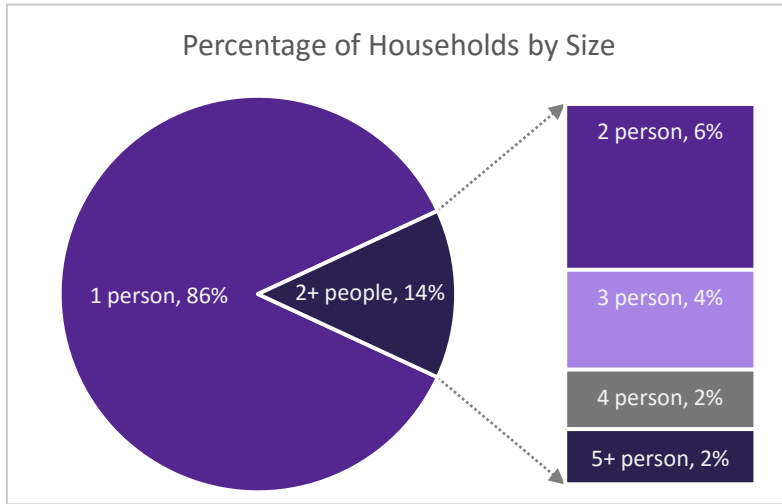


## NY-507 - Schenectady City & County CoC

1/1/2016-3/31/2016

### Overview – All Programs

Between 1/1/2016 and 3/31/2016, providers in the Schenectady City & County CoC served 2078 people experiencing or at risk of experiencing homelessness<sup>i</sup>. 955 people were served in residential programs, with an additional 1123 served in supportive services only programs<sup>ii</sup>.

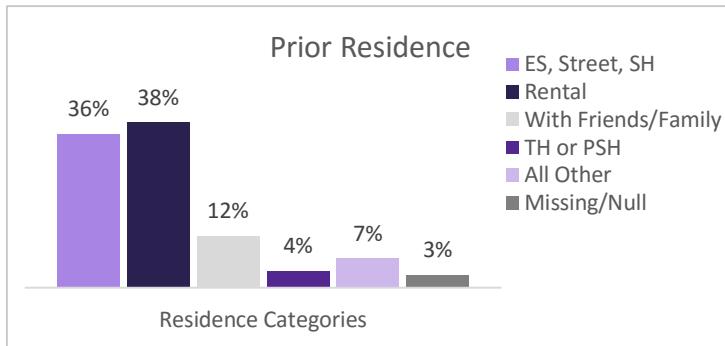


There were 1608 households in the CoC, including 1405 households without children (containing 1447 individuals), 182 households with adults and children (containing 252 adults and 349 children), and 21 households with 30 unaccompanied minors<sup>iii</sup>.

By gender, providers in the CoC served 1089 (52%) women, 975 (47%) men and 4 (0.2%) trans-identified individuals.

The racial and ethnic breakdown of those served included 940 (45%) White, 910 (44%)

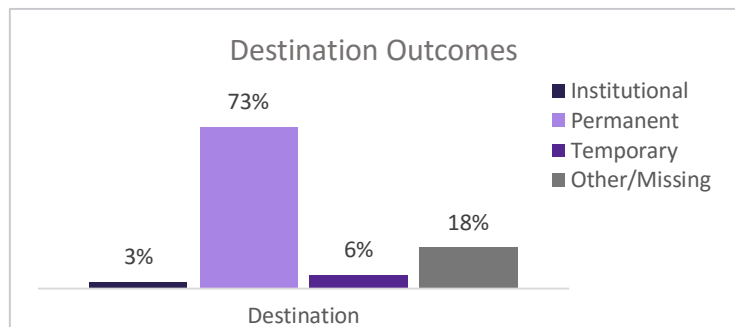
Black or African-American, 26 (1.3%) Asian, 12 (0.6%) Native Hawaiian or Other Pacific Islander, 25 (1.2%) American Indian or Alaskan Native, and 71 (3%) Multiple Races. 278 (13%) individuals identified as Hispanic/Latino regardless of race.



Of 1714 adults or heads of household, 612 (36%) indicated a prior residence of Emergency Shelter, the streets or Safe Haven. Of these clients, 272 (44%) reported no previous episodes of homelessness within the last three years while 103 (17%), 41 (7%), and 97 (16%) had been homeless 2, 3, or 4+ times (respectively) during the same time frame. 99 (16%) 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 (145), 69 (48%) saw an increase in income (cash and cash benefits) between admission and the most recent update. An additional 50 (34%) saw no change in income that was initially higher than zero<sup>iv</sup>.

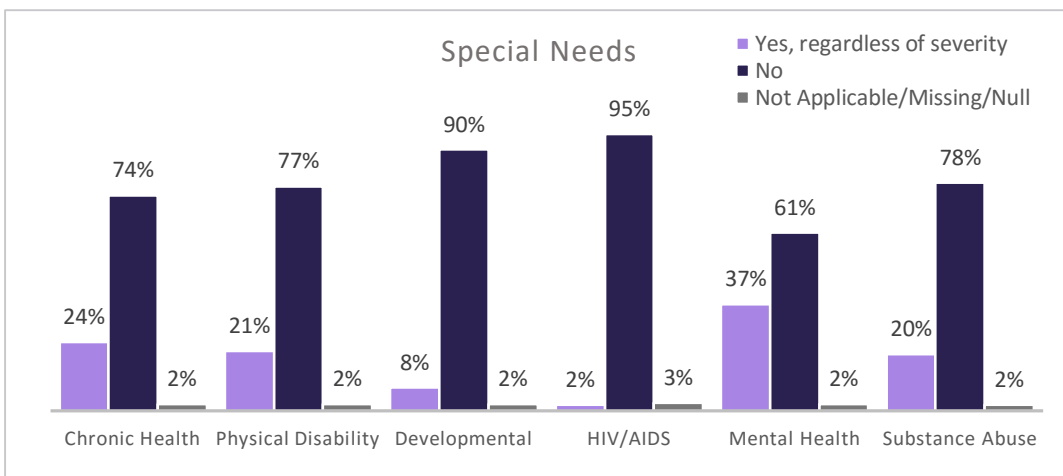
The total number of individuals discharged during the quarter was 387, which included 271 adults and 116 children. 281 (73%) individuals



were discharged to a permanent destination. Income for 29 (11%) clients over 18 rose between admission and discharge while 134 (49%) maintained stable income of greater than zero.

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

61% of adults (867/1411) and 16% of children (47/295) 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 (222). When taking severity of condition into account,

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

### **Sub-Populations – All Programs**

62 (4%) 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 14 adults receiving services this quarter was a veteran (7%). Out of the 123 veterans served, 43 (35%) reported a disabling condition and 6 (5%) 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**

### **Emergency Shelter**

Bethesda House Emergency Veterans Initiative

SAFE House

SCDSS - Schen Co - Home Connections ES

SCDSS - Home Connections Family

### **PH - Permanent Supportive Housing**

Bethesda House Liberty House

Bethesda House Lighthouse

Bethesda House Pathways To The Future

Mohawk Opportunities Continuum of Care Program - 14 Unit

Mohawk Opportunities Permanent Housing for Chronically Homeless - 8 bed

Mohawk Opportunities Permanent Supported Housing Program - CoC 6 bed

Mohawk Opportunities Rental Assistance Program

Mohawk Opportunities Supported Housing Program

New Choices Recovery Center Shelter Plus Care -DUP09A

New Choices Recovery Center Shelter Plus Care -DUP09B

SCAP PHP 16

SCAP Shelter Plus Care Program

Schenectady YMCA - SRO

YMCA of Schenectady Shelter Plus Care -DUP09A

YMCA of Schenectady Shelter Plus Care -DUP09B

YMCA Supported Housing

YWCA Schenectady - Main Building

YWCA Schenectady Rosa's House

YWCA Schenectady Rosa's House Expansion

### **Transitional Housing**

SCAP Sojourn House

### **Homelessness Prevention**

Bethesda House of Schenectady HOME Prevention

RPC SSVF Prevention

SCAP STEHP LEGAL AID Prevention

SCAP STEHP Prevention

SCAP-ESG-Court Advocacy

SCAP-ESG-Court Advocacy Prevention LASH

### **PH - Rapid Re-Housing**

Bethesda House of Schenectady HOME Rapid Re-housing

BH STEHP Rapid Re-Housing

RPC SSVF Program Rapid Rehousing

SCAP STEHP LEGAL AID Rapid Re-Housing

SCAP STEHP Rapid Rehousing

**Services Only Program**

Bethesda House Case Management

Bethesda House Day Program Drop-in Center

Bethesda House of Schenectady Day Shelter

Bethesda House Rep Payee Program

BH STEHP Emergency Services Program

LASH Schenectady

Project Safe - Schenecatady

SCAP Emergency Shelter Grant

SCAP Supportive Housing Solutions

SCDSS - Schen Co - Home Connections CM

BH - Social Work Mental Health

**Coordinated Assessment**

Schenectady Coordinated Entry