How Buffalo and Western New York Achieved an End to Veteran Homelessness

By Dale Zuchlewski, Executive Director, Homeless Alliance of WNY

Overview

The NY-508 Continuum of Care consists of the cities of Buffalo and Niagara Falls and counties of Erie, Niagara, Genesee, Wyoming, and Orleans. We have 2 major urban areas, but the vast majority of our physical area is rural. It is challenging simply understanding the unique needs of each community and then trying to develop systems that respect their individual community needs.

The overall population in the region is approximately 1,250,000, with about 250,000 in the City of Buffalo and 50,000 in the City of Niagara Falls. The urban areas of the CoC have a 30% poverty rate, while the metro region mirrors the national average of 15%. In 2015, according to HMIS and information provided by non-HMIS participating service providers, 7,900 people experienced homelessness, including 5,500 in Erie County, 2,000 in Niagara County, and the remaining 400 in Genesee, Wyoming, and Orleans. Our 2016 PIT count showed 962 people experiencing homelessness, 57 who were unsheltered. Among them, 97 were Veterans and 9 were unsheltered Veterans.

When and why did you decide to tackle this issue?

We started the process in the Spring of 2015, based upon a call from the local HUD office encouraging us to sign up for the Mayors Challenge to End Veteran Homelessness. And we also wanted to showcase our efforts to assist Veterans with housing needs. Our local VA Healthcare for the Homeless Program was already recognized nationally within the VA for employing best practices, and they were often enlisted to provide technical assistance to other communities. There was an existing close working relationship between the Veterans and CoC programs and we wanted to show other communities how we were able to successfully serve our Veterans.

While it was important to have our elected officials on board, the VA, CoC, and SSVF providers also have to be at the table, as they are the ones dealing with Veteran homelessness on a daily basis. The CoC took the lead and established a working group from among the CoC and Veteran service providers. This group met regularly over the course of a year and a half to guide the efforts, though the frequency of the meetings shifted based on need. By-name list meetings among staff working directly with clients occurred every two weeks. All together, we worked hard to ensure that we could achieve the goal of ending homelessness among Veterans, as defined by the federal criteria and benchmarks.

What key strategies do you use to identify all Veterans experiencing homelessness (Criteria 1)?

The most significant strategy was that the VA outreach program gained the ability to use HMIS. That step allowed for better interagency communication and it facilitated our work to create the by-name list that is an absolute necessity for a successful housing strategy.

Aside from the technical aspects, outreach on the streets and in shelters is key. It's the people on the front line who make the system work and perform the triage to verify military status and program eligibility so the client

can be referred to the proper resource. This was always a strong aspect of our community—we knew we were doing a good job of identifying all Veterans at the start—but it was improved with the creation of the by-name list. The VA Health Care for Homeless program does outreach in our rural areas and people know to call them when they encounter a Veteran experiencing homelessness. Roger Woodworth's Veteran's One Stop Center also has offices in some of the rural communities and that is a tremendous help as well.

What key strategies do you use to provide shelter immediately to any Veteran experiencing unsheltered homelessness who wants it (Criteria 2)?

New York is a right-to-shelter state, so everyone experiencing homelessness has a right to be admitted into a shelter or to be placed in a motel if the shelters are full. Veterans are also prioritized in our coordinated entry process. There is a sophisticated shelter system in Erie and Niagara counties, two Grant and Per Diem (GPD) programs and two Contract Residence programs, so offering immediate shelter was never an issue for us. It also makes identifying Veterans much easier.

What key strategies do you use to make sure your community only provides service-intensive transitional housing in limited instances (Criteria 3)?

Transitional housing is strictly based upon client choice and is normally associated with a substance abuse or mental illness disorder. We are currently working with our two GPD providers in responding to the VA's NOFA for GPD programs and figuring out how many beds are needed in each of the categories. I think it is safe to say we won't have any service-intensive transitional GPD beds after this.

What key strategies do you use to make sure your community has the capacity to assist Veterans to swiftly move into permanent housing (Criteria 4)?

Our community has sufficient HUD-VASH vouchers to house eligible Veterans through this program, and we have reallocated CoC funds to increase the number of permanent supportive housing opportunities so that we can offer this option for Veterans not eligible for HUD-VASH. Our rental market is fairly affordable, making scattered site options readily available. A number of state- and federally funded affordable housing projects offer a Veterans preference, and a list of local landlords has been developed for even more options.

What key strategies do you use to make sure you have the resources, plans, and system capacity in place should any Veteran become homeless or be at risk of homelessness in the future (Criteria 5)?

We have provided a significant amount of onsite technical assistance to local agencies to ensure our by-name list is accurate in our HMIS system. This is new to some programs and we have been letting them know that accurate data input means accurate data output—which helps us to be sure that we are able to help each and every Veteran we identify.

We have also updated our 10 Year Plan to End Homelessness to include a detailed Veterans section, and we are now having discussions between the CoC and VA on the number and types of beds needed in the GPD program.

What are the top 3 things your community has done to make sure you are sustaining your progress?

1. The bi-weekly by-name meetings have been key to sustaining the progress.
2. Maintaining the HMIS data has also been important because the by-name list is only as accurate as the HMIS data.

3. Outreach and coordination of the Veterans on the list ties it all together.

What concerns do you have regarding maintaining an end to Veteran homelessness?

The process to receive the confirmation of achievement of the goal from the federal agencies is stressful and takes a long, concentrated effort by multiple parties. There is a natural let down once the confirmation is received and some people may think that is the end of the commitment. Someone has to be able to bring people back to the table, as they may drift away from time to time.

What advice would you give to communities who are in the process of seeking confirmation that they have achieved the goal?

My advice would be that they need one or two people to take responsibility for making sure the by-name list is accurate and up to date so that it can inform the documentation needed for the federal review. Those staff need to have the authority to make sure all the partners do their part. A community needs to be patient and persistent and open to suggestions from technical assistance providers and USICH, HUD, and VA.