# 2010 Buffalo and Erie County Annual Report on Homelessness: A Community Profile



*photo courtesy of National Law Center on Homelessness and Poverty.

Prepared for the Homeless Alliance of Western New York by Kristin Cipollone

Spring 2011

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June 27, 2011

Dear Friend:

The Homeless Alliance of Western New York is proud to release the results of our 2008-09 and 2009-10 data analysis. We would also like to thank Kristin Cipollone for her hard work in putting this document together. I would also like to thank the Homeless Alliance staff for their efforts in completing this report.

While reading this report please keep in mind that while you are reading statistics and comparing numbers, these numbers represent PEOPLE. These are people in Erie County who have or are facing the very traumatic experience of being homeless, most of them for the very first time.

The Homeless Alliance has taken great strides over the past few years to improve our data quality and those efforts will be ongoing.

We hope this report helps to generate a genuine community discussion on homelessness and its root cause; poverty. This report will serve as the basis for the update to our PRISM Plan (Prevention, Resources, Independence, Services & Maintenance), our 10-year plan to end homelessness.

We also hope this report helps to educate the general public and those in a decision-making position on homelessness and ignites the community will to end homelessness.

Thank you for taking the time to read this report and we hope you will be part of the continuing discussions on homelessness and poverty.

Sincerely,

Dale Zuchlewski
Executive Director

A Note about the Preparation of this Report

This report was prepared by Kristin Cipollone with data supplied by the Homeless Alliance of WNY. HAWNY and its subsidiaries were responsible for all data collection. For the purpose of this annual report, **all data has been reported based on the Annual Homelessness Assessment Report (AHAR) year, which is October 1 to September 31**. AHAR is HUD mandated report given to congress every year to report on the status of homelessness. Kristin Cipollone was tasked with writing up a report based upon these data; partly to provide the community with a picture of homelessness but also to demonstrate the gaps in data collection. This report then should be considered a summary of the available data but not the last word on homelessness in Buffalo and Erie County.

This report is not the final analysis on homelessness. The report is intended to be the beginning of a continuing community-wide discussion on homelessness, and, to stimulate further questions and analysis with the goal to end homelessness in Western New York.

About Kristin Cipollone:

Kristin Cipollone is a PhD candidate at the State University of New York at Buffalo, concentrating in the social and philosophical foundations of education. She has Bachelor degrees in History and Italian Language from the University of Rochester and a master in elementary education from Mercy College. She has several years of experiences analyzing data on issues related to homelessness and poverty both at local and national level. In 2007, she joined the Homeless Alliance team as a research associate and later became the Research and Education Coordinator. Over her three-year tenure with HAWNY, Kristin performed numerous tasks including, but not limited to, the following: co-wrote the 2007 and 2008 annual reports, co-conducted the Street Survey 2008 (this includes designing the survey instrument, planning, conducting interviews, analyzing data, writing the report) trained BAS-Net end users, gave numerous presentations on homelessness and poverty, directed the Poverty Challenge and was a member of the planning committees for the Poverty Workshop in 2010 and 2011. Kristin is currently an adjunct instructor at Medaille College and is a researcher for an NSF-funded project.

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# Executive Summary

- On any given night in Buffalo and Erie County, between 1,200 and 1,500 men, women and children are homeless. This is approximately 1.3 to 1.6% of the total population for Erie County.

- Almost 20% of the entire homeless population consists of children. A significant portion (39%) of these children is between the ages of 0-5, which accounts for 7% of the total homeless population.

- The majority of the homeless population in Buffalo and Erie County (60%) are first-time homeless, meaning that they have never before experienced homelessness. This has enormous implications for service provision and prevention, particularly when we consider that HPRP funds will soon no longer be available.

  *According to Homeless Alliance data and estimates, in the 2009-10 year, there were an estimated 8500 homeless people in Erie County.*

- Homelessness is a racialized experience in Buffalo and Erie County. African Americans, Hispanics/Latinos, and Asians are overrepresented within the homeless population while whites, the majority in Erie County (81%) and in Buffalo (54%) are underrepresented.

- According to the 2009 data, prior to experiencing homelessness, a significant number of people (30%) were residing with friends and family. 15% of the population was living in a rented apartment or owned their own home. 11% were residing in places not meant for human habitation. All of these demonstrate the fragility of stable housing here in Buffalo and Erie County.

- There is a direct relationship between race and postsecondary education amongst the homeless in Buffalo and Erie County. Homeless whites were far more likely to have attended postsecondary education and to possess degrees at various levels (technical school, college, graduate/professional) than their counterparts of color.

- The chronically homeless make up approximately 10% of Buffalo and Erie County's homeless population—significantly lower than the national average. Veteran status also appears to be much lower than the national figures. Veterans account for about 10% of the homeless population.

- Income earned through employment is exceedingly low. Increased employment opportunities should be pursued as a way to alleviate homelessness (and poverty) as would an increase in the number of jobs that pay a living wage.

- According to the 2011 PIT data, the highest rates of serious mental illness and substance use are found among those residing in permanent housing (75% and 51.6% of all PSH residents). The comparable rates amongst adults in emergency shelter are 2.6% and 6.8%, respectively.

# Introduction

Some forty years ago, the federal government declared war on poverty. Despite this proclamation, and the subsequent programs and policies enacted in its wake, this war endeavor has largely been a failed one. While initially decreasing, poverty rates in the United States have been steadily increasing, exacerbated by the 2008 economic crash. This trend has been borne out locally as well. Buffalo has been consistently identified as one of the poorest big cities in the nation[1] with close to one third of its residents living in poverty.

One of the most dire consequences of poverty, homelessness continues to be a pressing concern in our community. A considerable number of people experience homelessness in Buffalo and Erie and many more live dangerously close, only a paycheck or two away from becoming homeless. Buffalo, and the region as a whole, has been a victim to the de-industrialization trend, which has wrought serious pain and hardship within the region for over 40 years and led to serious disinvestment in the city of Buffalo. Jobs have left and have not been replaced. The population has dwindled, with the city itself hemorrhaging hundreds of thousands of people since the 1960s. Communities have been destroyed and the tax base eroded. While a third of the population lives at or below the poverty line, the median household income is estimated to be around $30,000, more than $20,000 less than the national average.[2] 55% of the occupied housing units in Buffalo are rented properties and almost 20% of the entire housing stock lays vacant. 22% of all family households are female-headed, single family households. The unemployment rate hovers around 9% a statistic that preceded the latest economic downturn. In other words, many more than those hovering at or below the poverty line are positioned precariously.

While Buffalo has experienced economic hardship for some time, it was somewhat buttressed by a state that was fiscally solvent. However, New York State has been hit hard by the economic crash of 2008 and is now making extreme cuts to public services, many of which will have a negative impact upon homeless services. Funds that may have aided Buffalo are now drying up, leaving the city and the region as a whole in an increasingly difficult position.

This is the backdrop against which Buffalo and Erie County's homeless and poor must struggle and within which service providers and policy makers must attempt to solve problems and help those who are most vulnerable in our community. It is

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[1] The US Census Bureau classifies cities of 250,000 people or more as big cities.

[2] 2005-2009 estimates from ACS data,
http://factfinder.census.gov/servlet/ACSSAFFFacts?_event=Search&geo_id=05000US36029&_geoContext=01000US|04000US36|05000US36029&_street=&_county=buffalo&_cityTown=buffalo&_state=04000US36&_zip=&_lang=en&_sse=on&ActiveGeoDiv=geoSelect&_useEV=&pctxt=fph&pgsl=050&_submenuId=factsheet_0&ds_name=ACS_2009_5YR_SAFF&_ci_nbr=null&qr_name=null&reg=null%3Anull&_keyword=&_industry=

an environment in which funds are limited, making the ability to market one's causes paramount. Efforts and causes must be backed up by concrete data, which then must in turn, inform decision making. This report is an attempt to do just this.

The case for fighting to end homelessness and poverty is often made in moral and ethical terms. These lines of argumentation are certainly justified. It *is* shameful that in a country as rich as the United States that many live in abject poverty. It's *reprehensible* that there can be such extreme inequality and seemingly little regard for the most vulnerable among us. Homeless, and poverty more broadly, is *inexcusable*.

Moral arguments are often turned against the advocates that rely upon them and against the homeless (and poor) themselves. So often we hear the myth that people are homeless because of individual deficits—that they are lazy, they don't care, that they are addicts. What should be obvious, however, is that these supposed traits do not reside in any one social class alone but span the spectrum of human experience. Are there poor people who are lazy? Perhaps. Are there poor people who may be afflicted by substance abuse? Sure. But there are also a number of middle class, upper middle class, and wealthy people who are also lazy, who also have substance abuse problems. A visit to any news website will demonstrate this as the next Hollywood actor or sports figure or politician has made a bad choice, has entered rehab, etc. They, however, do not become homeless—they have economic and social capital to keep them afloat.

What should be clear, then, is that poverty, not individual choices, is the root cause of homelessness. Poverty limits one's opportunities in ways that life-long consequences. For example, poverty affects where one lives. Where one lives affects what school one's child can attend, what employment opportunities are available, what type of healthcare one has access to, the safety of one's neighborhood.

If we are to truly address homelessness at its root, we must attack poverty. If we renew our commitment to do so it means we must take on the larger social and economic realities that cause poverty, rather than focusing solely on individual interventions. In other words, we need to address the very real and individual needs of those experiencing homelessness while at the same time working for broader, societal change.

The data presented herein present a snapshot of homelessness in Buffalo and Erie County. These data should not be read in isolation but must be grounded within the larger social and economic context within which they reside. If we are to truly eliminate homelessness, there can be no other way.

# Methods

The findings in this report rely upon multiple data sources: HMIS data, eHIC, PIT Count, monthly data collection, and anecdotal records. Each of these data sources will be discussed individually below. What is important to note is that this combination of data sources fails to provide a complete picture of poverty and homelessness in Buffalo and Erie County. The data are incomplete and thus may under-estimate homeless in Buffalo and Erie County. These data are the best data available at the current time.

## HMIS Data

HMIS is an acronym for the Homeless Management Information System. The HMIS system utilized by Erie County is referred to as BAS-Net (Buffalo Area Services Network). BAS-Net was launched in 2005 by HAWNY, who is tasked with managing the system, and is funded by a grant from the Department of Housing and Urban Development (HUD). Any homeless service provider receiving funding through HUD's Continuum of Care (CoC) and Emergency Shelter Grant (ESG) is required to enter information into BAS-Net. Further, HUD requires that certain data are collected (and entered) by all agencies[3] and HAWNY is mandated to submit reports to HUD based upon HMIS data.

BAS-Net is a secure, internet-based system that allows service providers to upload client-level data to be analyzed as part of a community-wide database. All client information is collected only with client permission. Data from this system serve a number of constituencies and purposes. For example, for clients BAS-Net ensures that clients need only provide information at one point in time and helps to streamline and/or coordinate client services effectively. For providers, BAS-Net centralizes client information allowing for the easy generation of reports (both internal and federally-required), facilitates coordination of services, decreases duplicative intake and provides real-time information. For the community, BAS-Net provides policy-makers and advocates with a more complete picture of homelessness, assists in identifying the needs of clients, and helps to assess current gaps in service provision.

Currently 36 local homeless programs utilize BAS-Net. This number represents 71% of the total known providers in Buffalo and Erie County. As this information makes clear, **not all** homeless programs are represented. There are a number of reasons that this is the case. For example, some organizations are run by volunteers and

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[3] Required data are known as HUD Universal Data Elements (UDEs) and include: Client Social Security Number, date of birth, sex/gender, race and ethnicity, military status, disabling condition, residence prior to program entry, zip code of last permanent address, housing status, program entry date, program exit date. To learn more about HUD UDE's, please visit www.**hud**hre.info/.../FinalHMIS**Data**Standards_March2010.pdf

simply lack the capacity to comply with BAS-Net requirements.  Domestic violence shelters—many of whom provide services to the homeless—are not mandated to comply with HMIS (in fact, they are advised to not be on the system for confidentiality reasons). Additionally, organizations that do not receive CoC funding are not mandated to utilize BAS-Net and some choose not to utilize the system.  And lastly, there are some very small organizations that are not connected to HAWNY— in other words, HAWNY does not know of their existence and they may not be aware of HAWNY's. All of these reasons explain why BAS-Net coverage is not 100%.

Also, it is essential to note that data entered into BAS-Net are physically entered by service providers and are collected directly from clients. Service provision is not contingent upon the willingness of clients to share personal data; in other words, clients will receive services whether or not they agree to have their personal information entered into BAS-Net. Further, homelessness is often a disorienting experience and important dates and information may unintentionally be inaccurate or vague. We highlight this only to emphasize that this is administrative data that is self-reported and subject to human error. Thus, when interpreting the findings of this report, it is important to keep this in mind.

Lastly, it is important to recognize that data collected in BAS-Net represents the information of those homeless who are sheltered or who, at the very least, are connected to service providers. There are a number of unsheltered and/or unknown homeless that will not be accounted for in BAS-Net (squatters and those doubled and tripled up are prime examples here). Consequently, BAS-Net is certain to undercount the homeless. That said, BAS-Net is still an incredibly important tool in the fight to end homelessness and provides the community with invaluable information and data.

*eHIC*

The eHIC is the Housing Inventory Chart, filed electronically, to HUD during the CoC competition. According to HUD,

> The eHIC is designed to accurately reflect each Continuum of Care's (CoC) capacity to house homeless and formerly homeless persons.  Thus, the eHIC is a complete inventory of emergency shelter, transitional housing, and permanent supportive housing beds available in the CoC.  The inventory should include all HUD-funded residential programs, as well as non-HUD funded programs that provide housing to homeless and formerly homeless persons, even if those programs do not actively participate in the CoC planning process.[4]

As the coordinating agency for the CoC, HAWNY is tasked with completing and submitting the eHIC each year to HUD. To the best of its ability, HAWNY seeks to represent the capacity of the Continuum (Buffalo and Erie County) in this document.

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[4] *www.helpingtohouse.org/documents/.../127_Q&A%20for%20HIC.pdf*

However, there are organizations that are not connected to HAWNY or the other partnering organizations and therefore they go unaccounted for on the eHIC. Thus, a complete analysis of the services provided in the Continuum, and any subsequent gaps, is bound to be imperfect.

That said, the eHIC is still a useful tool as it provides information regarding the agencies and programs for which HAWNY does have information. For example, recorded on the eHIC, one will find information regarding the number of beds an agency provides, the types of beds available (single or family units; emergency, transitional, or permanent), utilization rates of said beds, and whether or not said beds are on HMIS. The information contained within this chart helps to provide a sense of the overall service provision in the community and serves as a tool to assess coverage and needs.

## PIT Count

Another requirement of HUD, the Point-in-Time count[5] is an effort to gain a snap-shot of homelessness within a given community. CoC's are mandated to complete a PIT once every two years (2011 was a required year), although many CoC's opt to complete one yearly. The PIT count must take place during the last ten days of January and should seek to count all sheltered and as many unsheltered homeless persons in a given community. More than simply a count of the homeless, the PIT count provides a picture of the scope and nature of homelessness. In other words, the data tell us *who* is homeless. Information such as the following is collected: number of homeless individuals; the number of homeless families (and the number of adults and children in families); the number of chronically homeless persons; the number of persons with serious mental health issues, substance use, and/or HIV/AIDs; the number of victims of domestic violence (DV); the number of unaccompanied youth; and the number of veterans. Additionally, HAWNY's PIT count tracks information regarding agency/program utilization rates, unduplicated counts, and turn away rates for the month of January.

HAWNY staff collects PIT data manually. Homeless providers receive a PIT form and are directed to either email or fax back their form with the information for the given day. HAWNY staff will then call organizations to collect the data if they do not receive the form. Additionally, outreach teams will spend one night on the streets searching for unsheltered homeless and then report their numbers to HAWNY.

The PIT count is a useful data collection tool because it provides a point of comparison for HMIS data. Further, it allows for a more complete picture of homelessness as agencies not on BAS-Net are encouraged to report client information and some information on unsheltered homeless is collected.

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[5] Information regarding the PIT Count can be found here
http://www.usich.gov/readmore/2011_PITcount.html or at Hudhre.org

## Monthly Data Collection

In addition to the PIT Count, HAWNY collects monthly snapshot data. Monthly data collection is modeled on the PIT count and collects similar information regarding the number and composition of sheltered homeless (subpopulation is not collected). All known homeless service providers in the Continuum are encouraged to submit this data the last Wednesday of each month. Again, snapshot data are useful as a point of comparison to HMIS data and also provide information regarding those agencies not utilizing BAS-Net.

## Anecdotal Records

Lastly, HAWNY collects anecdotal data through conversations with service providers. Information from case workers, housing directors, and outreach workers enriches the numerical and descriptive data collected through the other data collection methods outlined above.

## A Last Word on Methods

The report that follows is based upon a combination of the multiple sources outlined above, but notably, does rely primarily upon HMIS data as they are the most complete. That said, any reading of this report and subsequent interpretation of its findings should take into account the fact that what is presented herein is only a partial understanding of the nature and scope of homelessness in Buffalo and Erie County. As discussed above, much of the data are based upon self-report data. Further, HMIS and other data records are subject to human error and are somewhat incomplete. Moreover, the homeless population can be a difficult group to track as they are often transient and hidden. What follows then are findings based upon administrative data that represent the best data available to HAWNY.

# Findings

In this section data from several sources will be analyzed in close detail. First, the most recent HMIS data from 2009-2010 will be reviewed. This will be followed by analysis of HMIS data from 2008-2009, with an eye toward trends and commonalities. A section showing some comparisons between the two years will then follow. Lastly, data from monthly data collection efforts and the recent Point-in-Time counts will be examined. Preceding each section will be a summary of the findings therein.

The purpose of this section is to present as clear a picture as possible of the homeless population in Buffalo and Erie County, outlining its scope and nature. The hope is to illuminate the various experiences of the homeless and to contextualize such experiences within the larger social, economic, and demographic frameworks of the region so as to inform service providers, policy-makers, and the community at large.

## Just how many people are homeless?

In the 2009-10 year, there were 8,030 people identified as homeless in HMIS. This number is most certainly an under-estimate of the number of people experiencing homelessness during the year as there are some agencies who do not report in HMIS and there are countless others who remain uncounted. The Homeless Alliance estimates another 470 people were not entered into HMIS. **The Homeless Alliance total estimate of homeless people is 8,500.** Data collected within the last 3-4 years demonstrate that on any given night, approximately **1,200 – 1,500** people are homeless in Buffalo and Erie County. For example, the *2008 Street Survey*, which was a 24-hour count of the homeless in Buffalo and Erie County, yielded survey data for 1,387 homeless and low-income adults (children were not counted in this survey endeavor), a number more consistent with recent snapshot data. Monthly Data collection yielded an average of 1,184 people[6] during the 2010 year and the most recent PIT count yielded a count of 1,299—1,244 sheltered and 55 unsheltered persons.

### Sheltered Homeless Snapshot Data

|  | PIT Count 2011 | PIT Count 2010 | Monthly Data[7] 2010 | Monthly Data 2009 | Monthly Data 2008 |
|---|---|---|---|---|---|
| Totals[8]: | 1299 | 1582 | 1184 | 1199 | 1202 |

In addition to the numbers reported in PIT and Monthly Data Counts, outreach workers estimate that there are between 100 and 200 unsheltered homeless, plus an additional 100 people residing in hotels/motels with DSS vouchers and/or squatters—a population that is difficult to track and quantify. This total number is certain to fluctuate over the year. For instance, service providers often report an uptick in family homelessness during the summer months, a phenomenon often attributed to landlords not wanting to turn families out during the school year.

Thus, given the figures above, HAWNY now estimates that the homeless population is **1,200 – 1,500** on any given night. In interpreting this number, it is important to keep in mind that there are a number of people residing in various programs (i.e. domestic violence shelters, mental health facilities, substance use facilities, facilities for the disabled, etc) that would technically be homeless if not for these programs. These programs are not targeted to the homeless and serve many clients who are

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[6] Data are missing for some organizations, totaling capacity upwards of 100. Thus, this average is more than likely lower than the actual number. It's also worth noting that children *are* counted in these numbers.
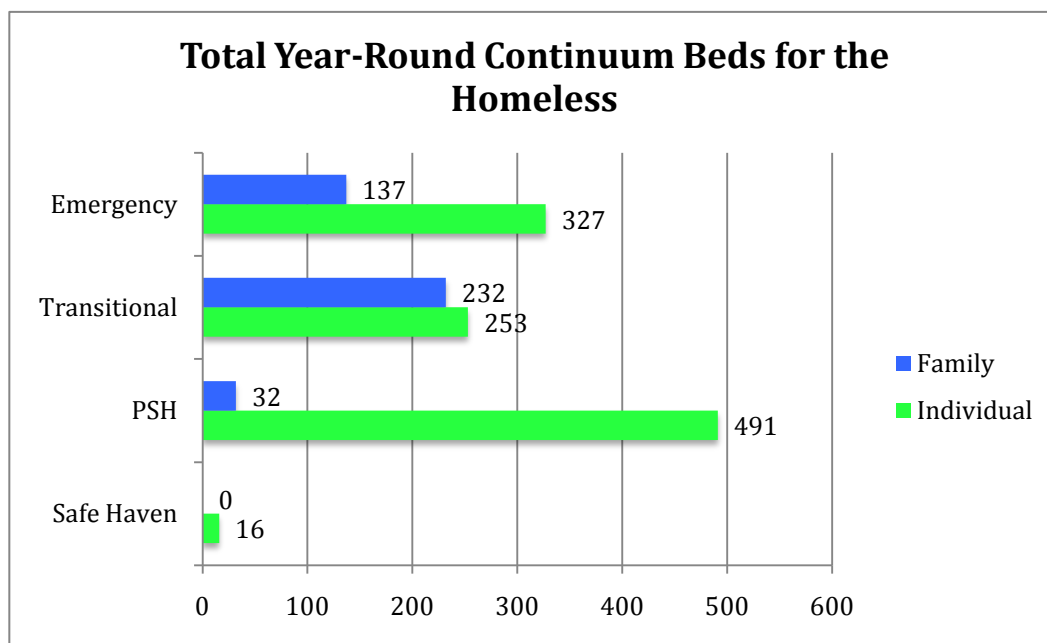
[7] The Monthly Data numbers reflect averages over the entire year. More detailed information regarding these averages is provided later in the report.

[8] Please note that the seeming (small) decrease in the Monthly Data numbers does not necessarily reflect a decline in homelessness. Rather, the 2008 and 2009 data are less complete than the 2010 data, which may account for the slight differences in averages for the year.

not homeless, but nevertheless, they inevitably serve some homeless persons. Further, Buffalo is an economically depressed area and a number of people live in poverty or close to it. If the economic situation were to further deteriorate or if there was further disinvestment in housing and supportive social services (HPRP would be a prime example here), we could foresee an uptick in homelessness. Lastly, this number does not account for all those people who are doubled and tripled up with friends and family because they have no place to go (in other words, they don't have the means to afford a place of their own). People who fall under these circumstances are, for all intents and purposes, homeless although HUD does not count them as such.[9] While this number is almost impossible to estimate, what we do know is that many people who become homeless, indicate that they were living with friends and family prior to seeking shelter (see data below).

## *Continuum Capacity*

According to the most recent eHIC submitted to HUD[10], there are 1,488 beds for the homeless available on any given night in Buffalo and Erie County[11]; 401 are designated for persons in families and 1087 are for homeless individuals.



Total Year-Round Continuum Beds for the Homeless

| Category | Family | Individual |
|---|---|---|
| Emergency | 137 | 327 |
| Transitional | 232 | 253 |
| PSH | 32 | 491 |
| Safe Haven | 0 | 16 |

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[9] It is important to draw a distinction between people who are residing with friends and family because they literally have no where to go—they would be in a shelter otherwise—and people who choose to live with family or friends temporarily because they are moving or renovating a home. Clearly, these are separate populations. Also, those residing with friends and family for reasons of necessity are not counted in our total homeless population as HUD does not recognize them as such.

[10] 2010 Continuum of Care application

[11] Again, please note that the eHIC is the best estimate of the available beds but it has been established (see the Methods section of this report), that the eHIC, while intended to report all available beds in a given continuum, does not represent all homeless providers in Buffalo and Erie County.

As can be seen from the chart above, an overwhelming number of continuum beds are designated for individual homeless. This distribution of beds matches closely with the composition of the homeless population, which tends to consist of mostly individuals (families make up less than 1/3 of the total population, although they do account for greater numbers in emergency and transitional housing than permanent supportive housing). In addition to providing more facilities for individuals, the Continuum also provides more permanent supportive housing than any other housing type. The chart above illustrates this clearly.

Based upon HAWNY's calculations above, then, capacity closely matches the current need. Among those actively seeking shelter, the Continuum is well positioned to accommodate those in need of emergency shelter, although there is some seasonal variation. For example, places such as the Salvation Army (Emergency Shelter) were consistently full during the summer months but there appeared to be less demand during the fall and winter months. Despite the fluctuation, however, the Continuum does not appear to need more emergency shelter beds.

Conversely, PSH units tend to be consistently full, year round. In a continuum of care, such numbers make sense as permanent supportive housing is meant to be the last piece in the housing stabilization puzzle and provides supports for those who are not completely ready to live on their own (for a plethora of reasons). PSH is meant to prevent recidivism for those who have more needs. Based on qualitative data collected from providers, waitlists for both PSH and transitional housing tend to be small. Across the Continuum, for example, 15 – 20 people at most might be awaiting placement (with the numbers generally being much lower, closer to 5-10). The same is the case for PSH. Erie County Department of Mental Health, who oversees the majority of PSH units in the Continuum, reports that on average they may have 15 people awaiting placement.

*Who are the Homeless?*
*2009 – 2010 HMIS Data*

## *Who are the Homeless? 2009 – 2010 HMIS Data*

According to HMIS data run for the 2009 – 2010 AHAR[12] year, **8,500** adults and children experienced homelessness.
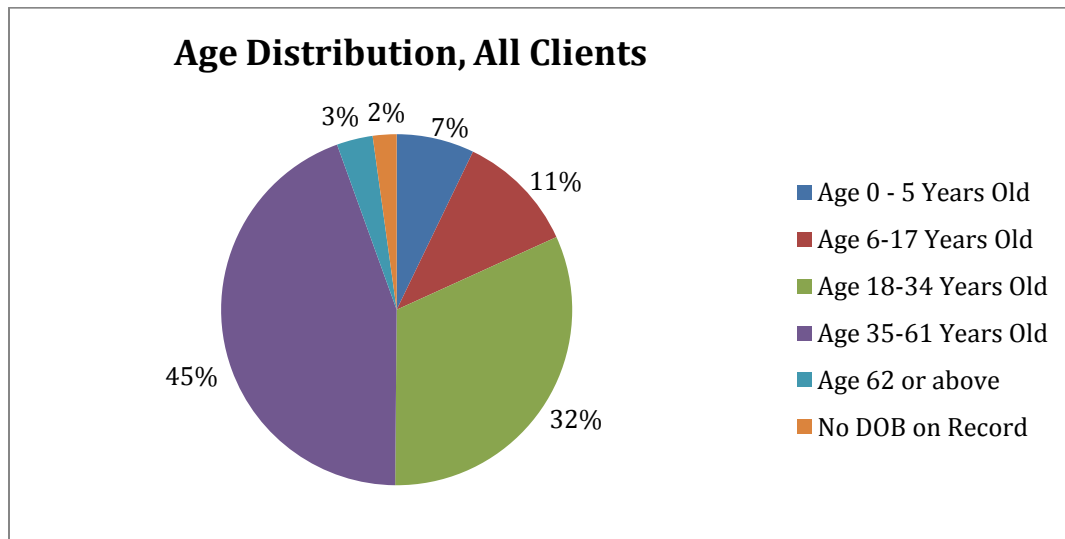
**Key findings (which are explored in greater detail below) include the following**:

- 39% of the homeless population in Buffalo/Erie County consists of children aged 0-17. The next largest sub-group of homeless is adults between the ages of 45 and 61, accounting for 26% of the population.

- Men make up a larger portion of the homeless population than do women, 59% to 39% respectively, a trend that continues even when broken down by age.

- Blacks, Hispanics, and Asians are overrepresented in the homeless population (as compared to local demographics) while whites are underrepresented.

- 58% of the homeless population experienced homelessness for the first time.

- Between 400 and 700 clients are designated as chronically homeless.

- 39% of those reporting have a disabling condition of long duration.

- Only 317 adult clients (of 6,568 adult clients) reported earned, income employment. An additional 39 claim self-employed earnings. Including both these categories, only 5% of the adult homeless population earns money through employment. Only 10% of the population received TANF or Public Assistance.

- Non-cash benefits usage appears to be underreported. Food Stamps and Medicaid appear to be the most often accessed, at 27% and 22%. Qualitative data would indicate that the numbers are in fact much higher.

- 7% of the adult homeless population identified as veterans. In comparison to national data, this is well below the national average and may be due to under-reporting.  This may also be attributed to the efforts of the local Veteran's Homeless programs and the VASH vouchers.

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[12] AHAR stands for Annual Homelessness Assessment Report. It is HUD mandated report given to congress every year to report on the status of homelessness. The AHAR reporting year runs from October 1 – September 30.

Age

Conclusive age data are provided for 7854 persons (176 clients, or 2%, are lacking date of birth information). 18% of the total homeless population consists of children under the age of 18 (or 1,462 total children); 39% of all homeless children are under the age of 5 (7% of the total homeless population). Such numbers should give us pause, considering that research has consistently demonstrated that children who experience homelessness often have greater difficulties in school and experience depression, health issues, and behavioral problems more than their non-homeless counterparts[13].

## Age Distribution, All Clients



- Age 0 - 5 Years Old
- Age 6-17 Years Old
- Age 18-34 Years Old
- Age 35-61 Years Old
- Age 62 or above
- No DOB on Record

Looking at the age distribution as shown above can be a bit misleading; almost 70% of the homeless population [n=6125] is between the ages of 18 – 61, but this is also quite a large range. If we look at this segment of the population in greater detail we notice some interesting trends. For example, the 45 – 61 age bracket accounts for the largest percentage of homeless, a trend that has been seen nationally[14]

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[13] The National Coalition for the Homeless reports: "Homelessness severely impacts the health and well being of all family members. Children without a home are in fair or poor health twice as often as other children, and have higher rates of asthma, ear infections, stomach problems, and speech problems (Better Homes Fund, 1999). Homeless children also experience more mental health problems, such as anxiety, depression, and withdrawal. They are twice as likely to experience hunger, and four times as likely to have delayed development. These illnesses have potentially devastating consequences if not treated early." See www.national**homeless**.org/publications/facts/families.pdf for greater detail.

[14] Culhane, D., Metraux, S., & Bainbridge, J. (2010). The age structure of contemporary homelessness: Risk period or cohort effect. Departmental Paper, *University of Pennsylvania Scholarly Commons.* repository.upenn.edu/cgi/viewcontent.cgi?article=1148&context=spp...

**Age Distribution, Clients Age 18-61**
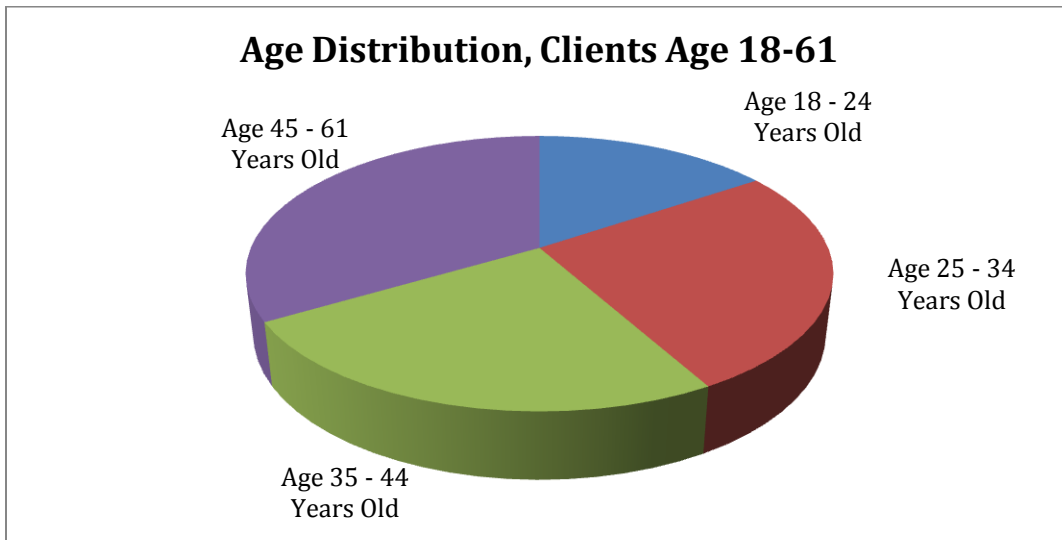
The table below helps to explain this chart in greater detail:

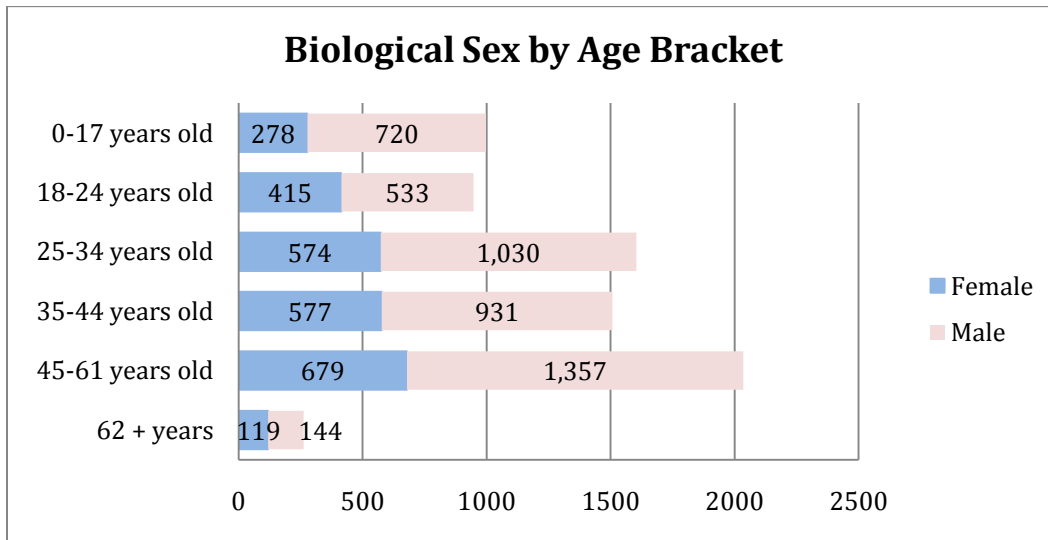| Category | Percentage of age 18-61 | N-Value | Percentage of Total Homeless Population |
|---|---|---|---|
| Age 18 - 24 | 16% | 953 | 12% |
| Age 25 - 34 | 26% | 1611 | 20% |
| Age 35 - 44 | 25% | 1512 | 19% |
| Age 45 - 61 | 33% | 2049 | 26% |

Biological Sex/Gender Identification

The gender identity of 7,830 clients is reported—3,092 people are female, 4,737 are male and 4 are transgendered (39%, 59%, .04% respectively). Of those clients, data for both age and biological sex information is provided for 7,357 clients. Among this breakdown we see that males make up a much greater percentage of the homeless at all ages, with the exception of 62+ age group.

| Age Categories | Female (n-value) | Male (n-value) | Female (percent)[15] | Male (percent) |
|---|---|---|---|---|
| 0 - 17 | 278 | 720 | 28% | 72% |
| 18 - 24 | 415 | 533 | 44% | 56% |
| 25 - 34 | 574 | 1030 | 36% | 64% |
| 34 - 44 | 577 | 931 | 38% | 62% |
| 45-61 | 679 | 1357 | 33% | 67% |
| 62+ | 119 | 144 | 45% | 55% |

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[15] Percents are across the age distribution.

The greatest difference can be found among children, with 28% of the children under 18 identified as female and 72% as male. Among adults, the greatest point of difference is in the 45-61 age bracket, where women account for only 33% of the homeless population and men 67%. The 25-34 and 35-44 age brackets are relatively comparable, with women making up 36% of the first category and 38% of the second while men account for 64% and 62%, respectively. Where we find the difference to be most narrow (other seniors) is within the 18-24 year range, where women account for 44% and men 56%. Such information is important when we think about service provision as men and women have different needs.



**Biological Sex by Age Bracket**

| Age Bracket | Female | Male |
|---|---|---|
| 0-17 years old | 278 | 720 |
| 18-24 years old | 415 | 533 |
| 25-34 years old | 574 | 1,030 |
| 35-44 years old | 577 | 931 |
| 45-61 years old | 679 | 1,357 |
| 62 + years | 119 | 144 |

These data are very important. While men make up the majority in most categories, their needs should not automatically be assumed to be those of women. It is important to recognize that supports need to be tailored to client needs and gender identity, among other categories, may influence this.  (There seems to be a need for PSH for men.)


Race
Of all the clients entered into BAS-Net during the 2009-2010 AHAR year, racial information is provided for 7,825 (97% of the total sample)[16]. The racial picture that emerges from the data on race does not mirror the larger racial composition of Buffalo or Erie County as a whole. For example, according the 2005-2009 ACS data[17], 54% of Buffalo's population is White while 37.5% is Black, 0.6% is American

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[16] Both the Census and HUD (and subsequently HMIS data) do not consider "Hispanic" as a racial category but instead classify it as ethnicity. When identifying ethnicity, the existing choices are Hispanic/Latino or non-Hispanic/Latino. Often those clients identifying as Hispanic/Latino will choose "other" for race as they see their Hispanic/Latino identity as their race.

[17] ACS refers to the American Community Survey. The Census Bureau collects data in between census years (census data is collected every 10 years). See the following link for more information http://factfinder.census.gov/servlet/ACSSAFFFacts?_event=&geo_id=16000US3611000&_geoContext=01000US|04000US36|16000US3611000&_street=&_county=buffalo&_cityTown=buffalo&_state=0

Indian, 1.8% is Asian and 8.2% is Hispanic/Latino. When including all of Erie County, we see an even bigger discrepancy, particularly between the White and Black populations, with 81.4% of Erie County residents identifying as White while 13.3% identify as Black, 2% as Asian, and 3.8% as Hispanic/Latino.
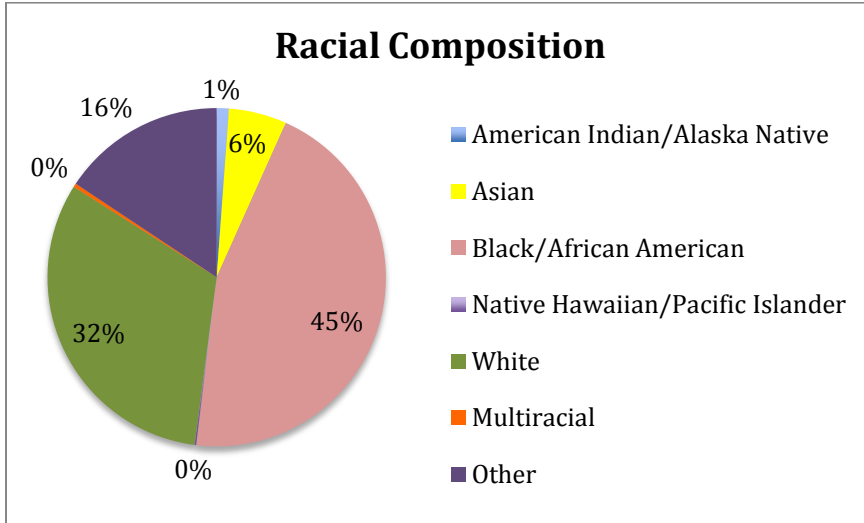


What we see in the homeless data, however, is an overrepresentation of people of color—specifically, Black, Asian, and Hispanic/Latino people make up larger percentages of the homeless population than are found in the community at large. Whites, on the other hand, are under-represented. For example, 45% of the homeless population identifies as Black while only 32% as White.
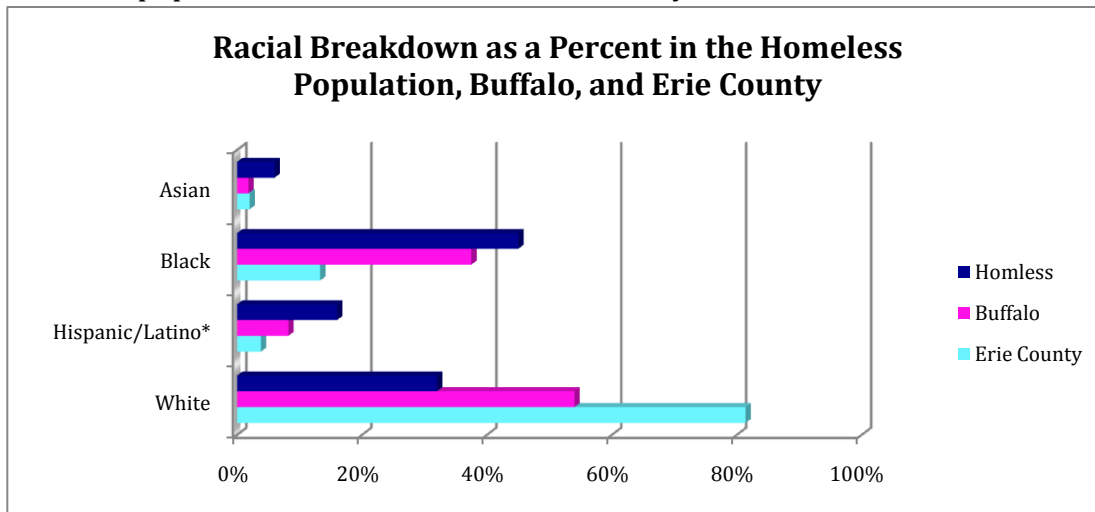


*Note, HMIS does not have a racial category for Hispanic/Latino, but it does clarify this with ethnicity. Most Hispanic/Latino clients will list "other" for race, thus is can be used as a proxy.
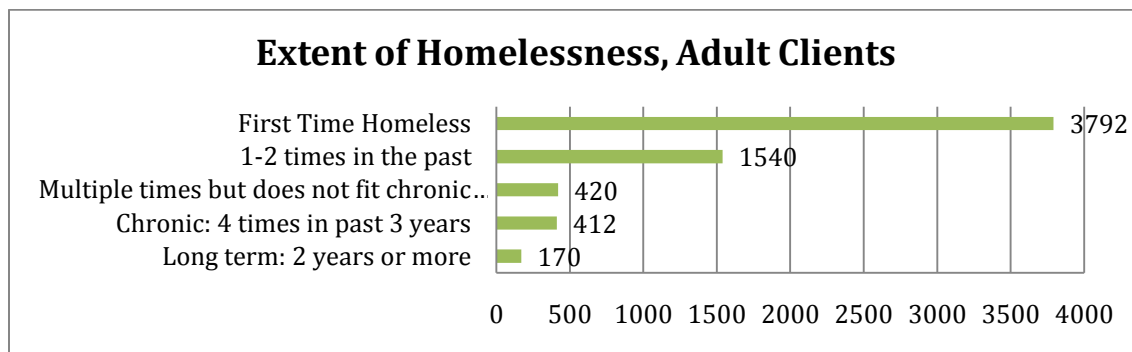**Data from this chart were taken from the 2005-2009 ACS and homeless data are from BAS-Net.

4000US36&_zip=&_lang=en&_sse=on&ActiveGeoDiv=geoSelect&_useEV=&pctxt=fph&pgsl=160&_submenuId=factsheet_0&ds_name=DEC_2000_SAFF&_ci_nbr=null&qr_name=null&reg=null%3Anull&_keyword=&_industry=

The racial data referenced above are very telling. Historically, Buffalo has been known to be a racially segregated city, a trend that continues through to this day. Based upon the 2010 Census data, Buffalo was labeled as the 6th most segregated city in the United States,[18] a title that is not without serious implications. A legacy of racial inequality seeps into housing policy, education, healthcare, and other arenas (homelessness, for example) and will be discussed in greater detail later in this report.

Extent of Homelessness
Information regarding the extent of homelessness is provided for 6334 persons included in the 2009-2010 AHAR year. Data regarding extent of homelessness are provided for adults only, which excludes 1,462 clients (children), leaving an adult sample size of 6,568. Of these clients, data are missing from 234 (3.6%). Extent of homelessness refers to the number of times a person has experienced homelessness. The data show that the majority of homeless persons (58%) were homeless for the first time during the specified time range.



**Extent of Homelessness, Adult Clients**

| | |
|---|---|
| First Time Homeless | 3792 |
| 1-2 times in the past | 1540 |
| Multiple times but does not fit chronic… | 420 |
| Chronic: 4 times in past 3 years | 412 |
| Long term: 2 years or more | 170 |

19

According to this chart, approximately 16% (15.8%; n=1002) *meet one part* of the two-pronged criteria assessment for classification as chronically homeless. In order to be considered chronically homeless, a person must meet the following conditions: 1. Have a disability of long duration and 2. Be homeless for either 1 year or more continuously or 4 times in the past 3 years.[20] Further, families are never classified as chronically homeless, even if the head of household meets the above conditions,

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[18] For greater information see censusscope.org. A more complete story written about the rankings can be found at
http://www.salon.com/news/politics/war_room/2011/03/29/most_segregated_cities

[19] 412 clients were identified as chronically homeless (although those who have experienced long-term homeless—170—could potentially be classified as chronically homeless). However, as we see below the chart, this information does not match the chronically homeless question, which shows 727 people as chronically homeless. This is the type of data error that needs to be improved and will be discussed in greater detail in the recommendations section.

[20] www.hudhre.info/documents/DefiningChronicHomeless.pdf

therefore only individuals who meet the outlined specifications will only ever be classified as chronically homeless.
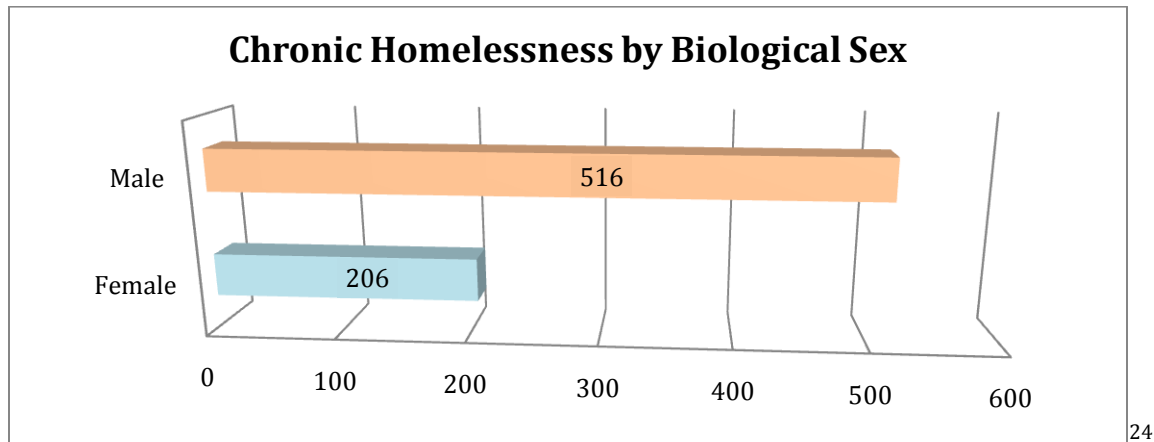
As we can see from the chart above, 412 people have been specifically identified as chronically homeless.

A follow-up question on BAS-Net asks service providers to identify those clients who satisfy both elements of the definition for chronic homelessness. According to the data, 729 people, or approximately 11% of the adult population, were identified as such. However, data are missing for 1332 people (and it looks like this question has been completed for children when it should only be answered for adults). While these numbers are consistent with previous numbers recently reported in Buffalo and Erie Counties (see the *2008 Buffalo and Erie County Annual Homelessness Profile* and *2008 Street Survey*, for example), they are dramatically lower than the percentages nationwide. The National Alliance to End Homelessness reports that almost a quarter of the homeless population is chronically homeless.[21] One can only speculate about what this marked difference may be attributed to, but anecdotal data from practitioners indicate that Buffalo's harsh climate can at least partially explain it. The chronic homeless tend to cycle in and out of shelters and also spend some time unsheltered, living on the street or somewhere else not meant for human habitation. Such living is made more difficult by the cold, snow, and generally inclement weather typical of Western New York. Nevertheless, despite having lower numbers locally, the chronically homeless tend to be the most expensive to care for, utilizing upwards of 50% of total services. [22]

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[21] http://www.endhomelessness.org/content/general/detail/1440
[22] http://www.endhomelessness.org/content/article/detail/1623

Chronic homelessness, upon deeper analysis of the current data, appears to be a gendered experience. While the sample size is low, the numbers show a pattern that is consistent nationally; that men tend to experience chronic homelessness more frequently than women[23].

## Chronic Homelessness by Biological Sex

| Category | Value |
|----------|-------|
| Male | 516 |
| Female | 206 |

(Chart x-axis: 0, 100, 200, 300, 400, 500, 600)

[24]

In addition to chronic homeless status, it is important to look at how homelessness is experienced by race. If we take a closer look at the extent of homelessness statistics, we see that Blacks, numerically, are the largest group in each category. This should not be surprising, given that Blacks are overrepresented in the total homeless population. However, what is worth noting is that the various extent of homeless categories seem to occur at similar rates amongst the various race groups, particularly between Whites and Blacks (The "other" category, which as was discussed earlier most likely encompasses the Latino/Hispanic population, does not follow this pattern exactly, as most of this group tends to fall in the first time homeless category). 1561 Black adults were homeless for the first time during the 09-10 AHAR year, which accounts for approximately 44% of the entire Black homeless population. Similarly, 1031 White adults experienced homelessness for the first time, which accounts for approximately 42% of the White Homeless population.

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[23] The National Alliance to End Homelessness reports that between 79 and 86% of the chronic homeless population is male and that about 60% are between the ages of 35 – 64. http://www.endhomelessness.org/content/article/detail/2685

[24] Note: The n value for this chart is 722 as opposed to 729. 7 clients were removed from this chart because the gender identity/biological sex was not known for 5 clients and there were 2 persons identified as transgendered, a number very small number.

**Extent of Homelessness by Race**
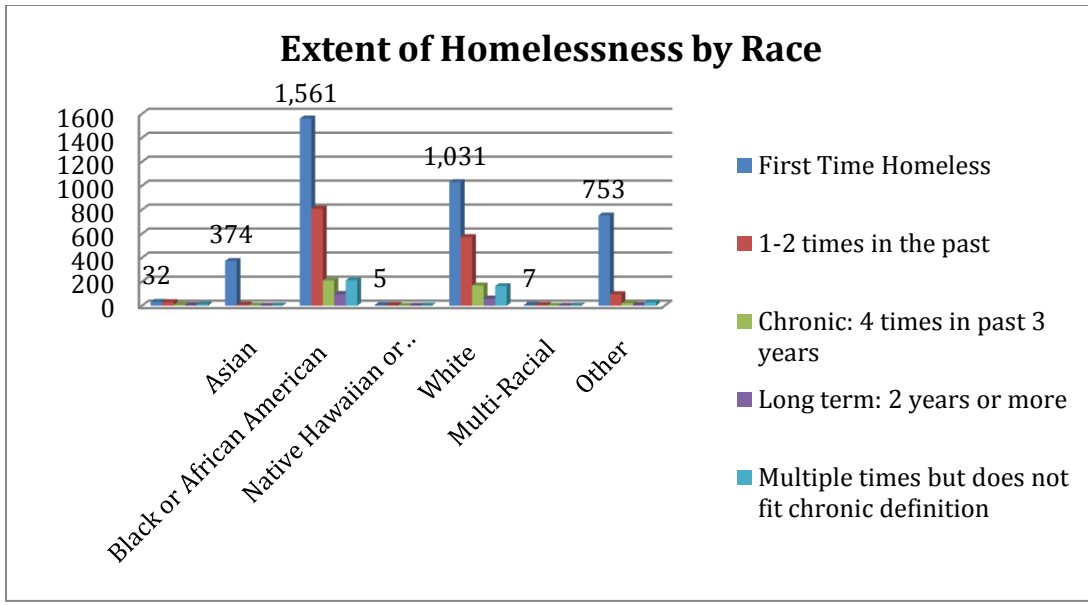
The table below provides greater detail regarding the extent of homelessness as experienced by race.

**Extent of Homelessness by Race, n-values**
**Adult Clients**

|  | First Time | 1-2 Times | Chronic | Long-term | Multiple times (not chronic) |
|---|---|---|---|---|---|
| American Indian/Alaska Native | 32 | 30 | 7 | 5 | 11 |
| Asian | 374 | 8 | 2 | 0 | 2 |
| Black | 1,561 | 810 | 210 | 98 | 212 |
| Native Hawaiian or Pacific Islander | 5 | 5 | 0 | 0 | 1 |
| White | 1.031 | 572 | 169 | 60 | 164 |
| Other | 753 | 96 | 21 | 6 | 28 |
| Multi-Racial | 7 | 6 | 0 | 0 | 1 |

Veteran Status
According to field practitioners, homeless clients tend to under-report veteran status. However, experts estimate that approximately 23% of the homeless population, nationally, consists of veterans[25]. The percentage of homeless individuals who self identify as veterans in Buffalo and Erie County has consistently been below the national average, tending to hover around 10% (see *Street Survey 2008* and previous Annual Reports). BAS-Net data for the 2009-2010 AHAR year

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[25] http://www.nchv.org/background.cfm#facts

show even smaller numbers, with only 7% of the adult population designated as veterans[26].



**Veteran Status**

Non-Veteran: 6,289
Veteran: 434
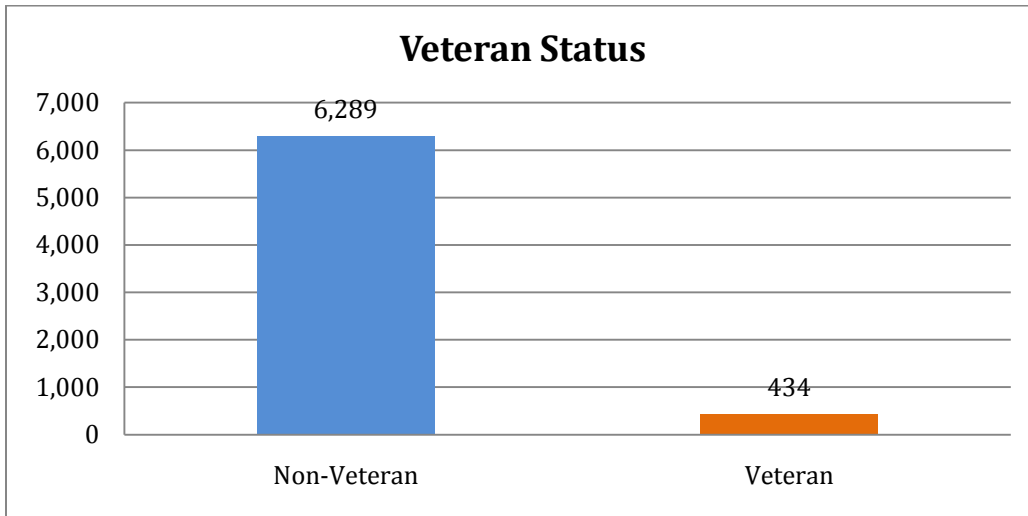
Disabling Condition

In reviewing information regarding the homeless population, it is important that we consider disabling condition, another HUD-required Data Element. Recall, possession of a disabling condition is another condition one must meet to be considered chronically homeless (see discussion above). Disabling condition refers to a range of conditions that impair a person's ability to work and/or "perform one or more activities of daily living."[27] Disabling conditions include physical and developmental disabilities, substance abuse disorders, emotional and psychological disorders.

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[26] From the data available, it appears that veteran status is not consistently tracked by providers. Further, it seems that veteran status may have been completed for some children as there are only 6,568 adults in the sample and the chart shows an n-value of 6,723.

[27] www.hudhre.info/documents/DefiningChronicHomeless.pdf

## Presence of Disabling Condition, All Clients
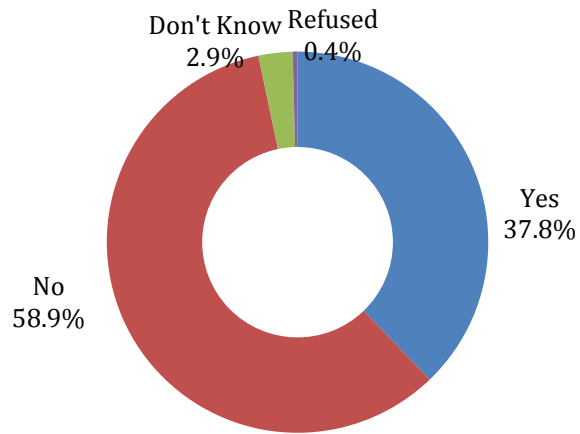


According to BAS-Net data, 37.8%, or 2,593 people, of the homeless population has a disabling condition of long duration[28].

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[28] Data are missing for 1,170 people, or 15% of the total population.

Education
Of all the adults entered into BAS-Net during the 2009-2010 AHAR year (n=6.589), educational data for only 4269 clients are provided (data are missing for 2299 adults). These data should be interpreted very carefully as they provide only a partial picture, although they appear to be mostly consistent with past findings by the Homeless Alliance (see the 2008 Street Survey, for example). With data missing for almost 2,500 clients, it is impossible to draw any definitive conclusions. Nevertheless, based upon the administrative data HAWNY possesses, the following picture emerges:



**Highest Level of Education Completed**
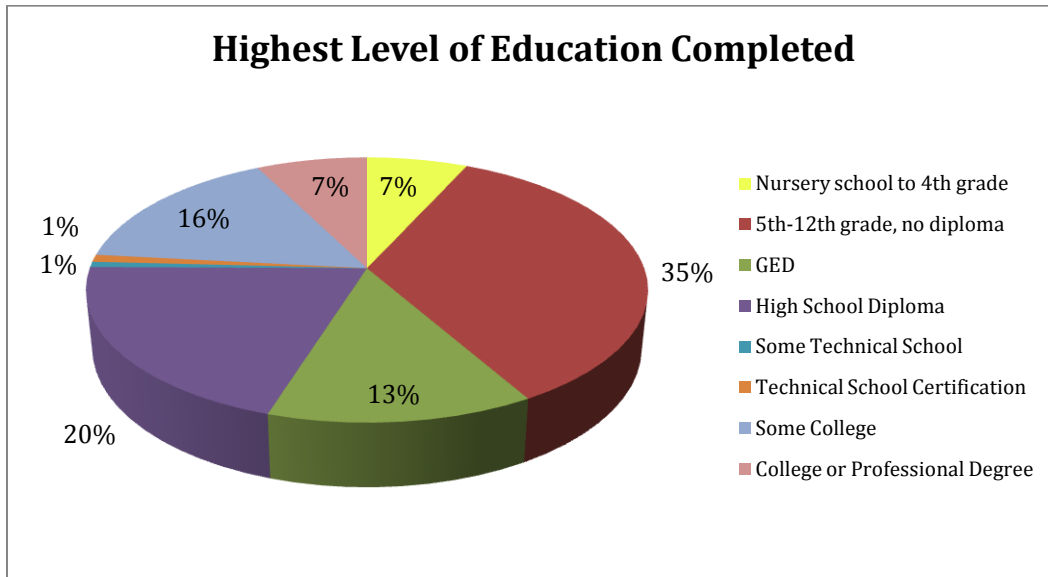
According to HMIS summary data, only 7% of homeless adults completed any postsecondary education (8% if Technical School is included), 26% have some postsecondary education (including degrees) and 33% of the population has a high school diploma or its equivalent. Conversely, over 40% of the population has less than a high school diploma or its equivalent (including 4% who have had no schooling and 3% with a 4th grade education or less).

For a more detailed view of the education data, see the table below:

Education Level

| Education Level | n-value | Percentage |
|---|---|---|
| No Schooling Completed | 165 | 4% |
| Nursery School – 4th Grade | 125 | 3% |
| 5th – 6th Grade | 77 | 2% |
| 7th – 8th Grade | 189 | 4% |
| 9th Grade | 265 | 6% |
| 10th Grade | 321 | 7% |
| 11th Grade | 403 | 9% |

| | | | |
|---|---|---|---|
| 12th Grade, no diploma | 235 | 5% | |
| GED | 563 | 13% | |
| High School Diploma | 865 | 20% | |
| Some Technical School | 28 | 1% | |
| Technical School Certification | 38 | 1% | |
| Some College | 676 | 16% | |
| College Degree | 262 | 6% | |
| Graduate/Professional Degree | 57 | 1% | |

These data appear in line with previous data collection by HAWNY. For example, in 2008 HAWNY conducted a survey amongst homeless and low-income people in Buffalo and Erie County. Among those who took the long form [LF](sheltered homeless persons), 32.4% reported having some postsecondary education (including technical school or associate, bachelor, and professional degrees), 32.4% reported having a high school diploma or equivalent, and 35.2% reported having less than a high school diploma. Similarly, among short form [SF] respondents (unsheltered homeless and low-income persons accessing support services), 33.9% reported some postsecondary education, 36% had a high school diploma or its equivalent, and 30.1% had less than a high school diploma[29]. The 2008 findings draw a less striking comparison with the census data for the region than do the HMIS data reported in the chart above.

| Education Level | 2009-2010 HMIS Data-Summary Stats | 2008 Street Survey, SF | 2008 Street Survey, LF | ACS Data |
|---|---|---|---|---|
| < than High School | 42% | 30.1% | 35.2% | 12.1% |
| HS Diploma or GED | 33% | 36% | 32.4% | 30.5% |
| Postsecondary, including college degree | 26% | 33.9% | 32.4% | 57.3% |
| Bachelors or higher | 7%** | n/a | n/a | 28.5%*** |

 *The ACS data referenced above come from the 2005-2009 estimates
**BAS-Net does not distinguish between a bachelor's degree and an associates degree, therefore this number may be less than 7%. Nevertheless, it is significantly lower that the attainment levels for the for the region as a whole.
***The Census Bureau calculates educational attainment for those 25 years and older. HAWNY's sample includes 18-24 year olds which may skew the data slightly.

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[29] Please see the 2008 Street Survey for further details.

As was mentioned earlier, Buffalo is the 6th most segregated city in the country, and the region as a whole, is also quite segregated. Thus, it is interesting to look at the education HMIS data broken out by race.
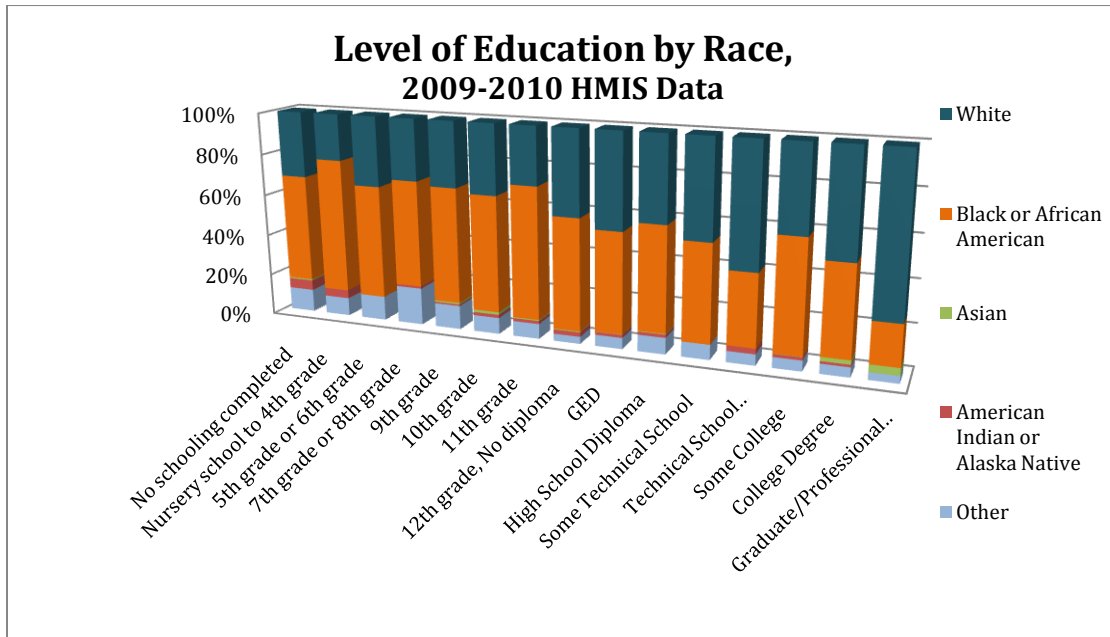


30

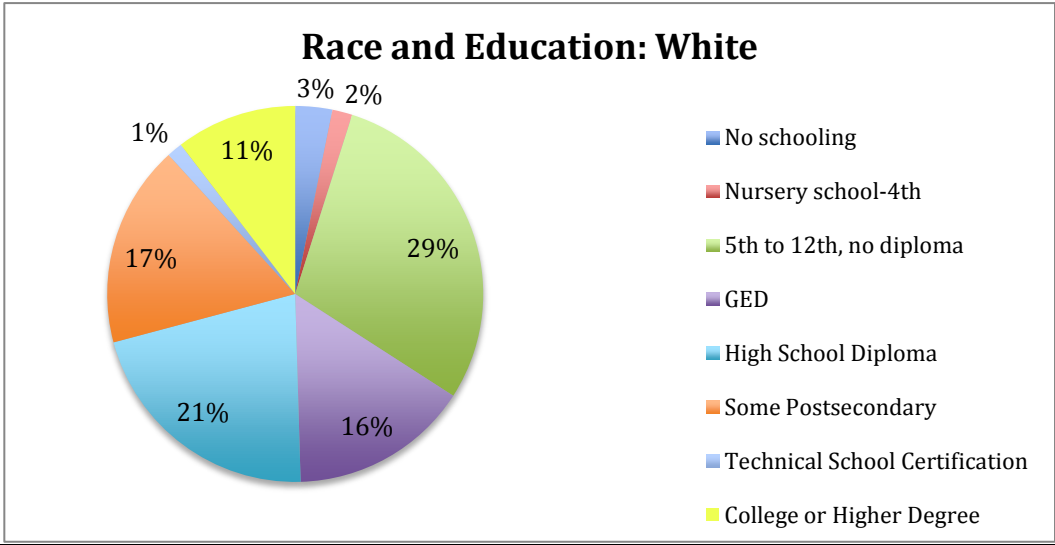Particularly interesting about the chart above, a pattern emerges that is not consistent with the basic demographic data for the homeless adult population in its entirety. As was shown earlier in this report, Black/African Americans are overrepresented while Whites are underrepresented. As this is the case, we would expect this trend to bear out in the education data, but it does not. Specifically, looking at the higher levels of education—postsecondary education—we see that whites account for higher levels of educational attainment. For example, Whites account for more than half of all Technical School certificates earned, 80% of graduate/professional degrees, and almost 50% of all college degrees, yet whites only account for 32% of the homeless population.

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30 n=4246, which differs from the summary statistics total of 4269 used in the charts above.

# Race and Education: Black



- no schooling
- Nursery school-4th
- 5th to 12th, no diploma
- GED
- High School Diploma
- Some Postsecondary
- Technical School Certification
- College or Higher Degree

4%, 4%, 1%, 5%, 17%, 19%, 12%, 38%

# Race and Education: White



- No schooling
- Nursery school-4th
- 5th to 12th, no diploma
- GED
- High School Diploma
- Some Postsecondary
- Technical School Certification
- College or Higher Degree

3%, 2%, 1%, 11%, 17%, 21%, 16%, 29%
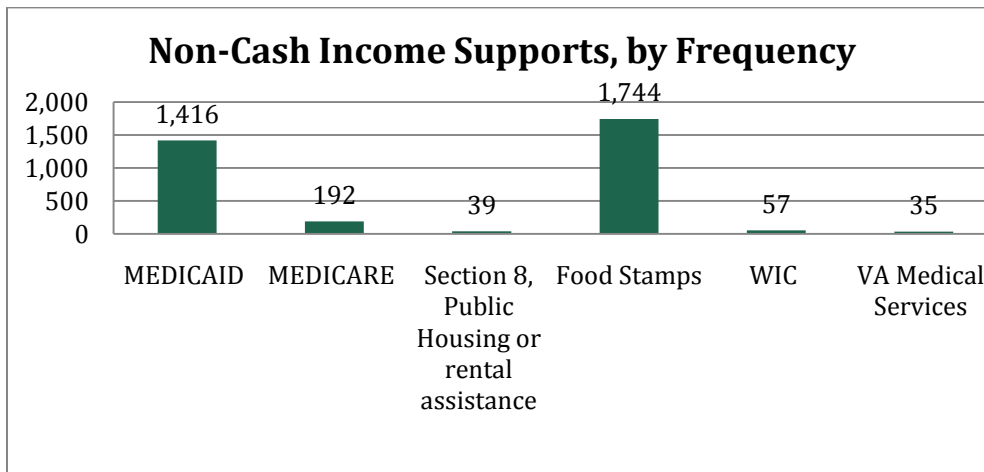
Again, what is significant here is we see that a much larger percentage of Blacks have less than a high school diploma than whites while 11% of all whites have a college degree compared to 5% of Blacks.

Income and Non-Cash Benefits

## Reported Income Sources by Frequency*

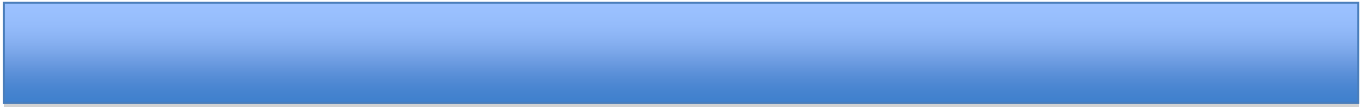| Income Source | Frequency |
|---|---|
| SSI | 762 |
| General Assistance | 498 |
| SSDI | 438 |
| No Financial Resources | 323 |
| Earned Income | 317 |
| TANF | 174 |
| Unemployment Insurance | 91 |
| Self Employment Wages | 39 |
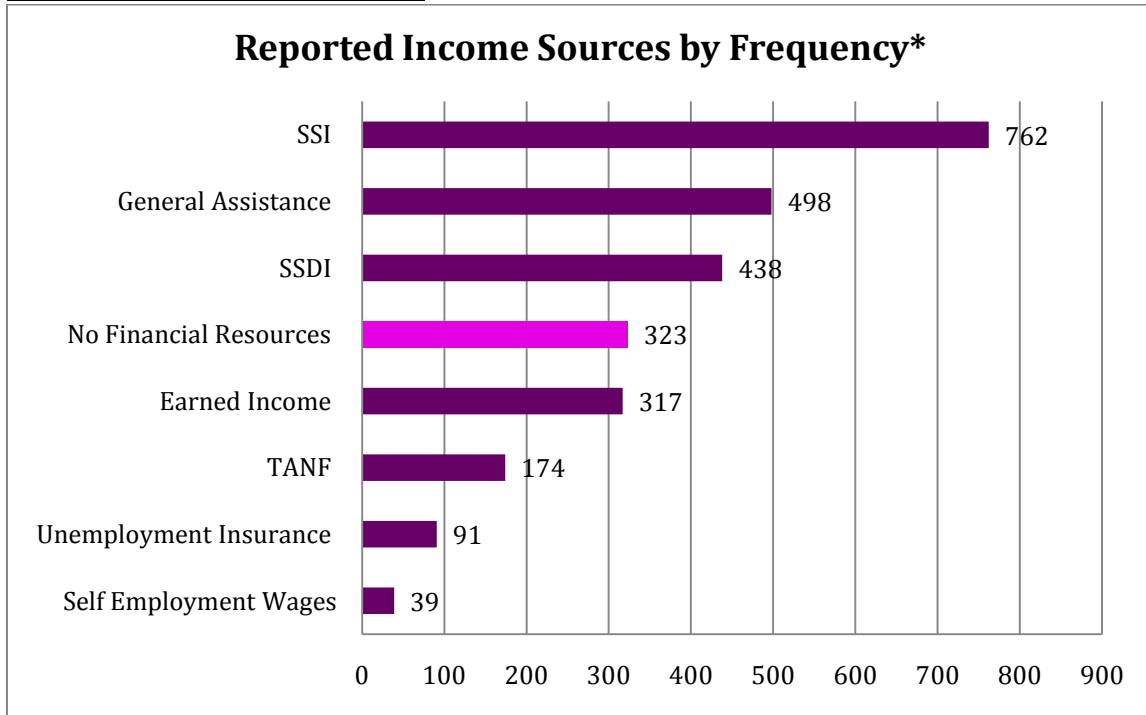
*Income data is provided by 2,952 clients; therefore, the income field might be underrepresented.

In addition to income supports, some clients also receive non-cash resources. Again, the data provided through HMIS are far from conclusive as only 44% of the total population is represented. Data such as these are very important in helping to assess gaps in services and needs of homeless clients, therefore a concerted effort to collect such data needs to be made (this is will be discussed in the recommendations). Data in the chart below, again, represent those supports that are reported as utilized most often. Please note that anecdotal data suggest that participation rates are much greater than what is shown here.

## Non-Cash Income Supports, by Frequency

| Support | Frequency |
|---|---|
| MEDICAID | 1,416 |
| MEDICARE | 192 |
| Section 8, Public Housing or rental assistance | 39 |
| Food Stamps | 1,744 |
| WIC | 57 |
| VA Medical Services | 35 |

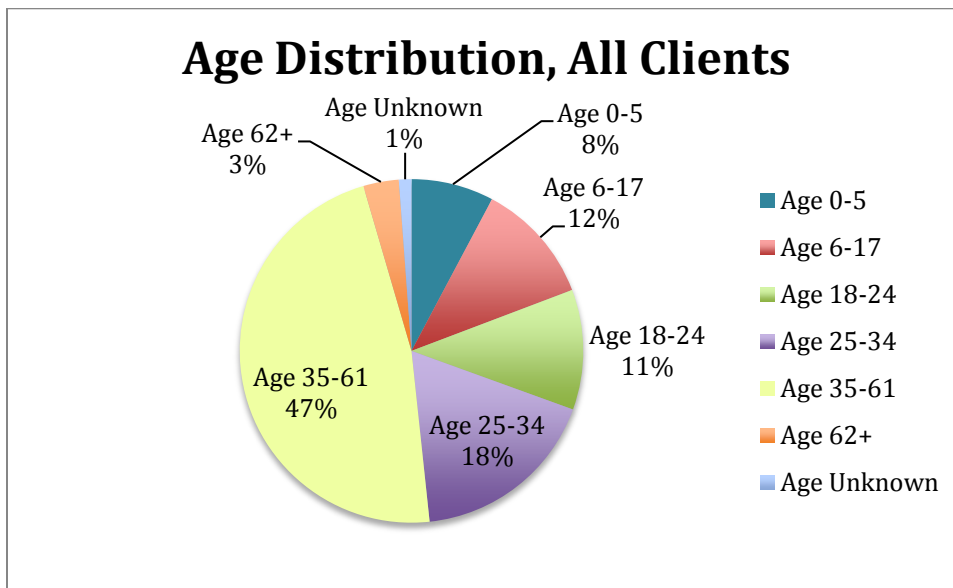# Who are the Homeless?
## 2008 – 2009 HMIS Data
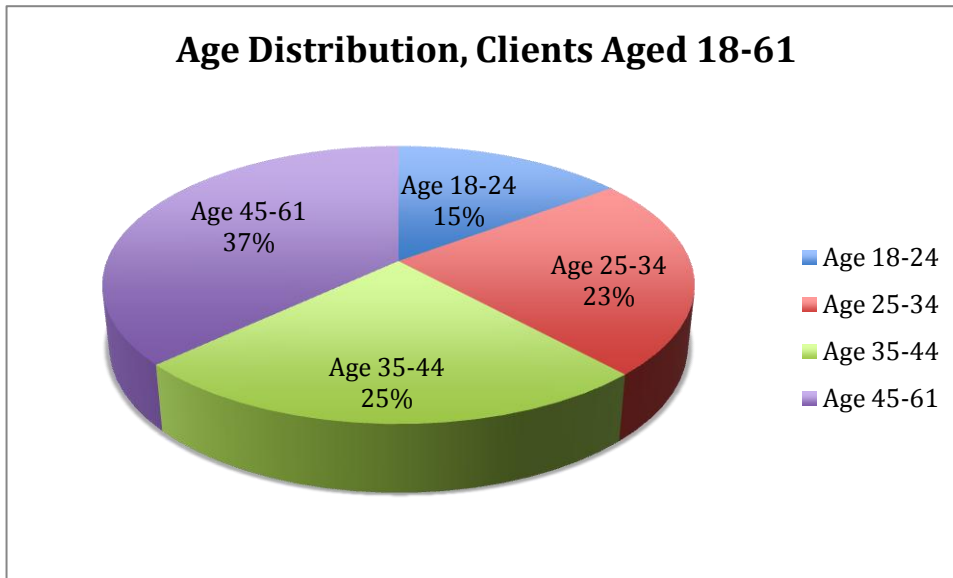
## Who are the Homeless? 2008 – 2009 HMIS Data

In the 2008-2009 AHAR year, data were collected for **6,683** unduplicated persons; 5,319 adults, 1,285 children, and 79 clients whose ages were not specified.

Data from 2008-2009 are less complete than the 2009-2010 data summarized above. The most plausible explanations for this is that there is now greater participation in BAS-Net (more agencies are utilizing it) as BAS-Net compliance is now directly tied to Continuum of Care funding, and that data quality have improved as end users (service providers) have become increasingly BAS-Net literate. While the data are less complete, they are nevertheless important to review. They still provide insight into homelessness, help the community and stakeholders to trace emergent trends, and provide a rationale for increased BAS-Net/data accuracy vigilance.

Age
According to HMIS data run for the 2008 – 2009 AHAR year, 20% of the homeless population consists of children under the age of 18. Children 5 years of age and under account for 7.8% of the total homeless population and 40% of homeless children. These numbers are similar to those reported for the 2009 – 2010 AHAR year. Further comparisons show that the 35-61 year old group is a bit larger here than in 2009-2010 and that fewer clients were entered without birthdates.



**Age Distribution, All Clients**

- Age 0-5 — 8%
- Age 6-17 — 12%
- Age 18-24 — 11%
- Age 25-34 — 18%
- Age 35-61 — 47%
- Age 62+ — 3%
- Age Unknown — 1%

**Age Distribution, Clients Aged 18-61**

- Age 18-24: 15%
- Age 25-34: 23%
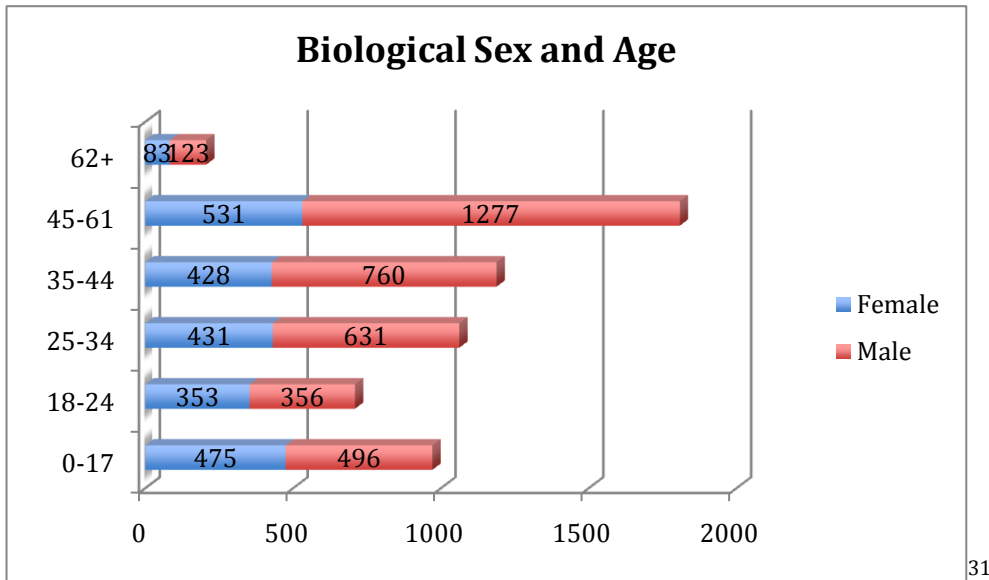- Age 35-44: 25%
- Age 45-61: 37%

As we saw with the earlier data, the 45-61 age group remains the largest homeless group by a significant margin.

Biological Sex/Gender Identification

The homeless population is overwhelmingly male, almost by a 2:1 margin. As the chart illustrates below, information for 534 clients are missing. While not confirmed by HMIS, anecdotal data would suggest that a small number of those without a sex/gender identity recorded are children (77 children between the ages 0 and 5 are missing information). Often, when a pregnant woman enters the shelter system, the baby's anticipated due date will be recorded as well as the sex if it is known. If this information is not later updated (and the mother did not know the sex of her baby prior to birth), it remains unmarked in BAS-Net. The remaining missing information, however, is an issue of data quality.

| Sex/Gender Identity | Client Counts | Percentage |
|---|---|---|
| Female | 2411 | 36% |
| Sex/Gender Not Recorded | 534 | 8% |
| Male | 3733 | 56.% |
| Transgender | 2 | 0.03% |
| Unknown | 3 | 0.04% |

It is interesting to look at sex/gender identity by age, particularly for those clients aged 18 and older. What the data show that difference increases as the age increases.

## Biological Sex and Age



A horizontal bar chart titled "Biological Sex and Age" showing Female (blue) and Male (red) values by age group:

| Age group | Female | Male |
|-----------|--------|------|
| 62+ | 83 | 123 |
| 45-61 | 531 | 1277 |
| 35-44 | 428 | 760 |
| 25-34 | 431 | 631 |
| 18-24 | 353 | 356 |
| 0-17 | 475 | 496 |

[31]

While there appears to be little significant sex/gender differences in both the 0-17 and 18-24 age groups, that begins to change in the 25-34 age group and then accelerates. The difference in the 45-61 group is more than a 2:1 ratio of males to female. While it is impossible to know fully what accounts for this difference, one could speculate about the role children and/or family play in homelessness. Women continue to bear the responsibility of child-rearing and while we know that number of single-family, female-headed households in Buffalo and Erie County account for a significant portion of families living at or below the poverty line (30.4% of all single mothers with children 18 or under; 51.5% if narrowed to children under 5 only[32])—in other words, a number of such families are precariously positioned economically with the potential to become homeless—women with children may be less likely to enter the shelter system and instead pursue alternative living situations (i.e., living with other family members).

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[31] The 534 clients for whom sex/gender information were missing, were removed from this chart as were the two person who identified as transgender and the 3 people who were labeled as gender unknown.

[32] ACS 2005-2009 Estimates for Erie County.

Race

542 clients were missing information regarding their racial identity. For the remaining 6,141 clients, the racial data looks as follows:
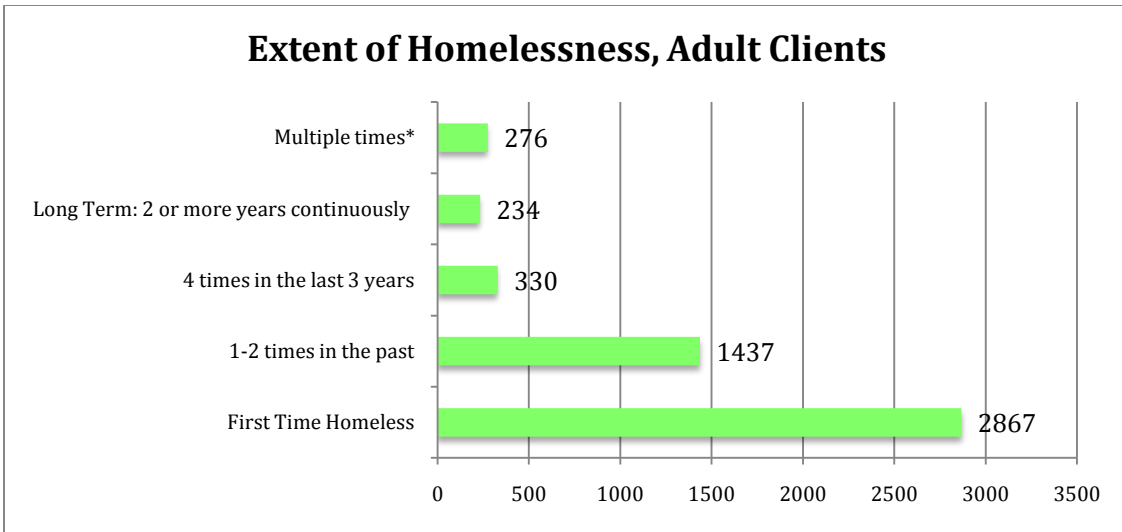
**Racial Identity, All Clients**
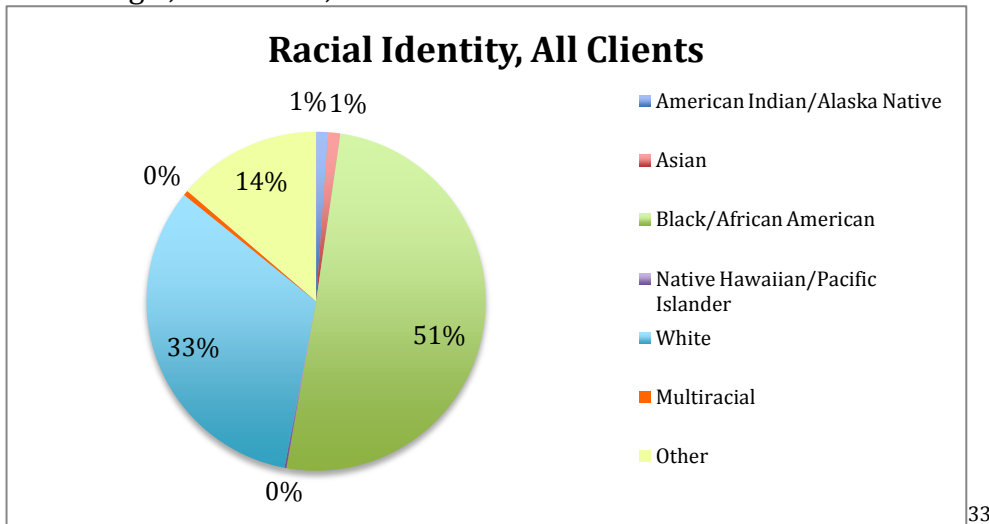


The 2008-2009 AHAR year numbers are similar to those for 2009-2010. African Americans make up the largest percentage of homeless persons at 51%—a rate slightly higher than reported for 2009-2010. Whites account for 33%, remarkably close to the more recent data (32%) and "Other" accounts for 14% as opposed to the 16% reported in 2009-2010. As was the case with the earlier data, the data do not mirror the larger racial makeup of Buffalo and Erie county—that is Blacks are overrepresented as are "Other" (if "other" maps onto Hispanic/Latino) and Asians.
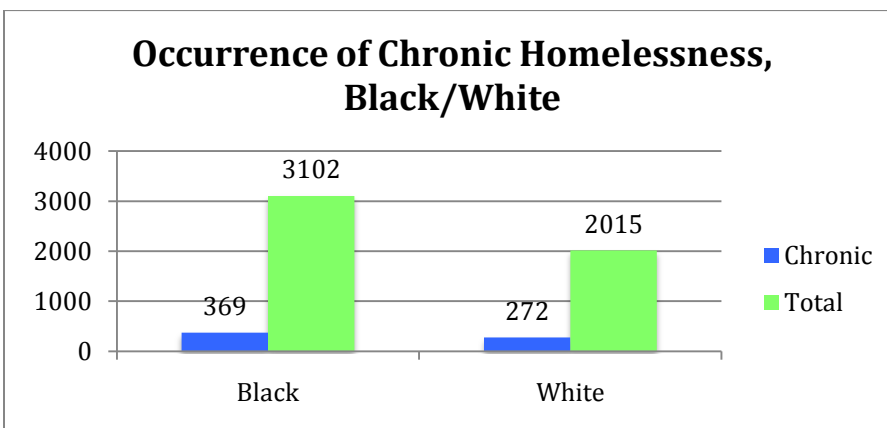
Extent of Homelessness

Data regarding extent of homelessness are provided for 5,144 clients (97% of the adult population). As we saw with the previous data, the majority of people were homeless for the first time. We also see that 840 clients meet one condition of chronic homelessness. While 840 people, based upon the above data, could potentially be identified as chronically homeless, closer evaluation of the data show otherwise. While being homeless for either 1 year continuously or 4 times in the last 3 years satisfies the first part of the definition, an individual (recall, families are not considered chronically homeless) must also have a disabling condition of long duration.  There is a question on BAS-Net which asks whether or not an individual is chronically homeless. 692 persons were identified as such, which is approximately 13% of the adult population and 10.4% of the total homeless population.

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[33] Those clients for whom we have data on ethnicity (Hispanic/Non-Hispanic), 13.3% are listed as Hispanic/Latino. Data are missing for 738 clients (11%) of the population but this value of 13% maps closely onto the "other" category.

## Extent of Homelessness, Adult Clients

| Category | Value |
|---|---|
| Multiple times* | 276 |
| Long Term: 2 or more years continuously | 234 |
| 4 times in the last 3 years | 330 |
| 1-2 times in the past | 1437 |
| First Time Homeless | 2867 |

*this category was not included in the 2009-2010 data

Examining chronic homelessness by biological sex/gender, we find similar results to those from the 2009-2010 AHAR year. Men tend to be identified as chronically homeless to a much greater extent than women.

## Chronic Homelessness by Biological Sex

| Sex | Value |
|---|---|
| Male | 536 |
| Female | 151 |

## Occurrence of Chronic Homelessness, Black/White

| | Chronic | Total |
|---|---|---|
| Black | 369 | 3102 |
| White | 272 | 2015 |
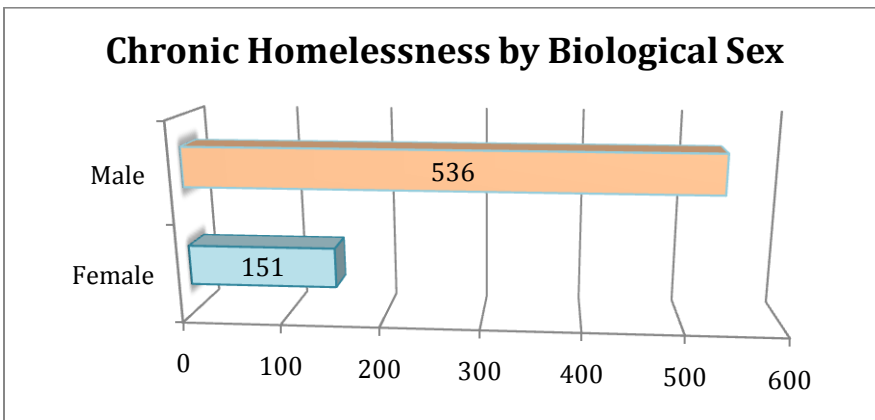
As Blacks and Whites make up the largest majority of the chronically homeless—approximately 93%—it is useful to narrow in specifically on these groups to examine the occurrence of chronic homelessness. Chronic homelessness tends to happen more frequently amongst whites—13.5% as compared to 11.9%.

As was mentioned above, the majority of homeless persons experienced homelessness for the first time during the 2008-2009 AHAR year. This was consistent across race.
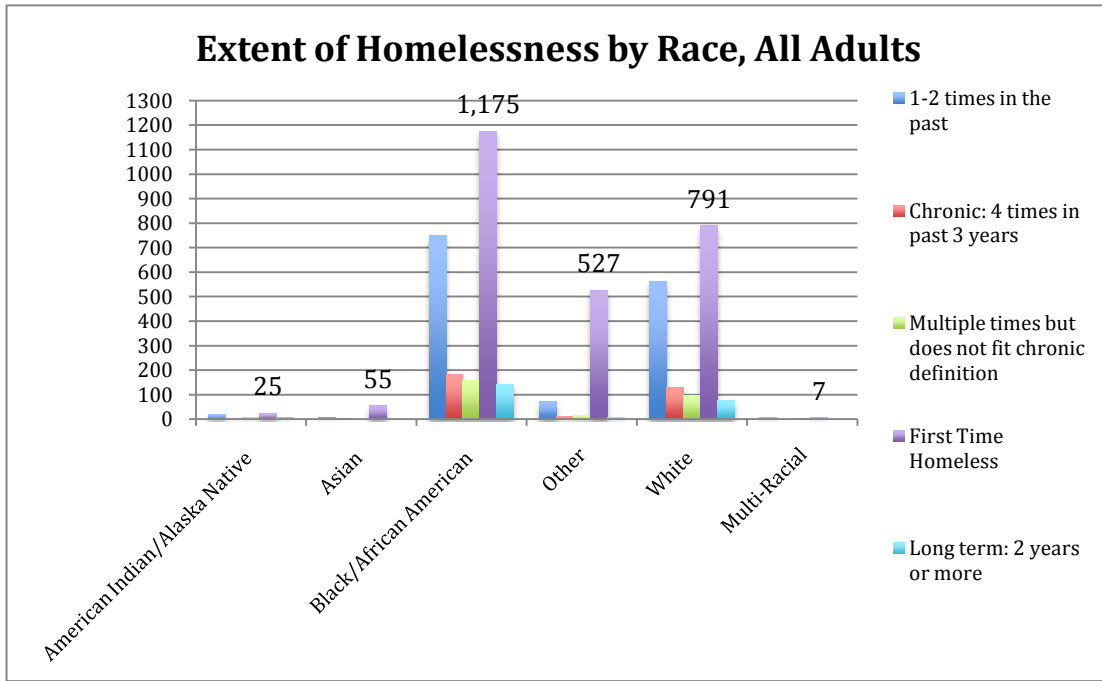


### Disability
Disability is another Universal Data Element—a characteristic that HUD requires continua to track. While little specific data regarding disabling condition is entered into BAS-Net, basic frequency information is tracked. Below, note the prevalence of a disabling condition in 5459 clients (82% of the clientele). 43% of the population is designated as possessing at least one disabling condition of long duration (2,358 clients).

**Disabling Condition, All Clients**

Don't Know 4%

No 52%

Refused 1%

Yes 43%

Legend: Don't Know, No, Refused, Yes
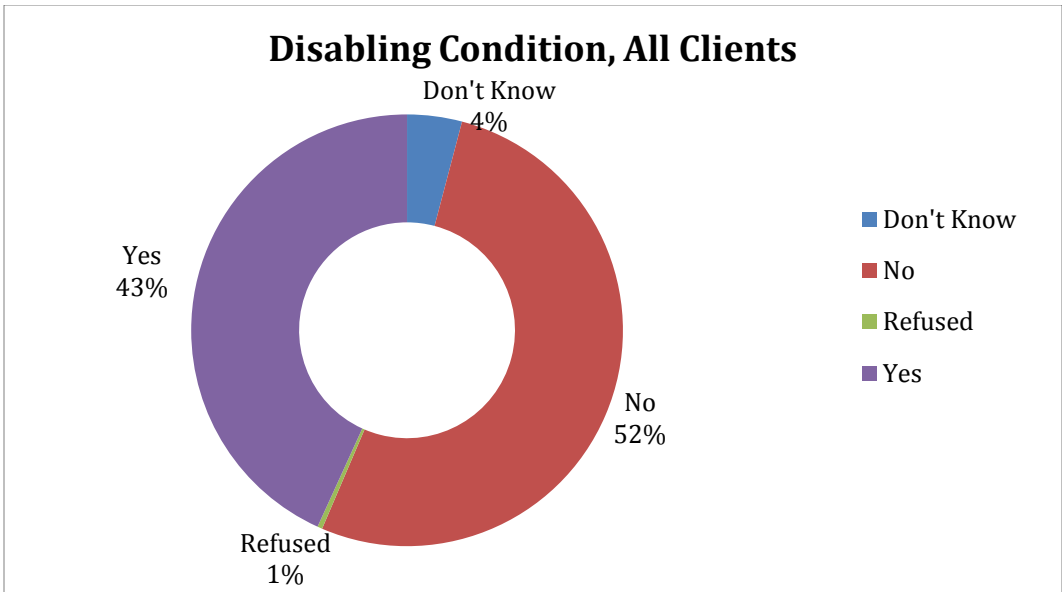
Veteran Status

The 2008-2009 data regarding veteran status reveal that approximately 9.4% of the homeless population self identify as vets. This statistic, however, is problematic as it appears that end users have been answering this question for children clients as well as adults. Data were missing for only 829 clients (there are 1285 children), and an additional 191 clients had their veteran status listed as unknown. Even if all of these missing/unknown data were answered in the affirmative (which, of course is highly unlikely), Buffalo/Erie County's rate of veteran homelessness would still be less than the national average.



**Veteran Status**

No (HUD): 5,162
Yes (HUD): 484
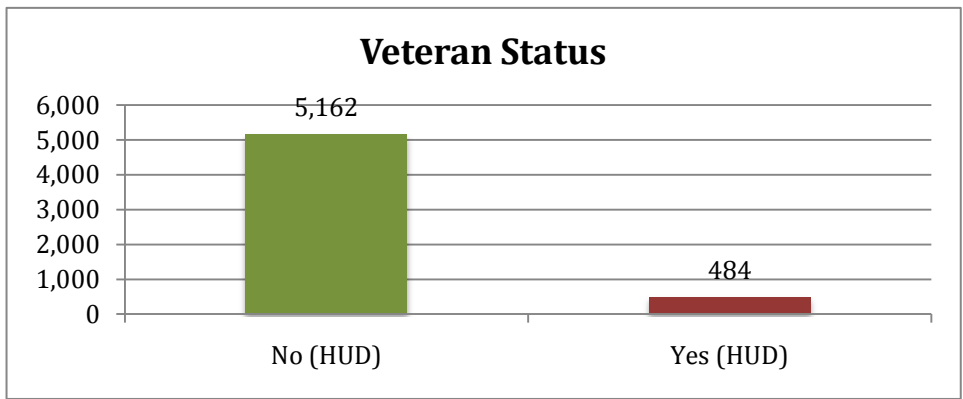
Prior Living Situation

More often than not, people were residing with friends and family prior to an episode of homelessness (30% of the total homeless population). The next most common living arrangement was a housing program (20%)—meaning a person moved from emergency shelter to transitional housing or from transitional housing to permanent supportive housing. In fewer cases—albeit more than should be the

case—some people were living in permanent supportive housing prior to re-entering the system.

## Prior Living Situation

| Category | Value |
|---|---|
| Substance Use Facility | 158 |
| Jail, Prison, Juvenile Detention... | 201 |
| Place not meant for human... | 716 |
| Prior Living Situation Not Recorded | 819 |
| Rental/Homeowner | 999 |
| Housing Program | 1379 |
| w/Friends and Family | 1958 |
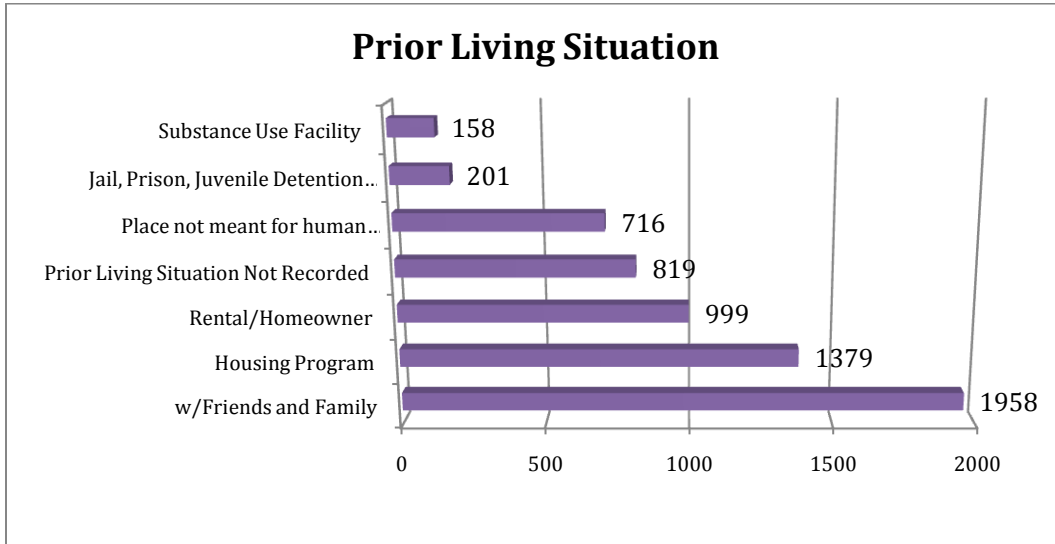
Two additional figures should give us pause: the number of renters and home owners who have become homeless and the number of people living in places not meant for human habitation. 15% of persons were residing in rented apartments or were homeowners (643 and 308, respectively). This number seems particularly high given that Buffalo and Erie County were less affected by the housing crash of 2008 and 2009 as prices were not nearly as inflated. This is a number we should continue to watch closely. The second number of great concern—people living in places not meant for human habitation (i.e., car, on the streets, abandoned building, etc.) accounts for almost 11% of the population.

Education

Of all the adult clients for the 2008-2009 AHAR year (n=5319), education data are provided for 3,561 (67% of the population). Approximately 33% of clients have a high school diploma (21%) or its equivalent (12%). Similar to the 2009-2019 data, 8% of the population completed postsecondary education (technical school certification, 1%; college diploma, 6%; graduate/professional degree, 1%) while 19% attempted postsecondary schooling but did not finish. A large percentage (40%) has less than a high school degree. This number is consistent with the 2009-2010 data, but is nonetheless troubling.



**Highest Level of Education Completed**

Legend:
- No schooling completed
- Nursery school to 4th grade
- 5th grade or 6th grade
- 7th grade or 8th grade
- 9th grade
- 10th grade
- 11th grade
- 12th grade, No diploma
- GED
- High School Diploma
- Some Technical School
- Technical School Certification
- Some College
- College Degree
- Graduate/Professional Degree
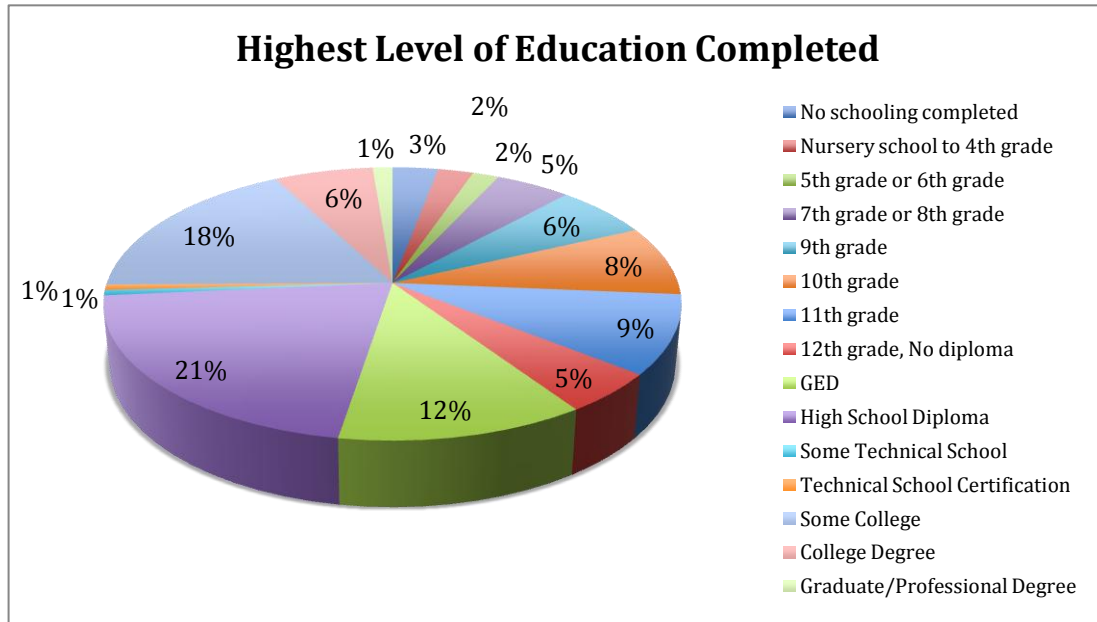
In fact, if we revisit the comparison chart from earlier, we see consistent matching across education level between 2008-2009 and 2009-2010 and completion rates significantly below the local levels.

| Education Level | 2008-2009 HMIS Data | 2009-2010 HMIS Data | 2008 Street Survey, SF | 2008 Street Survey, LF | ACS Data |
|---|---|---|---|---|---|
| < than High School | 40% | 40.4% | 30.10% | 35.2% | 12.1% |
| HS Diploma or GED | 33% | 33% | 36% | 32.4% | 30.5% |
| Postsecondary, including college degree | 26% | 26% | 33.9% | 32.4% | 57.3% |
| Bachelors or higher | 7% | 7%** | n/a | n/a | 28.5%*** |

*The ACS data referenced above come from the 2005-2009 estimates for Erie County.
**BAS-Net does not distinguish between a bachelor's degree and an associates degree, therefore this number may be less than 7%. Nevertheless, it is significantly lower that the attainment levels for the region as a whole.
***The Census Bureau calculates educational attainment for those 25 years and older. HAWNY's sample includes 18-24 year olds which may skew the data slightly.

Levels of education broken down by race are also remarkably similar with a few small exceptions. We continue to see overrepresentation of whites (per the homeless population) in the higher levels of education but we also see greater participation in technical school by Native Americans and greater completion rates of technical school by both Asians and Native Americans, something we did not see in 2009-2010.



**Level of Education by Race, 2008-2009 HMIS Data**

Legend:
- Other
- White (HUD)
- Black or African American (HUD)
- Asian (HUD)
- American Indian or Alaska Native (HUD)
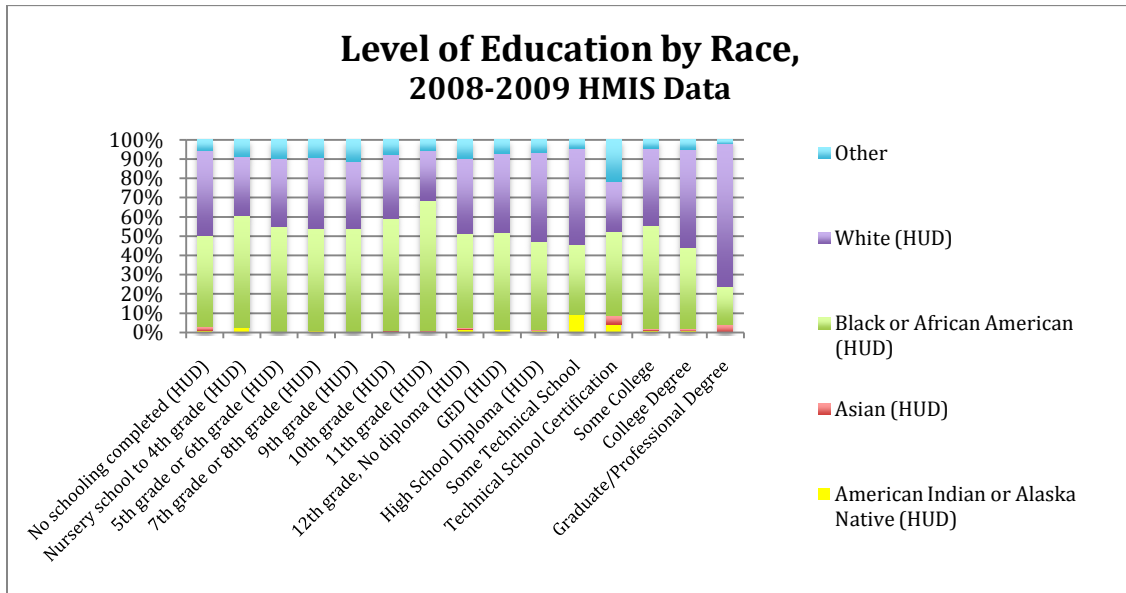
[34]

Income and Employment

Income data for 2008-2009 is sparse and rather inconclusive, but interesting to look at nevertheless. Data are provided only for 1,882 clients (28.2% of the total population; 34.3% of known adult population). What is most important to take away from these data are: that the majority of people with income receive it from governmental programs, that a number of people have no financial resources, and few clients appear to have income from employment The chart below represents the 5 most commonly reported types of income and is contrasted with two that are perhaps not so surprisingly low—employment and TANF.

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[34] n=3522. The sample included in this chart is smaller than the first chart because a number of people had education data provided but no race.
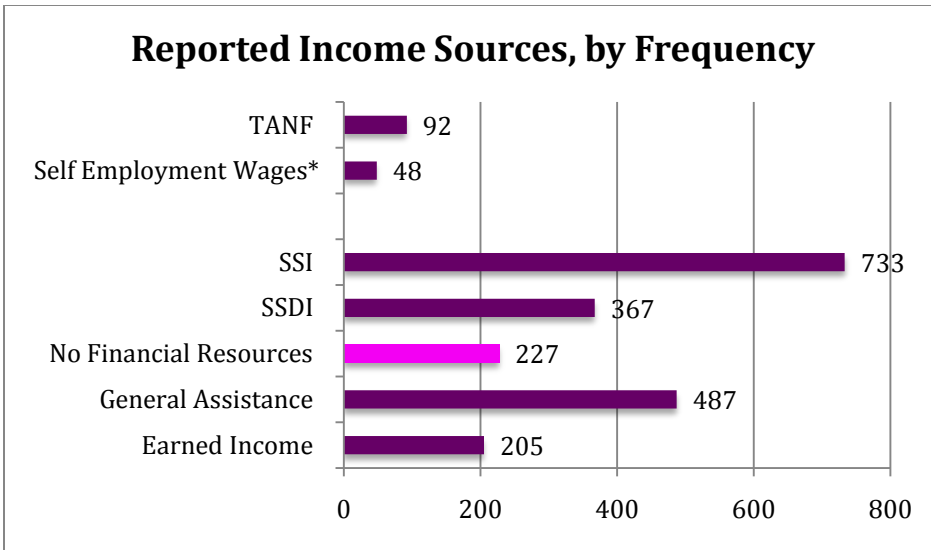
**Reported Income Sources, by Frequency**

| Source | Value |
|---|---|
| TANF | 92 |
| Self Employment Wages* | 48 |
| SSI | 733 |
| SSDI | 367 |
| No Financial Resources | 227 |
| General Assistance | 487 |
| Earned Income | 205 |

In addition to income supports, some clients also receive non-cash resources. Again, the data provided through HMIS are far from conclusive as only 21% of the total population is represented. Data such as these are very important in helping to assess gaps in services and needs of homeless clients, therefore a concerted effort to collect such data needs to be made (this is will be discussed in the recommendations). Data in the chart below, again, represent those supports that are reported as utilized most often. Please note that anecdotal data suggest that participation rates are much greater than what is shown here.

**Non-Cash Income Supports, by Frequency**

| Support | Value |
|---|---|
| MEDICAID | 910 |
| MEDICARE | 152 |
| Section 8, Public Housing or Rental Assistance | 44 |
| SNAP (Food Stamps) | 1202 |
| WIC | 23 |
| VA Medical Services | 38 |
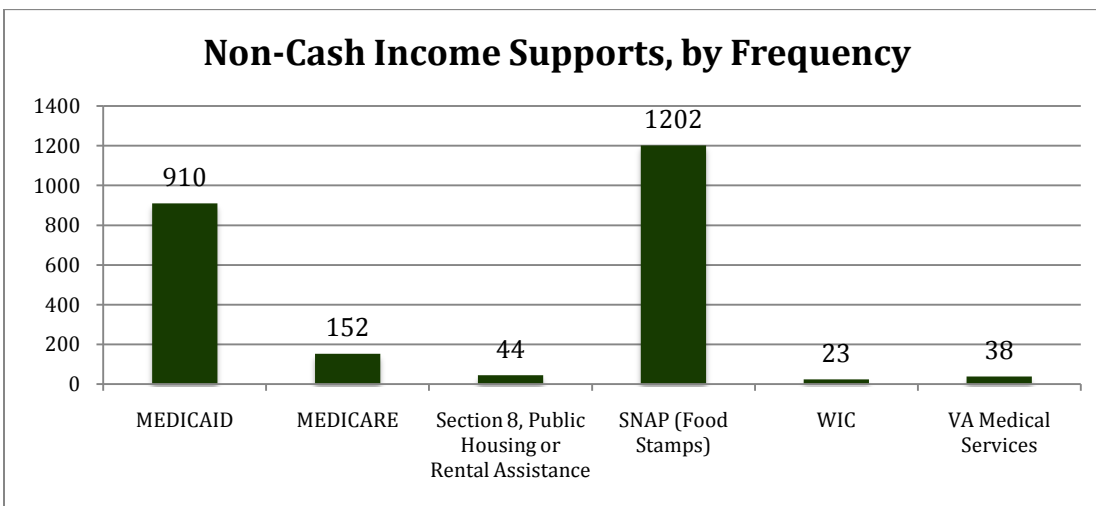
# 2008-2009 and 2009-2010 Comparisons

## *2008-2009 and 2009-2010 Comparisons*

Because the HMIS data collected between 2008-2009 are much less complete than the 2009-2010 HMIS, it is difficult to draw definitive conclusions with great certainty. Rather than compare n-values, below are a few tables and charts that show the respective percentages for the given year. What becomes abundantly clear, is that composition of the homeless population looks notably similar between the two years.

This chart shows the total number of people entered into BAS-Net for each respective year. Please note, **this does not reflect the total number of people homeless** over the given year. In other words, the dramatic difference in n-values should not be interpreted as a rapid increase in homelessness from 2008-2009 to 2009-2010. Rather, this just shows that BAS-Net usage has increased markedly.

| 2008-2009 HMIS Data | | | 2009-2010 HMIS Data | | |
|---|---|---|---|---|---|
| Total Homeless | Adults | Children | Total Homeless | Adults | Children |
| 6683 | 5319 | 1285 | 8030 | 6568 | 1462 |

*79 clients were missing age data

## *Homeless Composition*
### *Age*

| 2008-2009 HMIS Data | | 2009-2010 HMIS Data | | |
|---|---|---|---|---|
| Age | Percentage | Age | Percentage | N-value |
| 0-5 years of age | 8% | 0-5 years of age | 7% | 582 |
| 6-17 years of age | 12% | 6-17 years of age | 11% | 903 |
| 18-24 years of age | 11% | 18-24 years of age | 12% | 955 |
| 25-34 years of age | 18% | 25-34 years of age | 20% | 1607 |
| 35-44 years of age | 19% | 35-44 years of age | 19% | 1511 |
| 45-61 years of age | 28% | 45-61 years of age | 26% | 2042 |
| 62 years+ | 3% | 62 years+ | 3% | 267 |
| Age unknown | 1% | Age unknown | 2% | 176 |

### *Gender Identity/Biological Sex*

| 2008-2009 HMIS Data | | 2009-2010 HMIS Data | | |
|---|---|---|---|---|
| Gender/Sex | Percentage | Gender/Sex | Percentage | N-Value |
| Female | 36% | Female | 39% | 3112 |
| Male | 56% | Male | 59% | 4727 |
| Transgender | .03% | Transgender | 0.05% | 4 |
| Unknown | .04% | Unknown | 0.26% | 22 |
| Not recorded | 8% | Not recorded | 2.20% | 177 |

*Primary Race*

| 2008-2009 HMIS Data | | 2009-2010 HMIS Data | | |
|---|---|---|---|---|
| Race | Percentage | Race | Percentage | n-value |
| American Indian/Alaska Native | 1% | American Indian/Alaska Native | 1% | 89 |
| Asian | 1% | Asian | 6% | 434 |
| Black | 51% | Black | 45% | 3550 |
| Native Hawaiian/Pacific Islander | 0.2% | Native Hawaiian/Pacific Islander | 0% | 12 |
| White | 33% | White | 32% | 2493 |
| Multiracial | 0.4% | Multiracial | 0.3% | 27 |
| Other | 14% | Other | 16% | 1228 |

*Veteran Status*

| 2008-2009 HMIS Data | | 2009-2010 HMIS Data | | |
|---|---|---|---|---|
| Veteran Status | Percent | Veteran Status | Percent | N-value |
| Yes | 9.4% | Yes | 7% | 434 |

*Disability*

| 2008-2009 HMIS Data | | 2009-2010 HMIS Data | | |
|---|---|---|---|---|
| Disabling Condition | Percentage | Disabling Condition | Percentage | N-value |
| Yes | 37.8% | Yes | 43% | 2571 |
| No | 58.9% | No | 52% | 4053 |
| Refused | 0.4% | Refused | 1% | 28 |
| Unknown | 2.9% | Unknown | 4% | 199 |

*Chronic Homelessness*

| 2008-2009 HMIS Data | | 2009-2010 HMIS Data | | |
|---|---|---|---|---|
| Gender/Sex | Percentage | Gender/Sex | Percentage | N-value |
| Female | 22% | Female | 28.3% | 206 |
| Male | 77% | Male | 70.8% | 516 |
| Transgender | 0.1% | Transgender | 0.3% | 2 |
| Unknown | 0% | Unknown | 0.1% | 1 |

*Extent of Homelessness*

| 2008-2009 HMIS Data | | 2009-2010 HMIS Data | | |
|---|---|---|---|---|
| Extent of Homelessness | Percentage | Extent of Homelessness | Percentage | N-Value |
| 1st time | 56% | 1st time | 60% | 3792 |
| 1-2 times | 27% | 1-2 times | 24% | 1540 |
| Multiple times but does not fit chronic description* | 5% | Multiple times but does not fit chronic description | 7% | 420 |
| Chronic: 4 times in the last 3 years | 6% | Chronic: 4 times in the last 3 years | 7% | 412 |
| Long-term: 2 years or more | 4% | Long-term: 2 years or more | 3% | 170 |

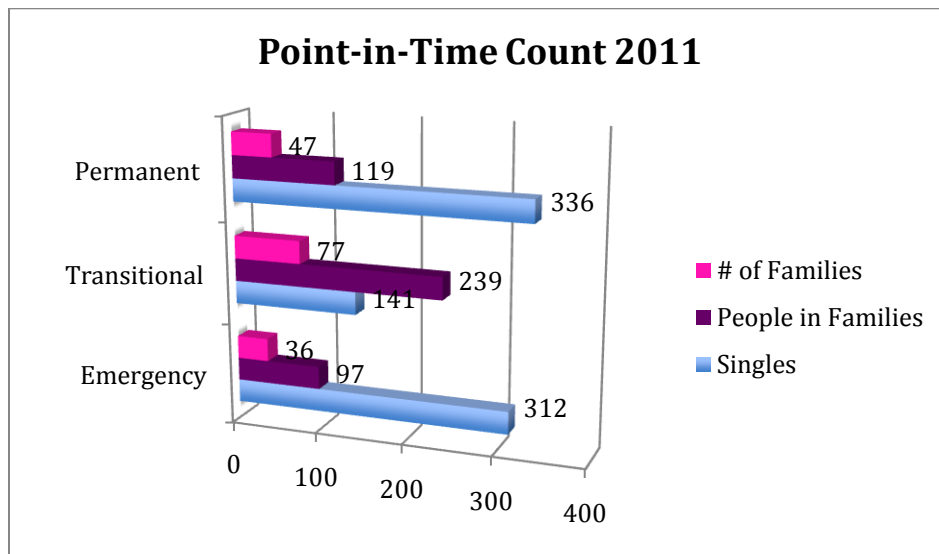*for 2008-2009, this category was just called "multiple times"

*Education*

| 2008-2009 HMIS Data | | 2009-2010 HMIS Data | | |
|---|---|---|---|---|
| Education Level | Percentage | Education Level | Percentage | N-Value |
| No Schooling | 3% | No Schooling | 4% | 166 |
| Nursery School-4th grade | 2% | Nursery School-4th grade | 3% | 124 |
| 5th-12th, no diploma | 28% | 5th-12th, no diploma | 35% | 1489 |
| GED | 12% | GED | 13% | 563 |
| High School Diploma | 21% | High School Diploma | 20% | 868 |
| Some College | 17% | Some College | 16% | 679 |
| Some Tech School or Tech School Certification | 1% | Some Tech School or Tech School Certification | 2% | 66 |
| College Degree | 6% | College Degree | 6% | 263 |
| Professional Degree | 1% | Professional Degree | 1% | 58 |

*Point-in Time (PIT) and Monthly Snapshot Data*

## Point-in-Time (PIT) and Monthly Snapshot Data

As stated earlier in this report, the 2011 PIT count yielded a total of 1244 sheltered homeless persons,[35] and a total of 1299 people (including 55 unsheltered homeless). Single individuals make up the largest percentages of those housed in emergency shelters and permanent supportive housing, while people in families are the largest population found in transitional housing.

**Point-in-Time Count 2011**

| Housing Type | # of Families | People in Families | Singles |
|---|---|---|---|
| Permanent | 47 | 119 | 336 |
| Transitional | 77 | 239 | 141 |
| Emergency | 36 | 97 | 312 |

Family sizes in all types of housing are rather small on average. The average family size in emergency housing is 2.7 people, in transitional it is 3.1, and in permanent supportive housing it is 2.5.

The chart below examines the sub-populations within the larger homeless population. HUD requires that continua track PIT data regarding the following categories: Chronic homelessness, serious mental illness, substance abuse, veteran status, HIV/AID, domestic violence, and unaccompanied youth. The sub-population data vary markedly by housing type. For example, we find relatively low numbers across the board for persons residing in emergency shelter. On the other hand, the percentages of clients reporting substance abuse issues or classified with serious mental illness are very high amongst those residing in permanent supportive housing. Chronic homelessness affected the highest percentage of unsheltered homeless. Categories such as domestic violence and HIV/AIDS are low across the board, which is to be expected as both are known to be under-reported.

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[35] 8 known agencies did not send in their data, thus this number undercounts the actual population

| | ES | % of Total | TH | % of Total | PSH | % of Total | Street | % of Total |
|---|---|---|---|---|---|---|---|---|
| Chronic | 28 | 8% | 15 | 6.4% | 46 | 10.8% | 19 | 34.5% |
| Serious Mental Illness (SMI) | 9 | 2.6% | 53 | 22.7% | 320 | 75.1% | 10 | 18.2% |
| Substance Abuse (SA) | 24 | 6.8% | 95 | 4.8% | 220 | 51.6% | 9 | 16.4% |
| Veteran | 0 | 0% | 6 | 2.6% | 56 | 13.1% | 7 | 12.7% |
| HIV/AIDS | 2 | 0.6% | 5 | 2.1% | 5 | 1.2% | 0 | 0% |
| Domestic Violence (DV) | 30 | 8.5% | 36 | 2.1% | 19 | 4.5% | 0 | 0% |
| Unaccompanied Youth | 3 | 0.9% | 5 | 2.1% | 0 | 0% | 0 | 0% |
| | | | | | | | | |
| Total Adults by housing type | 352 | | 233 | | 426 | | 55 | |

Data such as these demonstrate that those served in emergency shelters tend to have different needs than those in transitional and permanent supportive housing. Such conclusions have been borne out in other studies as well. For example, Culhane (2008)[36] in his work on chronic homelessness, has shown the almost 80% of the homeless population spends a relatively short period of time within the shelter system, and is relatively low demand (in comparison to the chronically homelessness).

While the PIT data are collected annually during the last 10 days of January,[37] HAWNY collects monthly snapshot data that mirror the information required on the PIT count. Below, the monthly reported totals of the homeless are presented.

Monthly Homeless Totals

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[36] Culhane, D.P, & Metraux, S. (2008). Rearranging the deck chairs or reallocating the lifeboats?: Homelessness assistance and its alternatives. *Journal of the American Planning Association* 74(1): 111-121. Available at: http://works.bepress.com/dennis_culhane/51

[37] HUD requires that PIT counts be conducted every odd year and mandates that data be collected during the last 10 days of January.
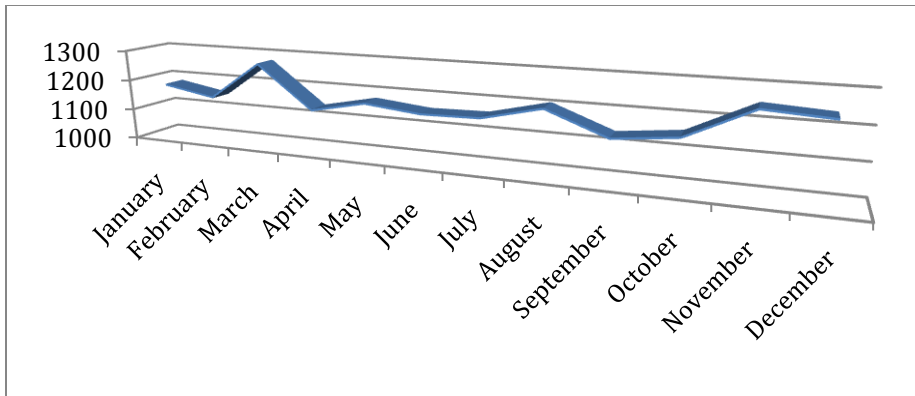
For a more detailed look at this data, a table is presented below. The month with the largest number and the month with the smallest number of sheltered homeless are bolded.

| January | February | March | April | May | June |
|---------|----------|-------|-------|-----|------|
| 1181 | 1151 | **1274** | 1137 | 1174 | 1156 |
|  |  |  |  |  |  |
| July | August | September | October | November | December |
| 1160 | 1204 | **1134** | 1155 | 1249 | 1238 |

The data for 2008 and 2009 (January-December) are less complete. For example, the data for 2008 span April to December. The most logical explanation for this is that the 2008 Street Survey was conducted in January, thus monthly snapshot data collection did not resume until the Street Survey data were fully analyzed. Data for 2009 span February – August. Nevertheless, a clear trend emerges and we see the monthly averages for **sheltered** homeless ranging between a low of 1134 (September 2010) to a high of 1274 (March 2010).

This table and chart below show the Monthly Data over three years:

| 2008 Monthly Data | | 2009 Monthly Data | | 2010 Monthly Data | |
|-------------------|------|-------------------|------|-------------------|------|
| January |  | January |  | January | 1181 |
| February |  | February | 1183 | February | 1151 |
| March |  | March | 1197 | March | 1274 |
| April | 1235 | April | 1162 | April | 1137 |
| May | 1200 | May | 1172 | May | 1174 |
| June | 1186 | June | 1173 | June | 1156 |
| July | 1194 | July | 1263 | July | 1160 |
| August | 1240 | August | 1245 | August | 1204 |
| September | 1184 | September |  | September | 1134 |
| October | 1207 | October |  | October | 1159 |
| November | 1181 | November |  | November | 1249 |
| December | 1191 | December |  | December | 1238 |
| **Average** | 1202 | **Average** | 1199 | **Average** | 1184 |

Monthly Shelter Counts[38]
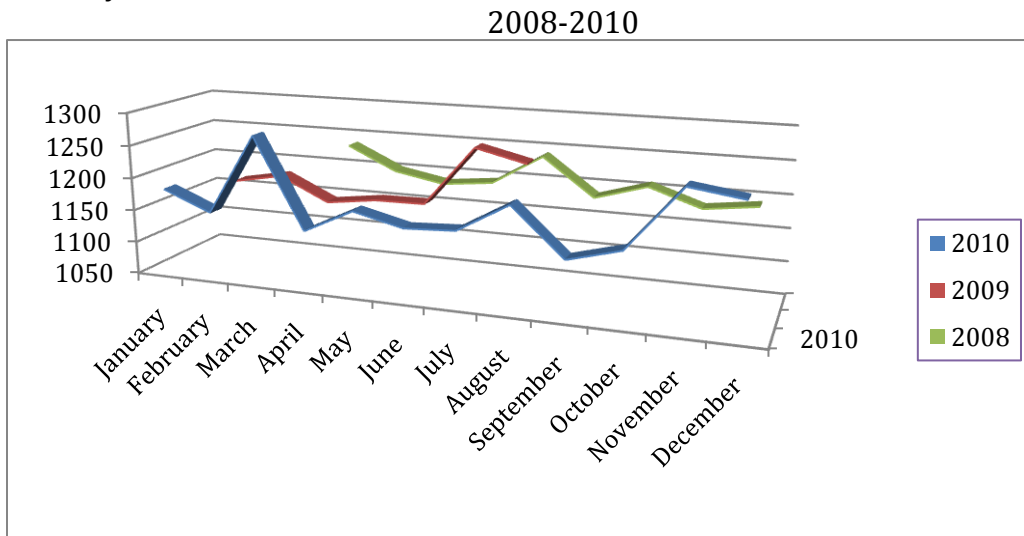


2008-2010

Despite some variation (and missing data), the yearly averages do not differ significantly, showing that the population has been somewhat stable since 2008.

## Summary

The data above, taken from the 2008-2010, illustrate the complexities of homeless and the variation of experience across housing type. While partial, the data do provide insight into the needs of the homeless and can be enormously helpful to providers and key stakeholders when considering service provision. There are clear areas where data quality can be improved (income and employment information comes to mind here) yet we do see clear patterns, particularly in regard to race, gender/biological sex and patterns of homelessness (prior living situations and extent of homelessness). These data, then, should be used to drive planning and implementation of prevention and service provision in the future.

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[38] This chart only accounts for sheltered homeless. Outreach workers estimate that between 100-200 people live in places not meant for human habitation. Also, it is important to note that there was not 100% participation by providers, thus these numbers underestimate the number of sheltered homeless by 50-100 people.

## Service Needs and Gaps

Based on the data presented herein and qualitative data gathered from practitioners, the following service needs and gaps have been identified:

Prevention, Prevention, Prevention
One of the most significant findings from this report is the fact that approximately 50% of the homeless are first-time homeless. This coupled with the fact that in the 2009-2010 AHAR year, 30% of the adult population was living doubled-up with family and friends prior to becoming homeless while an additional 20% came from a housing program and 15% were homeowners or renters. Further, when asked to identify primary reasons for homelessness, housing issues accounted for close to 30% (combination of: doubled-up, lack of affordable housing, eviction, and new to area). Taken as a whole, this should give us pause as many of these people could forgo a homeless experience if prevention efforts can be ramped up. Given that HPRP funds are scheduled to cease soon, the community should double-down on prevention efforts before we have an even larger homeless crisis on our hands.

Before moving on to the next gap, it is imperative that we turn our attention to the 20% who were living in a housing program immediately before this episode of homelessness.  Are these simply people moving through the Continuum in the way that it was designed? Or, are these people who have not been effectively linked with housing and thus became homeless before re-entering the system? If the former is the explanation, than there is no service gap, so to speak. However, if the latter is the true explanation, this is certainly an area that can be (and needs to be!) addressed.

More Low-Demand Housing for the Chronically Homeless
Currently, there are only 16 safe havens beds within the Continuum. Safe havens, and other Housing First models, have been shown to be highly successful with the hardest to serve and most vulnerable of the homeless population: the chronically homeless. What the data show in this report is that close to 10% of the homeless population is considered chronically homeless. However, this number may in fact be higher as practitioners estimate that between 100 – 200 people are living on the streets and other places not meant for human habitation. This 100 – 200 people, known as unsheltered homeless, are often difficult to engage and are leery of housing providers that demand they submit to a number of treatments and evaluations. The safe haven operated by Lakeshore Behavioral Health has been full (or close to it) since it opened in the winter of 2010, demonstrating that this model works in our Continuum. More projects that emulate this model are needed.

Employment and Income

While the data around income and employment are incomplete, and thus it is difficult to fully ascertain the employment and income needs of the homeless, one can reasonably speculate that homeless clients need greater employment opportunities and more income to stabilize their housing situations. While there is little service providers can do by way of creating jobs in a depressed economy, continued job training should be encouraged as well as education. Further, service providers can become strong advocates of living wage policies which could be the element that keeps one from slipping into homelessness.

Additionally, service providers can ensure that all clients are availing themselves of the benefits for which they qualify. Perhaps benefit information is just under-reported in HMIS, but it appears that many are not accessing benefits. This leaves a large amount of money on the table at the county level, money that could be allocated elsewhere if it appears as if it is not needed.

# Recommendations

Based upon the findings included herein, recommendations for the improvement of service provision and ultimately the eradication of homelessness are provided below. A number of the recommendations are explicitly linked to data collection—collecting more data, engaging more service providers in HMIS, and improving the accuracy of the data collected. Another segment of recommendations is link to broader policy needs—actions that need to be taken as a community and ones that HAWNY and its partners can advocate and push forth. As HAWNY pushes forward on its 10-year plan to end homelessness, these recommendations (and the report as a whole) can inform planning and strategy.

## *Locating all homeless housing providers*

According to the most recent *HIC* there are 61 housing programs in operation in Buffalo and Erie County. Almost all of these programs are part of the HAWNY consortium. However, it is feasible that there are more programs in operation beyond these 61 known entities. Thus, a systematic effort should be made to locate *all* homeless housing providers in the county to ensure that HAWNY is fully aware of all options available to clients. Such an effort will also go a long way toward improving data quality and completing service gaps analyses.

## *Increase BAS-Net Coverage*

Currently, 71% of the *known* homeless providers utilize BAS-Net, which means that at least 29% of service providers do not provide regular client information to HAWNY. This is a huge disservice to the community at large as without such data, it is impossible to have a complete understanding of homelessness in our area. While it appears as though much of the city of Buffalo is covered, less is known about the surrounding suburbs. This is particularly problematic given that, national trends have shown a rise in suburban poverty and homelessness, not to mention the fact that urban homelessness differs from suburban and rural homelessness.

## *Improved Data Quality*

Simply increasing the number of agencies on BAS-Net is not enough—in other words, data for the sake of data should not be the goal. Rather, it is imperative that data be entered accurately and in a timely manner. While all of the data reported in BAS-Net are based upon client self reports, every effort toward data completion needs to be made. As was seen above in the findings section, it is extremely difficult to make conclusive statements when large percentages of information are missing. HUD requires that all providers collect certain required information. These required data points are known as the Universal Data Elements (also called UDEs) such as clients name, SSN, date of birth, race, ethnicity, gender, veteran status, disabling condition, residence prior to program entry, zip code of last permanent address and housing status. These elements amongst others are used to complete both annual progress reports (APR), achieve unduplicated counts, and the AHAR. While useful,

the UDEs are limited in scope. They provide snapshot data regarding the composition of the homeless population but are not comprehensive enough to allow HAWNY (as the administrator of BAS-Net) to complete extensive service need analyses and to make policy recommendations to eliminate homeless.

Notwithstanding, HAWNY has indeed recognized the above problematic scenario and is in the works of improving the criterion of data collection.

*Collect More Comprehensive Data:*
So much of the data collected in BAS-Net consists only of snippets from the lives of the people served. Such information—such as demographic data, education history, number of times homeless—while incredible useful, is limited in scope. The data collected are generally meant to be quantified—so that frequencies can be counted and trends assessed. Such efforts are necessary for devising broad policy and for completing community analyses but for *actual* service provision, such information is not enough. In order for agencies to truly buy into HMIS, it needs to be fully integrated into the service provision model. To do this, HMIS needs to have the capability to account for qualitative data and allow for its collection in a way that it is *easy* for providers to document, and to later access.

Such information would be of benefit to the community at large as well. For example, research shows that people who experience homelessness as a child have a heightened likelihood of experiencing homelessness as an adult as well a propensity to other issues such as substance abuse, depression, and domestic violence[39]. If HMIS could capture more extensive, life history-like data such as this, prevention efforts will greatly benefit.

*Increased Prevention Efforts*
The majority of the homeless are first time homeless, meaning that they have never before experienced homelessness. This has enormous implications for service provision and prevention (see earlier discussions in this report as well as the work of Culhane, 2008 among others). While HPRP funds have surely aided in the prevention efforts, those funds are only temporarily available through the federal stimulus plan. Thus, alternatives need to be devised.

Currently, much of the homeless-system, both in Buffalo and nation-wide, is more *reactive* than *pro-active*, addressing people's needs only after they present themselves for shelter. If measures could be put in place prior to someone losing their housing, the benefits would be tremendous, to both the client (and his/her family) and to the taxpayer.

Creating a pro-active system whose major goal is prevention is contingent upon comprehensive, high-quality data.

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[39] *www.browncountyunitedway.org/.../long-term-effects-of-**homelessness**-on-**children**.pdf*

*Tighter System-wide Coordination*

Homelessness and poverty are not isolated issues that one experiences in a vacuum. Rather, they sit at the nexus of several social and economic phenomena and therefore cannot be addressed fully without also tending to these other areas. Healthcare, housing policies, employment opportunities, education, racism, economic inequality, transportation and city planning/design, the criminal justice system and so on all contribute to the creation and perpetuation of poverty and homelessness. Ending immediate homelessness requires placing the homeless in housing. Ending homelessness altogether, as well as poverty, requires a systems approach that coordinates across the various policy areas. Stakeholders from all of these areas need to sit at the table together to develop comprehensive, structural change.

Below are a few areas that need to be addressed to this end.

➢ Re-Investment in the city center and community-wide efforts for urban renewal

➢ Access to quality, affordable housing

➢ Increase high school completion/GED

➢ More Employment Opportunities

➢ Increased access to quality schooling

➢ Access to quality, affordable medical treatment

➢ Quality public transportation

# Conclusion

The purpose of this report was to provide a comprehensive view of the scope and consequences of homelessness in Buffalo and Erie County. Based upon the best administrative data available, this report provides the community with a snapshot of the contours of homelessness as experienced by many—too many—of our fellow community members. While this report can in no way testify to the daily struggles and experiences of those who are homeless, it is hoped that these data will help to inform policies that will once and for all bring an end to homelessness in our community.

The data presented herein are both illuminating and troubling—they provide greater detail, which should be of assistance to service providers, advocates, and policy makers but also point to a problem that is far-reaching in nature, one that cannot be resolved overnight. What becomes abundantly clear from these data is that by and large, homelessness—and poverty more broadly—are structural issues, not the result of individual choices. Lack of affordable housing, lack of educational opportunity, lack of employment, and lack of investment in the community (among other things) contribute greatly to poverty and homelessness. Under such conditions, individual choice has very little to do with it. In other words, no matter how hard one tries to pull themselves up by the proverbially *bootstraps*, when there are no jobs; when a city is segregated by race and class, and subsequently opportunity; when the region has experienced disinvestment on a large scale and the erosion of public services and industry, one may pull all they like but the result will most likely be a broken shoelace and the inability to replace it with a new one.