

**ALBANY COUNTY COALITION ON HOMELESSNESS
AD HOC STRATEGIC PLANNING COMMITTEE**

Strategic Plan

Contents

EXECUTIVE SUMMARY	3
INTRODUCTION	5
ACCH ROLE IN PLAN DEVELOPMENT	6
ALBANY COUNTY PLANNING PROCESS	9
ANALYSIS OF THE OUTGOING ALBANY COUNTY TEN-YEAR PLAN TO END HOMELESSNESS: HISTORICAL BACKGROUND AND SIGNIFICANT POLICY CHANGES.....	11
MOVING FORWARD: FEDERAL GOALS AND THE ALBANY COUNTY STRATEGIC PLAN.....	13
ANALYSIS OF FUNDING RESOURCES AND THEIR POLICY FOCUS.....	14
CURRENT PICTURE: NEEDS AND ASSETS	15
Preventing Homelessness	17
Reducing Homelessness	18
Combatting Homelessness	19
GOALS MOVING FORWARD	21
GOAL #1: Prevent homelessness among households in Albany County by ensuring families and individuals have adequate resources for maintaining stable housing.	21
GOAL #2: Reduce homelessness among households in Albany County by focusing on decreasing the length of time homeless and the number of returns to homelessness.	26
GOAL #3: Combat homelessness in Albany County by educating, advocating and developing system connections with service stakeholders, government entities, funders, and the broader community.....	32
Appendix I: Workplan Overview	36
Appendix II: Definition of Terms	55
Appendix III: Endorsements	60
Appendix IV: ACCH Board Membership.....	62
Appendix V: ACCH Strategic Planning Committee Membership.....	63
Appendix VI: ACCH Membership Meeting, Community Charrette Attendees	64
Appendix VII: Workgroup Participation	65
Appendix VIII: Surplus/Deficit of Affordable Housing Units in Albany County Charts	66

EXECUTIVE SUMMARY

The Albany County Coalition on Homelessness (ACCH) is a diverse group of community stakeholders who work to prevent and eliminate homelessness while ensuring that an effective system of housing and support services is in place to respond to the needs of at-risk and homeless individuals and families. The Albany County Strategic Plan to Prevent, Reduce, and Combat Homelessness is ACCH's updated community-driven Strategic Plan to address homelessness in Albany County. Albany County experienced success with its prior plan, the Albany County Ten Year Plan to End Homelessness. However, as the needs of the community continue to evolve, so must ACCH's plan. The purpose of this plan is to guide the work of ACCH over the next five years.

ACCH seeks to continually be responsive to changing community needs. As such, this action plan is based upon acute data analysis from multiple sources, including the Homeless Management Information System (HMIS), the annual Point-in-Time Count and Housing Inventory Chart, and an extensive outreach process. This outreach process included a survey of service providers, a community forum, focus groups with community members, and an Open House.

Based upon this data analysis and extensive community outreach, ACCH has developed, documented, and will implement the following goals as key priorities for the next five years:

GOAL #1: Prevent homelessness among households in Albany County by ensuring families and individuals have adequate resources for maintaining stable housing.

Prevention is an important and cost-effective step in addressing homelessness, as it reduces the number of individuals and families who reach or who return to the homelessness system. In order to prevent homelessness, ACCH will seek to expand upon financial and support services for at-risk households, as well as raise awareness of such services. ACCH will build ties with the criminal justice system, mental health facilities, hospitals and the foster care system to reduce discharges to homelessness. In order to increase the supply of quality affordable housing stock in Albany County, ACCH will build relationships with local code offices and affordable housing developers. Finally, ACCH will work with service agencies to connect at-risk households with employers, educators, and employment service providers.

GOAL #2: Reduce homelessness among households in Albany County by focusing on decreasing the length of time homeless and the number of returns to homelessness.

A reduction in homelessness is an important part of addressing homelessness as it focuses on reducing the length of time individuals and families experience homelessness and recidivism to homelessness. ACCH will reduce homelessness by expediting households' ability to successfully move through the homelessness system and into stable housing. ACCH will achieve this by increasing the number of client-centered services in shelter and building upon coordination and collaboration efforts with Albany County Department of Social Services. ACCH will also increase the number of permanent supportive housing units

by 10% by 2021, and support transitions from permanent supportive housing and rapid rehousing units to affordable housing units where it makes sense. In addition, ACCH will participate in a regional comprehensive community response to reduce youth homelessness, a homeless population whose needs are critical and unique.

GOAL #3: Combat homelessness in Albany County by removing policy barriers and increasing funding opportunities to decrease homelessness on the systems level.

Combating homelessness at the systems level is imperative to preventing and reducing homelessness. In order to combat homelessness, ACCH will raise awareness on the extent of homelessness in Albany County through providing education and advocacy to government entities, funders and the broader community. ACCH will also focus on further developing its member organizations by providing training enhancements and other educational opportunities for members and community partners. ACCH will grow the coalition as a whole, ensuring it has the infrastructure to support the collaborative work outlined in this plan. The ACCH will also seek to collaborate regionally with other Continuums of Care to build efficiencies of scale and share best practices.

Moving Forward

The work of the ACCH is based on the principle that cross-systems collaboration leads to more effective and efficient services for clients, rather than working in silos. When our continuum of agencies work together, we create a system of care that results in better outcomes for our clients. The Strategic Plan is an initiative of the ACCH and as such will be guided and monitored by the ACCH over the next 5 years. However, the ACCH hopes to build upon its collaborations with wide range of community stakeholders to ensure the implementation of the plan is as impactful as possible, and that the plan is truly a county-wide community plan to end homelessness.

INTRODUCTION

The Albany County Coalition on Homelessness (ACCH) began the Strategic Planning process July 2015. The process was initiated because the Albany County Ten-Year Plan to End Homelessness, the current guiding document, was sunseting December 2016. As such, the Coalition saw purpose in developing a new plan to bring together all available community resources in order to achieve a common goal.

Albany County also a significant need to address homelessness. Comparing the national Point-In-Time data to the Albany Point-In-Time data shows that Albany has a higher rate of homelessness than the nation as a whole. There is a rate of homelessness of about 18 homeless persons out of every 10,000 persons in the general public on a single night nationally, and a rate of about 24 homeless persons out of every 10,000 persons in the general public on a single night in Albany County¹. According to Homeless Management Information System (HMIS) data, 2,640 homeless persons within 1,762 households were reported in Fiscal Year 2016 (10/1/2015 - 9/30/2016). Of the 1,762 households, 22% were families with 1268 people. Statistics on the breakout of single individuals into different subpopulations paints an important picture of who the community is serving:

- Veterans: 12%
- Unaccompanied Youth and Children: 19%
- Reporting a Mental Health Condition: 35%
- Reporting a Substance Abuse Disorder: 30%
- Reporting both a Mental Health and Substance Abuse Disorder: 17%
- Reporting HIV/AIDS: 2%²

Victims of domestic violence also represent a large portion of the homeless population in Albany County. In 2016, 546 adults and 235 children experiencing domestic violence were unable to access shelter at the Equinox domestic violence shelter due to lack of space.

According to the Albany Point-In-Time Count, Chronic Homelessness represented 15% of homeless individuals on a single night in January. Overall, the data shows a need to continue focusing on the most vulnerable and hardest to serve, including those with mental health conditions and substance abuse disorders, who together make up nearly half of the single homeless population in Albany County. In addition, there is a distinctive need to focus on addressing the gap in homelessness housing for unaccompanied youth in Albany County, who make up nearly a fifth of the homeless population for singles.

The purpose of this plan is to guide addressing this homelessness in a variety of ways. First, this plan will guide the work of the ACCH over the next 5 years. The plan will lay the groundwork for preventing, reducing and combatting homelessness. However, it will be a

¹ The 2016 Albany Point-In-Time Count reflected 748 homeless individuals on a single night in January. According to 2015 Census data, Albany County has a population of 309,381. This equates to a rate of 24 homeless persons per every 10,000 persons.

² Please note that the HIV/AIDS element historically has the highest rate of missing data for any of the special needs, so this is likely an underreporting.

living and breathing document that will change as the needs of the community change, and will be updated annually. A Strategic Plan is also highly suggested for Continuums of Care (CoC's) by HUD to guide local funding decision-making. This document establishes the priorities of the local community in addressing homelessness, as identified through a community-driven strategic planning process. ACCH will rely on this document when identifying funding priorities for CoC, ESG, and other important funding streams. In doing so, the Strategic Plan focuses on homeless households with the greatest needs, including those homeless households who are the most vulnerable, those who are chronically homeless, and those who are at immediate risk of eviction.

The ACCH Strategic Planning Committee will oversee implementation of the Strategic Plan. The Committee will meet quarterly to review the Workplan in detail and follow-up with Responsible Parties regarding progress. The Committee will also use these meetings to identify if any changes are needed in the Goals, Strategies and Action Items based on progress, outcomes, and/or data. HUD Planning dollars will be used to support this ongoing process.

The Strategic Plan will first walk through:

- A review of the ACCH Role in Plan Development,
- A description of the Albany County Planning Process,
- An analysis of the outgoing Albany County Ten Year Plan to End Homelessness,
- A description of current Federal Goals to end homelessness, and how this plan aligns with those goals,
- Identification of Current Needs & Assets, and finally
- The Goals, Strategies, and Action Items that will be carried out in implementing this Strategic Plan.

In Appendix I, there is a Workplan, which shows the Goals, Strategies and Action Items in a matrix form, identifying timeframes for completion, responsible parties, and measures of progress for each Action Item. In Appendix II you will find helpful Definitions of Terms. The remaining appendices identify Endorsers of the plan, ACCH Board and Strategic Planning Committee members, and participants in the Strategic Planning process.

ACCH ROLE IN PLAN DEVELOPMENT

The Albany County Coalition on Homelessness (ACCH) is a group of diverse stakeholders who work to collaboratively address homelessness in Albany County. The ACCH is the Albany County Continuum of Care (CoC), and as a community based organization applies for and receives funding from HUD to support continued housing and service efforts to address homelessness. Members of the ACCH include shelters, service providers, DSS, the Albany Housing Authority, county, state, and federal representatives, churches, affordable housing advocates, health providers, non-profits, foundations, community members, and persons who are or who have previously been homeless. ACCH has an open membership policy and actively welcomes and recruits any and all stakeholders and community members who seek to collaboratively address homelessness.

Over the past ten years, federal and local priorities have changed and the way the community addresses homelessness has shifted. All of the changes that have occurred significantly changed the ACCH. Since then a formal structure has been created to address homelessness. A Board of Directors was developed, a lead planning agency was formalized (CARES, Inc.) and standing committees have been developed. In addition, a formal mission and vision statement were developed in order to guide the work of the Coalition.

The mission of the ACCH reflects these priorities:

The Albany County Coalition on Homelessness is dedicated to preventing and eliminating homelessness while ensuring that an effective system of care and services is in place to respond to the needs of at-risk and homeless individuals and families. The purpose of ACCH is to:

- 1) *Operate the Continuum of Care in compliance with HUD regulations.*
- 2) *Promote community wide commitment to the goal of ending homelessness.*
- 3) *Promote access to and effective utilization of mainstream programs for homeless individuals and families.*
- 4) *Optimize self-sufficiency among individuals and families experiencing homelessness.*

In order to carry out this mission, the ACCH has formed the following committees:

1. Albany CoC Governance Committee

The Governance Committee secures nominations for candidates for election to the Board of Directors, and submits the list of nominees to the membership in writing at least one week before the Annual Meeting. Acceptance of nominations shall be secured prior to the Annual Meeting. To be elected to the Board of Directors, a candidate must secure a majority of ballots cast. The Governance Committee must ensure that at least one homeless or formerly homeless person serves on the Board of Directors and that a majority of the Board shall be composed of a majority of member representatives of organizations funded in any one of the last 2 years of CoC funding or organizations whose mission, purpose and work are to provide housing and/or services to at risk or homeless households. The Governance Committee conducts an annual review of and recommends, as needed, actions to be taken with respect to these bylaws and governance charter related issues, ensures compliance with HUD requirements regarding membership and Board of Directors composition, and oversees the membership application and renewal process. The Governance Committee is made up of four members from the Board of Directors.

2. Albany CoC Operations Committee

The Continuum of Care Operations Committee prepares plans and recommendations for review and approval by the Board of Directors and carries out action plans approved by the Board of Directors with respect to:

- a) Developing and establishing performance targets and outcomes, in consultation with program recipients and subrecipients.

- b) Conducting evaluation and monitoring of program performance, including review of reports from HMIS, and taking action as warranted in a constructive and positive manner.
- c) Establishing written standards for the provision of Continuum of Care assistance, in consultation with Emergency Solutions Grant program recipients.
- d) Ensuring compliance with HUD requirements concerning the designation and operation of HMIS.

3. Albany CoC Strategic Planning Committee

The Ad hoc Strategic Planning Committee is responsible for reviewing, preparing, and formulating the Strategic Plan to Prevent, Reduce and Combat Homelessness in Albany County. In order to create a meaningful and up-to-date Plan, the Committee regularly conducts outreach to community stakeholders and analyzes data related to community needs and assets. The Committee reports to the Board on this progress.

4. Albany CoC System Collaboration Committee

The System Collaboration Committee prepares plans and recommendations for review and approval by the Board of Directors and carries out action plans approved by the Board of Directors with respect to:

- a) Consulting, collaborating, and coordinating with Emergency Solutions Grant program providers on Emergency Solutions Grant program funding allocations, reporting and program outcome evaluation.
- b) Establishing and operating a system for the assessment of needs of households seeking housing and services assistance, in consultation with Emergency Solutions Grant program recipients.
- c) Facilitating dialogue and strategic action among public, private and non-profit sectors to prevent and end homelessness and promote affordable housing.
- d) Consulting and coordinating with the State and the City of Albany in the developing, updating and implementation of their Consolidated Plans including establishing goals, objectives and action steps for reducing and ending homelessness, the allocation of Emergency Solutions Grant program funds, the development of performance standards, outcomes and evaluations of projects and activities assisted by Emergency Solutions Grant program, and the development of funding, policies and procedures for the operation and administration of HMIS.
- e) Operating the Coordinated Entry system and reporting to the Board on its implementation.

5. Albany CoC NOFA Committee

The NOFA Committee prepares plans and recommendations for review and approval by the Board of Directors and carries out action plans approved by the Board of Directors with respect to the design, operation and following a collaborative process for the development of funding applications, including funding priorities and the number and type of applicants.

6. Albany CoC HMIS Advisory Committee

The purpose of this Committee is to work with the Homeless Management Information System (HMIS) System Administrator to ensure proper and effective HMIS policies and procedures.

The ACCH works on the principle that working collaboratively will lead to more efficiently and effectively serving clients than when agencies work in silos. When agencies work together, they avoid duplication of services and can create efficiencies of scale. In addition, they can create a system of care that results in a higher level of care for clients than if agencies were fragmented.

The Strategic Plan is an initiative of the ACCH and will guide the work of the ACCH over the next 5 years. The ACCH has been spearheading this initiative through the Strategic Planning Committee. However, the ACCH hopes to build collaborations with community stakeholders to ensure the implementation of the plan is as impactful as possible, and that the plan is really a community plan to end homelessness.

ALBANY COUNTY PLANNING PROCESS

While this plan is being written and driven by the Albany County Coalition on Homelessness (ACCH), the document is a county-wide plan to reduce homelessness. ACCH has strived to engage full county stakeholder participation, and hopes to work collaboratively with all parties within the county who can help to prevent, reduce, and combat homelessness. Moreover, this plan is directly informed by the community and community members who have experienced homelessness through the process described below.

The ACCH started the strategic planning process in July 2015 at the ACCH Board level. By December 2015, the ACCH Board and Membership had decided to create the Strategic Planning Committee to lead the charge of developing the strategic plan. The ACCH Strategic Planning Committee applied for and was awarded a \$15,000 grant from Albany County to create a county-wide plan to address homelessness. CARES was contracted to provide staff support and to host several of the focus groups that informed this plan.

The Strategic Planning Committee, in part through a subcommittee called the Listening Tour Workgroup, hosted a number of community engagement activities to collect information from important stakeholders to include in the plan. First, in March of 2016, the Committee conducted a survey of frontline staff to all ACCH member agencies. The following agencies participated in the frontline staff survey: Albany Community Action Partnership, Department of Social Services, Equinox, Catholic Charities, St. Catherine's Center for Children and Family, HATAS, Interfaith Partnership for the Homeless, Hope House, Albany Housing Authority, Albany Damien Center, Veterans Administration, Rehabilitation Support Services, St. Peter's Addiction Recovery Center, Support Ministries, Trinity Alliance, Homeless Action Committee, and Addictions Care Center. Out of this survey of frontline staff, it became clear that there are three overarching topics that frontline staff believe largely impact homelessness in Albany County: the shortage of quality affordable housing; lack of access to income and benefits; and the need for greater connection to or more support services. The Committee wanted to further gather information in each of these categories. During an ACCH Membership Meeting that was open to the public in May of 2016, the Committee hosted an exercise that asked participants to identify gaps/barriers and assets related to quality affordable housing,

income, and support services. A variety of local service agencies attended, providing feedback on the primary issues and strengths related to housing, benefits, and services for the homeless (please see Appendix V for the full list of attendees).

In addition, in June 2016, CARES staff, on behalf of the Strategic Planning Committee, hosted focus groups at the following shelters: Mercy House, St. Charles Lwanga Center, Interfaith Partnership for the Homeless (shelter and Drop-In Center), and St. Peter's Addiction Recovery Center, Morton Ave. HATAS hosted a focus group with clients of HATAS's permanent supportive housing units. The Committee also met with the community groups Housing for All and Six Blocks.

All of the feedback from the frontline staff survey, ACCH Membership Meeting exercise, and focus groups was compiled into a matrix. The Strategic Planning Committee then established three workgroups to process this information: the Quality Affordable Housing, Income, and Support Services workgroups. The workgroups were largely made up of the same service organizations as those who attended the Community Charrette. However, participation in the workgroups included staff members who conduct on-the-ground work in addition to management level staff, adding an important perspective to this stage of the process. In addition, the workgroups brought some new organizations to the table, such as representation from the University at Albany National Center for Excellence in Homeless Services. Each workgroup looked at all of the information provided in the matrix and over the course of July and August, 2016, created Goals, Strategies, and Action Items based on their topic area.

The Strategic Planning Committee and ACCH Board continued to fine-tune the Goals, Strategies and Action Items, and write the rest of the plan. The Strategic Plan was opened for public comment on the ACCH website in December and closed in January 2017. The Strategic Planning Committee hosted a community presentation on the main objectives in the plan during the open comment period. The ACCH Board recommended the Strategic Plan for approval on January 26th, 2017, and ACCH Membership approved the Albany County Strategic Plan to Prevent, Reduce and Combat Homelessness on January 30th, 2017.

It is important to recognize that through this extensive process, the Strategic Plan was informed by a number of crucial layers. The plan was informed by all levels of staff members at service agencies in Albany County. The plan was informed by agencies who serve those with mental illnesses, substance abuse issues, the chronically homeless, victims of domestic violence, youth, and veterans. The plan was informed by those who operate shelters, provide housing for the homeless, case managers, education and employment providers, healthcare providers, legal representatives and advocacy groups. Certainly not least of all, the plan was informed by people who have been through the homeless system themselves and who know what is working and what is not working.

The Strategic Planning Committee will continue to engage community stakeholders and partners through implementation of and further development of the plan. The Strategic Plan will be reviewed quarterly during Strategic Planning Committee meetings. This committee will be responsible for tracking and monitoring progress Responsible Parties

make towards Action Items, and will report to the ACCH Board accordingly. The Strategic Plan will be a living and breathing document that will be updated at least annually with the support of CARES staff.

ANALYSIS OF THE OUTGOING ALBANY COUNTY TEN-YEAR PLAN TO END HOMELESSNESS: HISTORICAL BACKGROUND AND SIGNIFICANT POLICY CHANGES

In 2002, the Bush administration encouraged states to develop ten-year plans to end homelessness. The focus of planning nationwide was to reduce chronic homelessness, specifically among adults with mental illness. The focus of these plans was to indicate cost savings to the public by decreasing the amount of emergency services utilized by the chronic homeless population. The Bush administration focused funding streams on the chronically homeless single population, resulting in a significant amount of planning work dedicated to this population. Consequentially, during this time, there was limited planning focused on other homeless subpopulations, such as families.

In the fall of 2004, a core group of concerned County, City, and Town government officials, as well as other members of the Albany County Coalition on Homelessness, responded to this federal initiative to create a Plan to End Homelessness in Albany County. The group decided not to solely focus on chronic homelessness and more short-term homelessness among single adults, but to also include the needs of homeless families and homeless and runaway youth in the planning process. With the endorsement of Albany County Executive Michael Breslin and Albany Mayor Gerald Jennings, an Advisory Group of knowledgeable and concerned community leaders consisting of fifty-nine (59) members was formed. Beginning in November of 2004, the Advisory Group met on a quarterly basis to provide valuable input regarding needs and resources, and assist in developing implementation strategies. An Executive Committee comprised of sixteen (16) representatives from local and county government, law enforcement, faith communities, housing and service providers, and a formerly homeless consumer was also created. The Executive Committee met monthly to develop the planning methodology, consider the findings of outreach and other research, oversee the writing of the plan, and develop the final draft of the document. The Executive Committee finalized the plan at its October 2005 meeting.

The Ten-Year Plan to End Homelessness focused on a number of initiatives related to community involvement, prevention, permanent housing, chronic homelessness, income and employment opportunities, and supportive and treatment services. A number of initiatives identified in the plan were realized. For example, the American Recovery Act brought approximately \$2 million to Albany County in Rapid Rehousing and Prevention funding between 2009 and 2011, which infused funding into the community at a time when there were federal cuts. With that money, the community was able to achieve a lot of prevention activities noted within the Ten Year Plan. For example, United Tenants of Albany provides tenant training and landlord mediation in order to prevent unnecessary evictions. Legal Aid Society of Northeastern New York (LASNNY) provides legal and financial assistance to prevent homelessness.

Over the ten years the community also immensely increased its capacity to provide homeless housing. In 2008, Albany County had 549 permanent supportive housing beds³. In 2016, this has drastically increased to 905 permanent supportive housing beds⁴ as a result of the ACCH applying for bonus funding from HUD on an annual basis. This increase in housing is also the result of agencies looking for alternative sources of funding. For example, St. Catherine's Center for Children initiated Project Host, a Rapid Rehousing project that is funded through Medicaid Redesign Team funding and focuses on housing high Medicaid users. In addition to increasing the number of permanent supportive housing beds in the community, the ACCH has also adapted to ensure the housing is meeting the needs of the community. For example, ACCH has increased the number of dedicated chronic beds for both singles and families in the last ten years. In addition, 94% of CoC funded permanent supportive housing projects operate under a Housing First model.

In addition to increasing and furthering permanent housing capacity in the community, a Code Blue shelter and Safe Haven, both low-barrier shelters that serve the street homeless and chronically homeless, have opened at Interfaith Partnership for the Homeless. Interfaith Partnership for the Homeless also developed the Drop-In Center, a daytime safe haven that provides an array of services including daily meals, showers, laundry facilities, case management, life skills groups, and a clothing pantry. In addition, ACCH led the creation of the Coordinated Entry system, which quickly connects the most vulnerable clients with appropriate housing and services. This Coordinated Entry process now has a staff lead through HATAS. Recently, St. Catherine's Center for Children started Project Connect, which is an outreach program aiming to connect those who are street homeless to the Coordinated Entry system. Moreover, the community met the Mayors Challenge to End Veteran Homelessness in 2015 by reaching functional zero, meaning the community has a – well-coordinated and efficient community system that assures veteran homelessness is rare, brief and non-recurring and no veteran is forced to live on the street. In the last ten years the Capital Region Coalition to End Homelessness was also developed, which educates funders, policymakers, and all citizens about the impact of homelessness on Albany County and the region.

Altogether, over the last ten years, the ACCH has become a formalized entity that successfully collaborates to better meet the needs of homeless individuals and families in the community. Over the next five years, in carrying out this plan, the ACCH hopes to continue to grow in efficiency and effectiveness, in the specific ways detailed in the Goals Moving Forward below.

³ 2008 Albany County Continuum of Care Housing Inventory Chart

⁴ 2016 Albany County Continuum of Care Housing Inventory Chart

MOVING FORWARD: FEDERAL GOALS AND THE ALBANY COUNTY STRATEGIC PLAN

In 2010 the United States Interagency Council on Homelessness (USICH) launched *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness*, which was amended in 2015. *Opening Doors* is the nation's first comprehensive federal strategy to prevent and end homelessness.

The Goals of *Opening Doors* are:

- Prevent and end homelessness among Veterans in 2015
- Finish the job of ending chronic homelessness in 2017
- Prevent and end homelessness for families with children and youth in 2020
- Set a path to ending all types of homelessness

Per *Opening Doors*, an end to homelessness means that every community will have a systemic response in place that ensures homelessness is prevented whenever possible, or if it can't be prevented, it is a rare, brief and non-recurring experience.

While the Albany County Strategic Planning process was a ground-up, community-driven process, many of the initiatives that are prioritized in the Albany County Strategic Plan reflect what is emphasized in *Opening Doors*. For example, the emphasis on ending chronic homelessness directly relates to this plan's goal to serve the most vulnerable and chronically homeless first. In addition, veterans, families with children, and youth are all populations that will be supported through implementing this plan.

Additionally, *Opening Doors* outlines key Objectives and Strategies that directly relate to this plan's Goals, Strategies and Action Items. For example, *Opening Doors* emphasizes the importance of improving discharge planning from institutional facilities, as does Goal #1, Strategy #3 in this plan. *Opening Doors* also reiterates the importance of increasing the amount of affordable housing opportunities for people experiencing homelessness or who are the most at risk of homelessness, which directly reflects Goal #1, Strategy #5 in this plan. Other overlapping initiatives from *Opening Doors* include:

- Integrate primary and behavioral health care services with homeless assistance programs and housing to reduce people's vulnerability to and the impacts of homelessness (Goal #1, Strategy #3);
- Improve access to education and increasing meaningful and sustainable employment for people experiencing or most at risk of homelessness (Goal #1, Strategy #6 and Goal #2, Strategy #5);
- Improve access to and use of supportive housing by encouraging prioritization and targeting for people who need this level of support to prevent or exit homelessness (Goal #1, Strategy #1);
- Increase permanent supportive housing to prevent and end chronic homelessness (Goal #2, Strategy #3);
- Create protocols and consider incentives to help people who have achieved stability in supportive housing—who no longer need and/or desire to live there—to move into affordable housing to free units for others who need it (Goal #2, Strategy #4);

- Provide and promote collaborative leadership at all levels of government and across all sectors to inspire and energize Americans to commit to preventing and ending homelessness (Goal #3, Strategy #1); and
- Continue to increase use of HMIS (Goal #3, Strategy #1).

ANALYSIS OF FUNDING RESOURCES AND THEIR POLICY FOCUS

ACCH agencies tap into a variety of resources in order to support the work they do to prevent, reduce and combat homelessness. These include resources at the local, state, federal and foundation levels. For example, at the local level, many shelters receive funding through the Albany County Department of Social Services (DSS). Cities are also often the conduit through which federal Emergency Solutions Grant funding flows, which can fund supportive services. At the state level, for example, the Office of Temporary and Disability Assistance provides Homeless Housing Assistance Program funding to create permanent housing for persons who have been homeless, and the Solutions to End Homelessness Program provides funding for support services; the Office of Mental Health provides funding for housing those with mental illnesses; and the Office of Alcoholism and Substance Abuse Services provides funding for housing those with substance abuse disorders. At the federal level, HUD provides Continuum of Care funding to provide permanent supportive housing and rapid rehousing, and the Veterans Administration provides vouchers for housing homeless veterans.

Below shows the amount of funding Albany County has received from HUD through the Continuum of Care and Emergency Solutions Grant between 2007 and 2015:

	Continuum of Care	Emergency Solutions Grant
2015	\$ 5,040,772.00	\$ 280,962.00
2014	\$ 4,477,029.00	\$ 260,997.00
*2013	\$ 4,419,630.00	\$ 218,284.00
2012	\$ 4,489,644.00	\$ 291,290.00
**2011	\$ 3,978,898.00	\$ 163,203.00
2010	\$ 3,899,887.00	\$ 162,786.00
2009	\$ 3,604,988.00	\$ 163,354.00
2008	\$ 2,719,114.00	\$ 164,823.00
2007	\$ 2,441,356.00	\$ 165,061.00

* In 2013 the CoC lost all five Support Service Only programs totaling \$243,203.

** In 2011 the Emergency Shelter Grant was officially revised as the Emergency Solutions grant, and the City of Albany received an additional allocation.

In 2009 the Homeless Emergency Assistance and Rapid Transition to Housing Act (The HEARTH Act) was passed. The HEARTH Act ushered in major changes within the homeless system. Specifically the Act amends and reauthorizes the McKinney-Vento Homeless

Assistance Act by: consolidating three HUD homeless assistance programs, revising HUD's definition of homeless, revising the Emergency Shelter Grant program (now the Emergency Solutions Grant), creating the Rural Housing Stability Program to replace the Rural Homelessness Grant Program and by coding in law the Continuum of Care Planning Process. Changes ushered by HEARTH significantly shifted federal funding priorities and effected how Albany County was able to meet stated goals noted within the Plan. Specifically, as noted in this chart, in 2011 the Emergency Shelter Grant was officially revised as the Emergency Solutions grant, and the City of Albany received an additional allocation. In 2013, the CoC lost all five Support Service Only programs, as HUD shifted away from prioritizing such programs and towards prioritizing housing programs.

This chart also identifies that the amount of CoC and ESG funding coming to Albany County has significantly increased between 2007 and 2015. CoC funding has more than doubled at 106%, while ESG funding has increased 70%. This is a direct result of CoC and ESG funded agencies collaborating to address community needs in the most effective ways possible. In addition to analyzing community needs, agencies have also been prudent in looking to HUD, state agencies, and other experts for policy guidelines in order to be ahead of the curve on new initiatives that may benefit the community. Examples of this include implementing Housing First practices, Rapid Rehousing programs, and trauma-informed approaches to care.

CURRENT PICTURE: NEEDS AND ASSETS

Homelessness is an issue that is seen and being addressed on the national level. According to the National Alliance to End Homelessness's 2016 State of Homelessness Report, 564,708 people experienced homelessness on a night in January in 2015, per the 2015 Point-in-Time Count. This equates to a rate of homelessness of about 18 homeless persons out of every 10,000 persons in the general public on a single night. Of those experiencing homelessness, 31% were unsheltered, and thus living in a place not meant for human habitation. 15% were chronically homeless individuals. According to the State of Homelessness Report and the HUD 2015 CoC Homeless Assistance Programs Homeless Populations and Subpopulations Report, those persons experiencing homelessness during the 2016 Point-In-Time Count fall into the following subpopulations:

- Veterans: 8%⁵
- Unaccompanied Youth and Children: 6.5%⁶
- Severely Mentally Ill: 25%⁷
- Chronic Substance Abuse: 26%⁸
- HIV/AIDS: 2%⁹

⁵ 2016 State of Homelessness Report, National Alliance to End Homelessness

⁶ 2016 State of Homelessness Report, National Alliance to End Homelessness

⁷ HUD 2015 CoC Homeless Assistance Programs Homeless Populations and Subpopulations Report

⁸ HUD 2015 CoC Homeless Assistance Programs Homeless Populations and Subpopulations Report

⁹ HUD 2015 CoC Homeless Assistance Programs Homeless Populations and Subpopulations Report

- Victims of domestic violence: 17%¹⁰

These statistics show that on a national level, the country does not only need to address homelessness, but the nation also needs to specifically address homelessness for the hardest to serve – those who are unsheltered, the chronically homeless, and those with severe mental illnesses and chronic substance abuse issues. In addition, as programs are developed to address homelessness, they must take into consideration the unique needs of specific populations, such as victims of domestic violence, veterans, and unaccompanied youth and children.

At the local level, Albany County also has a significant need to address homelessness. According to Homeless Management Information System (HMIS) data, 2,640 homeless persons within 1,762 households were reported in Fiscal Year 2016 (10/1/2015 - 9/30/2016). Of the 1,762 households, 22% were families with 1268 people. Statistics on the breakout of single individuals into different subpopulations paints an important picture of who the community is serving:

- Veterans: 12%
- Unaccompanied Youth and Children: 19%
- Reporting a Mental Health Condition: 35%
- Reporting a Substance Abuse Disorder: 30%
- Reporting both a Mental Health and Substance Abuse Disorder: 17%
- Reporting HIV/AIDS: 2%¹¹

Victims of domestic violence also represent a large portion of the homeless population in Albany County. In 2016, 546 adults and 235 children experiencing domestic violence were unable to access shelter at the Equinox domestic violence shelter due to lack of space. As a result, homeless individuals and families experiencing domestic violence often need to relocate to shelters outside of Albany County, separating these persons from their support systems.

The HMIS data shows that 4% of single individuals were Chronically Homeless. However, according to the Albany Point-In-Time Count, Chronic Homelessness represented 15% of homeless individuals on a single night in January. According to what providers see in the community, the actual percentage is likely closer to 15% than 4%. The HMIS percentage may be artificially low due suboptimal shelter bed coverage in HMIS and due to a change in the Chronic Homeless definition that occurred in January 2016, requiring reporting changes that may not be accurately reported in HMIS.

It is also concerning that there were 1,268 people in 385 families who were homeless in FY 2016 according to HMIS. Homelessness takes a toll on children at every stage of their lives.

¹⁰ HUD 2015 CoC Homeless Assistance Programs Homeless Populations and Subpopulations Report

¹¹ Please note that the HIV/AIDS element historically has the highest rate of missing data for any of the special needs, so this is likely an underreporting.

Homeless children frequently demonstrate developmental delays, behavioral and emotional issues, and health problems, such as increased rates of infectious disease, asthma, and stunted growth¹². The level of trauma homeless children are exposed to confluences all of this. Finding shelter can also disrupt a child's school setting. Currently, Albany County has one family shelter, Marillac, which has 70 beds, and a 60 bed hotel/motel shelter (Schuyler Inn) operated by Altamont Program that primarily houses families.

Overall, the data shows a need to continue focusing on the most vulnerable and hardest to serve, including those with mental health conditions and substance abuse disorders, who together make up nearly half of the single homeless population in Albany County. In addition, there is a distinctive need to focus on addressing the gap in homelessness housing for unaccompanied youth in Albany County, who make up nearly a fifth of the homeless population for singles.

Comparing the national Point-In-Time data to the Albany Point-In-Time data shows that Albany has a higher rate of homelessness than the nation as a whole. There is a rate of homelessness of about 18 homeless persons out of every 10,000 persons in the general public on a single night nationally, and a rate of about 24 homeless persons out of every 10,000 persons in the general public on a single night in Albany County¹³. This data showcase that Albany County has a homelessness issue that needs to be addressed.

Preventing Homelessness

Preventing homelessness is a key strategy that is promoted on a national level. The Emergency Solutions Grant (ESG), funded by HUD, allows for funding to be used for homelessness prevention, including housing relocation and stabilization services and short-and/or medium-term rental assistance in order to prevent an individual or family from becoming homeless. Specifically, funding can be used for rental assistance and rental arrears, rental application fees, security and utility deposits, utility payments, last month's rent, moving costs, and services, such as housing search and placement, housing stability case management, landlord-tenant mediation, tenant legal services and credit repair.

At the local level, there is a significant need to focus on preventing homelessness in Albany County. HMIS data shows that between FY 2013 and FY 2016, the total number of first episodes of homelessness (persons with no prior admission in the last 24 months) has increased by about 35%. In addition, HMIS data shows a reduction in Prevention Admissions between FY 2013 (694 admissions) and FY 2016 (363 admissions). This is largely due to a loss of a state contract focused on prevention (Solutions to End Homelessness Program funding). As such, if the amount of prevention funding was

¹² Hart-Shegos, Ellen: Homelessness and its Effects on Children, a Report Prepared for the Family Housing Fund, December 1999.

¹³ The 2016 Albany Point-In-Time Count reflected 748 homeless individuals on a single night in January. According to 2015 Census data, Albany County has a population of 309,381. This equates to a rate of 24 homeless persons per every 10,000 persons.

available currently as there was in 2013, these prevention services would likely be highly utilized, arguably decreasing the number of first episodes of homelessness that have increased since FY 2013.

Another case for focusing on increasing prevention resources in the community comes from looking at the results of United Tenants of Albany's 2016 Housing Retention Study¹⁴. This study included a sample of 126 household who had received financial assistance through UTA's Homeless Prevention Program. Tenants and landlords were given a survey to determine the tenant's retention of housing six months after the tenant had been assisted. Tenants were deemed to have successfully retained housing if they remained in their apartment six months after receiving emergency financial assistance or if they left without arrears to another apartment and in accordance with the terms of the landlord-tenant agreement. According to this study, 81% of those who received assistance through the Homeless Prevention Program retained housing.

The study also cited financial benefits of focusing on prevention services. According to the Homeless and Travelers Aid Society, 30 days in an emergency homeless shelter for a single costs approximately \$135 a night on average (although it varies based on the shelter), which totals \$4,050 every 30 days. The emergency assistance provided by UTA's Homeless Assistance Program is equivalent to one-month of rent or, if utilizing ESG funding, a maximum of \$450 per household. Thus, these prevention services cost a fraction of what it costs to house a person in shelter and successfully supported housing retention for at least six months.

Finally, through the community outreach process, we learned that clients, community members and support service staff alike feel that there is a lack of knowledge about prevention services that are available prior to becoming homeless. Staff in particular felt that there is a lack of a safety net for when clients lose benefits or have an unexpected healthcare bill. Luckily, the community already has a strong network of prevention services to build off of, such as UTA's Homeless Assistance Program and Legal Aid Society of Northeastern New York's Eviction Prevention Program. The community also has a wealth of programs for at-risk households to access resources, such as the Albany Community Action Partnership (ACAP) and Capital South Campus Center.

Reducing Homelessness

As stated above, there is a need to reduce homelessness on the national level, as 564,708 people experienced homelessness on a night in January in 2015¹⁵. The National Alliance to End Homelessness's 2016 State of Homelessness Report showed that between the 2014 and 2015 Point-In-Time Counts, while the number of people experiencing homelessness in America decreased by 2.0% from 2014 to 2015, there was a 9.5% increase in New York State. In Albany County, there was an 8% decrease (650 to 597). Similarly, while family homelessness decreased nationally by 4.6%, it increased in New York State by 8.7%, and decreased in Albany County by 35% (211 to 138). Chronic Homelessness among

¹⁴ United Tenants of Albany Housing Retention Study 2016, Kansinya Lewis

¹⁵ State of Homelessness Report, National Alliance to End Homelessness.

individuals fell nationally by 1.0% and in New York State by 0.5%, but increased in Albany County by 7% (81 to 87). Veteran homelessness decreased by 4.0% nationwide, and by 5.6% in New York State. The trending decreases in homelessness nationwide directly reflect the funding and policy focus on ending homelessness led at the federal level by HUD and other agencies. However, as exemplified by some of the increasing trends in New York State, more must be done to ensure that every state experiences these decreasing trends, and that these decreasing trends continue to expand.

While looking at one night in January between 2014 and 2015 shows a decrease in homelessness for some populations in Albany County, looking at these populations for the full year portrays a different picture reinforcing the need to focus on reducing homelessness. According to HMIS data, between FY 2014 and FY 2015 the number of people reported in shelter as experiencing homelessness has increased 20% and the number of families reported in shelter as experiencing homelessness has increased 34%. Similarly, the number of homeless veterans reported increased by 14% (although this is likely due to a higher number of clients reporting being veterans due to more consistent provider questioning). Moreover, as stated above, in comparing the national Point-In-Time data to the Albany Point-In-Time data, there is a rate of homelessness of about 18 homeless persons out of every 10,000 persons in the general public on a single night nationally, and a rate of about 24 homeless persons out of every 10,000 persons in the general public on a single night in Albany County.

That being said, homeless service agencies are assets within the community, making strides to reduce homelessness. Albany County boasts 12 shelters with 307 beds, as well as the Interfaith Partnership for the Homeless Drop-In Center and a Code Blue shelter during the winter. Albany also has 12 Transitional Housing programs with 151 beds. These housing programs work collaboratively to connect individuals and families experiencing homelessness to one of the 32 Permanent Supportive Housing programs in the community as quickly as possible through the Coordinated Entry process, as well as to private housing opportunities in the community. With all 32 PSH programs, the community is able to provide a total of 905 beds for persons who might otherwise be homeless. As a result, per HMIS data for Albany County, 28% of sheltered homeless persons had prior admissions (in the last 24 months) in HMIS in FY 2014. That percentage decreased to 20% in FY 2016. In addition, discharges to successful permanent destinations has increased 12% between FY2013 and FY2016. The number of chronically homeless individuals reported in shelter as experiencing homelessness decreased by 22%, which is likely a reflection of the Coordinated Entry system that began in 2015.

Combating Homelessness

In this plan, combatting homelessness means working on the structural level to educate, advocate and develop system connections with service stakeholders, government entities, funders and the broader communities to address homelessness. Combatting homelessness on the structural level is an important part of this plan. During community outreach, clients in particular reported that there is a lack of community and political understanding of the extent of homelessness in Albany County. There was a feeling that homelessness was a

hidden issue that needs to be brought to the forefront of state and local policy decision-makers, particularly in the capital of the state.

Moreover, in order to combat homelessness, ACCH members and key stakeholders must continue to work in collaboration. Many ACCH members serve the same clients, and thus such collaboration has proven to be effective in saving funding and serving clients.

A prime example of this is ACCH's Coordinated Entry system. The Coordinated Entry system is a No Wrong Door system, that allows a client to go to one of any 31 participating programs when they are homeless and in need of housing. The client completes the same community assessment tool at any of these programs. The tool was developed by the participating agencies, and assesses vulnerability, eligibility, and program appropriateness in a standardized manner based on chronicity of homelessness, length of homelessness, and severity of service needs. Those deemed most vulnerable are prioritized with the goal of housing within 30 days. To ensure assistance and housing is received as quickly as possible, the ACCH has designated a lead agency, HATAS, to facilitate movement within the list of those needing housing. Agencies meet bi-weekly to case-conference and ensure any barriers to a client receiving appropriate housing are overcome. As a result of this system, clients are able to be connected to appropriate services at any of the 31 participating programs, as opposed to navigating the service system themselves, and are being housed more quickly.

The ACCH wants to grow collaboration, such as this, to ensure the system is as effective and efficient as possible.

GOALS MOVING FORWARD

GOAL #1: Prevent homelessness among households in Albany County by ensuring families and individuals have adequate resources for maintaining stable housing.

GOAL #2: Reduce homelessness among households in Albany County by focusing on decreasing the length of time homeless and the number of returns to homelessness.

GOAL #3: Combat homelessness in Albany County by removing policy barriers and increasing funding opportunities to decrease homelessness on the systems level.

GOAL #1: Prevent homelessness among households in Albany County by ensuring families and individuals have adequate resources for maintaining stable housing.

Measure for Goal #1: Have clients who utilized eviction prevention funding maintained stable housing for 90 days as reported in HMIS?

Logic:

Preventing homelessness means that families and individuals have the resources they need to maintain stable housing. Prevention is successful when the number of households who become homeless for the first time and when the returns to homelessness decrease.

Prevention is an important step in addressing homelessness, as it reduces the number of individuals and families who reach or who return to the homelessness system.

It is also cost effective to focus on prevention solutions to addressing homelessness. As stated above, according to the Homeless and Travelers Aid Society, 30 days in an emergency homeless shelter for a single costs approximately \$135 a night on average (although it varies based on the shelter), which totals \$4,050 every 30 days. Prevention services frequently total \$1,000 or less. In addition, a prevention focus is supported by the County. The Albany County DSS Commissioner has placed a priority on utilizing available benefits and programs and working with community providers to divert people from homelessness, resulting in a reduction in the need for shelter placement.

ACCH will work to prevent homelessness by increasing the amount of prevention funding homeless service providers have to support clients with court mediation, arrears, and utility payments (Strategy #1). ACCH will also prevent homelessness by raising awareness of educational resources for providers and those at-risk of losing their housing, such as tenants' rights and responsibilities and financial management skills (Strategy #2). During consumer focus groups it was made clear that one of the challenges households face when they first thought they may become homeless is knowing where to access resources. Families and individuals reported that it took the experience of being homeless to become aware of provider resources. ACCH would like to focus efforts on promoting prevention and homeless resources to community members at large to help those who are at-risk of becoming homeless access these early on.

ACCH will focus on improving coordination between community service providers and facilities (Strategy #3). In this instance, facilities refers to jails or prisons, hospitals,

inpatient psychiatric centers, and foster care. ACCH members, community members, and clients alike emphasized in the community outreach process that there is a lack of discharge planning and coordination between facilities and community service providers that results in persons leaving such facilities becoming, at times immediately, homeless. For example, of the 245 parolees that HATAS worked with through a Reentry program in 2015, 98 were homeless. Improving these transitions, such as by working with the Reentry Task Force, will directly reduce homelessness in Albany County.

ACCH will also identify ways to improve code enforcement processes by partnering with local Code offices (Strategy #4). There is a significant amount of deteriorating housing stock in Albany County. The Albany 2030 Comprehensive Plan for the City of Albany reports about 50% of total housing units were built before 1940, and housing vacancy has increased by 12% from 1990 – 2000. As a result, as reported by staff during the community outreach process, low-income and at-risk households often live in dangerous and unsanitary living conditions. This can lead to displacements due to code inspections. Alternatively, homeless households can struggle to find decent, affordable housing due to a lack of higher standards of inspections at the time of Residential Occupancy Permits and Certificates of Occupancy. ACCH wants to work with local Code offices to create higher standards of living for low-income housing in Albany County. This includes enforcing timely reparations of violations with landlords to prevent displacement of tenants. If displacement is essential for the safety of the tenants, ACCH wants to work collaboratively with Code offices to support next steps for the tenants.

ACCH also understands that ensuring an adequate amount of quality affordable housing is available in Albany County is a key piece to preventing homelessness. In Albany County, 48% of renter-occupied housing units with households earning less than \$35,000 are severely cost burdened¹⁶, and thus pay greater than 50% of their income on rent. 84% of renter-occupied housing units with households earning less than \$10,000 a year are spending 50% or more of their income on rent. Given the significant portion of low-income households spending greater than 50% of their income for rent, there is an increased risk for homelessness, in particular if there is any change to their income or other household expenses. According to Albany Housing Authority Executive Director Steve Longo, the Albany Housing Authority's waitlist for Section 8 vouchers is 5,000 households long and the waitlist for public housing is 9,000 households long.¹⁷ Comparing household income in Albany County to rent affordability shows that there is an over 8,000 unit deficit in rental units in Albany County for those earning \$20,000 or less.¹⁸ While this calculation does not incorporate household size, it provides strong indication that there is a significant need for additional affordable housing units in Albany County. Moreover, according to a housing study of the City of Albany by BBC Research and Consulting in the summer of 2016, the median rent in the City has increased 60% since 2000, more than twice at which the

¹⁶ 2015 American Community Survey 1-Year Estimates, Household Income by Gross Rent as a Percentage of Household Income in the Past 12 Months. See Appendix VIII.

¹⁷ City of Albany: Report of the Housing Affordability Task Force, November 14, 2016.

¹⁸ American Community Survey 2010 to 2014; Tables B25063, B25074, S2503. See Appendix VII.

median income has grown¹⁹. As such, ACCH will work to develop relationships with affordable housing developers, property managers/providers, and advocates, and local government to further identify the need for additional affordable housing and steps ACCH can take to support meeting that need (Strategy #5). ACCH has already brainstormed a number of ways that the Coalition can help support the development of affordable housing including supporting identification of blighted buildings, supporting applications for affordable housing development funding, advocating for incorporation of mandatory inclusionary zoning, and evaluating and supporting elements of the Housing Market Review for the City of Albany. ACCH looks forward to working with affordable housing stakeholders to further develop how the Coalition can support their work to ensure the most vulnerable low-income and at-risk households have access to quality affordable housing. ACCH would also like to collaborate with affordable housing providers to ensure that homeless households have access to affordable housing units where appropriate.

ACCH will work with service agencies to connect at-risk households with employers, educators, and employment service providers, such as the Capital South Campus Center (Strategy #6). An important aspect of maintaining housing is earning income through employment. That being said, several barriers can prevent an individual from gaining and maintaining employment. Some of these identified through the community outreach process include lack of affordable childcare, criminal conviction status, and lack of appropriate skills for available employment opportunities. ACCH will seek to connect with employers to identify mutually beneficial ways to overcome these barriers.

Strategy #1: Maintain and expand upon existing eviction prevention funding for services in Albany County.

Measure for Strategy #1: Has eviction prevention funding increased in Albany County?

- A. Identify the amount of ESG, STEHP, and other funding used towards eviction prevention, including court mediation, rental arrears support, and utility payments.
- B. Identify additional sources of financial support for expansion of prevention services and prevention related financial assistance.
- C. Increase eviction prevention funding in Albany County by supporting applications of funding and building relationships with potential funders.
- D. Analyze data on housing stability of households supported by eviction prevention to further support grants and funding.
- E. Design and utilize Coordinated Entry or other collaborative means to prioritize applicants for prevention services and maximize prevention related financial assistance.

Strategy #2: Build awareness of prevention and homelessness support services and educational opportunities for providers and community members who are at risk of becoming homeless.

¹⁹ BBC Research and Consulting, Housing Market Review: City of Albany, June 12, 2016.

Measure for Strategy #2: Are providers more aware of prevention and homelessness support services and educational opportunities, according to provider surveys?

- A. Develop a more robust plan for outreach to community members to build awareness of prevention and homelessness resources.
- B. Develop a plan to promote awareness of general supportive case management resources in the community by engaging key access points where at-risk households may frequent, including food pantries, clothing pantries, healthcare providers, Health Homes and other care management entities.

Strategy #3: Improve coordination and discharge planning for clients leaving jails/prisons, mental health facilities, hospitals, and the foster care system to prevent homelessness.

Measure for Strategy #3: Have discharges to homelessness from jails/prisons, mental health facilities, hospitals, and the foster care system decreased? Have improvements been made to the communication processes used across care transitions?

- A. Identify and establish linkages with existing discharge planning entities.
- B. Identify the number of people being discharged to homelessness from specific facilities (prisons, jails, hospitals, psychiatric centers, care management organizations, and the foster care system).
- C. Identify and collaborate with discharge planners to ensure immediate access to income and/or employment upon discharge from incarceration or the foster care system.
- D. Explore, identify and pursue community wide training opportunities for Critical Time Intervention training to promote its use among ACCH agencies and facilities (prisons, jails, hospitals, psychiatric centers, care management organizations, and the foster care system).
- E. Expand access to client-focused behavioral health care coordination services to support transitions from inpatient to outpatient treatment and overall access to Behavioral Health Services.
- F. Encourage ACCH members to leverage the efforts of Managed Care Organizations and DSRIP activities to expand the use of community health workers, care coordinators and peer support roles to support care transitions, remove barriers to care and ensure continuity of care.

Strategy #4: Identify opportunities to improve code enforcement processes to create higher standards of living for low-income households in Albany County.

Measure for Strategy #4: Have opportunities to improve code enforcement processes to create higher standards of living for low-income households been identified and acted upon?

- A. ACCH join and participate in Code Task Force, bringing issues related to preventing homelessness to the quarterly meetings.
- B. Work with local Code offices to identify best practices and plans for implementation.

- C. Advocate for higher standards of receiving a Residential Occupancy Permits and Certificates of Occupancy.
- D. Create linkages with a local landlord association with the goal of increasing the quality of housing among low-income housing units.
- E. Work with Albany Housing Authority to improve inspection processes for tenant-based Section 8 units and to prioritize inspection for those Section 8 clients who are homeless.

Strategy #5: Develop relationships with affordable housing developers, property managers/providers, advocates, and local government to ensure there is adequate affordable housing for the homeless and persons at-risk of homelessness who are the most vulnerable.

Measure for Strategy #5: Has there been an increase in the number of affordable housing units dedicated to persons who are homeless or at-risk of homelessness who are the most vulnerable?

- A. Build relationships with affordable housing stakeholders to assess the need for additional affordable housing units and the types of housing needed.
- B. Identify ways to support affordable housing developers', providers' and advocates' work to increase the quality affordable housing stock to meet the deficit.
 - i. Work with affordable housing providers, advocates, and local governments to address the affordable housing deficit by supporting increasing affordable housing stock for households that earn 30% of the Area Median Income (AMI) by 5% over a 5 year period (roughly 80 new units per year)²⁰.
 - ii. Encourage and support identification of blighted buildings for redevelopment opportunities to accommodate affordable housing.
 - iii. Encourage and support ACCH members, affordable housing developers and private landlords to apply for State & Federal funds for purchase & rehab of properties to create more affordable housing.
 - iv. Advocate for the incorporation of an encouraged inclusionary zoning provision for new construction and/or major rehab for residential use, through an incentive density bonus.
 - v. Evaluate and support elements of the Housing Market Review for the City of Albany, the City of Albany Planning Department's review of the city's housing market.
- C. Identify status of existing affordable housing units and identify strategies to keep them affordable.
 - i. Engage the City of Albany's Affordable Housing Task Force to track inventory and expiration of tax credits, Housing Trust Fund, HOME, and HHAP funding. The Task Force's goal is to study the issue of affordable housing in the City of Albany, assess the demand for and supply of it, and explore ways the City of

²⁰ With a deficit of approximately 8000 units based on a review of household income and rent data from the 2010-14 American Community Survey the ACS data, adding 80 units per year over a 5 year period increases the supply by 400 units which represents about 5% of the problem as it currently exists.

Albany can protect existing opportunities for quality, stable, and affordable housing for city residents and extend those opportunities to underserved communities.

- ii. Based on the findings of the Affordable Housing Task Force, identify appropriate measures to extend the existing subsidy programs or comparable solutions to qualified entities.

Strategy #6: Increase collaboration between homeless service providers and employers, educators, and employment service providers to increase employment income, education and skill development among at-risk households.

Measure for Strategy #6: Have the number of MOU's increased between homeless service providers and employers, educators, and employment service providers to increase employment income, education and skill development among at-risk households?

- A. Expand ACCH membership and committee participation to include representation of employment service providers and educators.
- B. Collaboratively develop a process with employment service providers and ACCH to increase employment opportunities and resources, including dissemination of best practices.
- C. Work with employment and education programs to advocate for peer support programming.
- D. Increase opportunities to access affordable child care and Head Start services.
- E. Assist at-risk households in obtaining documents needed to secure income and employment. Specifically address issues related to special populations (i.e. youth, persons who are formerly incarcerated).
- F. Identify specific and unique income and employment barriers faced by each subpopulation (MI, Disabled, Youth, Formerly Incarcerated). Collaborate with systems partners to identify.
- G. Conduct ongoing trainings on the law as it relates to income and employment rights of homeless individuals and families.

GOAL #2: Reduce homelessness among households in Albany County by focusing on decreasing the length of time homeless and the number of returns to homelessness.

Measure for Goal #2: Has there been a reduction in the length of time homeless and percentage of returns to homelessness, and an increase in the percentage of positive discharges to permanent destinations ACCH system-wide, according to HMIS?

Logic:

Reducing homelessness means there are fewer families and individuals who are homeless. As a community, we do this by first preventing the initial episode of homelessness, as described in Goal #1. Second, we reduce the length of stay during which a family or

individual is homeless. Third, we reduce the number of returns to homelessness among families or individuals who have previously been homeless.

These measures of homelessness directly relate to HUD's Systems Performance Measures. Systems Performance Measures focus on viewing the local homeless response as a coordinated system as opposed to focusing on homeless assistance programs and funding sources that operate independently in a community. Systems Performance Measures include the following seven measures:

1. Length of time persons remain homeless;
2. The extent to which persons who exit to permanent housing destinations return to homelessness;
3. Number of homeless persons;
4. Jobs and income growth for homeless persons in CoC Program-funded projects;
5. Number of persons who become homeless for the first time;
6. Homeless prevention and housing placement of persons defined by Category 3 of HUD's homeless definition in CoC Program-funded projects;
7. Successful housing placement.

ACCH will also increase client-centered services in shelter (Strategy #1). Through focus groups with clients, it was made clear that a key factor in families and individuals successfully accessing and transitioning to quality affordable housing was the presence of a hands-on case manager in the shelter. As such, ACCH wants to ensure that all shelters have such resources.

ACCH will also increase coordination and collaboration of services with Albany County Department of Social Services (DSS) and between community providers (Strategy #2). DSS is the largest provider of homeless referral services in the county. DSS oversees contracts with homeless shelters for individual and family beds. At this time of this plan they include: one Tier II 70 bed OTDA certified family shelter (Marillac), an OTDA certified 30 bed single shelter (Interfaith), two shelters operated by Catholic Charities - a 19 bed (St. Charles Lwanga) shelter and an 19 bed (Mercy House) shelter, an 11 bed shelter (Morton Avenue) operated by SPARC, and a 60 bed hotel/motel shelter (Schuyler Inn) operated by Altamont Program and primarily housing families. Also, DSS is working on entering into a new contract for a 19 bed overflow (partial year) shelter operated by the Council of Churches. In addition, there are several specialty shelters in the county with funding passed through DSS: a short term 19 bed residential facility primarily for returning offenders operated by Treatment Alternatives for Safer Communities; and an 11 bed maternity shelter for pregnant females ages 17-24; the county also has a 30 bed residential facility for victims of Domestic Violence operated by Equinox, Inc. Also, the Capital Region City Mission operates an 115 bed shelter for men and women, and Equinox has a 13-bed shelter for youth.

DSS shelters are paid for bed nights used as well as contractual performance outcomes. Shelters with performance reimbursement must meet a variety of targets such as: demonstrating progress towards achieving housing permanency; completion of a homeless prevention plan; meeting with shelter staff to participate in an assessment of the causes of

their homelessness and related needs; cooperative development of an Independent Living Plan which outlines their steps to obtaining permanent housing. Shelters also provide referrals to supportive services including mental health and substance abuse counseling, help with addressing medical needs and other benefits. Shelter placements are made by DSS during operating hours. DSS contracts with HATAS for on-call shelter placement services after hours (nights, weekends, holidays).

DSS also refers to seven hotel/motels when shelters are full/homeless individuals are not appropriate or eligible for shelters. DSS may provide Emergency payments to prevent eviction and utility shut off and security deposits to assist financially eligible individuals to obtain housing as well as moving and storage costs, and furniture vouchers.

DSS serves over 55,000 unduplicated individuals at any given time during the year through multiple mandated benefit programs: Temporary Assistance to Needy Families (TANF), Safety Net, Supplemental Nutrition Assistance Program (SNAP), Home Energy Assistance Program (HEAP), Medicaid, Employment services, Child Care subsidy. These programs are means tested and clients must comply with State and Federal requirements such as job readiness activities, substance abuse treatment etc. for continued eligibility. DSS operates the NYConnects No Wrong Door helpline to provide assessment, information and referral to long-term services and supports for elderly and disabled individuals as well as access to Home-Delivered Meals and home care programs including EISEP. DSS also provides Adult Protective Services for abused and neglected adults.

As such, working together to ensure clients are effectively accessing DSS resources is imperative to ensuring homeless households are able to gain and maintain stable housing.

ACCH will work collaboratively with community stakeholders to reduce homelessness by increasing the amount of permanent supportive housing available for previously homeless households (Strategy #3). Permanent Supportive Housing (PSH) is a model that combines low-barrier affordable housing, health care, and supportive services to help individuals and families lead more stable lives. PSH is the primary form of housing for previously homeless individuals who have a disability. Currently there are 646 PSH units in Albany County²¹. The ACCH believes that an additional 65 PSH over the next 5 years is both attainable and necessary. The ACCH will also annually develop a Gaps Analysis to identify housing and population priorities for Albany County's homeless population in order to guide development of new permanent supportive housing units. Currently the ACCH has datasets from HMIS, the Point-in-Time, and Housing Inventory Chart to showcase the number of persons who are homeless compared to the amount of housing resources available in the community. Through the annual Gap Analysis the ACCH will utilize this information and additional data sets, such as the number of clients turned away from shelters and permanent supportive housing programs to identify need for further resources for specific subpopulations.

²¹ Housing Inventory Chart, 2016

ACCH will also work to support a model that transitions PSH and Rapid Rehousing (RRH) households into affordable housing when appropriate. This transition model would extend the current housing system the ACCH manages, creating more openings in PSH and RRH for shelter clients to more quickly fill.

Similarly to in Goal #1, ACCH will work with homeless service agencies to connect homeless households with employers, educators, and employment service providers (Strategy #5). While Goal #1 focused on increasing opportunities for connecting at-risk households with employment and educational opportunities, this Strategy focuses on increasing opportunities for connecting those who are already homeless with employment and educational opportunities. As such, different players will be involved in developing the outcomes, such as homeless service providers and shelters.

ACCH will also develop a comprehensive community response to address youth homelessness, working in collaboration with the Capital Region Youth Advisory Council. Homeless youth present unique needs compared to the homeless population as a whole. The Capital Region Youth Advisory Council conducted the first ever Regional Youth Point-In-Time (PIT) Count in October 2016 to identify the extent of unstably housed and homeless youth in the Capital Region.²² The PIT utilized three distinct data sources: a locally developed survey tool, the Homeless Management Information System (HMIS), and data collected by school liaisons. Regional survey data identified 117 unaccompanied youth as unstably housed or homeless on the night of the count. HMIS data documented 99 homeless youth households on the night of the count.²³ Of those 99 homeless youth households, there were 67 single unaccompanied youth households and 32 parenting youth households with 74 persons. This data indicates a significant need in the Capital Region to support unstably housed and homeless youth. ACCH looks forward to continuing to work with the Capital region Youth Advisory Council and the Albany County Department for Children, Youth and Families (DCYF), who manages the Youth Bureau and Runaway and Homeless Youth Act (RHYA) services, to identify and address this important need in our community.

Strategy #1: Increase the number of client-centered services in shelter to remove barriers to housing and income.

Measure for Strategy #1: Have the extent of client-centered services in shelter increased, according to client surveys?

- A. Conduct a SWOT (Strengths, Weaknesses, Opportunities, Threats) Analysis with shelter service providers for the development of best practices of client-centered services that connect clients to housing and income quickly and sustainably.
- B. Support agencies in applying for funding or building relationships with resources in the community in order to implement best practices identified through the SWOT Analysis (i.e. to apply for NYSSHP funding to hire an additional case manager to

²² The Youth PIT Count included Albany, Rensselaer, Schenectady, and Saratoga North Country CoC's.

²³ Please note, the youth identified in these numbers may be duplicative of those identified by the surveys.

work onsite or connect with Health Home Care Managers to provide services to clients in shelter).

- C. Continue development of the Coordinated Entry system to ensure quick, appropriate, and successful placement of clients from shelter to permanent housing.

Strategy #2: Build upon the coordination and collaboration between the Albany County Department of Social Services (DSS) and homeless service organizations with a goal of improving outcomes for homeless individuals seeking housing and support.

- A. Utilize ACCH as a key access point for coordination and cross-education between DSS and service providers in order to:
 - a. Increase understanding among homeless service providers of DSS staff regulatory roles and responsibilities.
 - b. Host DSS at provider groups for onsite trainings to build mutual awareness of services among DSS and support providers alike.
- B. Increase ACCH agency participation in existing Shelter Community Provider Meetings to better understand DSS processes, such as , documentation needed for eligibility such as resources, computer generated budgets, turnaround time and other necessary steps for establishment of eligibility for DSS programs and services.
- C. Continue open dialogue between DSS and shelters to build upon successful collaborative practices (i.e. one DSS Examiner dedicated per shelter, case conferencing).
- D. Engage additional care providers, such as Health Home providers, to help walk clients through the DSS process.
- E. Coordinate with DSS to collect data on reasons for seeking shelter including those who are medically compromised or directly discharged from an inpatient facility.
- F. Identify ways to enhance coordination and collaboration between Albany County Departments particularly the Department of Mental Health (ACDMH) and the ACCH.

Strategy #3: Increase the number of permanent supportive housing units by 10% by 2021 for low income households, from 646²⁴ to 711

Measure for Strategy #3: Have the number of permanent supportive housing units increased, on target to reach an increase of 10% by 2021, according to the Housing Inventory Chart?

- A. Support agencies in applying for additional projects to increase HUD funding designated to PSH throughout the county.
- B. Engage key service providers to ensure additional HMIS participation in order to document the need to support additional funding requests for permanent supportive housing units.
- C. Annually conduct a Gap Analysis to identify housing/population priorities for Albany County's homeless population in order to guide development of new permanent supportive housing units.

²⁴ 2016 ACCH Housing Inventory Chart

Strategy #4: Support the transition of Permanent Supportive Housing and Rapid Rehousing households into affordable housing units.

Measure for Strategy #4: Have the number of households transitioning from Permanent Supportive Housing and Rapid Rehousing to affordable housing increased?

- A. Build relationships with affordable housing providers and help all parties understand each other's goals and needs related to housing clients and maintaining stable housing environments.
- B. Create infrastructure to connect clients in PSH and RRH with available affordable housing units when appropriate.
- C. Work with Albany Housing Authority to create a Section 8 preference for homeless households.
- D. Collaborate with a local landlord association to encourage landlords to accept Section 8 vouchers and households who were previously homeless.

Strategy #5: Increase collaboration between homeless service providers and employers, educators, and employment service providers to increase employment income, education and skill development among homeless households.

Measure for Strategy #5: Has the percentage of clients connected to earned and total income increased ACCH system-wide, according to HMIS?

- A. Expand ACCH membership and committee participation to include representation of employment service providers and educators.
- B. Collaboratively develop a process with employment service providers and ACCH to increase employment opportunities and resources, including dissemination of best practices.
- C. Work with employment and education programs to advocate for peer support programming.
- D. Increase opportunities to access affordable child care and Head Start services.
- E. Assist homeless households in obtaining documents needed to secure income and employment. Specifically address issues related to special populations (i.e. youth, persons who are formerly incarcerated).
- F. Identify specific and unique income and employment barriers faced by each subpopulation (MI, Disabled, Youth, Formerly Incarcerated). Collaborate with systems partners to identify.
- G. Conduct ongoing trainings on the law as it relates to income and employment rights of homeless individuals and families.

Strategy #6: Create a comprehensive community response to reduce youth homelessness.

Measure for Strategy #6: Has a comprehensive community response to reduce youth homelessness been created with regional youth stakeholder input? Have action items in this plan been carried out?

- A. Identify regional youth providers (especially those with youth homelessness experience) and invite them to participate in the planning process.
- B. Engage current/formerly homeless youth to be part of the planning/interaction process.
- C. Identify those issues that lead to youth homelessness.
- D. Identify best practices to combatting youth homelessness.
- E. Develop strategies for addressing those gaps in housing and services for homeless youth.
- F. Support funding applications to carry out strategies to address youth homelessness.

GOAL #3: Combat homelessness in Albany County by educating, advocating and developing system connections with service stakeholders, government entities, funders, and the broader community.

Logic:

In order to combat homelessness, ACCH will educate, advocate and develop system connections with service stakeholders, government entities, funders and the broader communities. In order to reach this goal, the ACCH will raise awareness on the extent of homelessness in Albany county to the broader community, political decision-makers, and funders in coordination with the Capital District Coalition to End Homelessness (Strategy #1). ACCH will also work on specific policy issues identified through coalition, community, and consumer outreach, such as the need for more reliable transportation for homeless and at-risk households (Strategy #2), building off of successes identified in the community such as the Homeless Action Committee van and Medicaid transportation options.

In order to combat homelessness, the ACCH will also focus on further developing its member organizations (Strategy #3) and the coalition as a whole (Strategy #4). Building awareness of resources that are already available to homeless service providers will support implementation of other portions of this plan, allowing ACCH members to work more collaboratively together. Ensuring ACCH has infrastructure to support this collaboration will ensure seamless collective work amongst coalition partners. The ACCH will also seek to collaborate regionally with other Continuums of Care to build efficiencies of scale and share best practice information where it makes sense (Strategy #5). This will build on regional work already being conducted by CoC's, such as regional Coordinated Entry collaboration.

Strategy #1: Raise awareness on the extent of homelessness in Albany County to the broader community, political decision-makers, and funders through working with the Capital Region Coalition to End Homelessness.

Measure for Strategy #1: Do ACCH agencies feel there is increased awareness on the extent of homelessness in Albany County among the broader community, political decision-makers, and funders, as identified via a survey?

- A. Engage key service providers to ensure additional HMIS participation in order to document the need to support additional funding requests for permanent supportive housing units.
- B. Promote the Capital Region Coalition to End Homelessness's annual *State of Homelessness* report to the broader community, political decision-makers, and funders. Include this Strategic Plan in the *State of Homelessness*.
- C. Develop clearer messaging to the donor community on the collaborative work ACCH agencies lead and thus the extended value of their service and administration donations.
- D. Increase ACCH agency membership in the Capital Region Coalition to End Homelessness.

Strategy #2: Advocate for increased access to reliable transportation for homeless/at-risk individuals seeking housing, employment and support services by 2020.

Measure for Strategy #2: Has a plan been developed to increase access to reliable transportation for homeless/at-risk individuals seeking housing, employment, and support services? Has this plan been implemented?

- A. Explore and collaborate with CDTA, transportation providers, homeless service providers, and employers to develop and secure access to transportation.
- B. Collaborate with CDTA to connect homeless and at risk households to transportation options.
- C. Assist homeless and at risk households in securing resources and skills to purchase and drive vehicles.

Strategy #3: Build awareness of professional development training opportunities for ACCH organization staff members to improve the delivery of support services.

Measure for Strategy #3: Is there increased attendance of ACCH agency staff members at professional development trainings?

- A. Build relationships with mental health substance abuse, re-entry, and foster care agencies to better understand access to services and housing opportunities.
- B. Build staff awareness of peer support services as relevant to the various subpopulations impacted by homelessness.
- C. Identify unmet training needs and increase training opportunities for providers in Albany County.
- D. Leverage ACCH resources to assist in coordination of training opportunities on universally beneficial topics.
- E. Raise service provider, consumer, community, and employer awareness of legal rights of formerly incarcerated individuals and assist formerly incarcerated

individuals in advocating for their rights in regard to housing, education and employment.

Strategy #4: Maximize the impact of the ACCH through development and continuous enhancements of coalition structure and operations.

- A. Expand ACCH Membership, Board and committee participation to include representatives of organizations serving subpopulations not currently represented in the ACCH.
- B. Evaluate ACCH committee structure on an ongoing basis and identify opportunities to maximize community impact to prevent, reduce and combat homelessness.
- C. Continue to explore Unified Funding Agent Opportunities for the ACCH.
- D. Explore the adoption of 501c3 status for the ACCH.
- E. Create a marketing plan for the ACCH and identify opportunities to work collaboratively with other local coalitions with similar interests around affordable housing and other issues impacting the homeless population.
- F. Continue to identify opportunities to advocate as a Coalition to support clients' safety and access to housing and services.

Strategy #5: Collaborate regionally with other Continuums of Care to build efficiencies of scale and share best practice information.

- A. Strategic Planning Committee co-chairs host annual meetings with regional CoC's to discuss Strategic Plans and ways to coordinate efforts.
- B. Explore opportunities for CoC Boards to collaborate.
- C. Enhance channels of communication for case coordination across county lines.

Appendices

Appendix I: Workplan Overview

Appendix II: Definition of Terms

Appendix III: Endorsements

Appendix IV: ACCH Board Membership

Appendix V: ACCH Strategic Planning Committee Membership

Appendix VI: ACCH Membership Meeting, Community Charrette Attendees

Appendix VII: Workgroup Participation

Appendix VIII: Surplus/Deficit of Affordable Housing Units in Albany County Charts

Appendix I: Workplan Overview

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GOAL #1: Prevent homelessness among households in Albany County by ensuring families and individuals have adequate resources for maintaining stable housing.

Measure for Goal #1: Have clients who utilized eviction prevention funding maintained stable housing for 90 days as reported in HMIS?

Strategy #1: Maintain and expand upon existing eviction prevention funding for services in Albany County.

Measure for Strategy #1: Has eviction prevention funding increased in Albany County?

<u>Action Steps</u>	<u>Completion Target</u>	<u>Responsible Party</u>	<u>How are we measuring?</u>
A. Identify the amount of ESG, STEHP, and other funding used towards eviction prevention, including court mediation, rental arrears support, and utility payments.	Q4 2017	-ACCH Systems Committee	Does the ACCH know how much prevention funding is currently available in Albany County?
B. Identify additional sources of financial support for expansion of prevention services and prevention related financial assistance.	Q4 2018, Ongoing	-New ACCH Resource Development Committee	Has a list of additional sources of financial support for prevention services been developed?
C. Increase eviction prevention funding in Albany County by supporting applications of funding and building relationships with potential funders.	Q4 2019, Ongoing	-New ACCH Resource Development Committee	Have ACCH agencies been able to utilize new sources of prevention funding?
D. Analyze data on housing stability of households supported by eviction prevention to further support grants and funding.	Q4 2017	-ACCH Operations Committee -New ACCH Resource Development Committee	Has data been analyzed and included in grant applications?
E. Design and utilize Coordinated Entry or other collaborative means to prioritize applicants for prevention services and maximize prevention related financial assistance.	Q2 2017	-ACCH Systems Committee -Coordinated Entry Advisory Committee?	Has a Coordinated Entry or other collaborative tool been created to prioritize applicants for prevention services? Is it being utilized?

Strategy #2: Build awareness of prevention and homelessness support services and educational opportunities for providers community members who are at risk of becoming homeless.

Measure for Strategy #2: Are providers more aware of prevention and homelessness support services and educational opportunities, according to provider surveys?

<u>Action Steps</u>	<u>Completion Target</u>	<u>Responsible Party</u>	<u>How are we measuring?</u>
A. Develop a more robust plan for outreach to community members to build awareness of prevention and homelessness resources.	Q2 2018	-ACCH Systems Committee -Coalition to End Homelessness	Has an outreach plan been developed and approved by the Board?
B. Develop a plan to promote awareness of general supportive case management resources in the community by engaging key access points where at-risk households may frequent, including food pantries, clothing pantries, healthcare providers, Health Homes and other care management entities.	Q4 2019	-ACCH Systems Committee -ACCH Communications Committee	Has a plan been created to promote awareness of general supportive services resources in the community? Has this plan been implemented?

Strategy #3: Improve coordination and discharge planning for clients leaving jails/prisons, mental health facilities, hospitals, and the foster care system to prevent homelessness.

Measure for Strategy #3: Have discharges to homelessness from jails/prisons, mental health facilities, hospitals, and the foster care system decreased? Have improvements been made to the communication processes used across care transitions?

<u>Action Steps</u>	<u>Completion Target</u>	<u>Responsible Party</u>	<u>How are we measuring?</u>
A. Identify and establish linkages with existing discharge planning entities.	Q2 2018	-ACCH Systems Committee -Coalition to End Homelessness*	Have linkages been established with existing discharge planning entities?
B. Identify the number of people being discharged to homelessness from specific facilities (prisons,	Q4 2019	-ACCH Operations Committee	Have the number of people being discharged to homelessness from

jails, hospitals, psychiatric centers, care management organizations, and the foster care system).		-Coalition to End Homelessness*	these specific facilities been identified?
C. Identify and collaborate with discharge planners to ensure immediate access to housing and income and/or employment upon discharge from incarceration or the foster care system.	Q4 2020	-ACCH Systems Committee -Coalition to End Homelessness*	Is there a plan in place with discharge planners to ensure immediate access to housing and income and/or employment upon discharge from incarceration or the foster care system?
D. Explore, identify and pursue community wide training opportunities for Critical Time Intervention training to promote its use among ACCH agencies and facilities (prisons, jails, hospitals, psychiatric centers, care management organizations, and the foster care system).	Q1 2018, Ongoing	-New ACCH Resource Development Committee -University at Albany School of Social Welfare	Have CTI trainings been provided to ACCH agencies and facilities?
E. Expand access to client-focused Behavioral Health care coordination services to support transitions from inpatient to outpatient treatment and overall access to Behavioral Health Services.	Q2 2018	-ACCH Communications Committee	Have Behavioral Health Services been promoted to homeless service agencies?
F. Encourage ACCH members to leverage the efforts of Managed Care Organizations and DSRIP activities to expand the use of community health workers, care coordinators and peer support roles to support care transitions, remove barriers to care and ensure continuity of care.	Q1 2019	-ACCH Communications Committee	Has the ACCH identified the number of transition support roles within Albany County?

*The Capital Region Coalition to End Homelessness is dedicated to focusing on improving linkages with one Systems Partner in 2017.

Strategy #4: Identify opportunities to improve code enforcement processes to create higher standards of living for low-income households in Albany County.

Measure for Strategy #4: Have opportunities to improve code enforcement processes to create higher standards of living for low-income households been identified and acted upon?

<u>Action Steps</u>	<u>Year Will be Completed In</u>	<u>Responsible Party</u>	<u>How are we measuring?</u>
A. ACCH join and participate in Code Task Force, bringing issues related to preventing homelessness to quarterly meetings.	Q2 2017, Ongoing	-Board approved representative of the Coalition.	Has a Board approved representative of the Coalition joined and participated in the Code Task Force?
B. Work with local Code offices to identify best practices and plans for implementation.	Q1 2019	-Board approved representative of the Coalition.	Have best practices and a plan for implementation been established collaboratively with local Code offices?
C. Advocate for higher standards of receiving a Residential Occupancy Permits and Certificates of Occupancy.	Q4 2019	-Board approved representative of the Coalition.	Have higher standards of receiving Residential Occupancy Permits and Certificates of Occupancy been incorporated into local Code Office practices?
D. Create linkages with a local landlord association with the goal of increasing the quality of housing among low-income housing units.	Q3 2017	-ACCH Systems Committee	Have linkages been created with a local landlord association? Have methods of increasing the quality of housing among low-income housing units been identified with the local landlord association?

E. Work with Albany Housing Authority to improve inspection processes for tenant-based Section 8 units.	Q2 2018	-Board approved representative of the Coalition. -Albany Housing Authority	Have inspection processes for tenant-based Section 8 units been improved?
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Strategy #5: Develop relationships with affordable housing developers, property managers/providers, advocates, and local government to ensure there is adequate affordable housing for the homeless and persons at-risk of homelessness who are the most vulnerable.

Measure for Strategy #5: Has there been an increase in the number of affordable housing units dedicated to persons who are homeless or at-risk of homelessness who are the most vulnerable?

<u>Action Steps</u>	<u>Completion Target</u>	<u>Responsible Party</u>	<u>How are we measuring?</u>
A. Build relationships with affordable housing stakeholders to assess the need for additional affordable housing units and the types of housing needed.	Q2 2018	-Board approved representative of the Coalition.	Have relationships with affordable housing stakeholders been built? Has the need for additional affordable housing units and types of housing needed been identified?
B. Identify ways to support affordable housing developers', providers' and advocates' work to increase the quality affordable housing stock to meet the deficit.	Q2 2019	-Board approved representative of the Coalition.	Has ACCH identified ways to support affordable housing stakeholders' work to increase the quality affordable housing stock?
C. Identify status of existing affordable housing units and identify strategies to keep them affordable.	Q2 2018	-Board approved representative of the Coalition.	Has the status of existing affordable housing units been identified?

			Have strategies been identified to ensure these units are maintained as affordable?
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Strategy #6: Increase collaboration between homeless service providers and employers, educators, and employment service providers to increase employment income, education and skill development among at-risk households.

Measure for Strategy #6: Have the number of MOU's increased between homeless service providers and employers, educators, and employment service providers to increase employment income, education and skill development among at-risk households?

<u>Action Steps</u>	<u>Year Will be Completed In</u>	<u>Responsible Party</u>	<u>How are we measuring?</u>
A. Expand ACCH membership and committee participation to include representation of educators, and employment service providers.	Q4 2018	-ACCH Systems Committee	Do ACCH membership and committees include educators and employment service provider participation?
B. Collaboratively develop a process with employment service providers and ACCH to increase employment opportunities and resources, including dissemination of best practices.	Q4 2019	-Board approved representative of the Coalition.	Has a process to increase employment opportunities and resources been created?
C. Promote the use of peer support models among employment and education programs.	Q4 2019	-Board approved representative of the Coalition.	Are employment and education programs utilizing peer support models?
D. Increase opportunities to access affordable child care and Head Start services.	Q4 2018	-ACCH Systems Committee -ACCH Board	Have MOU's been signed with affordable child care and Head Start services?

E. Assist at-risk households in obtaining documents needed to secure income and employment. Specifically address issues related to special populations (i.e. youth, persons who are formerly incarcerated).	Q2 2018	-Board approved representative of the Coalition (Legal Aid).	Are individuals securing documents?
F. Coordinate with ACCESS-VR to identify employment barriers faced by each subpopulation (MI, Disabled, Youth, Formerly Incarcerated)	Q2 2018	-Board approved representative of the Coalition	Have employment barriers faced by subpopulations been identified?
G. Conduct ongoing trainings on the law as it relates to income and employment rights of homeless individuals and families.	Q2 2018, Ongoing	-Board approved representatives of the Coalition (Legal Aid, etc.). -Coalition to End Homelessness	Have trainings been conducted?

GOAL #2: Reduce homelessness among households in Albany County by focusing on decreasing the length of time homeless and the number of returns to homelessness.

Measure for Goal #2: Has there been a reduction in the length of time homeless and percentage of returns to homelessness, and an increase in the percentage of positive discharges to permanent destinations ACCH system-wide, according to HMIS?

Strategy #1: Increase the number of client-centered services in shelter to remove barriers to housing and income.

Measure for Strategy #1: Have the extent of client-centered services in shelter increased, according to client surveys?

<u>Action Steps</u>	<u>Year Will be Completed In</u>	<u>Responsible Party</u>	<u>How are we measuring?</u>
A. Conduct a SWOT (Strengths, Weaknesses, Opportunities, Threats) Analysis with shelter service providers for the development of best practices of client-centered services that connect clients to housing and income quickly and sustainably.	Q1-3 2018	-ACCH Strategic Planning Committee	Has a SWOT analysis been conducted? Have best practices of client-centered services that connect clients to housing and income quickly and sustainably been identified?
B. Support agencies in applying for funding or building relationships with resources in the community in order to implement best practices identified through the SWOT Analysis (i.e. to apply for NYSSHP funding to hire an additional case manager to work onsite or connect with Health Home Care Managers to provide services to clients in shelter).	Q4 2019	-New ACCH Resource Development Committee	Have agencies received increased funding for additional support services? Have agencies linked with additional community resources in order to implement best practices?
C. Continue development of the Coordinated Entry system to ensure quick, appropriate, and successful placement of clients from shelter to permanent housing.	Q1 2018	-Coordinated Entry Advisory Committee	Is the Coordinated Entry system ensuring quick, appropriate, and successful placement of clients from shelter to permanent housing?

Strategy #2: Build upon the coordination and collaboration between the Albany County Department of Social Services (DSS) and homeless service organizations with a goal of improving outcomes for homeless individuals seeking housing and support.

<u>Action Steps</u>	<u>Year Will be Completed In</u>	<u>Responsible Party</u>	<u>How are we measuring?</u>
A. Utilize ACCH as a key access point for coordination and cross-education between DSS and service providers in order to: <ul style="list-style-type: none"> a. Increase understanding among homeless service providers of DSS staff regulatory roles and responsibilities. b. Host DSS at provider groups for onsite trainings to build mutual awareness of services among DSS and support providers alike. 	Q4 2017, Ongoing	-ACCH Board -DSS	Have cross-education events occurred?
B. Increase ACCH agency participation in existing Shelter Community Provider Meetings to better understand DSS processes, such as , documentation needed for eligibility such as resources, computer generated budgets, turnaround time and other necessary steps for establishment of eligibility for DSS programs and services.	Q4 2017, Ongoing	-ACCH Communications Committee -DSS	Has ACCH agency participation in Shelter Provider Meetings increased?
C. Continue open dialogue between DSS and shelters to build upon successful collaborative practices (i.e. one DSS Examiner dedicated per shelter, case conferencing).	Ongoing	-Shelters -DSS	
D. Engage additional care providers, such as Health Home providers, to help walk clients through the DSS process.	Q4 2018	-ACCH Systems Committee -DSS	Have additional care providers been engaged?
E. Coordinate with DSS to collect data on reasons for seeking shelter including those who are medically	Q4 2019	-ACCH Systems Committee	Has data been collected on reasons for seeking shelter?

compromised or directly discharged from an inpatient facility.		-DSS	
F. Identify ways to enhance coordination and collaboration between Albany County Departments particularly the Department of Mental Health (ACDMH) and the ACCH.	Q4 2019	-ACCH Systems Committee	Have ways to enhance coordination and collaboration between Albany County Departments, particularly ACDMH, and the ACCH been identified?

Strategy #3: Increase the number of permanent supportive housing units by 10% by 2021 for low income households, from 646²⁵ to 711.

Measure for Strategy #3: Have the number of permanent supportive housing units increased, on target to reach an increase of 10% by 2021, according to the Housing Inventory Chart?

<u>Action Steps</u>	<u>Year Will be Completed In</u>	<u>Responsible Party</u>	<u>How are we measuring?</u>
A. Support agencies in applying for additional projects to increase HUD funding designated to PSH throughout the county.	Q2 2017, Ongoing	-ACCH NOFA Committee	Has HUD funding dedicated to PSH been increased?
B. Engage key service providers to ensure additional HMIS participation in order to document the need to support additional funding requests for permanent supportive housing units.	Q2 2018	-ACCH Systems Committee -HMIS Advisory Committee	Has HMIS increased?
C. Annually conduct a Gap Analysis to identify housing/population priorities for Albany County's homeless population in order to guide development of new permanent supportive housing units.	Q1 2017, Ongoing	-ACCH Strategic Planning Committee	Has a Gap Analysis been conducted to identify priority populations for development of new permanent supportive housing units?

²⁵ 2016 ACCH Housing Inventory Chart

Strategy #4: Support the transition of Permanent Supportive Housing and Rapid Rehousing households into affordable housing units.

Measure for Strategy #4: Have the number of households transitioning from Permanent Supportive Housing and Rapid Rehousing to affordable housing increased?

<u>Action Steps</u>	<u>Year Will be Completed In</u>	<u>Responsible Party</u>	<u>How are we measuring?</u>
A. Build relationships with affordable housing providers and help all parties understand each other's goals and needs related to housing clients and maintaining stable housing environments.	Q2 2018	-ACCH Systems Committee	Have informational meetings occurred?
B. Create infrastructure to connect clients in PSH and RRH with available affordable housing units when appropriate.	Q2 2020	-Coordinated Entry Advisory Committee?	Has a system been created to direct ready households in PSH and RRH into affordable housing?
C. Work with Albany Housing Authority to create a Section 8 preference for homeless households.	Q2 2018	-Board approved representative of the Coalition. -Albany Housing Authority	Has a Section 8 preference for homeless households been created?
D. Collaborate with a local landlord association to encourage landlords to accept Section 8 vouchers and households who were previously homeless.	Q2 2019	-Board approved representative of the Coalition.	Have the number of local landlords who accept Section 8 vouchers and households who were previously homeless increased?

Strategy #5: Increase collaboration between homeless service providers and employers, educators, and employment service providers to increase employment income, education and skill development among homeless households.

Measure for Strategy #5: Has the percentage of clients connected to earned and total income increased ACCH system-wide, according to HMIS?

<u>Action Steps</u>	<u>Year Will be Completed In</u>	<u>Responsible Party</u>	<u>How are we measuring?</u>
A. Expand ACCH membership and committee participation to include representation of educators, and employment service providers.	Q4 2018	-ACCH Systems Committee	Do ACCH membership and committees include educators and employment service provider participation?
B. Collaboratively develop a process with employment service providers and ACCH to increase employment opportunities and resources, including dissemination of best practices.	Q4 2019	-Board approved representative of the Coalition.	Has a process to increase employment opportunities and resources been created?
C. Work with employment and education programs to advocate for peer support programming.	Q4 2018	-Board approved representative of the Coalition.	Are employment and education programs utilizing peer support models?
D. Ensure access to affordable child care and Head Start services.	Q4 2018	-ACCH Systems Committee -ACCH Board	Have MOU's been signed with affordable child care and Head Start services?
E. Assist homeless households in obtaining documents needed to secure income and employment. Specifically address issues related to special populations (i.e. youth, persons who are formerly incarcerated).	Q2 2018	-Board approved representative of the Coalition (Legal Aid).	Are individuals securing documents?
F. Coordinate with ACCESS-VR to identify employment barriers faced by each subpopulation (MI, Disabled, Youth, Formerly Incarcerated)	Q2 2018	-Board approved representative of the Coalition	Have employment barriers faced by subpopulations been identified?
G. Conduct ongoing trainings on the law as it relates to income and employment rights of homeless individuals and families.	Q2 2018, Ongoing	-Board approved representatives of the Coalition (Legal Aid, etc.). -Coalition to End Homelessness	Have trainings been conducted?

Strategy #6: Create a comprehensive community response to reduce youth homelessness.

Measure for Strategy #6: Has a comprehensive community response to reduce youth homelessness been created with regional youth stakeholder input? Have action items in this plan been carried out?

<u>Action Steps</u>	<u>Year Will be Completed In</u>	<u>Responsible Party</u>	<u>How are we measuring?</u>
A. Identify regional youth providers (especially those with youth homelessness experience) and invite them to participate in the planning process.	Q4 2017	-Capital Region Youth Advisory Committee	Have regional youth providers been invited to participate in the planning process?
B. Engage current/formerly homeless youth to be part of the planning/interaction process.	Q1 2018	-Capital Region Youth Advisory Committee	Have current/formerly homeless youth joined the process?
C. Identify those issues that lead to youth homelessness.	Q4 2018	-Capital Region Youth Advisory Committee	Have key gaps in youth housing and services been identified?
D. Identify best practices to combatting youth homelessness.	Q4 2018	-Capital Region Youth Advisory Committee	Have best practices to combatting youth homelessness been identified?
E. Develop strategies for addressing those gaps in housing and services for homeless youth.	Q4 2018	-Capital Region Youth Advisory Committee	Have strategies for addressing the gaps been identified?
F. Support funding applications to carry out strategies to address youth homelessness.	Ongoing	-Capital Region Youth Advisory Committee	Have applications to carry out the strategies to address youth homelessness been supported?

GOAL #3: Combat homelessness in Albany County by educating, advocating and developing system connections with service stakeholders, government entities, funders, and the broader community.

Strategy #1: Raise awareness on the extent of homelessness in Albany County to the broader community, political decision-makers, and funders through working with the Capital Region Coalition to End Homelessness.

Measure for Strategy #1: Do ACCH agencies feel there is increased awareness on the extent of homelessness in Albany County among the broader community, political decision-makers, and funders, as identified via a survey?

<u>Action Steps</u>	<u>Year Will be Completed In</u>	<u>Responsible Party</u>	<u>How are we measuring?</u>
A. Engage key service providers to ensure additional HMIS participation in order to document the need to support additional funding requests for permanent supportive housing units.	Q2 2018	-ACCH Systems Committee -HMIS Advisory Committee	Has HMIS increased?
B. Promote the Capital Region Coalition to End Homelessness's annual <i>State of Homelessness</i> report to the broader community, political decision-makers, and funders. Include this Strategic Plan in the <i>State of Homelessness</i> .	Q3 2017 Q3 2018 Q3 2019 Q3 2020 Q3 2021	-ACCH Board -ACCH Strategic Planning Committee -Capital Region Coalition to End Homelessness	Has the <i>State of Homelessness</i> report been promoted to the broader community, political decision-makers and funders?
C. Develop clearer messaging to the donor community on the collaborative work ACCH agencies lead and thus the extended value of their service and administration donations.	Q2 2018	-ACCH Board -Capital Region Coalition to End Homelessness	Has a donor messaging strategy been developed and implemented?
D. Increase ACCH agency membership in the Capital Region Coalition to End Homelessness.	Q4 2017	-ACCH Board -Capital Region Coalition to End Homelessness	Has ACCH agency membership in the Capital Region Coalition to End Homelessness increased?

Strategy #2: Advocate for increased access to reliable transportation for homeless/at-risk individuals seeking housing, employment and support services by 2020.

Measure for Strategy #2: Has a plan been developed to increase access to reliable transportation for homeless/at-risk individuals seeking housing, employment, and support services? Has this plan been implemented?

<u>Action Steps</u>	<u>Year Will be Completed In</u>	<u>Responsible Party</u>	<u>How are we measuring?</u>
A. Explore and collaborate with CDTA, transportation providers, homeless service providers, and employers to develop and secure access to transportation.	Q1 2018	-ACCH Strategic Planning Committee	Have meetings been held with key stakeholders?
B. Collaborate with CDTA to connect homeless and at risk households to transportation options.	Q4 2018	-ACCH Strategic Planning Committee	Has an agreement with CDTA been developed to connect homeless and at risk households to transportation options?

Strategy #3: Build awareness of professional development training opportunities for ACCH organization staff members to improve the delivery of support services.

Measure for Strategy #3: Is there increased attendance of ACCH agency staff members at professional development trainings?

<u>Action Steps</u>	<u>Completion Target</u>	<u>Responsible Party</u>	<u>How are we measuring?</u>
A. Build relationships with mental health substance abuse, re-entry, and foster care agencies to better understand access to services and housing opportunities.	Q2 2019	-ACCH Systems Committee	Have relationships been built with stakeholders in each of these areas? Has a better understanding of access to services and housing opportunities within these systems been developed?
B. Build staff awareness of peer support services as relevant to the various subpopulations impacted by homelessness.	Q2 2018	-New Outreach/Promotional Committee?	Has an inventory of current peer support programs been developed and promoted?

C. Identify unmet training needs and increase training opportunities for providers in Albany County by leveraging ACCH resources to assist in coordination of training opportunities on universally beneficial topics.	Q4 2018	-New ACCH Resource Development Committee -University at Albany School of Social Welfare	Have continuing education opportunities been identified and promoted to ACCH members? How many ACCH members participated in training opportunities offered through the ACCH?
D. Raise staff awareness of legal rights of formerly incarcerated individuals and assist formerly incarcerated individuals in advocating for their rights in regard to housing, education and employment.	Q4 2018	-Board approved representatives of the Coalition (Reentry Task Force).	Have trainings occurred?

Strategy #4: Maximize the impact of the ACCH through development and continuous enhancements of coalition structure and operations.

<u>Action Steps</u>	<u>Completion Target</u>	<u>Responsible Party</u>	<u>How are we measuring?</u>
A. Expand ACCH Membership, Board and committee participation to include representatives of organizations serving subpopulations not currently represented in the ACCH.	Q4 2017, Ongoing	-ACCH Governance -ACCH Board	Have new representatives joined Membership and committees?
B. Evaluate ACCH committee structure on an ongoing basis and identify opportunities to maximize community impact to prevent, reduce and combat homelessness.	Ongoing	-ACCH Governance -ACCH Board	Is the ACCH committee structure being reviewed and analyzed by the Board?
C. Continue to explore Unified Funding Agent opportunities for the ACCH.	Q2 2017	-CARES -ACCH Board -Funded agencies	Has CARES presented opportunities to become a UFA to the Board? Has the Board and funded agencies voted on these opportunities?

D. Explore the adoption of 501c3 status for the ACCH.	Q4 2018	-ACCH Board	Has exploration of adopting 501c3 status occurred?
E. Create a marketing plan for the ACCH and identify opportunities to work collaboratively with other local coalitions with similar interests around affordable housing and other issues impacting the homeless population.	Q4 2019	-ACCH Communications Committee -ACCH Board -Coalition to End Homelessness	Has a marketing plan been developed?
F. Continue to identify opportunities to advocate as a Coalition to support clients' safety and access to housing and services.	Q4 2017, Ongoing	-CARES -ACCH Board -Coalition to End Homelessness	Are we utilizing a variety of data sources to identify opportunities to advocate for system level changes?

Strategy #5: Collaborate regionally with other Continuums of Care to build efficiencies of scale and share best practice information.

<u>Action Steps</u>	<u>Completion Target</u>	<u>Responsible Party</u>	<u>How are we measuring?</u>
A. Strategic Planning Committee co-chairs host annual meetings with regional CoC's to discuss Strategic Plans and ways to coordinate efforts.	Q4 2017, Ongoing	-CARES -ACCH Board	Have annual meetings occurred?
B. Explore opportunities for CoC Boards to collaborate.	Q4 2017, Ongoing	-CARES -ACCH Board	Have opportunities for CoC Boards to collaborate been explored?
C. Enhance channels of communication for case coordination across county lines.	Q4 2017, Ongoing	-CARES -ACCH Systems Committee -Coordinated Entry Advisory Committee?	Have processes been created for case coordination across county lines?

Appendix II: Definition of Terms

Affordable Housing: The definition of affordable housing can vary greatly based on who you are talking to. In this plan, the Strategic Planning Committee has decided to define affordable housing as housing that is affordable to those who are at or below 30% of the median income for the area in which they live. Affordable housing is sometimes available within the community naturally due to market levels. Often, however, it is developed by non-profit or for-profit developers who utilize government incentives or subsidies, such as Low-Income Housing Tax Credits to make the development feasible. Another form of affordable housing is Section 8 vouchers, which allow tenants to pay 30% of their income towards rent, with the rest being subsidized by the local housing authority.

At Immediate Risk of Eviction: Those at immediate risk of eviction, or at-risk, refers to families or individuals who are likely to become homeless within 14 days due to an eviction notice or other circumstances

Chronic Homelessness: The definition of chronically homeless that will be used in this plan is also utilized by HUD, and is specified Homeless Emergency Assistance and Rapid Transition to Housing Act 2016 final rule. A person who is chronically homeless per this definition must have a disability and must have been homeless for longer than 12 months or on several occasions. Specifically:

- (1) A “homeless individual with a disability,” as defined in the Act, who:
 - a. Lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and
 - b. Has been homeless continuously for at least 12 months or on at least 4 separate occasions in the last 3 years where the combined occasions must total at least 12 months
 - i. Occasions separated by a break of at least seven nights
 - ii. Stays in institution of fewer than 90 days do not constitute a break
- (2) An individual who has been residing in an institutional care facility for fewer than 90 days and met all of the criteria in paragraph (1) of this definition, before entering that facility; or
- (3) A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraphs (1) or (2) of this definition, including a family whose composition has fluctuated while the head of household has been homeless.

Emergency Housing: Short-term housing provided in response to a housing crisis, offered either in emergency shelters (congregate facilities used for this purpose) or motel rooms funded as emergency housing by either a public or not-for-profit agency.

Emergency Solutions Grant (ESG): the ESG program provides funding to engage homeless individuals and families living on the street; improve the number and quality of emergency shelters for homeless individuals and families; help operate these shelters; provide essential services to shelter residents, rapidly re-house homeless individuals and

families, and prevent families/individuals from becoming homeless. ESG funding is awarded from HUD to states, metropolitan cities, urban counties and U.S. territories. The funding is then often sub-granted to organizations to implement the work, such as shelter agencies.

Homelessness: In this document, the definition of homelessness provided by HUD and specified in the Homeless Emergency Assistance and Rapid Transition to Housing Act of 2012 has been used, which is as follows:

- (1) People who are living in a place not meant for human habitation, in emergency shelter, in transitional housing, or are exiting an institution where they temporarily resided. People are considered homeless if they are exiting an institution where they resided for up to 90 days, and were in shelter or a place not meant for human habitation immediately prior to entering that institution; or
- (2) People who are losing their primary nighttime residence, which may include a motel or hotel or a doubled up situation, within 14 days and lack resources or support networks to remain in housing; or
- (3) Families with children or unaccompanied youth who are unstably housed and likely to continue in that state. This applies to families with children or unaccompanied youth who have not had a lease or ownership interest in a housing unit in the last 60 or more days, have had two or more moves in the last 60 days, and who are likely to continue to be unstably housed because of disability or multiple barriers to employment; or
- (4) People who are fleeing or attempting to flee domestic violence, have no other residence, and lack the resources or support networks to obtain other permanent housing.

It should be noted that this definition does not include persons who are precariously housed due to paying too high a percentage of their incomes for rent, nor those doubled up with family or friends because no other housing is available. However, the plan does include homelessness prevention strategies targeted to these at-risk populations.

Homeless Management Information System (HMIS): A Homeless Management Information System (HMIS) is a local information technology system used to collect client-level data and data on the provision of housing and services to homeless individuals and families and persons at risk of homelessness. CoC members and community organizations submit data to HMIS in Albany.

Housing Choice Voucher: The current name for the Section 8 Housing Program, which tends to be referred to as the Section 8 Program. (Please see “Section 8 Program” below).

“Housing First” Model: A model that prioritizes providing people experiencing homelessness with permanent housing as quickly as possible, with no preconditions or service requirements – and then providing voluntary supportive services as needed. In contrast, the more traditional housing model requires homeless persons to successfully complete different “stages” of housing (such as emergency housing and transitional housing) in order to demonstrate housing “readiness,” or to complete mandated service treatment, such as reaching sobriety, before being permanently housed. In the traditional

housing model, completion of each housing stage requires physical movement to new housing, causing disruption with each move.

“Low-Demand” Housing: Housing that allows program participants who are in need of supportive and treatment services to determine the type and intensity of services that they receive, rather than having to comply with pre-existing service and treatment requirements.

Permanent Housing: Housing that can be occupied for an indefinite period, as long as the tenant complies with lease requirements.

Permanent Supportive Housing: Permanent housing accompanied by ongoing supportive and treatment services. Many persons with disabilities require permanent supportive housing in order to remain stably housed. HUD Continuum of Care grants provide funding for permanent supportive housing, which provide housing for formerly homeless individuals and families with disabilities.

Point-In-Time Count: The Point-in-Time (PIT) count is a count of sheltered and unsheltered homeless persons on a single night in January. HUD requires that Continuums of Care conduct an annual count of homeless persons who are sheltered in emergency shelter, transitional housing, and Safe Havens on a single night. Continuums of Care also must conduct a count of unsheltered homeless persons every other year (odd numbered years). Each count is planned, coordinated, and carried out locally. In Albany, both the sheltered and unsheltered count are conducted annually utilizing HMIS and survey outreach.

Poverty Level: The set minimum amount of income that a family needs for food, clothing transportation, shelter and other necessities. In the U.S., this level is determined by the Department of Health and Human Services. Federal Poverty Level varies according to family size. The number is adjusted for inflation and reported annually in the form of poverty guidelines.

President’s Interagency Council on Homelessness: Congress established the Interagency Council on Homelessness in 1987 with the passage of the Stewart B. McKinney Homeless Assistance Act. The Council is responsible for providing Federal leadership for activities to assist homeless families and individuals.

Rapid Rehousing: Rapid Rehousing rapidly connects individuals and families experiencing homelessness to permanent housing through a tailored package of assistance that may include the use of time-limited financial assistance and targeted supportive services. A fundamental goal of rapid rehousing, informed by a Housing First approach, is to reduce the amount of time a person is homeless. Although the duration of financial assistance may vary, many programs find that, on average, four to six months of financial assistance is sufficient to stably re-house a household to the point of self-sufficiency. While originally aimed primarily at people experiencing homelessness due to short-term financial crises,

programs across the country have begun to assist individuals and families who are traditionally perceived as more difficult to serve.

Section 8 Housing Program (now called the Housing Choice Voucher Program):

Housing assistance secured from a local housing authority or other authorized provider in the form of direct payments to landlords that low-income people can use to rent apartments and homes on the private market.

Single Room Occupancy (SRO): Permanent housing providing an individual a single room in which to live. These units may contain food preparation or sanitary facilities, or these may be shared with others.

Social Security Disability Insurance: A federally-funded wage-replacement program, administered by the Social Security Administration, for those who have a disability meeting Social Security rules and who have paid FICA taxes. SSDI is financed with Social Security taxes paid by workers, employers and self-employed persons. SSDI benefits are payable to disabled workers, widows, widowers, and children or adults disabled since childhood who are otherwise eligible.

Supplemental Security Income: A Federal income supplement program funded by general tax revenues and designed to help aged, blind and disabled people, who have little or no income. The program provides cash to meet basic needs for food, clothing and shelter.

Transitional Housing: Housing coupled with supportive and treatment services that is provided on a time-limited basis (in most cases, not exceeding 24 months). The primary distinction between transitional housing and permanent housing is that in transitional housing, the program, not the participant, determines the length of stay. HUD Continuum of Care grants provide funding for transitional housing, although HUD has prioritized funding Rapid Rehousing over transitional housing except in the cases of housing youth and victims of domestic violence.

Trauma-Informed Approach: According to the Substance Abuse and Mental Health Service Administration's (SAMHSA's) concept of a trauma-informed approach, A program, organization, or system that is trauma-informed:

1. *Realizes* the widespread impact of trauma and understands potential paths for recovery;
2. *Recognizes* the signs and symptoms of trauma in clients, families, staff, and others involved with the system;
3. *Responds* by fully integrating knowledge about trauma into policies, procedures, and practices; and
4. *Seeks to actively resist re-traumatization."*

A trauma-informed approach can be implemented in any type of service setting or organization and is distinct from trauma-specific interventions or treatments that are designed specifically to address the consequences of trauma and to facilitate healing. A trauma-informed approach reflects adherence to six key principles: safety; trustworthiness

and transparency; peer support; collaboration and mutuality; empowerment; voice and choice; and cultural, historical and gender issues.

U.S. Department of Housing and Urban Development (HUD): a cabinet-level agency of the federal government whose mission is to increase homeownership, support community development and increase access to affordable housing free from discrimination. HUD is the primary federal funder of low-income housing for homeless persons through the Continuum of Care grants program and Emergency Solutions grants program.

United States Interagency Council on Homelessness (USICH): a group of 19 federal member agencies that fosters partnerships at every level of government and with the private sector to lead the national effort to prevent and end homelessness in America.

Appendix III: Endorsements

Neil D. Breslin
NYS Senator, 44th District

Patricia A. Fahy
Member of NYS Assembly, 109th District

John T. McDonald III
Member of NYS Assembly, 108th District

Daniel P. McCoy
Albany County Executive
Albany County Dept. of Aging
Albany County Dept. of Children, Youth and Families
Albany County Dept. of Health
Albany County Dept. of Mental Health
Albany County Dept. of Social Services
Albany County Veterans Services Bureau

Albany County Legislature

Kathy M. Sheehan
Mayor of the City of Albany

Mike Manning
Mayor of Watervliet

Paula A. Mahan
Town Supervisor of Colonie

Johanne E. Morne, MS
AIDS Institute

Neenah Bland
Albany Community Action Partnership

Perry Junjulas
The Albany Damien Center

Faye Andrews
Albany Housing and Community
Development Agency

Joe Sluszk
Albany Housing Coalition, Inc.

William Faragon
Alliance for Positive Health

Kathy Leyden, LMSW
Capital District Physicians' Health Plan
(CDPHP)

Mark Castiglione
Capital District Regional Planning
Commission

Nancy Chiarella
Capital Region Coalition to End
Homelessness

Nancy Chiarella
CARES, Inc.

Thomas Coates
Catholic Charities Housing Office

Perry Jones
Capital City Rescue Mission

City of Albany Task Force on Housing
Affordability

Jackie Mahoney
The Community Foundation for the
Greater Capital Region

Anne Marie Couser
Community Maternity Services

Howard Stroller
Council of Albany Neighborhood
Associations (CANA)

Deborah Damm O'Brien
DePaul Housing Management Corporation

Mary Giordano
Family Promise of the Capital Region

Jim Ketcham
FOCUS Churches of Albany

Donna DeMaria
Homeless Action Committee (HAC), Inc

Liz Hitt
Homeless and Travelers Aid Society

Maggie Cusprinie
Hope House Inc.

Erin Reale
Housing for All

Janine Robitaille
Interfaith Partnership for the Homeless

Natasha Pernicka
The Food Pantries for the Capital District

Lillian M. Moy
Legal Aid Society of Northeastern New
York, Inc.

Deborah Damm O'Brien
McCloskey Community Service
Corporation

John Paduano
Rehabilitation Support Services, Inc.

Dominick Sondrini
Soldier On, Inc.

Anthony Cortese
St. Anne Institute

Frank Pindiak
St. Catherine's Center for Children

Patrick Carrese
St. Peter's Addiction Recovery Center
(SPARC)

Laura Masuch
Supportive Housing Network of New York

Jacqueline C. Lombardo, Esq.
Support Ministries, Inc (SMICR)

Erin Reale
United Tenants of Albany

Brian T. Hassett
United Way of the Greater Capital Region

As a member of the Continuum of Care,
the Veterans Administration supports the
plan.

Appendix IV: ACCH Board Membership

Kathy Leyden
ACCH Board Chair
Capital District Physicians' Health Plan

Nancy Andriano
Town of Colonie

Keith Brown
Albany LEAD

Mary Campagna
St. Anne Institute
The Joyce Center – Community Maternity
Services

Kristen Giroux
Interfaith Partnership for the Homeless

Liz Hitt
Homeless and Travelers Aid Society

Perry Junjulas
Albany Damien Center

Amy Lacey
Catholic Charities

Christine Rodriguez
ACCH Board Chair
Equinox, Inc.

Stephen Lape
St. Peter's Addiction Recovery Center

Michele McClave
Albany County Department of Social
Services

Frank Pindiak
St. Catherine's Center for Children

Joe Sluszka
Albany Housing Coalition

Dominick Sondrini
Soldier On

Wendy Wahlberg
Legal Aid Society of Northeastern New
York

Appendix V: ACCH Strategic Planning Committee Membership

Kathy Leyden
ACCH Strategic Planning Committee Co-Chair
Capital District Physicians' Health Plan

Faye Andrews
Albany Community Development Agency

Chiquita D'Arbeau
Albany Housing Authority

Neenah Bland
Albany Community Action Partnership

Thomas Coates
Catholic Charities

Rocky Ferraro
Capital District Regional Planning
Commission

Perry Junjulas
Albany Damien Center

Amy Lacey
Catholic Charities

Katrina Middleton
Soldier On

Liz Hitt
ACCH Strategic Planning Committee Co-Chair
Homeless and Travelers Aid Society

Christine Rodriguez
Equinox, Inc.

Robin Roberts
Albany County Department of Social
Services

Frank Pindiak
St. Catherine's Center for Children

Erin Reale
United Tenants of Albany

Dave Schachne
Albany Housing Coalition

Joe Sluszka
Albany Housing Coalition

Wendy Wahlberg
Legal Aid Society of Northeastern New
York

Appendix VI: ACCH Membership Meeting, Community Charrette Attendees

Albany Community Action Program
Albany County Department of Mental Health
Albany Damien Center
Albany Housing Coalition
Alliance for Positive Health
Capital District Physicians' Health Plan
CARES
Catholic Charities Housing Office
Equinox, Inc.
FOCUS Churches
Homeless Action Committee
Homeless and Travelers Aid Society
Housing for All
Interfaith Partnership for the Homeless
Legal Aid Society of Northeastern New York
Rehabilitation Support Services
St. Catherine's Center for Children and Families
St. Peter's Addiction Recovery Center
Soldier On
Support Ministries
Trinity Alliance
United Tenants of Albany
Veterans Administration

Appendix VII: Workgroup Participation

Quality Affordable Housing

Albany Housing Authority
Catholic Charities Housing Office
Equinox, Inc.
Interfaith Partnership for the Homeless
St. Catherine's Center for Children and Family
Soldier On
Town of Colonie
United Tenants of Albany

Income

Albany Community Action Partnership
Albany County Department of Social Services
Equinox, Inc.
Interfaith Partnership for the Homeless
Legal Aid Society of Northeastern New York
New York State Department of Labor
Rehabilitation Support Services
St. Catherine's Center for Children and Family
Soldier On
Trinity Alliance

Support Services

Albany Damien Center
Albany Housing Coalition
Capital District Physicians' Health Plan
Community Care Behavioral Health
Equinox, Inc.
Hope House
St. Catherine's Center for Children and Family Services
Soldier On
University at Albany School of Social Work

Appendix VIII: Surplus/Deficit of Affordable Housing Units in Albany County Charts

Household Income by Gross Rent as a Percentage of Household Income

	Albany County, New York	
	Estimate	Percent
Total: Rental Units	50,633	
Less than \$10,000:	5,257	100%
Less than 30 percent	338	6%
30.0 to 34.9 percent	247	5%
35.0 to 39.9 percent	95	2%
40.0 to 49.9 percent	173	3%
50.0 percent or more	4,404	84%
\$10,000 to \$19,999:	8,619	100%
Less than 30 percent	1,372	16%
30.0 to 34.9 percent	497	6%
35.0 to 39.9 percent	199	2%
40.0 to 49.9 percent	929	11%
50.0 percent or more	5,622	65%
\$20,000 to \$34,999:	9,832	100%
Less than 30 percent	2,348	24%
30.0 to 34.9 percent	1,436	15%
35.0 to 39.9 percent	1,325	13%
40.0 to 49.9 percent	2,317	24%
50.0 percent or more	2,406	24%
\$35,000 to \$49,999:	7,798	100%
Less than 30 percent	4,937	63%
30.0 to 34.9 percent	1,683	22%
35.0 to 39.9 percent	519	7%
40.0 to 49.9 percent	473	6%
50.0 percent or more	186	2%

*For whom rent is determined. Does not include the "Not Computed" category.

Source: American Community Survey 2010-2014; Table B25074

Surplus/Deficit of Affordable Housing Units in Albany County

Household Income	Estimated Total Households *	Affordable Monthly Rent by Income Range **	Estimated Number of occupied units in each rental price range	Affordable Housing Deficit or Surplus (number of rental units needed for each income range to not be cost burdened)
Less than \$10,000	5,257	\$0 to \$249	1,552	-3,705
\$10,000 to \$19,999	8,619	\$250 to \$499	3,558	-5,061
\$20,000 to \$24,999	3,497	\$500 to \$624	2,979	-518
\$25,000 to \$34,999	6,335	\$625 to \$874	13,813	7,478
\$35,000 to \$49,999	7,798	\$875 to \$1,250	20,073	12,275

*For whom rent is determined. Does not include "Not Computed" category.

**Affordability determined as < 30% of household income

Source: American Community Survey 2010 to 2014; Tables: B25063, B25074, S2503