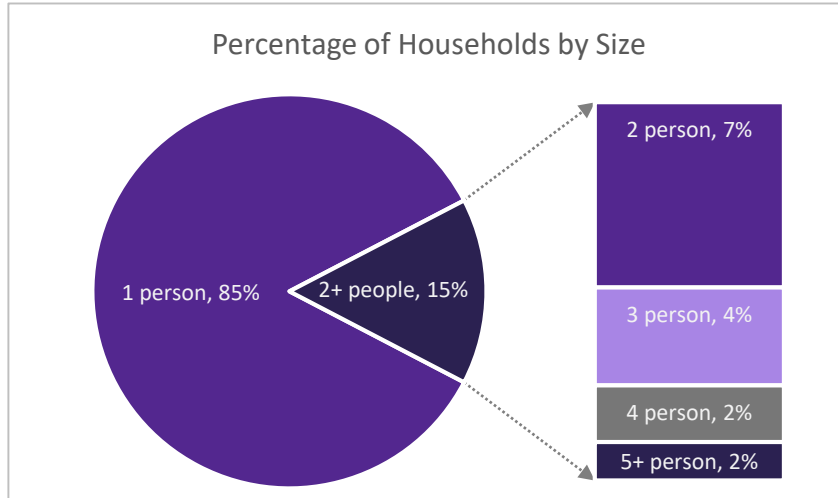


NY-601 - Poughkeepsie/Dutchess County CoC

10/1/2016-12/31/2016

Overview – All Programs

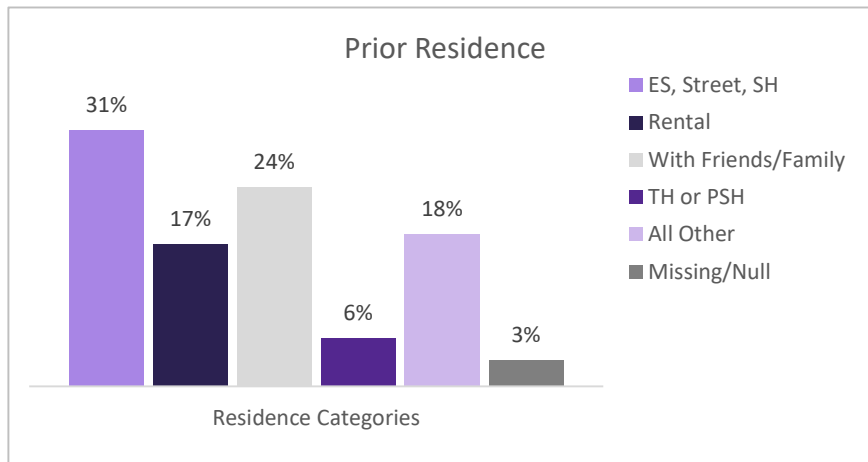
Between 10/1/2016 and 12/31/2016, providers in the Poughkeepsie/Dutchess County CoC served 941 individuals in residential programs, and 361 in supportive services only programsⁱ. The total unduplicated count of individuals experiencing homelessness or at-risk-of homelessness served by area providers was 1243ⁱⁱ.



There were 962 households in the CoC, including 819 households without children (containing 850 individuals), 119 households with adults and children (containing 143 adults and 226 children), and 24 households with 24 unaccompanied minorsⁱⁱⁱ.

By gender, providers in the CoC served 523 (42%) women, 720 (58%) men and 0 (0.0%) trans-identified individuals.

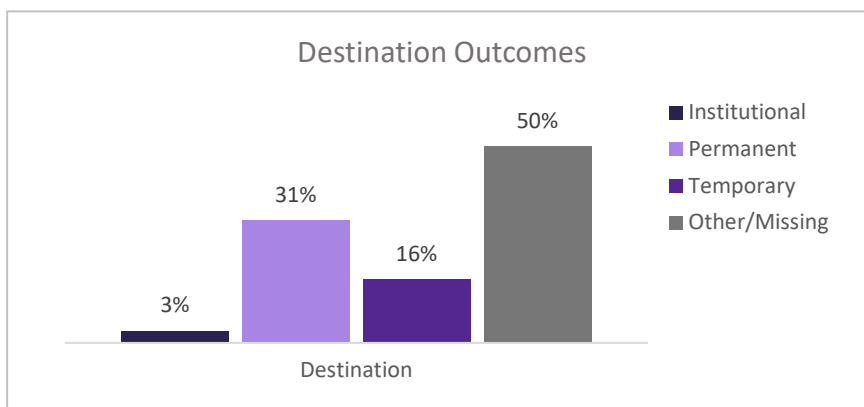
The racial and ethnic breakdown of those served included 585 (47%) White, 580 (47%) Black or African-American, 2 (0.2%) Asian, 0 (0.0%) Native Hawaiian or Other Pacific Islander, 8 (0.6%) American Indian or Alaskan Native, and 50 (4%) Multiple Races. 174 (14%) individuals identified as Hispanic/Latino regardless of race.



Of 1017 adults or heads of household, 315 (31%) indicated a prior residence of Emergency Shelter, the streets or Safe Haven. Of these clients, 172 (55%) reported no previous episodes of homelessness within the last three years while 72 (23%), 30 (10%), and 31 (10%) had been homeless 2, 3, or 4+ times (respectively) during the same time frame. 10 (3%) did not report on this data element.

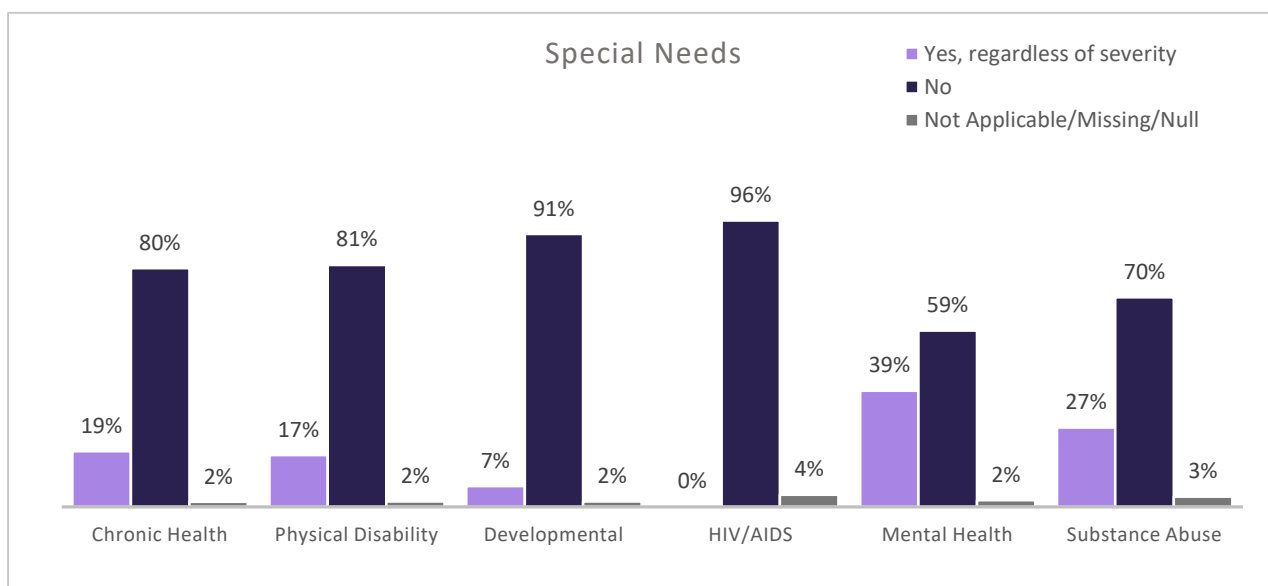
For those adults or heads of household who were in program a year or more and received an annual assessment (146), 54 (37%) saw an increase in income (cash and cash benefits) between admission and the most recent update. An additional 53 (36%) saw no change in income that was initially higher than zero^{iv}.

The total number of individuals discharged during the quarter was 426, which included 343 adults and 83 children. 132 (31%) individuals were discharged to a permanent destination. Income for 23 (7%) clients over 18 rose between admission and discharge while 108 (31%) maintained stable income of greater than zero.



Special Needs – HUD and HHS Funded Programs Only

66% of adults (536/814) and 27% of children (39/147) 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 (198).



When taking severity of condition into account, 345 adults reported conditions that met the criteria to be considered a disability.

Sub-Populations – All Programs

55 (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 100 veterans served, 34 (34%) reported a disabling condition and 3 (3%) 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	120	9.17%	4.17%	5.83%	23	19.17%
Exit was from TH	94	8.51%	3.19%	8.51%	19	20.21%
Exit was from RRH/PH	125	9.60%	4.80%	8.80%	29	23.20%
TOTAL	339	9.14%	4.13%	7.67%	71	20.94%

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

Emergency Shelter

HRH AHEP

HRH Gannett House

HRH River Haven Shelter

HRH Webster House

HRH Webster Overflow

MHV - DC Vanderbilt

MHV- DC Rose St. Emergency

PATHWAYS Community Support Services Inc.

PH - Permanent Supportive Housing

Dutchess MICA Shelter Plus Care

GCI Dutchess MICA Supported

GCI Dutchess VA SH

HRH 60 Catharine Street

HRH 81 Garden St.

HRH Coach

HRH EATS Housing First

HRH Home Base I

HRH Liberty Station

HRH Maximize

HRH Noxon Street

HRH RCE Special Use Beds

HRH Shelter Plus Care

MARC MRT OASAS

MARC S plus C 7 Bed

PEOPLE's Dut. Home Project

RSS Dutchess MICA S Plus C

PH - Housing Only

HRH Cannon Street

MARC Montgomery St.

Transitional Housing

HRH Hillcrest House

HRH LaGrange House

HRH River Haven TLC

MHV - DC Rose St. SRO

MHV - DC Scattered Site

Homelessness Prevention

HRH SSVF Prevention

HRH STEHP - Prevention

Legal Services of the Hudson Valley STEHP

PH - Rapid Re-Housing
HRH SSVF Rapid Rehousing
HRH STEHP - Rapid Rehousing
Services Only Program
HRH Follow Through
HRH River Haven ILP
HRH United Way Follow-Through
HRH Webster House Case Management

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