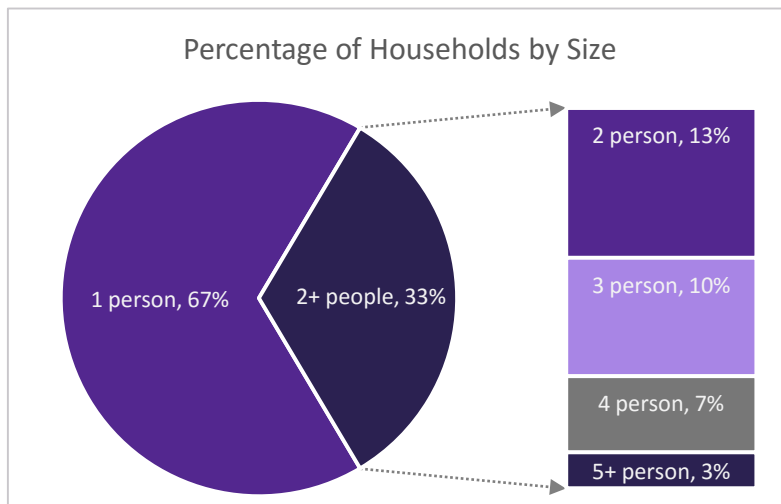


## NY-522 - Jefferson Lewis St. Lawrence Counties CoC

1/1/2016-3/31/2016

### Overview – All Programs

Between 1/1/2016 and 3/31/2016, providers in the Jefferson/Lewis/St. Lawrence Counties CoC served 1495 people experiencing or at risk of experiencing homelessness<sup>i</sup>. 877 people were served in residential programs, with an additional 618 served in supportive services only programs<sup>ii</sup>.

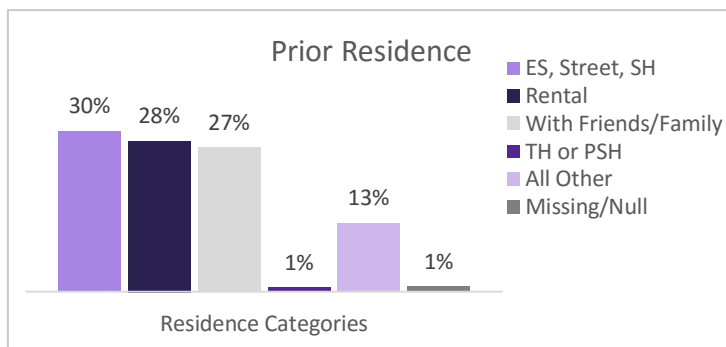


There were 894 households in the CoC, including 635 households without children (containing 679 individuals), 254 households with adults and children (containing 352 adults and 458 children), and 5 households with 6 unaccompanied minors<sup>iii</sup>.

By gender, providers in the CoC served 768 (51%) women, 726 (49%) men and 1 (0.1%) trans-identified individuals.

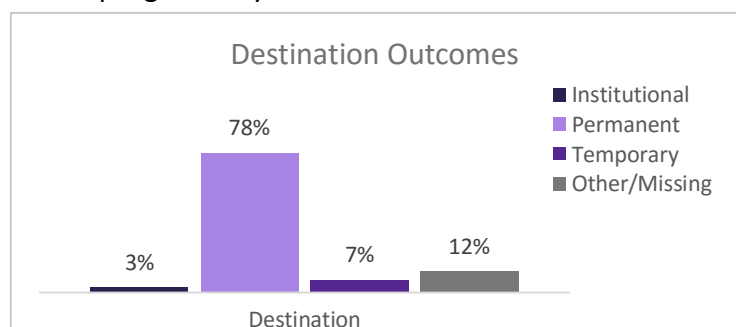
The racial and ethnic breakdown of those served included 1264 (85%) White, 101 (7%)

Black or African-American, 2 (0.1%) Asian, 3 (0.2%) Native Hawaiian or Other Pacific Islander, 22 (1.5%) American Indian or Alaskan Native, and 81 (5%) Multiple Races. 95 (6%) individuals identified as Hispanic/Latino regardless of race.



Of 1032 adults or heads of household, 308 (30%) indicated a prior residence of Emergency Shelter, the streets or Safe Haven. Of these clients, 167 (54%) reported no previous episodes of homelessness within the last three years while 69 (22%), 23 (7%), and 31 (10%) had been homeless 2, 3, or 4+ times (respectively) during the same time frame. 18 (6%) did not report on this data element.

For those adults or heads of household who were in program a year or more and received an annual assessment (45), 20 (44%) saw an increase in income (cash and cash benefits) between admission and the most recent update. An additional 13 (29%) saw no change in income that was initially higher than zero<sup>iv</sup>.

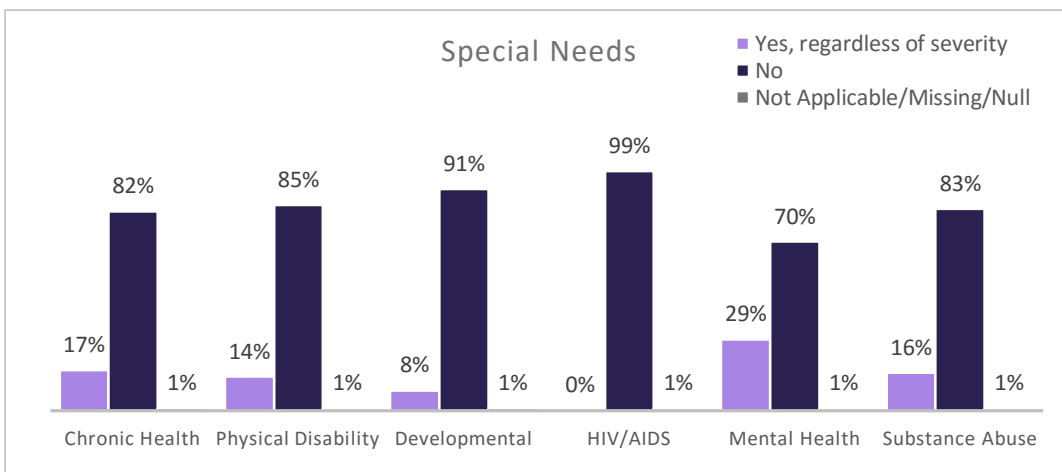


The total number of individuals discharged during the quarter was 564, which included 389 adults and 175 children. 442 (78%) individuals were discharged to a permanent destination.

Income for 82 (21%) clients over 18 rose between admission and discharge while 151 (39%) maintained stable income of greater than zero.

## **Special Needs – HUD and HHS Funded Programs Only**

55% of adults (538/975) and 17% of children (79/459) in HUD or HHS funded self-reported at least one



physical, emotional, or other health condition *regardless of whether the condition had become serious enough to be disabling*. Among those reporting multiple conditions, the most significant comorbidity was Mental Health and Substance Use (140). When taking severity of condition into account,

180 adults reported conditions that met the criteria to be considered a disability.

## **Sub-Populations – All Programs**

5 (0%) individuals over 18 met the criteria for chronic homelessness at the time of project entry. *Please note that HMIS began using HUD's new definition of chronic homelessness effective 10/1/2015 and **all individuals in program on or after that date** are measured using this new definition, even if their program start date was prior to the change in definition taking effect.*

1 out of every 16 adults receiving services this quarter was a veteran (6%). Out of the 64 veterans served, 13 (20%) reported a disabling condition and 0 (0%) met the criteria for chronic homelessness at admission.

## **System Performance Measures – All Programs**

On 1/1/16, HUD released 7 new System Performance Measures intended to leverage HMIS data in order to inform planning and track outcomes at the CoC-level. The measures will assist with assessing the overall success of community efforts to address, divert and end homelessness and include: number of homeless persons; number of first-time episodes of homelessness; length of time persons remain homeless; job and income growth during program stays and/or at discharge; placement in permanent destinations; returns to homelessness/recidivism. Additionally, these measures will play an important part in receiving and retaining Federal funding through the CoC Grant Competition.

Data quality and completeness play a major role in ensuring that the System Performance Measures accurately reflect the work being done within the CoC. CARES routinely tracks the health of HMIS data and this information may be found at [www.caresny.org](http://www.caresny.org).

<sup>i</sup> Data breakdowns for subsequent categories may total less than this number due to differences in data reporting across funders, as well as data completeness. Information on **reporting methodology** and on **data completeness**, may be found at [www.caresny.org](http://www.caresny.org)

<sup>ii</sup> For the purposes of this report, any RRH enrollments are considered residential

<sup>iii</sup> Data based on current age and household composition, which may differ from information reported at admission

<sup>iv</sup> This measure includes individuals across all project types

## **Projects Included in Report**

<b>Emergency Shelter</b>
JCDSS - Hotel and Motel Vouchers
Lewis County DSS Hotel/Motel Placement Program
St. Lawrence DSS Program
<b>PH - Permanent Supportive Housing</b>
JCDSS - Chronic 1
JCDSS - Transitional
Neighbors of Watertown SHYFA
Neighbors of Watertown SRO
TLS PSH
<b>Transitional Housing</b>
MHJC - Peer Run Housing First Initiative
TLS - CHAAP TH
TLS Gateway Housing
<b>Homelessness Prevention</b>
Legal Aid STEHP - St. Lawrence County - Prevention
Lewis County DSS Prevention Program
MILC STEHP - Prevention
Snowbelt STEHP Prevention
WUM - HEARTH III - Prevention
<b>PH - Rapid Re-Housing</b>
MILC STEHP Rapid Re-Housing 2015
Snowbelt STEHP Rapid Rehousing
WUM - Hearth III - Rapid Re-Housing
<b>Services Only Program</b>
Children's Home of Jefferson County
Credo Community Center
Lewis County DSS Homeless Support Services
Neighbors Of Watertown Case Management