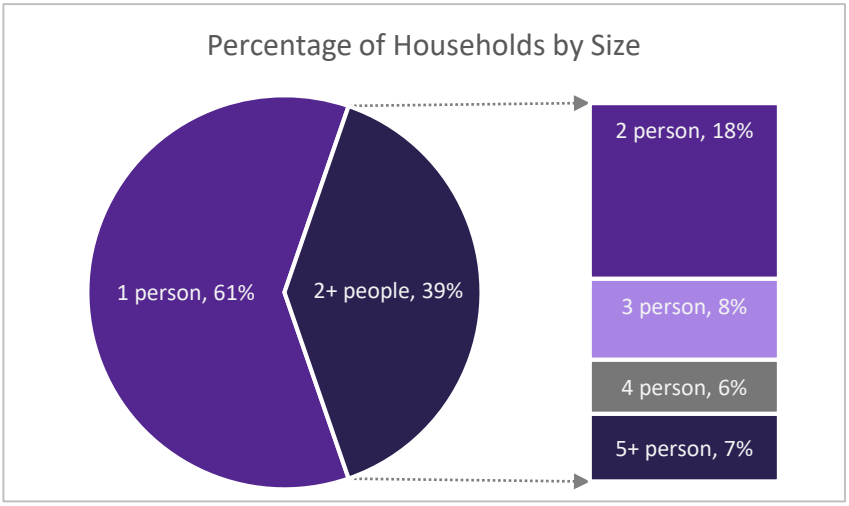
NY-519 - Columbia/Greene County CoC

10/1/2016-12/31/2016

Overview – *All Programs*

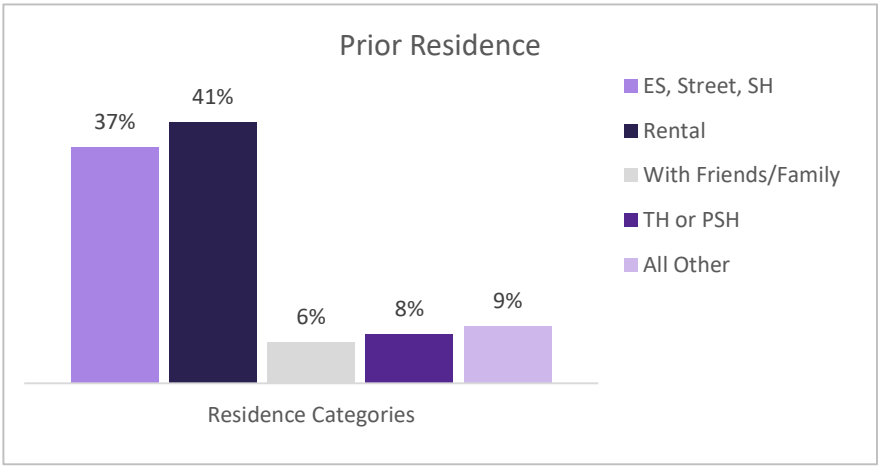
Between 10/1/2016 and 12/31/2016, providers in the Columbia/Greene County CoC served 59 individuals in residential programs, and 75 in supportive services only programs[i]. The total unduplicated count of individuals experiencing homelessness or at-risk-of homelessness served by area providers was 134[ii].



There were 71 households in the CoC, including 47 households without children (containing 52 individuals), 23 households with adults and children (containing 27 adults and 54 children), and 1 household with 1 unaccompanied minor[iii].

By gender, providers in the CoC served 74 (55%) women, 60 (45%) men and 0 (0.0%) trans-identified individuals.

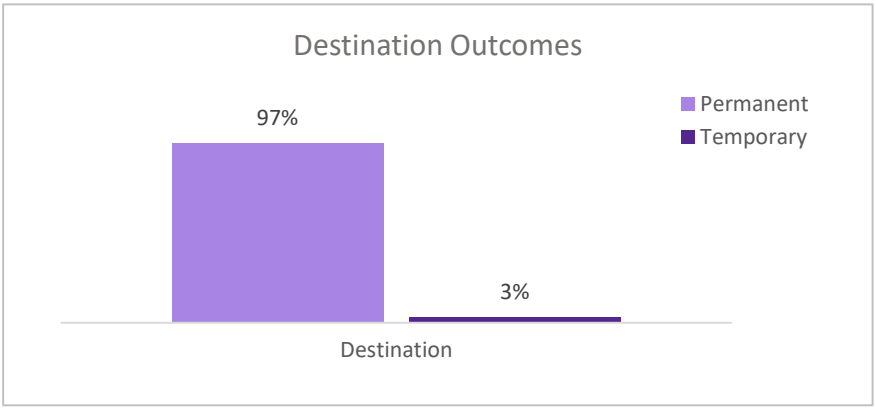
The racial and ethnic breakdown of those served included 75 (56%) White, 46 (34%) Black or African-American, 0 (0.0%) Asian, 0 (0.0%) Native Hawaiian or Other Pacific Islander, 0 (0.0%) American Indian or Alaskan Native, and 12 (9%) Multiple Races. 5 (4%) individuals identified as Hispanic/Latino regardless of race.



Of 79 adults or heads of household, 29 (37%) indicated a prior residence of Emergency Shelter, the streets or Safe Haven. Of these clients, 8 (28%) reported no previous episodes of homelessness within the last three years while 6 (21%), 5 (17%), and 7 (24%) had been homeless 2, 3, or 4+ times (respectively) during the same time frame. 3 (10%) did not report on this data element.

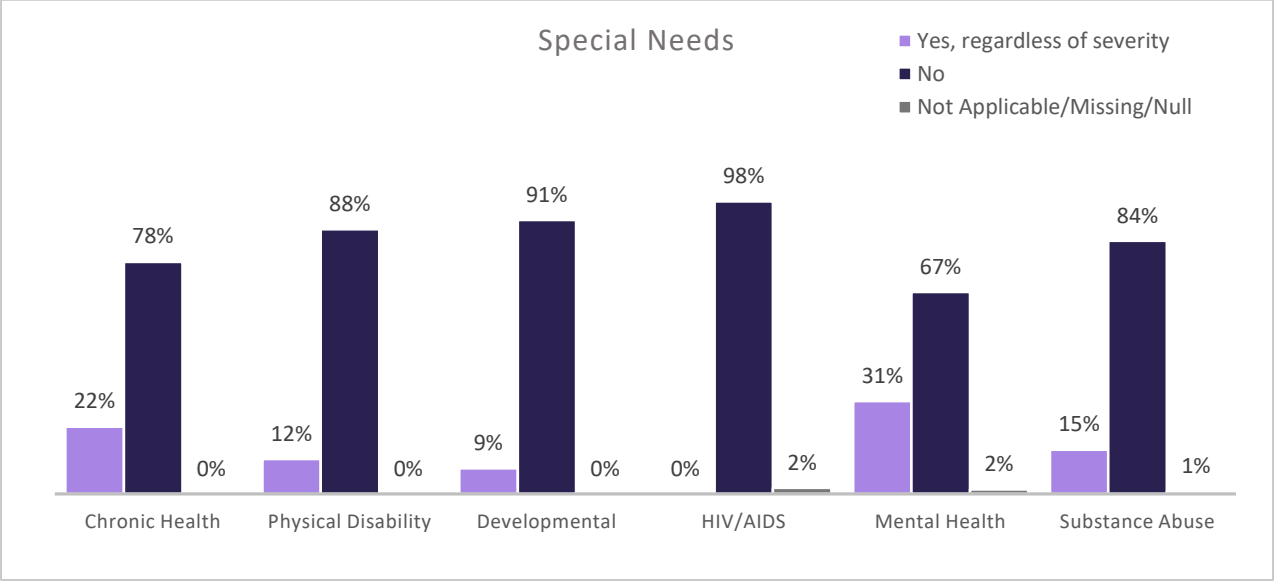
For those adults or heads of household who were in program a year or more and received an annual assessment (17), 9 (53%) saw an increase in income (cash and cash benefits) between admission and the most recent update. An additional 3 (18%) saw no change in income that was initially higher than zero[iv].

The total number of individuals discharged during the quarter was 37, which included 18 adults and 19 children. 36 (97%) individuals were discharged to a permanent destination. Income for 1 (6%) client over 18 rose between admission and discharge while 10 (56%) maintained stable income of greater than zero.



Special Needs – *HUD and HHS Funded Programs Only*

78% of adults (45/58) and 6% of children (2/33) 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 (17).



When taking severity of condition into account, 33 adults reported conditions that met the criteria to be considered a disability.

Sub-Populations – *All Programs*

4 (5%) 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 79 adults receiving services this quarter was a veteran (1%). Out of the 1 veterans served, 0 (0%) reported a disabling condition and 0 (0%) 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	**0**	0.00%	0.00%	0.00%	**0**	**0.00%**
Exit was from ES	**0**	0.00%	0.00%	0.00%	**0**	**0.00%**
Exit was from TH	**0**	0.00%	0.00%	0.00%	**0**	**0.00%**
Exit was from RRH/PH	**84**	0.00%	0.00%	0.00%	**0**	**0.00%**
TOTAL	**84**	**0.00%**	**0.00%**	**0.00%**	**0**	**0.00%**

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

PH - Permanent Supportive Housing
2PS
CAGC HUD SHP
COI HUD SHP 2009
Columbia Opportunities HHAP 5th Street Supportive Housing
P11
P2S
PS1
PS2
TCRS Shelter Plus Care
Homelessness Prevention
CAGC STEPH Prevention
Legal Aid Rural STEHP Prevention
PH - Rapid Re-Housing
CAGC STEHP Rapid Rehousing

[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