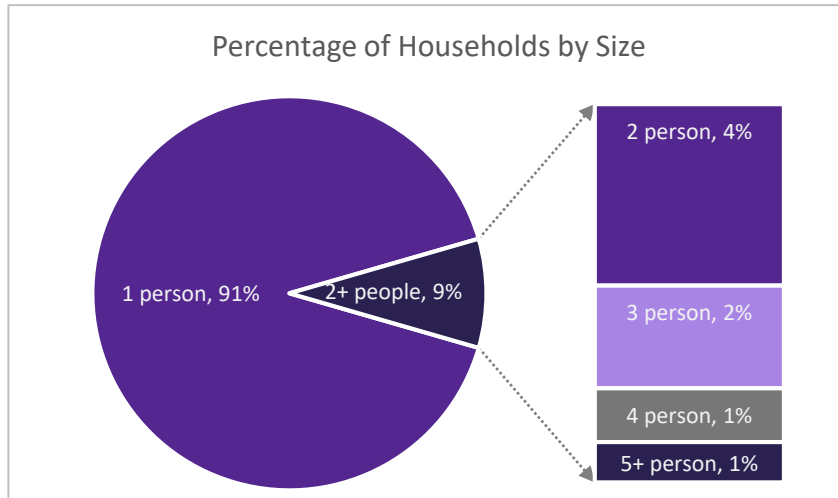


NY-503 - Albany City & County CoC

10/1/2016-12/31/2016

Overview – All Programs

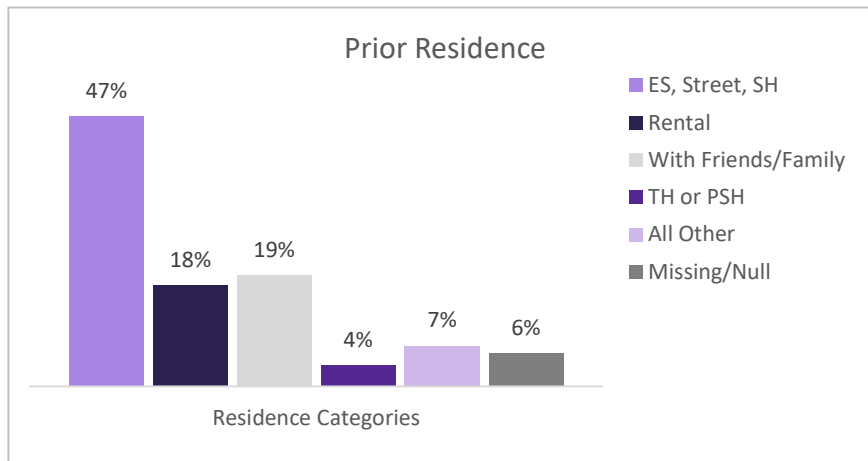
Between 10/1/2016 and 12/31/2016, providers in the Albany City & County CoC served 1817 individuals in residential programs, and 2921 in supportive services only programsⁱ. The total unduplicated count of individuals experiencing homelessness or at-risk-of homelessness served by area providers was 4444ⁱⁱ.



There were 3782 households in the CoC, including 3301 households without children (containing 3340 individuals), 291 households with adults and children (containing 351 adults and 545 children), and 190 households with 208 unaccompanied minorsⁱⁱⁱ.

By gender, providers in the CoC served 1829 (41%) women, 2533 (57%) men and 71 (1.6%) trans-identified individuals.

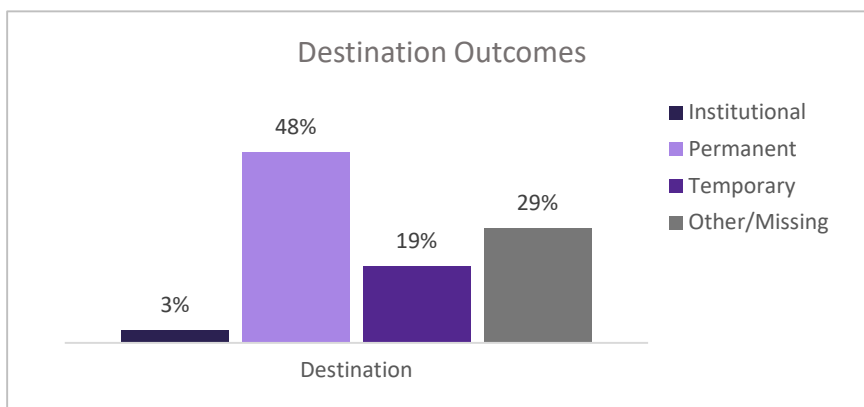
The racial and ethnic breakdown of those served included 1590 (36%) White, 2345 (53%) Black or African-American, 18 (0.4%) Asian, 18 (0.4%) Native Hawaiian or Other Pacific Islander, 88 (2.0%) American Indian or Alaskan Native, and 112 (3%) Multiple Races. 577 (13%) individuals identified as Hispanic/Latino regardless of race.



Of 3853 adults or heads of household, 1799 (47%) indicated a prior residence of Emergency Shelter, the streets or Safe Haven. Of these clients, 911 (51%) reported no previous episodes of homelessness within the last three years while 300 (17%), 153 (9%), and 308 (17%) had been homeless 2, 3, or 4+ times (respectively) during the same time frame. 127 (7%) did not report on this data element.

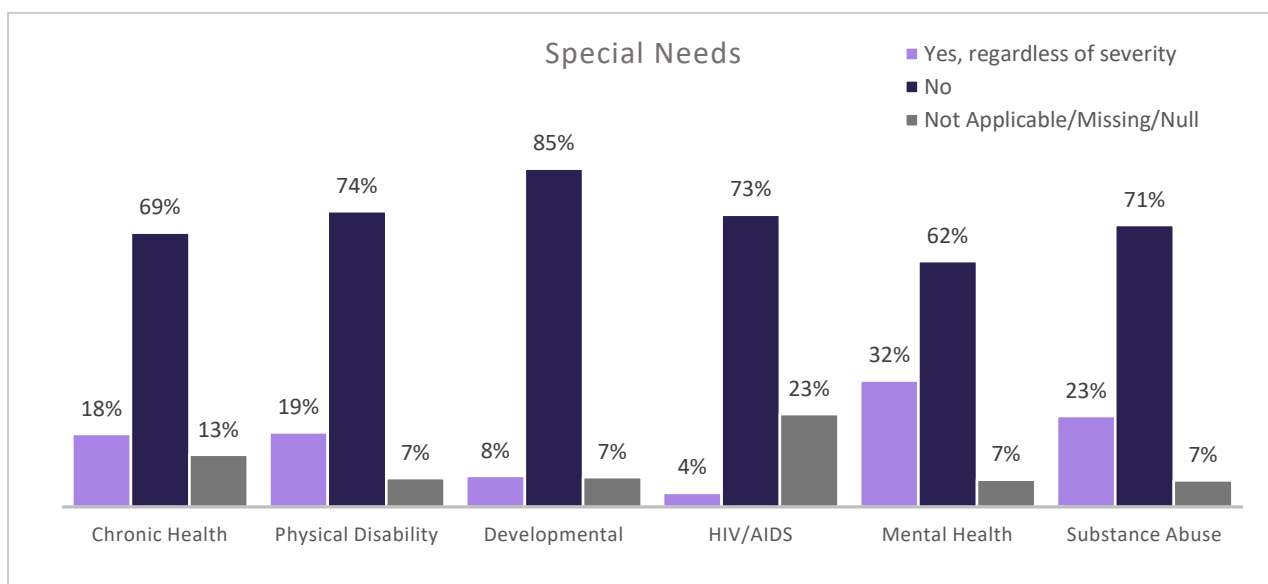
For those adults or heads of household who were in program a year or more and received an annual assessment (306), 174 (57%) saw an increase in income (cash and cash benefits) between admission and the most recent update. An additional 70 (23%) saw no change in income that was initially higher than zero^{iv}.

The total number of individuals discharged during the quarter was 778, which included 559 adults and 219 children. 376 (48%) individuals were discharged to a permanent destination. Income for 67 (12%) clients over 18 rose between admission and discharge while 173 (31%) maintained stable income of greater than zero.



Special Needs – HUD and HHS Funded Programs Only

59% of adults (2078/3499) and 22% of children (139/623) 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 (564).



When taking severity of condition into account, 1358 adults reported conditions that met the criteria to be considered a disability.

Sub-Populations – All Programs

228 (6%) 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 10 adults receiving services this quarter was a veteran (10%). Out of the 360 veterans served, 226 (63%) reported a disabling condition and 27 (8%) met the criteria for chronic homelessness at admission.

System Performance Measures – All Programs

The System Performance Measures report is run within the HMIS system and submitted to HUD on an annual basis. It is intended to leverage HMIS data in order to inform planning and track outcomes at the CoC-level and assist with assessing the overall success of community efforts to address, combat and end homelessness.

In Fiscal Year 2017, this section of the Quarterly Report will be used to describe individual measures as well as highlight some of the systems-level data from the previous fiscal year.

Measure 2: The Extent to which Persons who Exit Homelessness to Permanent Housing Destinations Return to Homelessness

This measure counts clients who exited Street Outreach, Emergency Shelter, Transitional Housing, or Rapid-Rehousing/Permanent Housing to a permanent housing destination in the date range two years prior to the report date range. Of those clients, the measure reports on how many of them *returned to homelessness* as indicated in the HMIS system for up to two years after their initial exit.

The first column is the total number of discharges to “permanent” destinations during FY2014 from each project type. The total number of positive discharges is reflected in the last row. Subsequent columns show the percentage clients with an initial discharge to a permanent housing destination who returned to homelessness through the end of FY2016.

	Total Number of Persons who Exited to a Permanent Housing Destination (2 Years Prior)	Percent Returned in Less than 6 Months	Percent Returned in 6 to 12 Months	Percent Returned in 13 to 24 Months	Number Returned in 2 Years	Percent Returned in 2 Years
Exit was from SO	10	0.00%	30.00%	20.00%	5	50.00%
Exit was from ES	652	4.75%	4.60%	10.28%	128	19.63%
Exit was from TH	111	1.80%	0.00%	4.50%	7	6.31%
Exit was from RRH/PH	276	5.80%	2.90%	6.52%	42	15.22%
TOTAL	1049	4.67%	3.91%	8.77%	182	17.35%

HUD encourages communities to analyze patterns of returns to homelessness in order to assess if decreases are attainable. By evaluating spikes or trends during certain time frames, within certain project types, or tied to certain types of permanent housing destinations, CoCs will be better able to assess opportunities for and/or barriers to reducing recidivism.

Data quality and completeness play a major role in ensuring that the System Performance Measures accurately reflect the work being done within the CoC. The data elements that are essential to correctly calculating Measure 2 include **SSN, DOB, Discharge Date and Destination**. CARES routinely tracks the health of HMIS data and this information may be found at www.caresny.org.

Projects Included in Report

Day Shelter

IPH - Sheridan Hollow

Emergency Shelter

Albany County DSS - Motel Placements

Equinox- House For Youth

IPH - Emergency Shelter

IPH - Safe Haven

Marillac Shelter

Mercy House

SPARC Morton Avenue Shelter

St. Charles Lwanga Center

Transitional Housing

ACCA-Vista House

AHC - Community Contract Beds

AHC - OPERATIONS AT 280 CLINTON AVENUE

AHC - VETERANS HOUSE-ADDITION

AHC - VETERANS HOUSE-MAIN

CMS - TLP - Apartment Program

CMS - TLP - Joyce Center

Equinox - Transitional Living

Equinox- Project Independence

Mercy House Transitional

Homelessness Prevention

AHC - SSVF Homeless Prevention

City of Albany ESG- LASH - ESG Prevention

City of Albany ESG- UTA - ESG

PH - Rapid Re-Housing

AHC - SSVF Rapid Rehousing

Albany County STEHP - LASH Rapid Re-Housing

HATAS STEHP Rapid Rehousing

Services Only Program

AHC - CASE MANAGEMENT & ASSESSMENT

Street Outreach

HAC - STEHP Van Outreach

St. Anne Partnerships for Youth Empowerment

PH - Permanent Supportive Housing

AHC - 334 Clinton Ave

AHC - Permanent Supported Housing

AHC - S plus C for Chronically Homeless Vets 2007

AHC - S plus C for Homeless Vets with Disabilities

AHC - WALTER STREET RESIDENCE

Albany Housing Authority- Albany County Department of Mental Health Tenant Based Rental Assistance

Albany SAIL

Albany VASH - Albany VISN

CARES Apartments - Other Funding Sources

Cares- Project Based Rental Assistance for Homeless Persons Living With HIV/AIDS

Cares- Shelter Plus Care Program for Persons with Disabilities

Cares- Tenant Based Rental Assistance for Homeless Persons with Disabilities

CCHO - Scattersite

Community Living Associates- 100 Clinton Avenue

Damien Center of Albany Shelter Plus Care

DePaul II SHP

DePaul Residence

HAC - SRO

HATAS - Pathways Project

HATAS - Pathways Project 2

HATAS - S Plus C Program

Hope House Shelter Plus Care

IPH - Hope Through Housing

IPH - Sheridan Ave Housing Project - NEW

IPH- Sheridan Ave Housing Project II

Multi-Division Housing - IPH, HATAS, St Catherine's Collaborative

SPARC Shelter Plus Care

Support Ministries - Arvilla House

Support Ministries - Project HELP

Supported Housing Plus

Waldorf Residence

ⁱ For the purposes of this report, any RRH enrollments are considered residential. Individuals served in both Residential and SSO programs are counted within each category, but only once in the “total number served”

ⁱⁱ 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

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