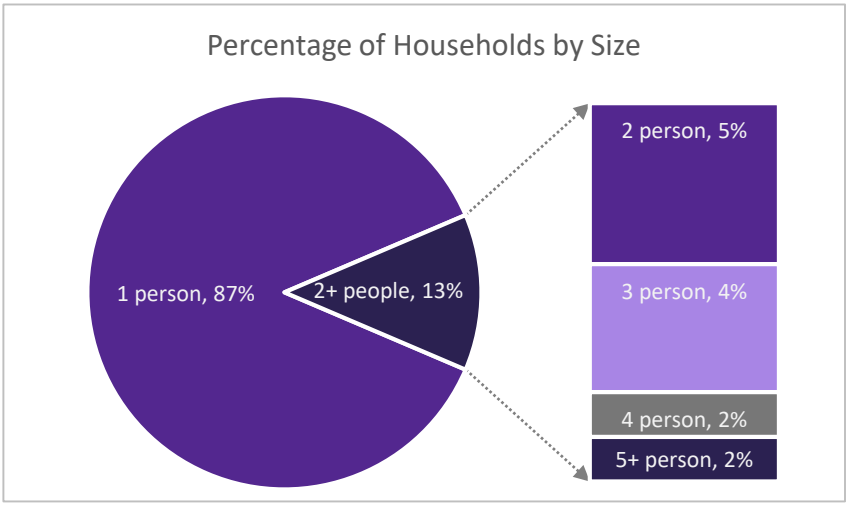
# NY-602 - Newburgh/Middletown/Orange County CoC

10/1/2016-12/31/2016

## Overview – *All Programs*

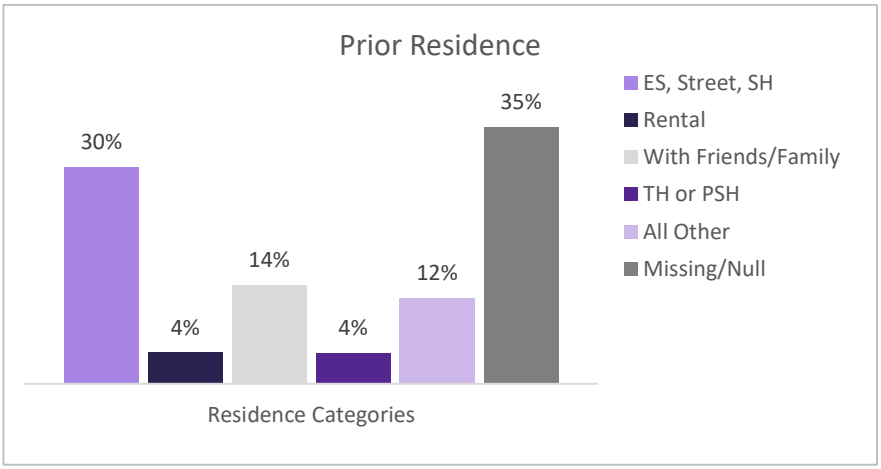
Between 10/1/2016 and 12/31/2016, providers in the Newburgh/Middletown/Orange County CoC served 825 individuals in residential programs, and 414 in supportive services only programs[i]. The total unduplicated count of individuals experiencing homelessness or at-risk-of homelessness served by area providers was 1244[ii].




There were 989 households in the CoC, including 650 households without children (containing 661 individuals), 117 households with adults and children (containing 146 adults and 215 children), and 222 households with 222 unaccompanied minors[iii].

By gender, providers in the CoC served 611 (49%) women, 622 (50%) men and 2 (0.2%) trans-identified individuals.

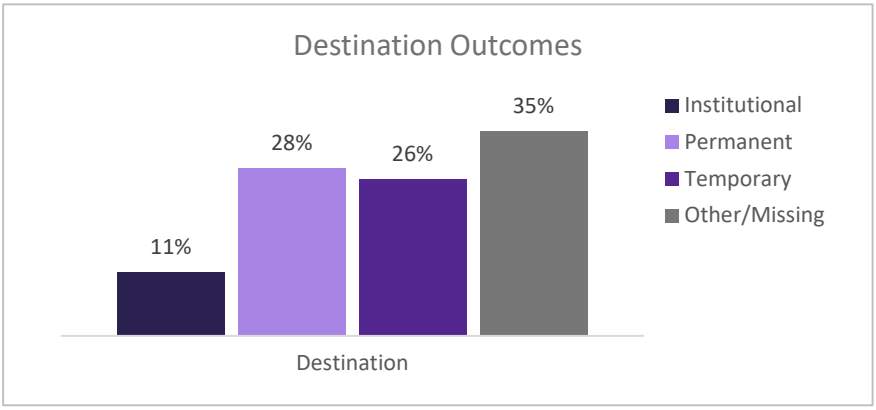
The racial and ethnic breakdown of those served included 650 (52%) White, 436 (35%) Black or African-American, 6 (0.5%) Asian, 11 (0.9%) Native Hawaiian or Other Pacific Islander, 17 (1.4%) American Indian or Alaskan Native, and 63 (5%) Multiple Races. 239 (19%) individuals identified as Hispanic/Latino regardless of race.




Of 1028 adults or heads of household, 308 (30%) indicated a prior residence of Emergency Shelter, the streets or Safe Haven. Of these clients, 149 (48%) reported no previous episodes of homelessness within the last three years while 43 (14%), 26 (8%), and 39 (13%) had been homeless 2, 3, or 4+ times (respectively) during the same time frame. 51 (17%) did not report on this data element.

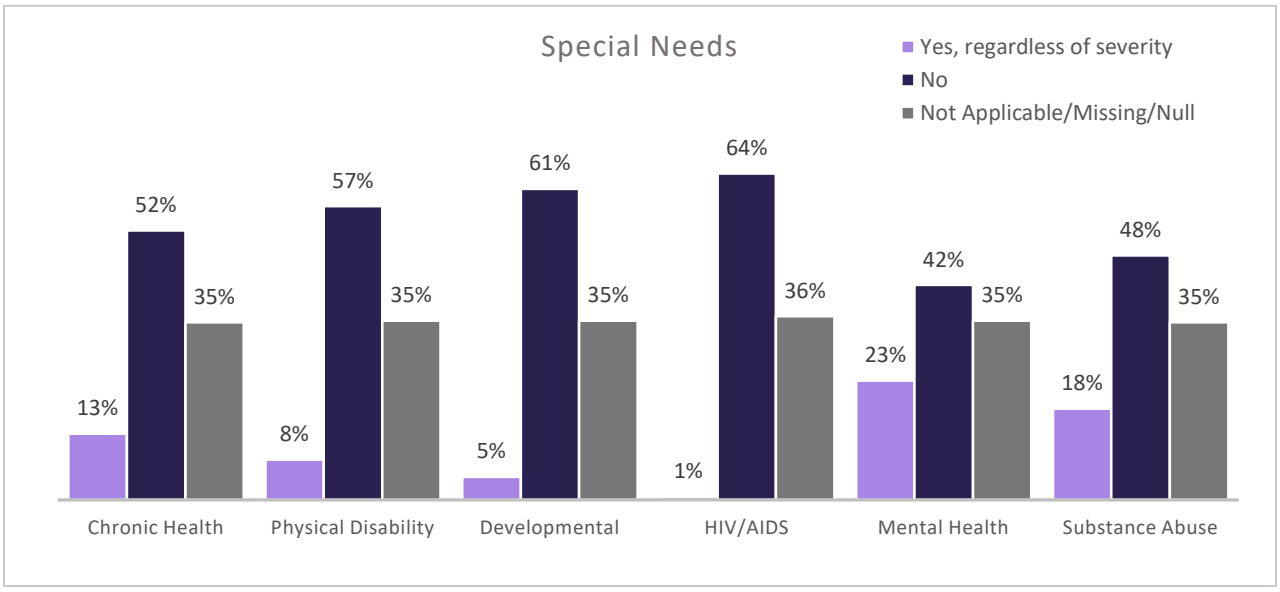
For those adults or heads of household who were in program a year or more and received an annual assessment (102), 50 (49%) saw an increase in income (cash and cash benefits) between admission and the most recent update. An additional 28 (27%) saw no change in income that was initially higher than zero[iv].

The total number of individuals discharged during the quarter was 272, which included 174 adults and 98 children. 77 (28%) individuals were discharged to a permanent destination. Income for 22 (13%) clients over 18 rose between admission and discharge while 34 (20%) maintained stable income of greater than zero.




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

54% of adults (410/764) and 11% of children (42/399) 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 (111).




When taking severity of condition into account, 224 adults reported conditions that met the criteria to be considered a disability.

## Sub-Populations – *All Programs*

45 (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 16 adults receiving services this quarter was a veteran (6%). Out of the 50 veterans served, 30 (60%) reported a disabling condition and 8 (16%) 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 | **443** | 9.03% | 5.42% | 7.67% | **98** | **22.12%** |
| Exit was from TH | **108** | 4.63% | 1.85% | 11.11% | **19** | **17.59%** |
| Exit was from RRH/PH | **33** | 0.00% | 3.03% | 0.00% | **1** | **3.03%** |
| **TOTAL** | **584** | **7.71%** | **4.62%** | **7.88%** | **118** | **20.21%** |

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 |
| 44 Grand |
| HONOR Family Shelter |
| HONOR Men's Shelter |
| HONOR STEHP A Friends House |
| HONOR Women's Shelter |
| MHV - OC CHI 9W |
| Newburgh Ministry Winterhaven |
| OC Housing Resource - Misc Motel Rm |
| PH - Permanent Supportive Housing |
| HONOR Housing First 1 |
| HONOR Housing First 2 |
| HONOR Stephen Saunders Residence |
| Il Project Independance II |
| IL Project Independence |
| MHA OC Supported Housing Individuals |
| MHA OC Supportive Housing for Families |
| Orange HUD Adolescent Supported Housing |
| Project LIFE PLUS Program |
| RECAP CoC |
| RECAP CoC Vets |
| RSS Orange HUD Adolescent Supported Housing |
| Safe Harbors Cornerstone Residence |
| SC Enhanced Supported |
| SC Individuals |
| Transitional Housing |
| HONOR Ecclesia House |
| MHV- CHI Port Jervis |
| Project Life Transitional - Family |
| Homelessness Prevention |
| Legal Services of the Hudson Valley STEHP |
| Street Outreach |
| HONOR STEHP Youth Outreach |
| PH - Housing with Services |
| Home to Stay - HUD |
| Invisible Children's Project HUD |

[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