housing," including site acquisition or improvement, demolition of dilapidated housing to make way for HOME-assisted development, and payment of relocation expenses.

NYS Low Income Housing Credits

The federal Low Income Housing Tax Credit ("LIHTC") Program is frequently used in conjunction with New York State Housing Finance Agency ("NYSHFA") financing. NYSHFA allocates Cap Credits from the State Annual Allocation Cap, and "as of right" credits generated through the use of proceeds of federally tax exempt private activity bonds issued by NYSHFA to finance qualified residential rental projects.

Signed into law in 2000, the NYS Low Income Housing Tax Credit Program (SLIHC) is modeled after the federal LIHC program and administered pursuant to the Internal Revenue Code and DHCR's Qualified Allocation Plan (QAP). SLIHC assisted units must serve households whose incomes are at or below 90 percent of the area median income (vs. the 60 percent standard of the federal program).

Federal Home Loan Bank

The Federal Home Loan Bank of New York (HLB) helps community lenders to advance housing and community growth. The HLB enables local lenders to extend affordable credit to their communities. The mission of the HLB is to advance housing opportunity and local community development by maximizing the capacity of community-based member lenders to serve their markets. The HLB meets our mission by providing our members with access to economical wholesale credit and assistance through our credit products, mortgage finance program, housing and community lending programs, and correspondent

Appendices

services to increase the availability of home finance to families of all incomes.

Housing Opportunities for Persons with HIV/AIDS (HOPWA)

HOPWA funding provides housing assistance and related supportive services and grantees are encouraged to develop community-wide strategies and form partnerships with area nonprofit organizations. HOPWA funds may be used for a wide range of housing, social services, program planning, and development costs. These include, but are not limited to, the acquisition, rehabilitation, or new construction of housing units; costs for facility operations; rental assistance; and short-term payments to prevent homelessness. HOPWA funds also may be used for health care and mental health services, chemical dependency treatment, nutritional services, case management, assistance with daily living, and other supportive services.

Supportive Housing Development Program

The new Supportive Housing Development Program will provide service funding, rent subsidies, and capital dollars to create supportive housing for high-cost Medicaid recipients.

Supportive Housing Development Reinvestment Program

This program will redirect savings achieved by closing nursing home and hospital beds to build and operate new supportive housing in the community for high-cost Medicaid recipients.

NYS Supportive Housing Program (NYSSHP)

This program has three distinct populations: adults, young adults, and families. Eligible families are those that are homeless or at risk and whose head of household needs services to maintain stable housing. Eligible services include: case management, counseling and crisis intervention, employment and vocational assistance, educational assistance, parenting skills development, pregnancy prevention (including counseling), family reunification and stability, life skills training and building security services.

Housing Trust Fund Corporation (HTFC)

The mission of the Corporation is to create decent affordable housing for persons of low-income by providing loans and grants for the rehabilitation of existing housing or the construction of new housing.

Urban Initiatives (UI) & Rural Area Revitalization Programs (RARP)

These programs provide financial/technical resources to communities for the restoration and

Appendices

improvement of housing, commercial areas and public/community facilities in rural and urban areas.

Subprime Foreclosure Prevention Program

The 2008-09 New York State budget provided \$25 million to the NYS Housing Trust Fund Corporation (HTFC) for the development and administration of a foreclosure prevention services program.

In October of 2009, HTFC released an open window Request for Proposals (RFP) seeking applicants that could provide a continuum of necessary foreclosure prevention services within a proposed service area. The required continuum of services have included outreach/education, counseling, legal representation, and court-based services.

NYS Solution to End Homelessness Program (STEHP)

STEHP funding is intended to enhance and support the quality and quantity of facilities and services currently available to address the needs of homeless individuals and families, and those households at risk of homelessness in New York State. The goal of STEHP is to assist individuals and families to remain in or obtain permanent housing, and assist them with services during their experience of homelessness, the eviction process and housing stabilization.

Appendices

Homeless Housing and Assistance Program (HHAP)

The Homeless Housing and Assistance Program (HHAP) provides capital grants and loans to not-for-profit corporations, charitable and religious organizations, municipalities and public corporations to acquire, construct or rehabilitate housing for persons who are homeless and are unable to secure adequate housing without special assistance. HHAP meets a distinct need within New York by developing housing that falls outside the purview of traditional low and moderate income housing initiatives. HHAP has provided capital funding for a wide range of housing types for various homeless special needs populations, including but not limited to:

- Emergency and transitional facilities for victims of domestic violence;
- Transitional housing for adolescents aging out of foster care;
- Programs for homeless and runaway youth;
- Transitional programs for people in recovery;
- Supported housing for veterans, people living with HIV/AIDS, ex-offenders, substance abusers, the chronic homeless, and the severely and persistently mentally ill. In many instances, HHAP is the only state resource available to fund the capital development of these types of projects.