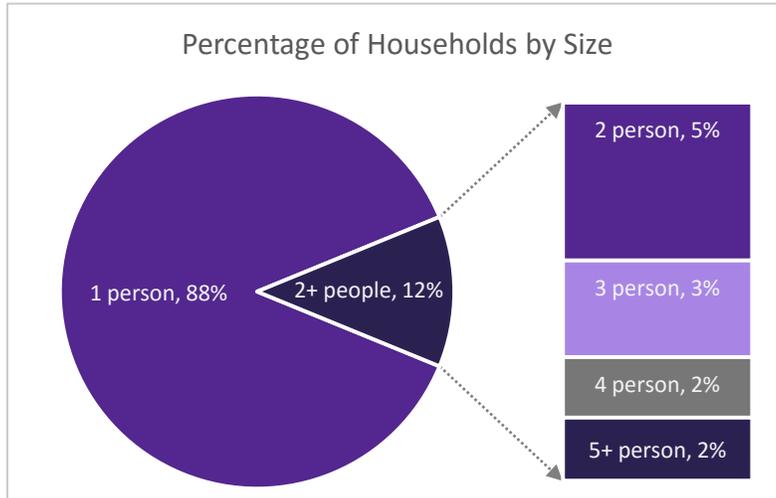**CATES**
ENDING HOMELESSNESS

NY-507 - Schenectady City & County CoC
4/1/2016-6/30/2016

Overview – *All Programs*

Between 4/1/2016 and 6/30/2016, providers in the Schenectady City & County CoC served 2169 people experiencing or at risk of experiencing homelessness[i]. 1175 people were served in residential programs, with an additional 993 served in supportive services only programs[ii].

Percentage of Households by Size

1 person, 88%
2+ people, 12%
2 person, 5%
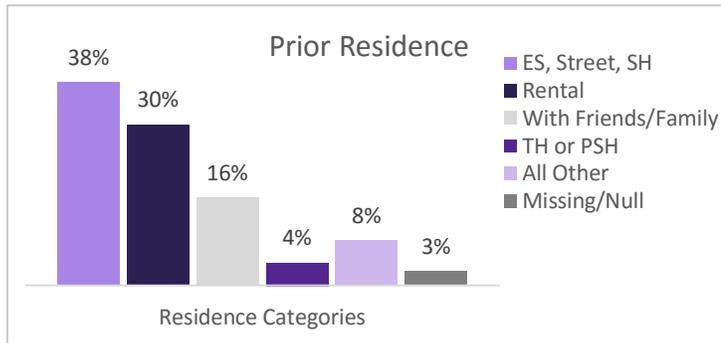3 person, 3%
4 person, 2%
5+ person, 2%

There were 1704 households in the CoC, including 1478 households without children (containing 1514 individuals), 179 households with adults and children (containing 238 adults and 367 children), and 47 households with 50 unaccompanied minors[iii].

By gender, providers in the CoC served 978 (45%) women, 1178 (54%) men and 10 (0.5%) trans-identified individuals.

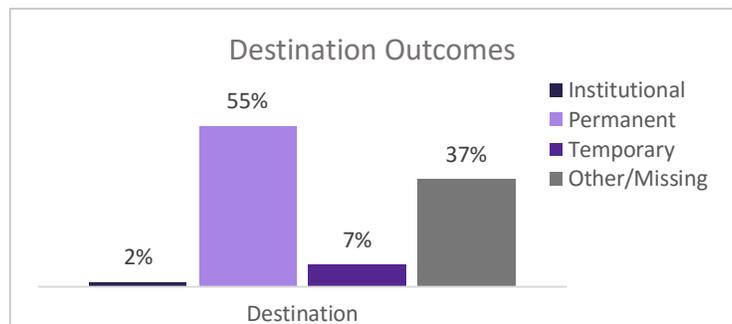The racial and ethnic breakdown of those served included 976 (45%) White, 979 (45%) Black or African-American, 24 (1.1%) Asian, 11 (0.5%) Native Hawaiian or Other Pacific Islander, 27 (1.2%) American Indian or Alaskan Native, and 69 (3%) Multiple Races. 298 (14%) individuals identified as Hispanic/Latino regardless of race.

Prior Residence

Legend: ES, Street, SH; Rental; With Friends/Family; TH or PSH; All Other; Missing/Null

38%, 30%, 16%, 4%, 8%, 3%

Residence Categories

Of 1787 adults or heads of household, 677 (38%) indicated a prior residence of Emergency Shelter, the streets or Safe Haven. Of these clients, 314 (46%) reported no previous episodes of homelessness within the last three years while 121 (18%), 46 (7%), and 98 (14%) had been homeless 2, 3, or 4+ times (respectively) during the same time frame. 151 (22%) 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 (123), 58 (47%) saw an increase in income (cash and cash benefits) between admission and the most recent update. An additional 35 (28%) saw no change in income that was initially higher than zero[iv].

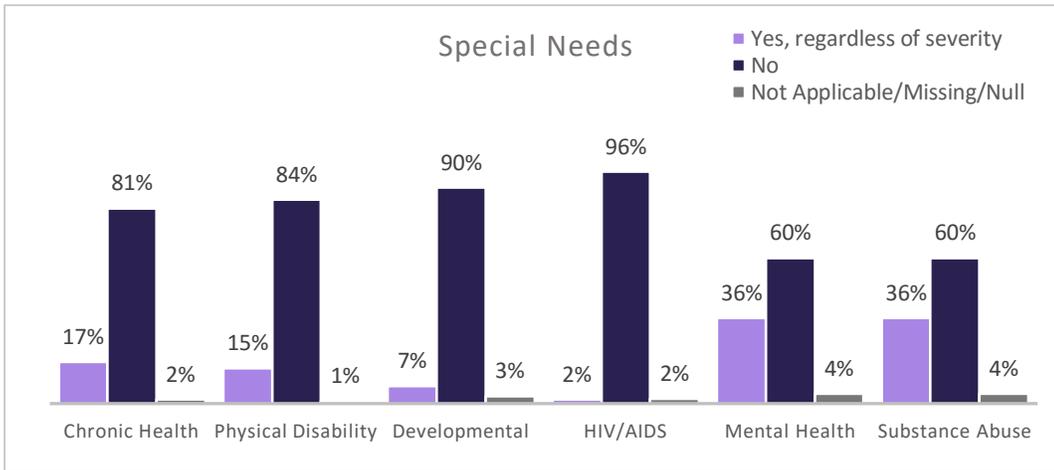The total number of individuals discharged during the quarter was 671, which included 505 adults and 166 children. 366 (55%) individuals

Destination Outcomes

Legend: Institutional; Permanent; Temporary; Other/Missing

2%, 55%, 7%, 37%

Destination

were discharged to a permanent destination. Income for 33 (7%) clients over 18 rose between admission and discharge while 222 (44%) maintained stable income of greater than zero.

Special Needs – *HUD and HHS Funded Programs Only*

59% of adults (472/800) and 18% of children (42/236) in HUD or HHS funded programs 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 (161). When taking severity of condition into account, 356 adults reported conditions that met the criteria to be considered a disability.

Special Needs

Legend: Yes, regardless of severity / No / Not Applicable/Missing/Null

Category	Yes	No	N/A
Chronic Health	17%	81%	2%
Physical Disability	15%	84%	1%
Developmental	7%	90%	3%
HIV/AIDS	2%	96%	2%
Mental Health	36%	60%	4%
Substance Abuse	36%	60%	4%

Sub-Populations – *All Programs*

57 (3%) 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 128 veterans served, 49 (38%) 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.

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i 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

ii For the purposes of this report, any RRH enrollments are considered residential

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

iv This measure includes individuals across all project types

Projects Included in Report

Emergency Shelter
- Bethesda House Emergency Veterans Initiative
- City Mission of Schenectady Family Life Center
- City Mission of Schenectady Shelter
- Safe Inc of Sch'dy - SAFE House
- SCDSS - Home Connections Family
- SCDSS - Schen Co - Home Connections ES

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
- New Choices Recovery Center Shelter Plus Care -DUP09A
- New Choices Recovery Center Shelter Plus Care -DUP09B
- SCAP PHP 27
- SCAP Shelter Plus Care Program
- Schenectady YMCA - SRO
- YMCA - Development at Broadway Mod Rehab SRO
- YMCA of Schenectady Shelter Plus Care -DUP09A
- YMCA of Schenectady Shelter Plus Care -DUP09B
- YMCA Supported Housing
- YWCA Schenectady Rosa's House
- YWCA Schenectady Rosa's House Expansion

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 Rapid Re-Housing
- SCAP STEHP Rapid Rehousing

Transitional Housing
- SCAP Sojourn House

Services Only Program
Bethesda House Day Program Drop-in Center
Bethesda House of Schenectady Day Shelter
SCAP Emergency Shelter Grant
SCAP Supportive Housing Solutions
SCDSS - Schen Co - Home Connections CM
Street Outreach
CAPTAIN RHY Outreach
Coordinated Assessment
Schenectady Coordinated Entry
Day Shelter
BH STEHP Emergency Services Program