

# Rolling 12-Month Performance Report for the CoC

4/1/2019-3/31/2020

Data taken from HMIS on 5/13/2020



This report is created using HMIS data. It covers all homeless service providers who use HMIS within the CoC – Erie, Niagara, Genesee, Orleans, and Wyoming counties. Most of the data/measures in this report are obtained from and matched to HUD Annual Performance Report and System Performance. The intent of this is to: 1. Provide timely feedback to providers to improve their services and to learn from each other. 2. Help funders make funding decisions based upon performance. 3. To evaluate our CoC's system performance. If you have any questions, please contact the Homeless Alliance of WNY.

\*Some of the charts in this report were designed specifically for programs that receive CoC funding so they can compare how they are doing to other CoC-funded programs. These charts assign point values to measures that are used to rank CoC-funded programs and are only posted as a reference for these programs. They do not reflect the ranking for next year's funding competition as these things are subject to change.

## **Table of Contents**

Table of Contents .....	2	Service High Need Population .....	22
Glossary of Acronyms .....	3	New Clients in RRH with a VI-SPDAT Score Recorded in HMIS.....	22
Permanent Supportive Housing and Safe Haven Providers.....	4	Average VI-SPDAT Score for Clients Served at Each Provider .....	23
Housing Measures .....	4	Percent of New Households Assessed .....	24
Remained and Exited to Permanent Housing (PH) .....	4	Percentage of Households Served with Families of 5+ .....	25
Positive Turnover Rates.....	5	Percentage of Clients with Disabilities .....	26
Returns to Homelessness .....	6	Income Measures .....	27
Length of Time from Program Entry to Move-In Date .....	7	Maintained or Increased Earned Income for RRH Participants.....	27
Occupancy Rate .....	8	Increased Earned Income for RRH Participants .....	28
Service High Need Population .....	9	Increased Other Income for RRH Participants.....	29
New Clients in PSH with a VI-SPDAT Score Recorded in HMIS .....	9	Increased Any Income for RRH Participants .....	30
Percentage of Clients with Disabilities.....	10	Maintained/Increased Any Income for RRH Participants.....	31
Income Measures .....	11	Transitional Housing Providers .....	32
Maintained or Increased Earned Income for PSH Participants.....	11	Housing Measures.....	32
Increased Earned Income for PSH Participants .....	12	Exit to Permanent Housing (PH) Destinations .....	32
Increased Other Income for PSH Participants.....	13	Returns to Homelessness .....	33
Increased Any Income for PSH Participants.....	14	Occupancy Rate .....	34
Maintained/Increased Any Income for PSH Participants.....	15	Length of Time Person Remains Homeless .....	34
Rapid Rehousing Providers .....	16	Emergency Shelter and Street Outreach Providers.....	37
Housing Measures .....	16	Housing Measures.....	37
Exit to Permanent Housing (PH) Destinations .....	16	Exit to Permanent Housing (PH) Destinations .....	37
Returns to Homelessness .....	17	Returns to Homelessness .....	38
Length of Time from Program Entry to Move-In Date .....	18	Occupancy Rate .....	39
Breakdown of How Long it Takes to House RRH Clients .....	19	Average Length of Time Person Remains Homeless.....	39
Point in Time Occupancy Rates .....	20	Length of Stay for all Leavers .....	41
Annual Occupancy Rates .....	21	Exit to Positive Destinations (Outreach Only) .....	42
		Providers in This Report .....	42

## Glossary of Acronyms

APR: Annual Performance Report that HUD requires for all the CoC funded programs	SH: Safe Haven
CH: Chronically Homeless	SO: Street Outreach
CoC: Continuum of Care	TAY: Transition Age Youth Vulnerability Index-Service Prioritization Decision Assistance Tool
ESG: Emergency Solutions Grants	TH: Transitional Housing
ES: Emergency Shelter	RHY: Runaway Homeless Youth
HMIS: Homeless Management Information System, is also referred to as Bas-Net (Buffalo Area Services Network)	RRH: Rapid Rehousing
NAEH: National Alliance to End Homelessness	VI-SPDAT: Vulnerability Index-Service Prioritization Decision Assistance Tool for Individuals
PH: Permanent Housing destination	VI-F-SPDAT: Vulnerability Index-Service Prioritization Decision Assistance Tool for Families
PSH: Permanent Supportive Housing for Formerly Homeless Persons	

**Cash benefit** in this report refers to income such as: Earned income, unemployment insurance, SSI, SSDI, veteran's disability, private disability insurance, worker's compensation, TANF, general assistance, retirement, veteran's pension, pension from former job, child support, and alimony (spousal support).

**Non-cash benefit** in this report refers to non-cash benefit such as: supplemental nutritional assistance program (food stamps), Medicaid health insurance, Medicare health insurance, State children's health insurance, WIC, VA medical services, TANF child care services, TANF transportation services, other TANF-funded services, temporary rental assistance, and Section 8.

**Permanent Housing Destination** in this report refers to destinations such as: housing owned by client (with or without ongoing subsidy), housing rented by client (with or without ongoing subsidy), permanent supportive housing for formerly homeless persons, living with family or friends with permanent tenure. To reflect 2017 HUD Data Standard updates, **the following are excluded from calculation: foster care, hospital, long term care facility or nursing home, deceased.**

**Safe Housing Destination** in this report refers to destinations such as: all permanent housing destinations listed above, emergency shelter, transitional housing for homeless persons, staying with family or friends with temporary tenure, Safe Haven, hotel or motel paid by client, foster care, psychiatric facility, substance abuse or detox facility, hospital (non-psychiatric). EXCLUDES jail, places not meant for human habitation, and "other" destinations such as "Client doesn't know", "Client refused", "Data not collected", "No exit interview completed", and "Other".

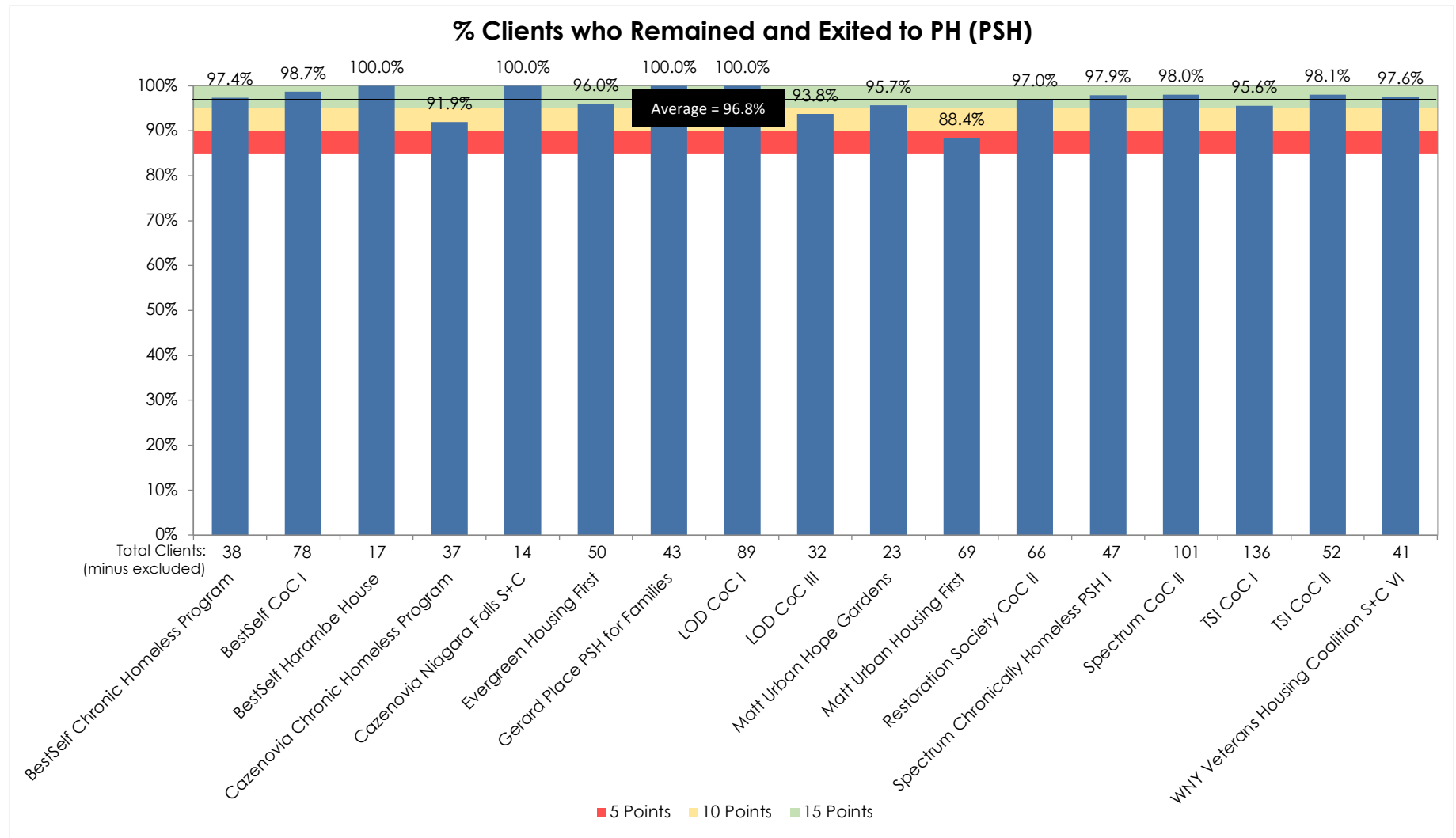
## Permanent Supportive Housing and Safe Haven Providers

### Housing Measures

All charts measuring exits exclude people who passed away during the program stay, those who went to foster care, hospitals or other residential non-psychiatric facilities, long-term care facilities, or nursing homes.

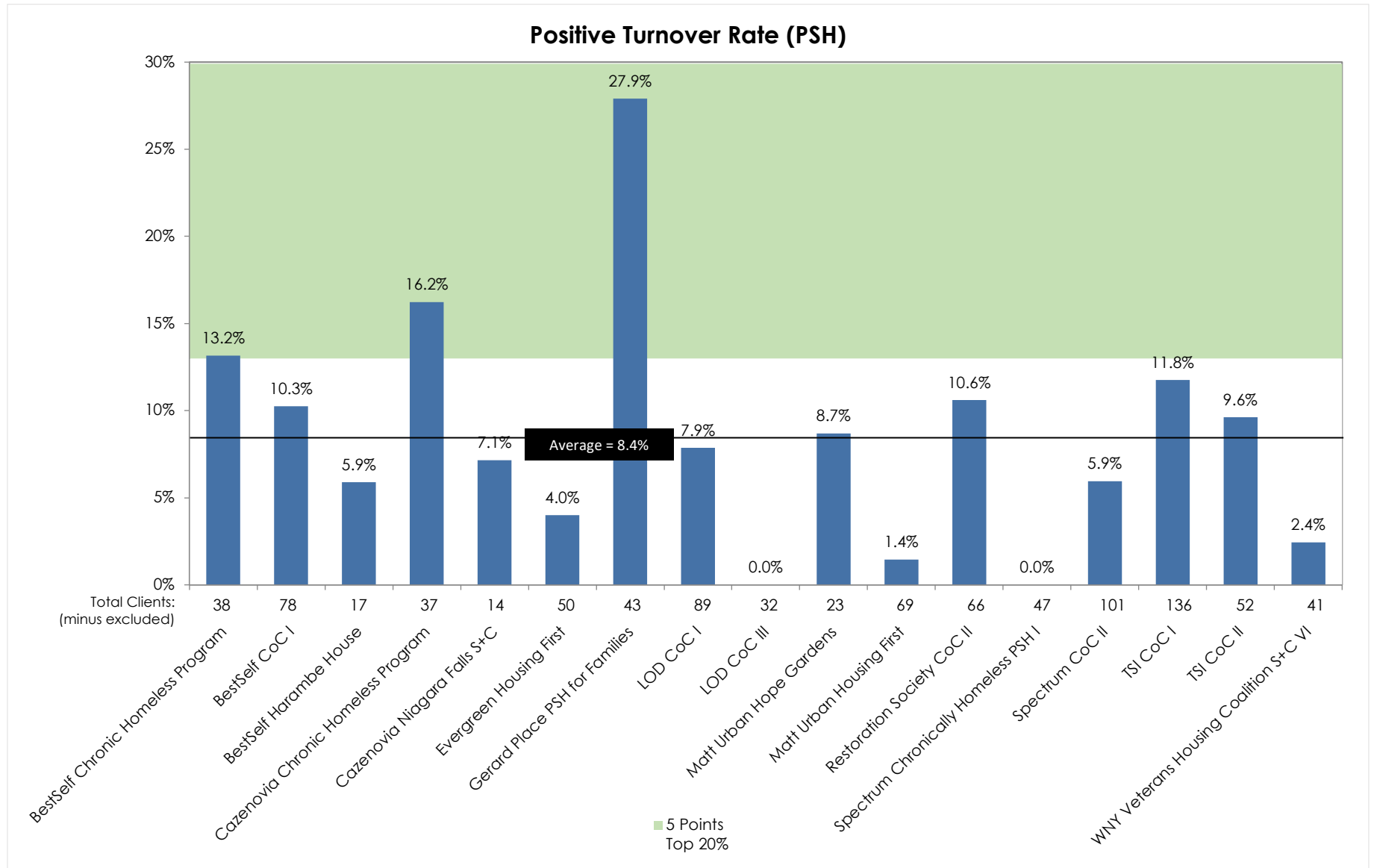
### Remained and Exited to Permanent Housing (PH)

This measure includes those who remained in the PSH program and those who exited to permanent housing destinations. The local benchmark for this measure is the average of all programs.



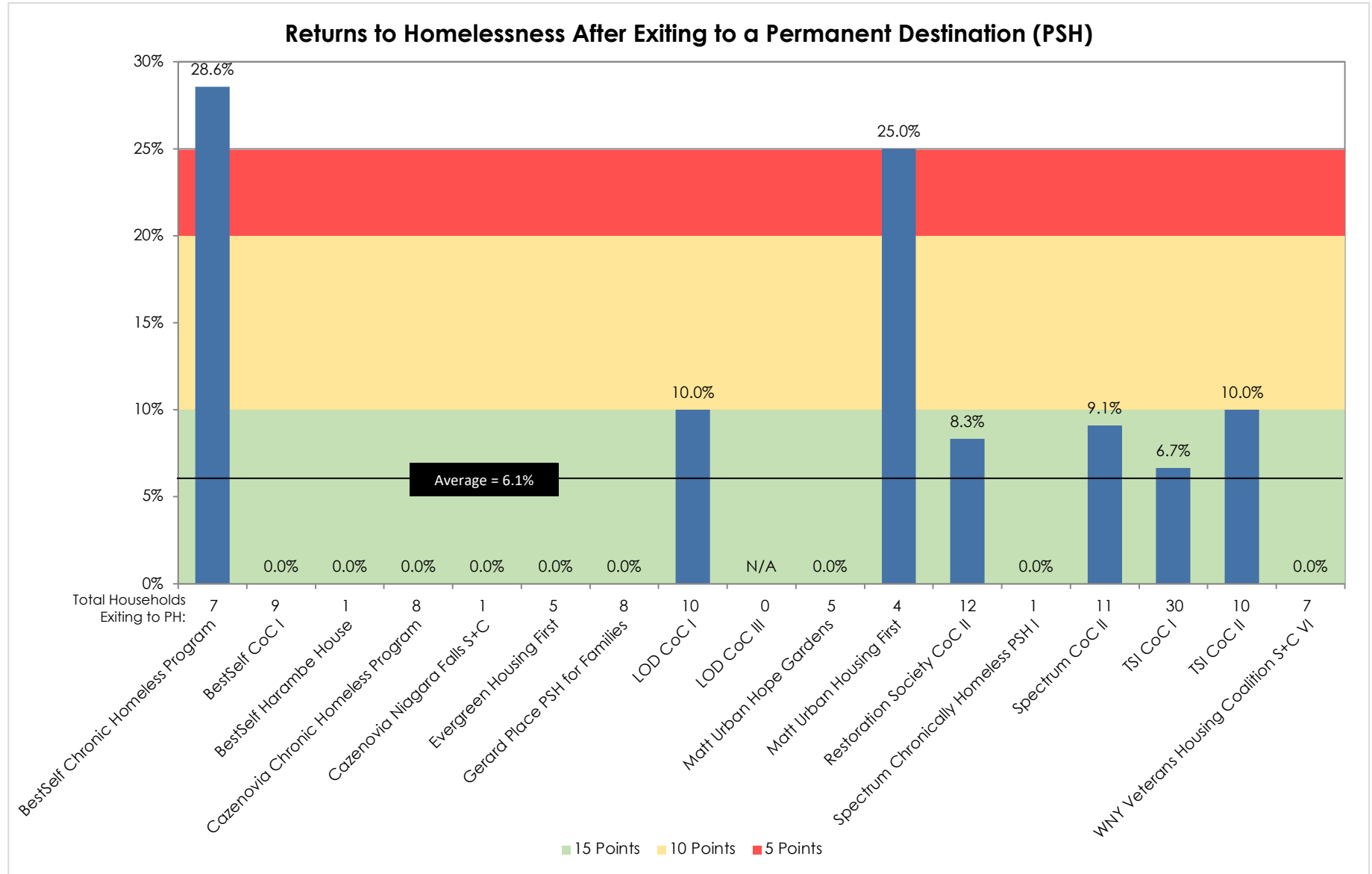
## Positive Turnover Rates

This measure includes only those who left the program and exited to permanent housing destinations based on the total number of clients served. It does not include people who passed away during the program stay, those who went to foster care, hospitals or other residential non-psychiatric facilities, long term care facilities or nursing homes.



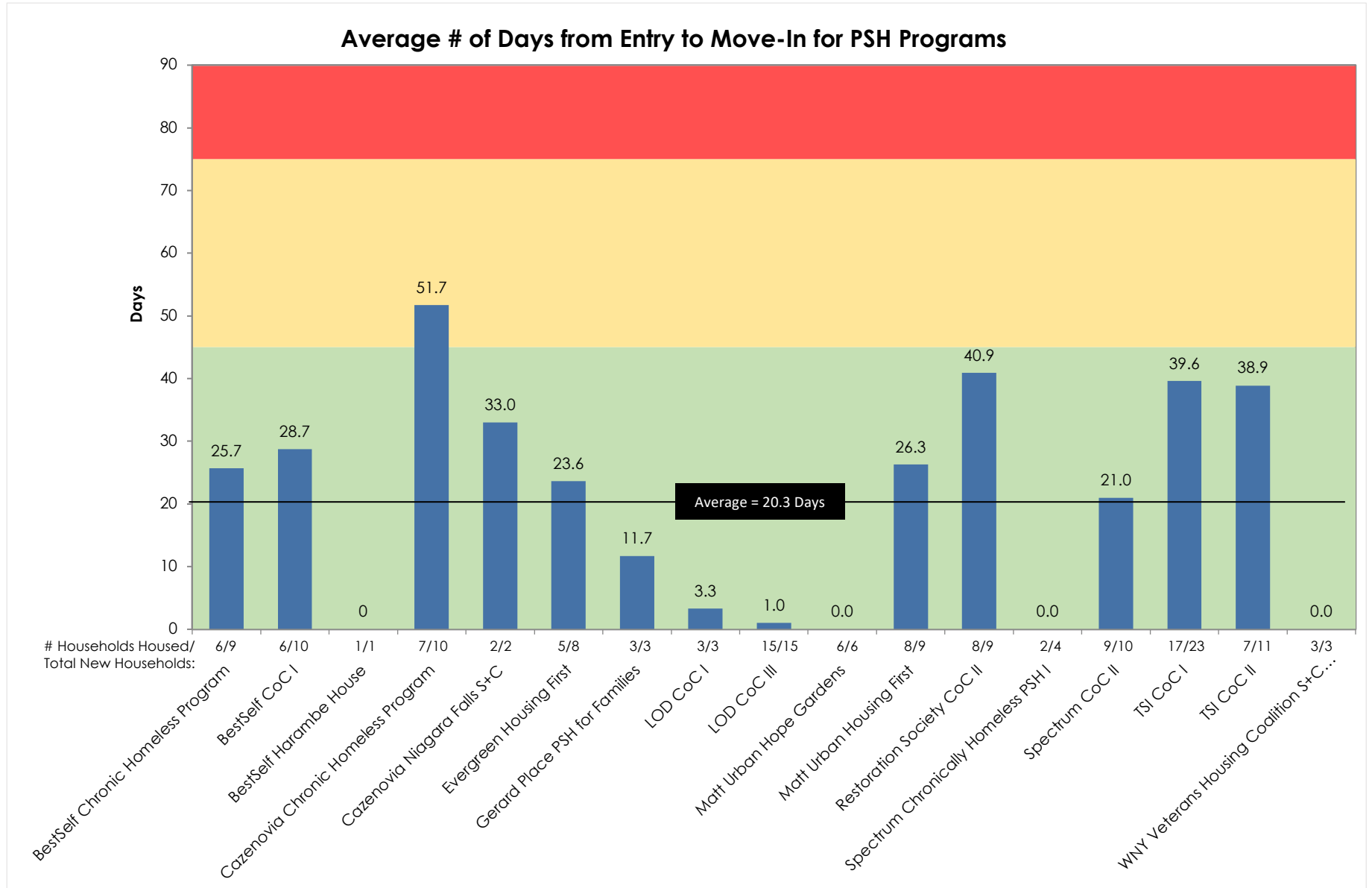
## Returns to Homelessness

The data in this quarterly report looks at those who exited to a permanent destination from a service provider between 10/1/2018 and 3/31/2020 and returned to homelessness (measured by a new entry date at a service provider) within the following six months, beginning on 4/1/2019. This measure reflects our CoC's goal of reducing the number of people who return to homelessness.



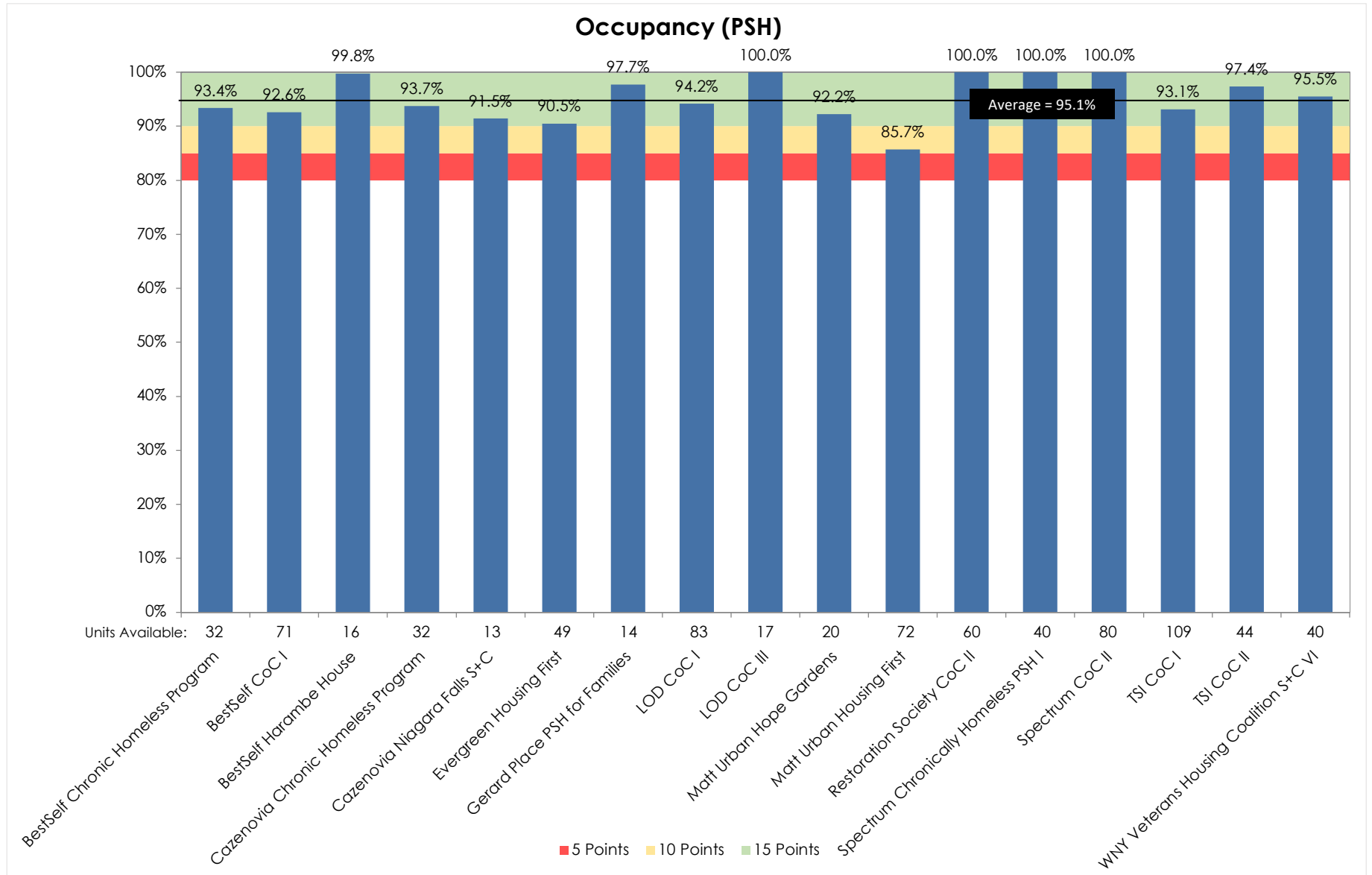
## Length of Time from Program Entry to Move-In Date

For PSH programs, this measure is an average number of days from program admission date to move-in date based on HMIS standard set on October 1, 2017. The HUD benchmark is 90 days. The data included in this chart only considers clients who entered a PSH program during the reporting period.



## Occupancy Rate

The occupancy rate is measured by calculating how many individuals are in each program each night during the reporting period (4/1/2019-3/31/2020) and using the program # of units.

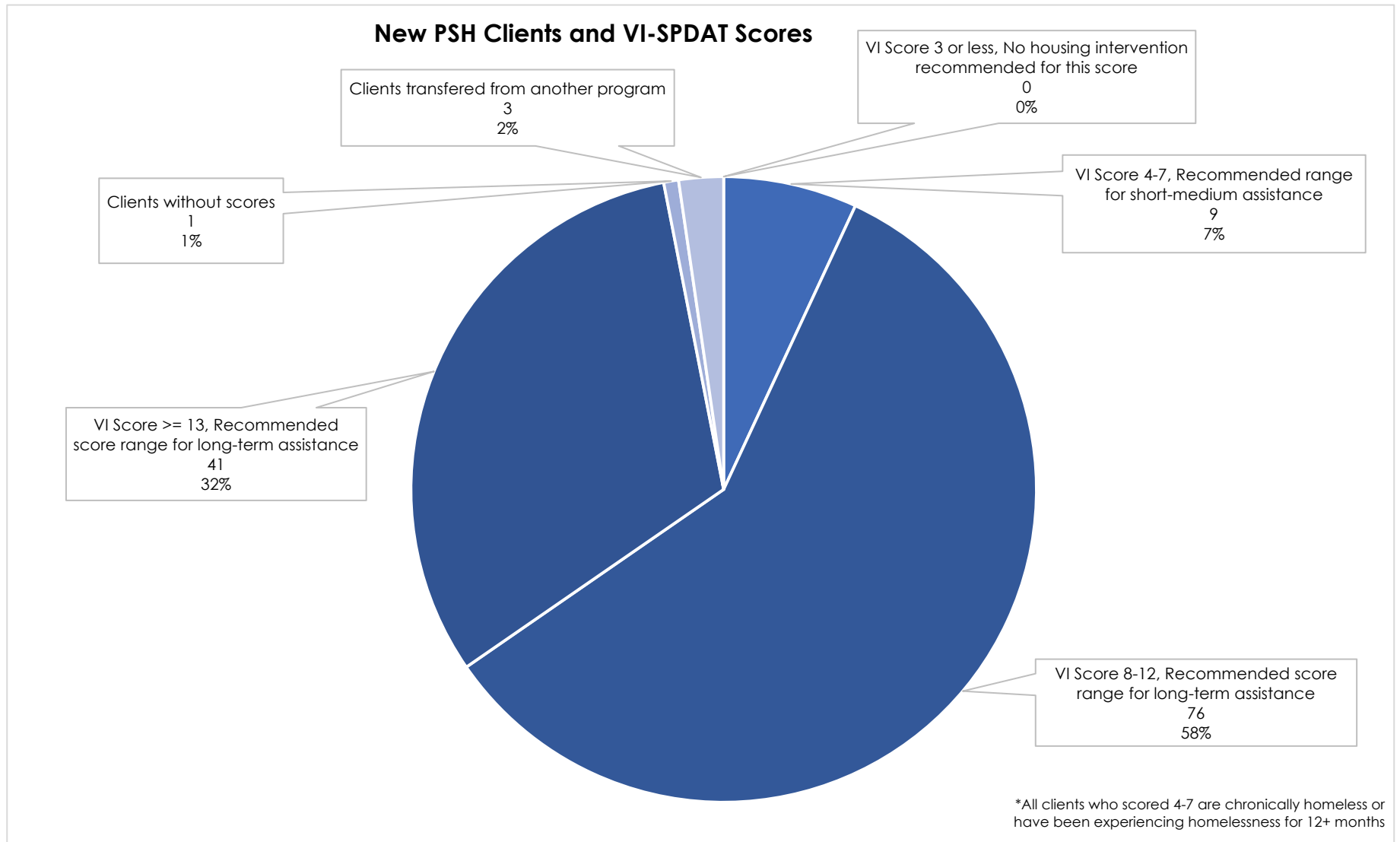




## Service High Need Population

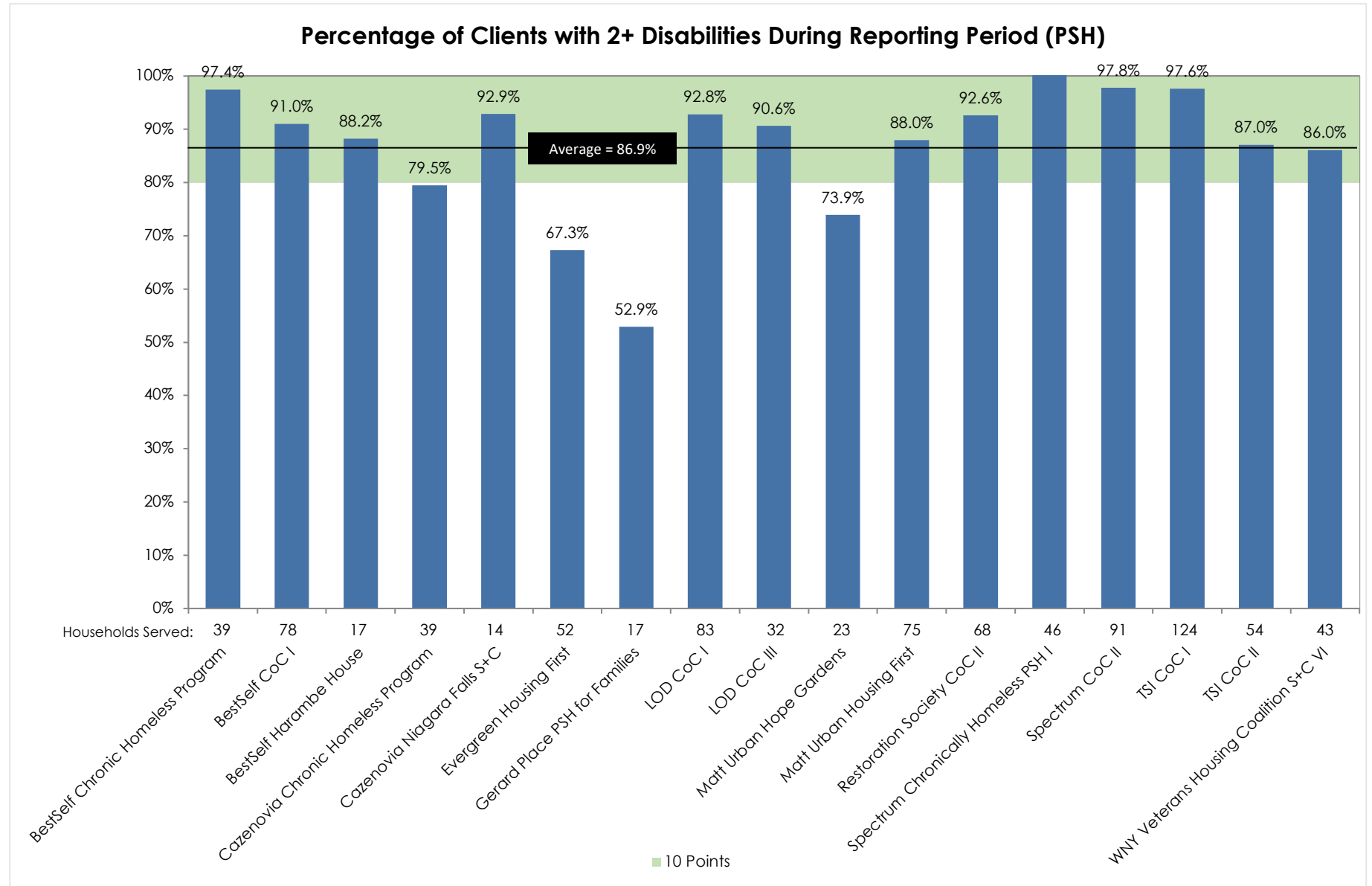
### New Clients in PSH with a VI-SPDAT Score Recorded in HMIS

This measure indicates the percentage of households entered in a PSH program with a VI-SPDAT, VI-FSPDAT, or TAY recorded in HMIS. All new households entering a PSH project are required to have a VI-SPDAT or VI-FSPDAT. Clients who score 8 or greater are recommended for long-term assistance; this group is broken down further in the chart below to emphasize how many high-scoring clients (scoring 13 or greater) are being served by our CoC.



## Percentage of Clients with Disabilities

As program entry criteria, all PSH clients should at least have one eligible disability. However, many of our clients with higher barriers have more than one disabling condition. This measure is to demonstrate that these programs are taking the highest need clients.

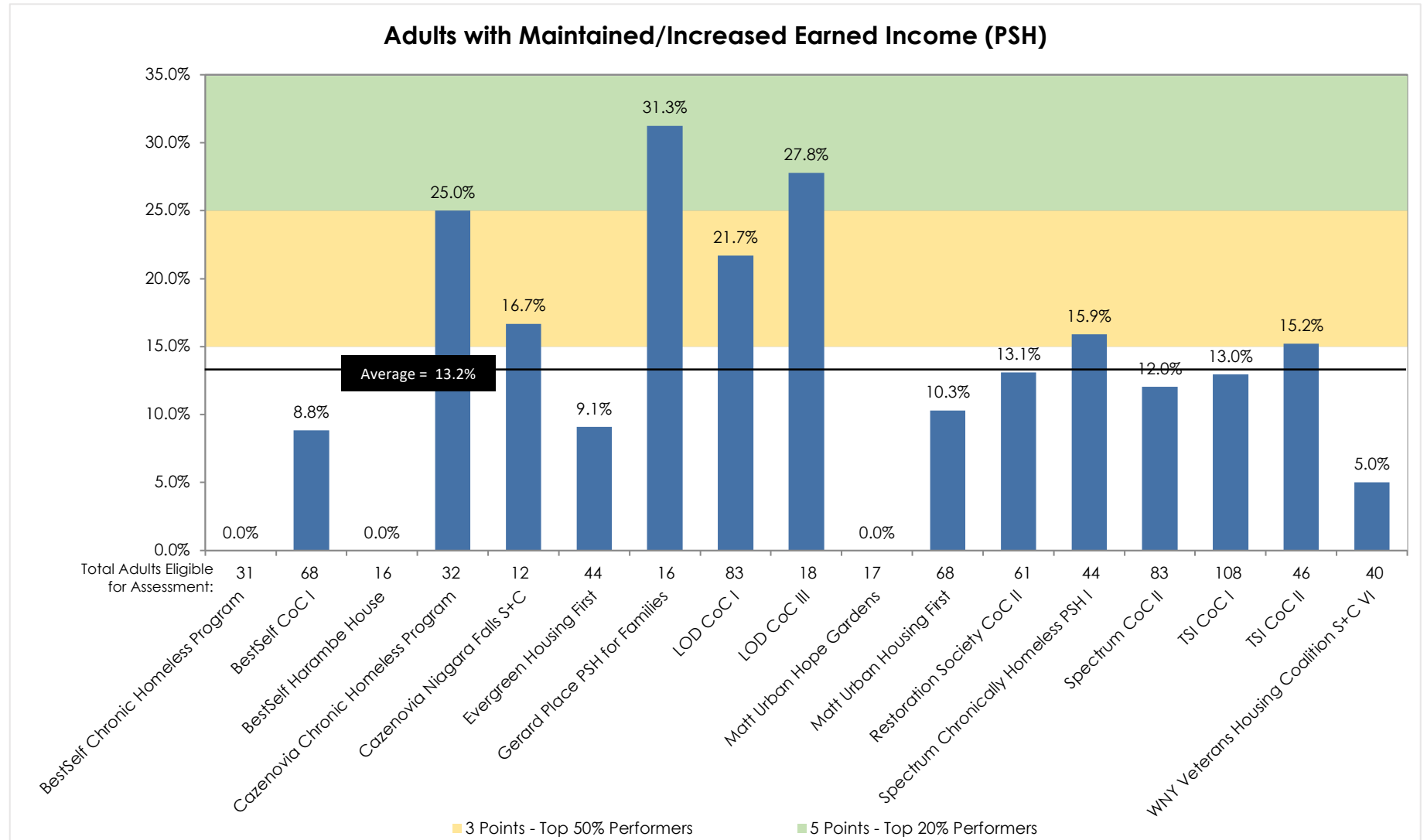


## Income Measures

All income measures only include adults that have exited or been in the program for longer than one year, with an annual assessment completed in the +/- 30-day window. Income is measured from client entry into the program to either the latest annual assessment or exit.

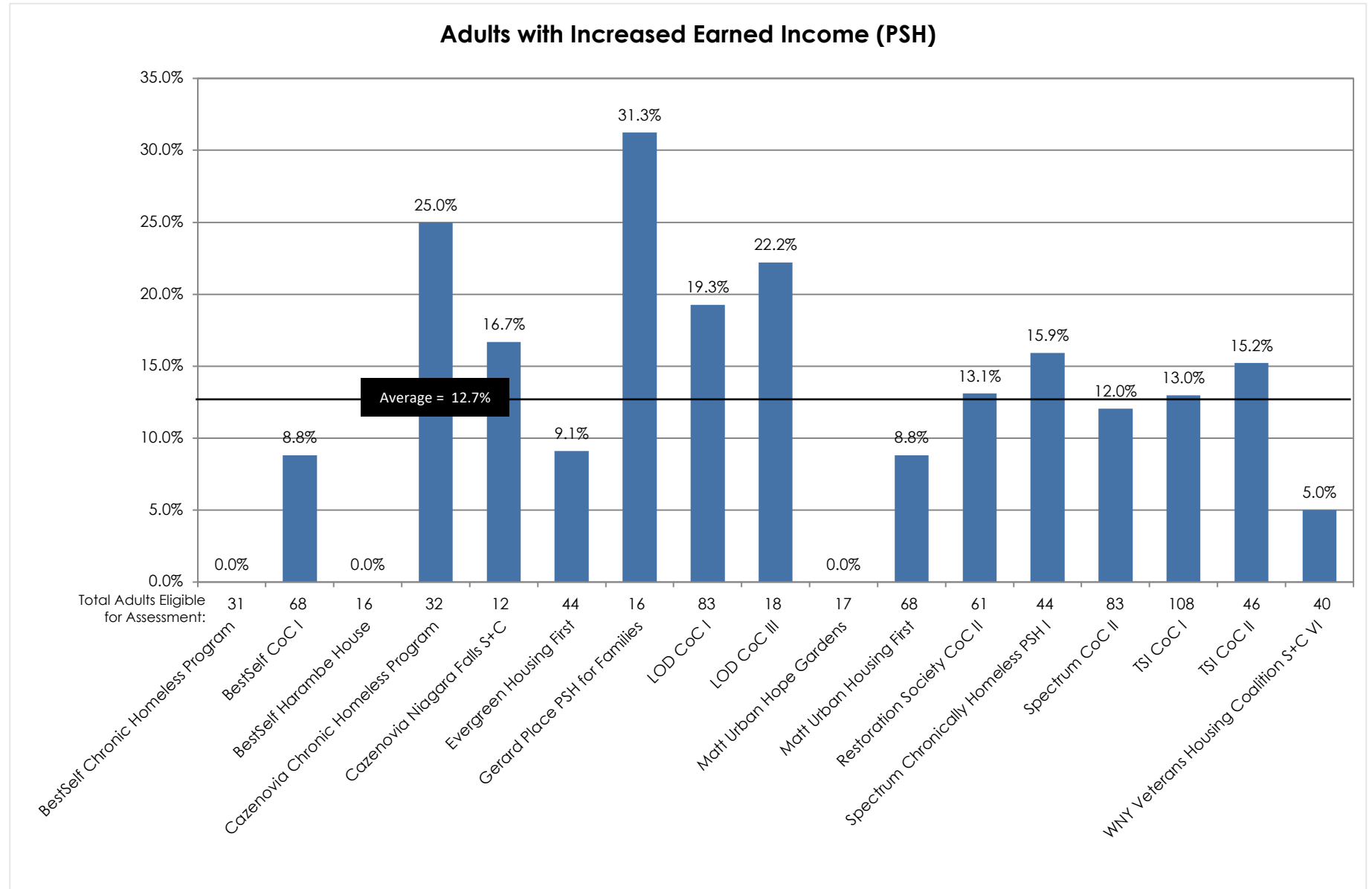
### Maintained or Increased Earned Income for PSH Participants

This measure includes those adults that have maintained employment and those who have maintained or gained employment and increased their amount of earned income. The benchmark for this measure is locally determined as 20%, which is also the HUD benchmark.



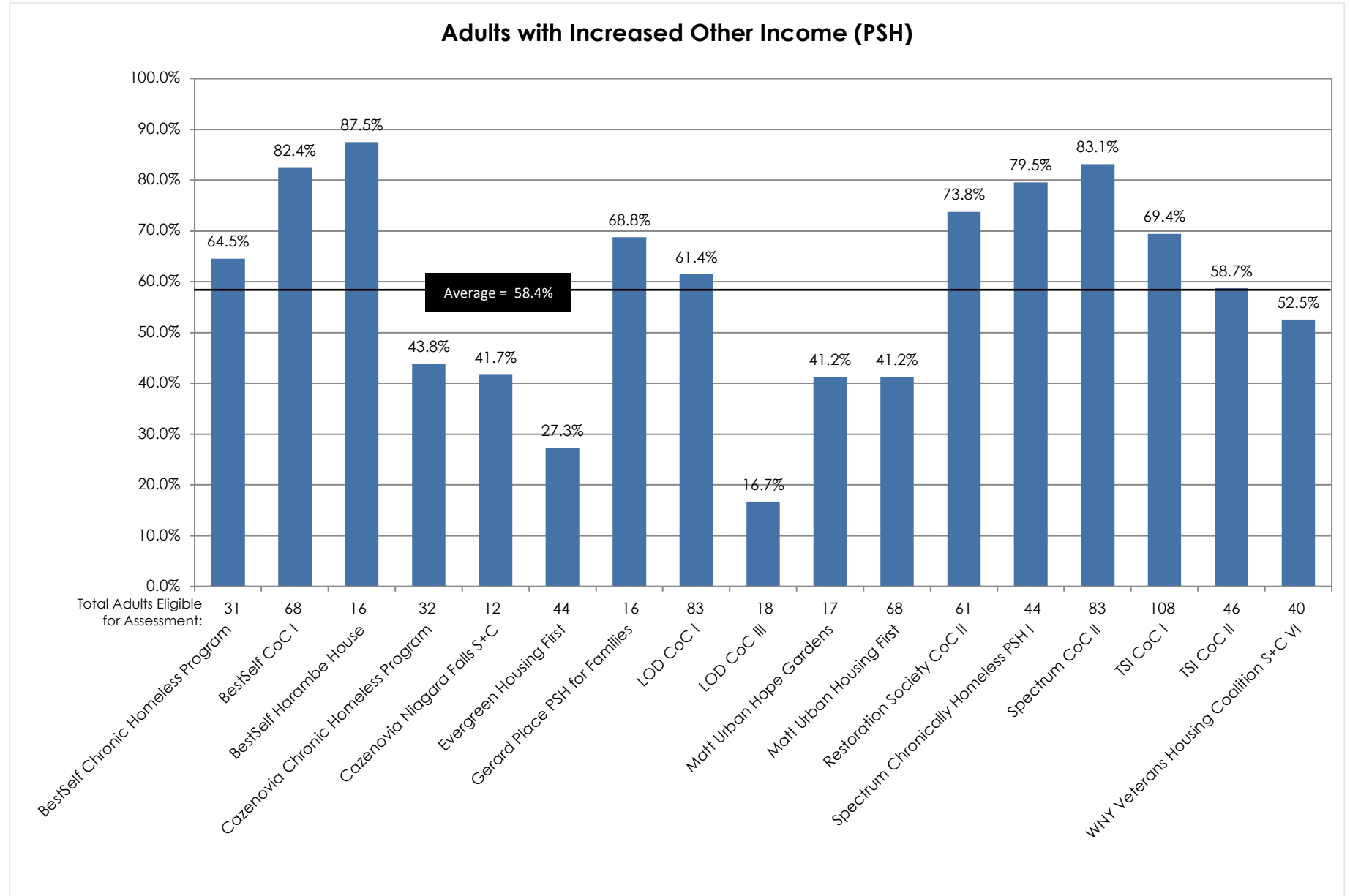
## Increased Earned Income for PSH Participants

This measure includes those adults who have either gained employment or received a raise in their earned income. The benchmark for this measure is locally determined as 20%.



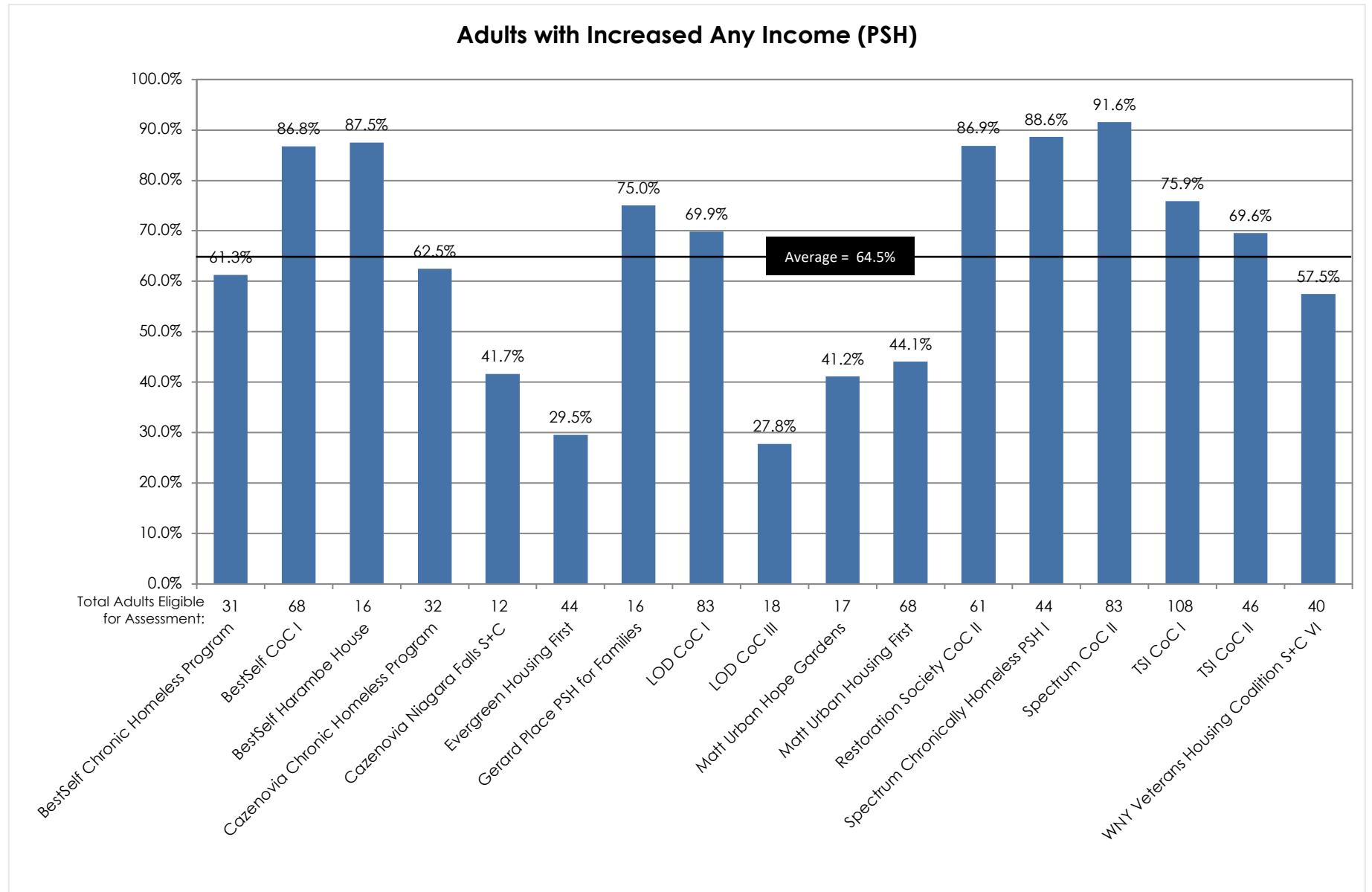
## Increased Other Income for PSH Participants

This measure includes those adults who have increased their income (e.g. SSI, SSDI, PA, TANF etc.), excluding employment income.



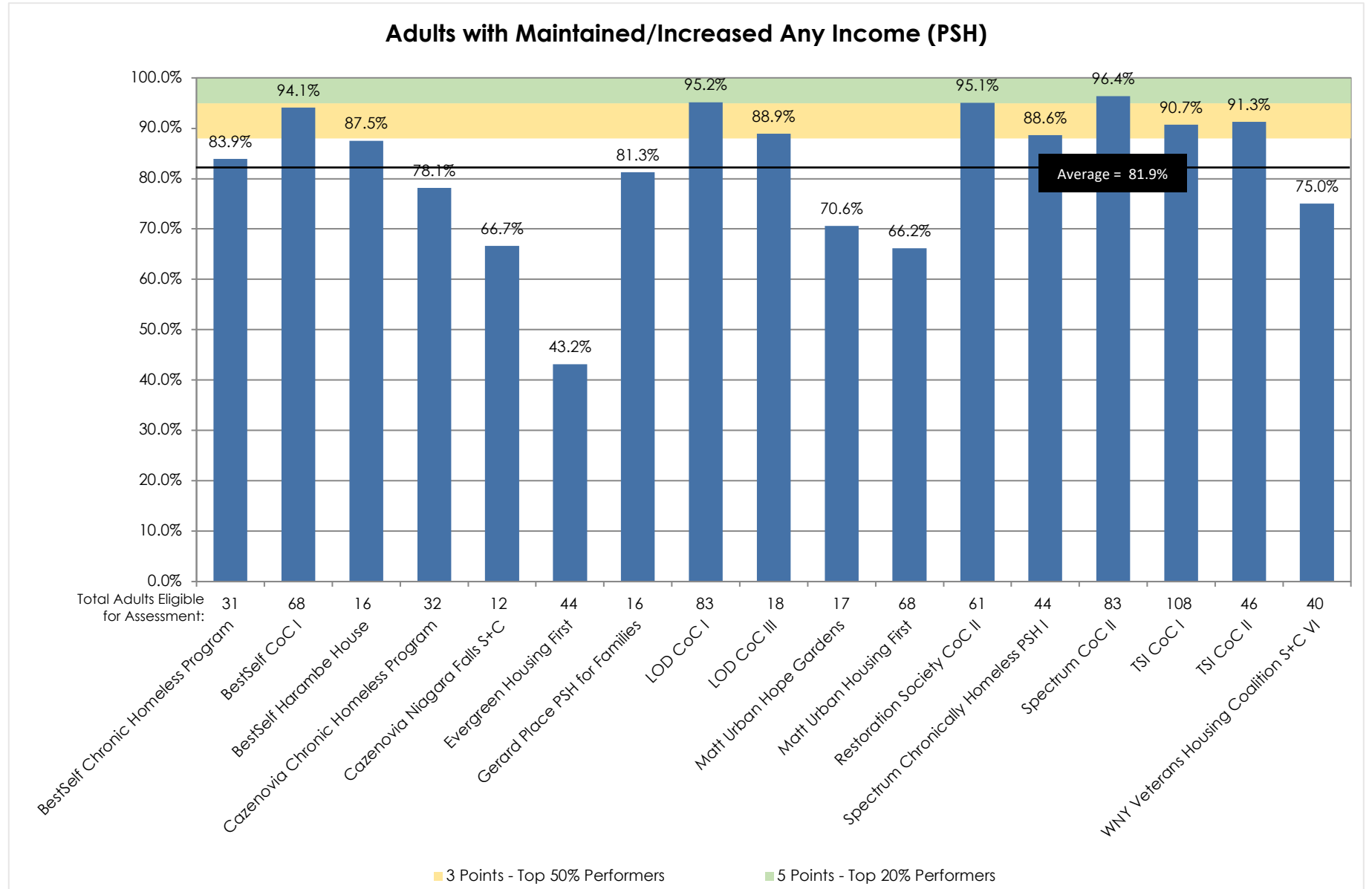
## Increased Any Income for PSH Participants

This measure includes those adults who have increased their cash income from any source, including earned income and benefits (e.g. SSI, SSDI, PA, TANF, etc.).



## Maintained/Increased Any Income for PSH Participants

This measure includes those adults who have increased or retained their cash income from any source, including earned income and benefits (e.g. SSI, SSDI, PA, TANF, etc.).



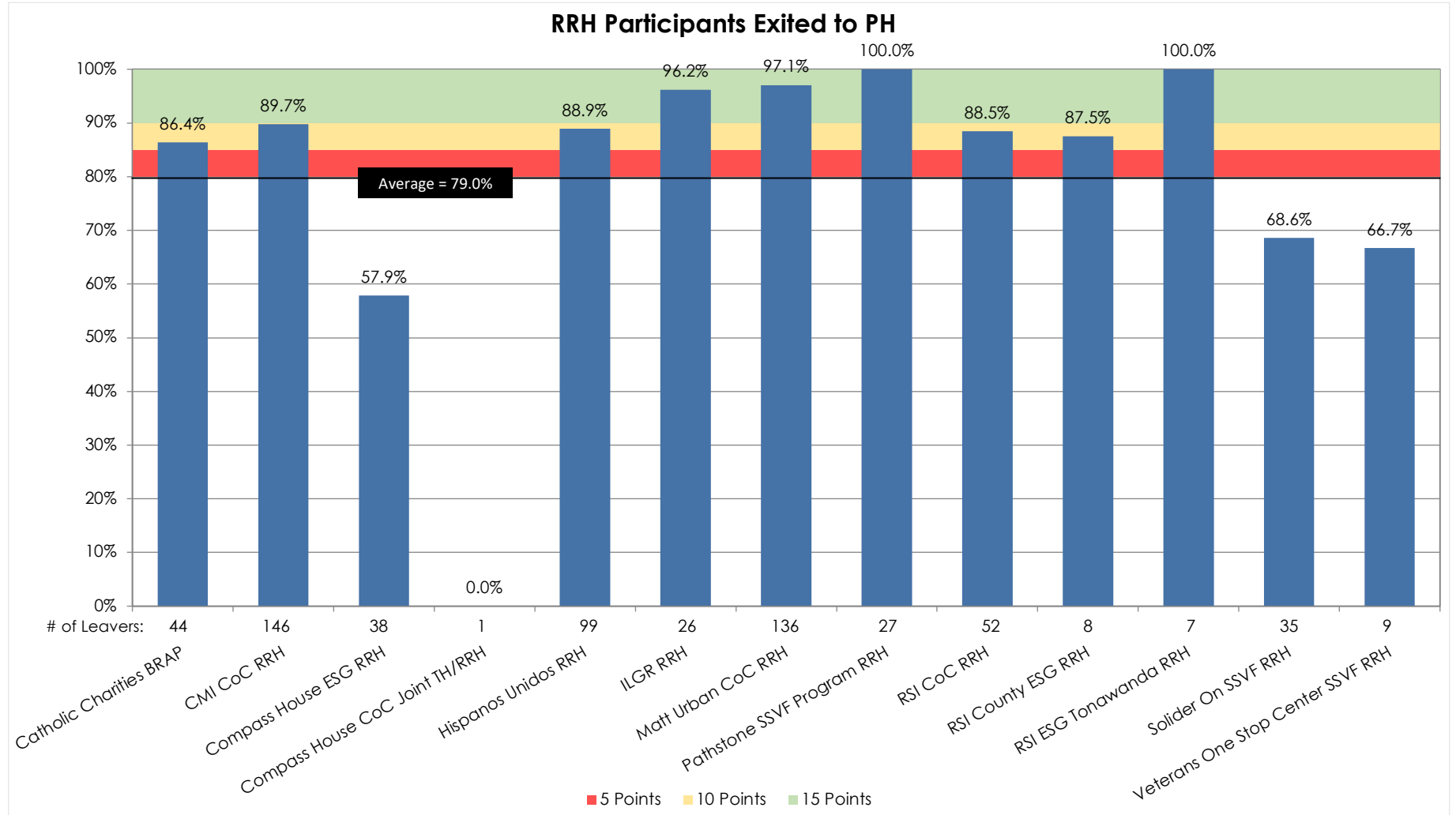
## Rapid Rehousing Providers

### Housing Measures

All charts measuring exits exclude people who passed away during the program stay, those who went to foster care, hospitals or other residential non-psychiatric facilities, long term care facilities or nursing homes.

### Exit to Permanent Housing (PH) Destinations

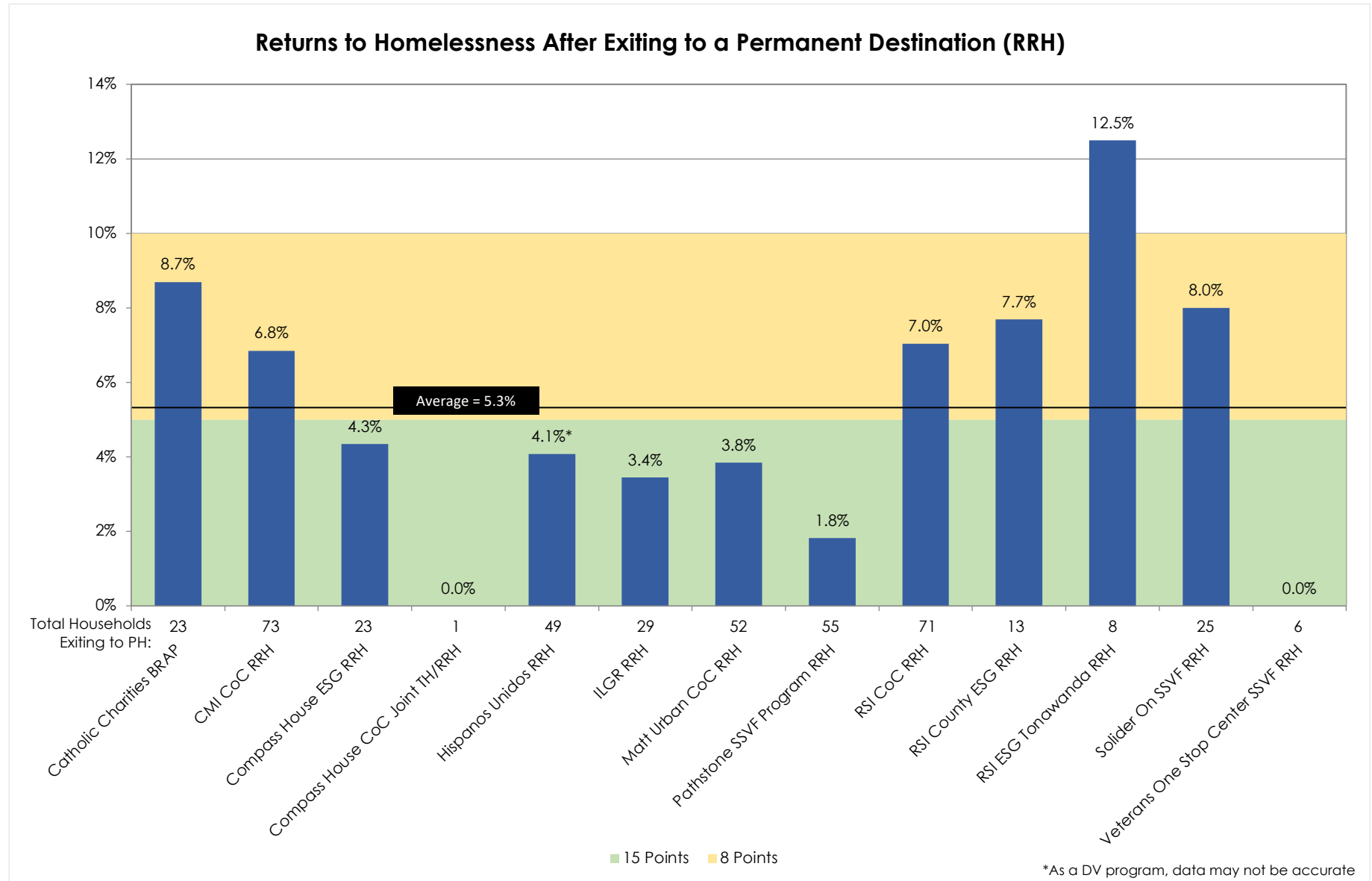
This measure includes only those who left the program and exited to permanent housing destinations, excluding people who passed away during the program stay, those who went to foster care, hospitals or other residential non-psychiatric facilities, long term care facilities or nursing homes. The benchmark for RRH programs is the national benchmark of 80%.





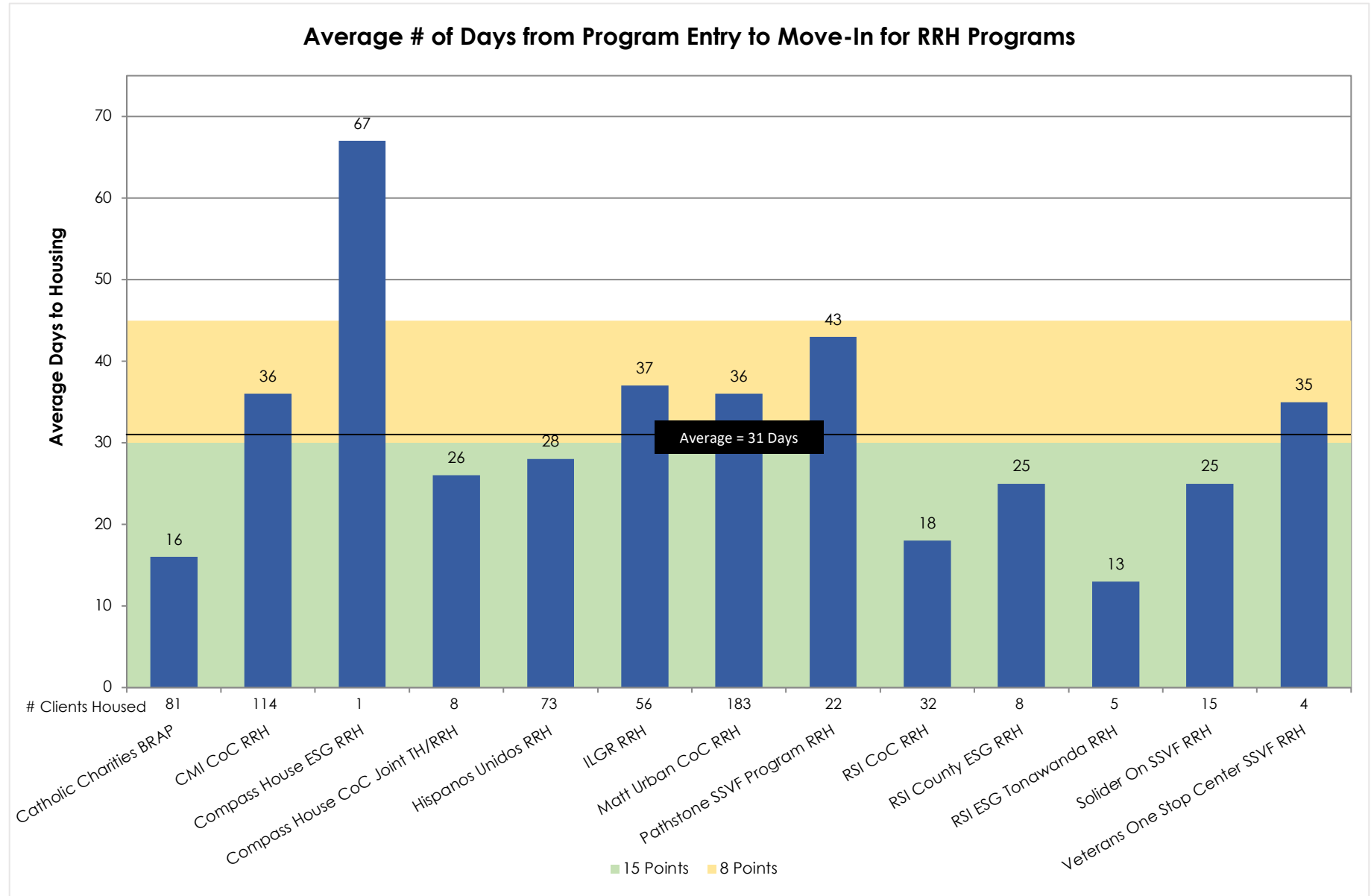
## Returns to Homelessness

The data in this quarterly report looks at those who exited to a permanent destination from a service provider between 10/1/2018 and 3/31/2020 and returned to homelessness (measured by a new entry date at a service provider) within the following six months, beginning on 4/1/2019. This measure reflects our CoC's goal of reducing the number of people who return to homelessness.

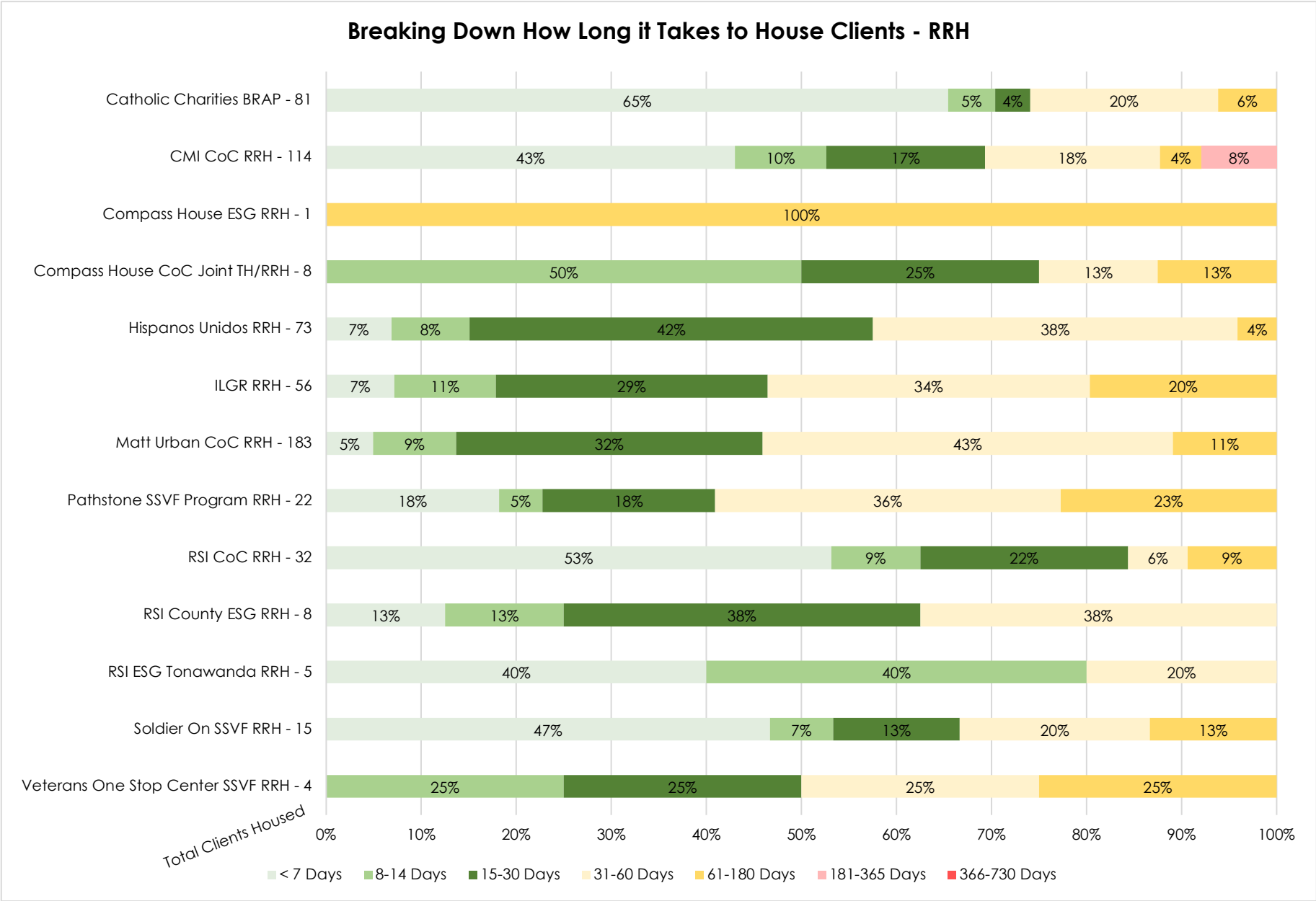


### Length of Time from Program Entry to Move-In Date

For RRH programs, this measure is an average of the number of days from RRH program admission to move-in to permanent housing for those who have an admission date and a move-in date. The NAEH benchmark for this measure is an average of 30 days.

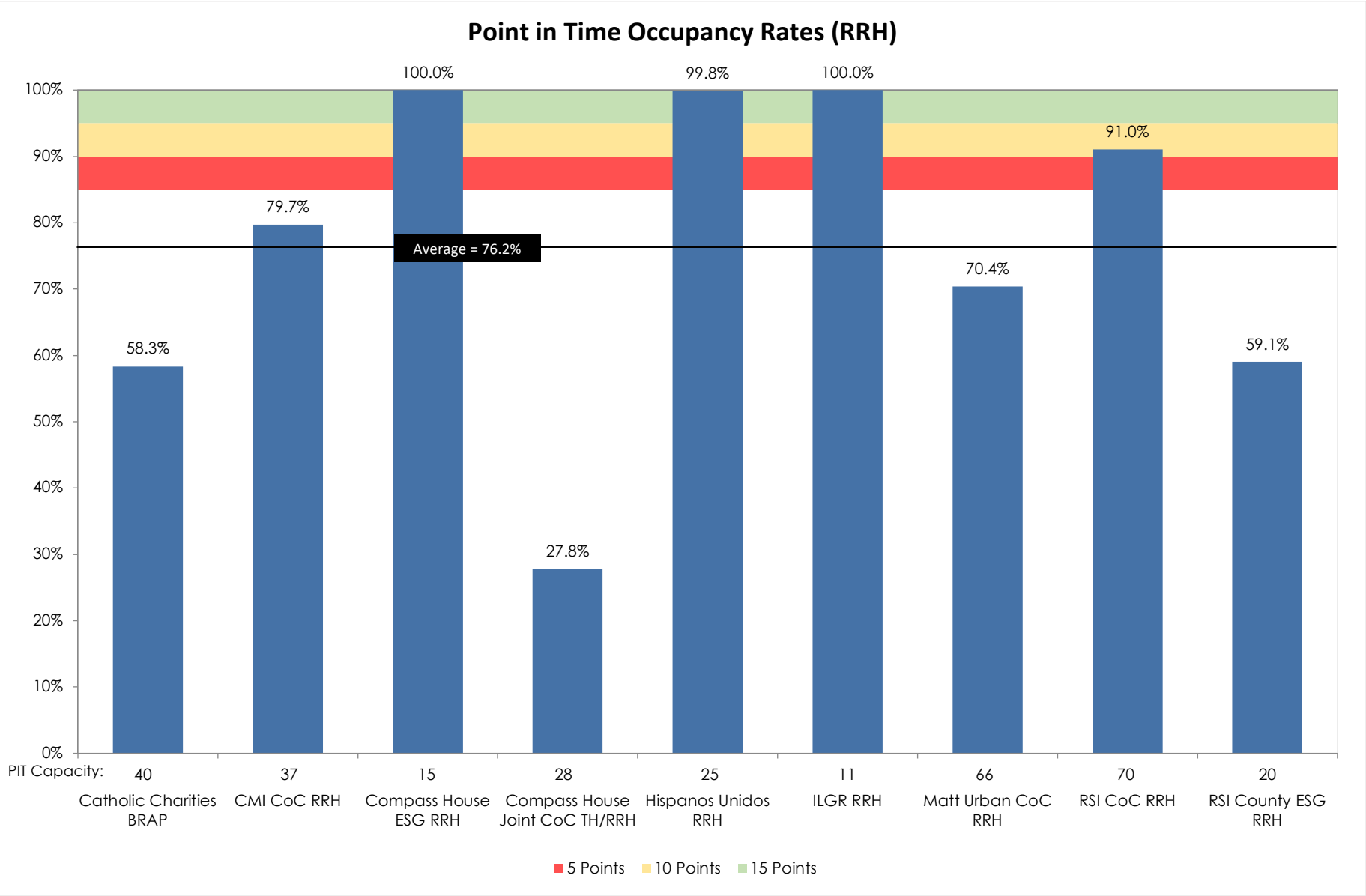


**Breakdown of How Long it Takes to House RRH Clients**



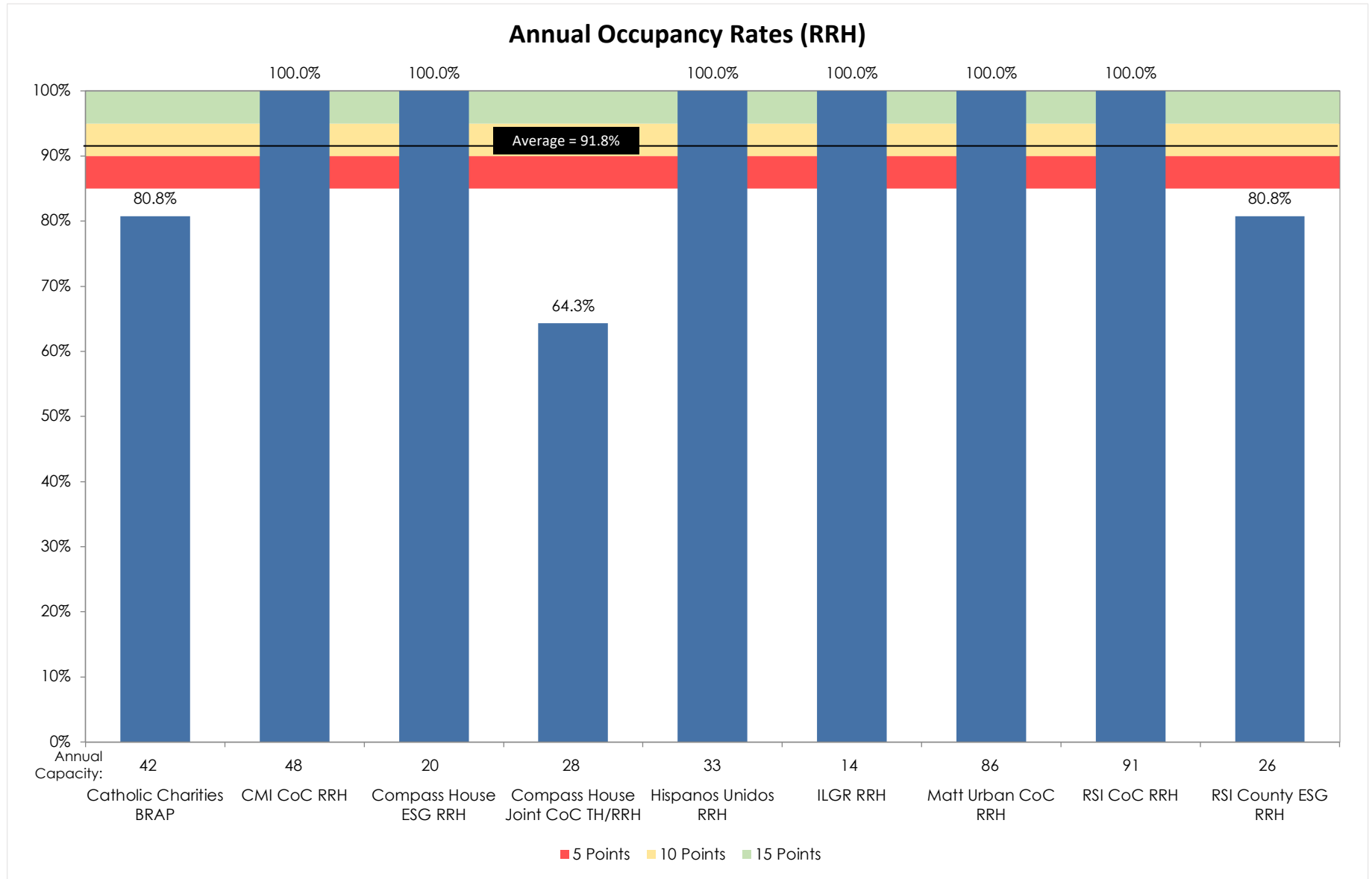
**Point in Time Occupancy Rates**

For RRH programs, occupancy is measured two ways. The first is based on how often during the reporting period each project was “at capacity.” The capacity value is determined using the program’s total grant value and dividing it by \$8,000.



## Annual Occupancy Rates

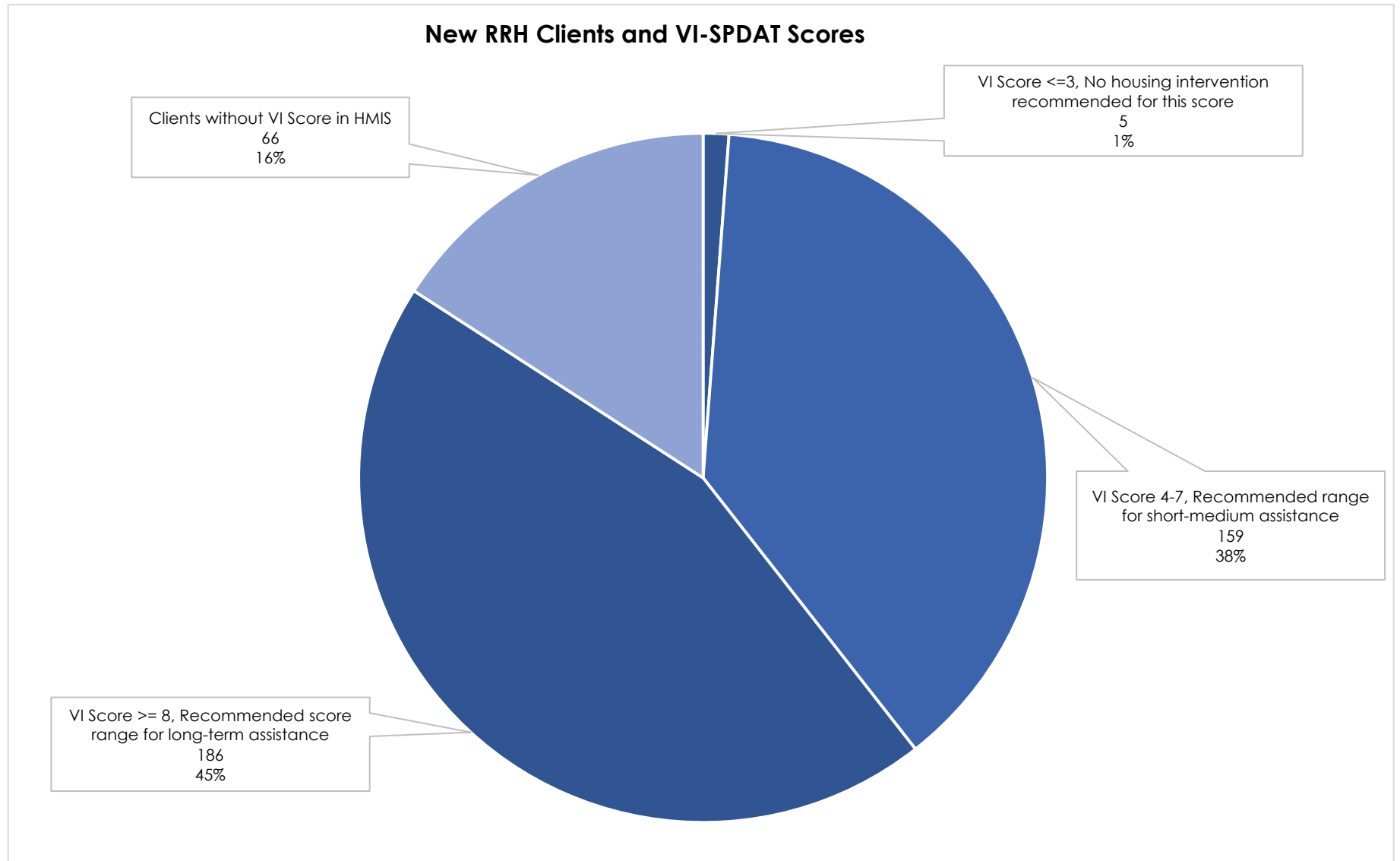
For RRH programs, occupancy is measured two ways. The second is based on how many households were served during the reporting period compared to the projected number of households the program will serve. The projected value is determined using the program's total grant value and dividing it by \$5,000.



## Service High Need Population

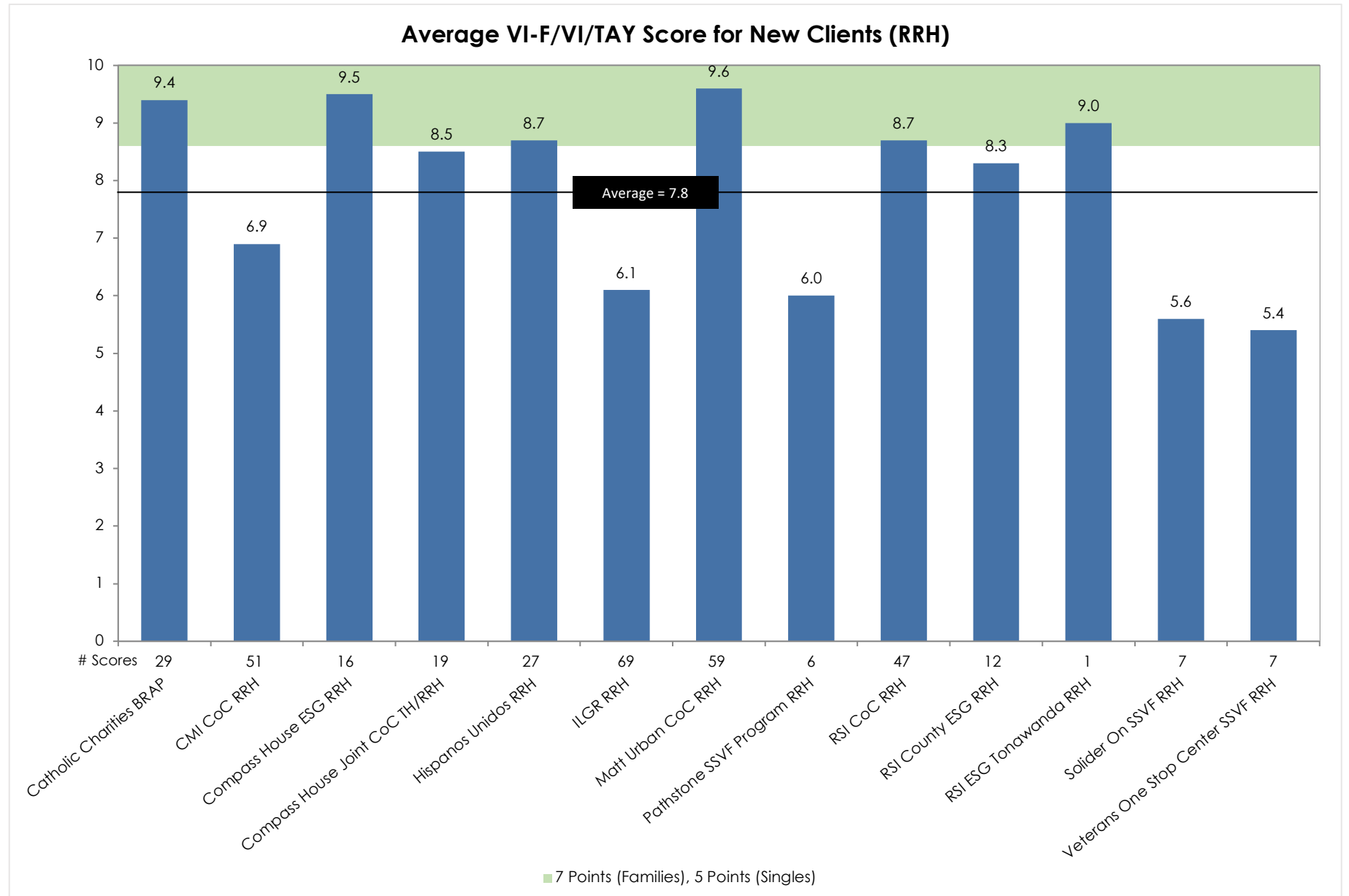
### New Clients in RRH with a VI-SPDAT Score Recorded in HMIS

This measure indicates the percentage of households entered in a RRH program with a VI-SPDAT, VI-FSPDAT, or TAY recorded in HMIS. All new households entering a RRH project are required to have a VI-SPDAT or VI-FSPDAT.



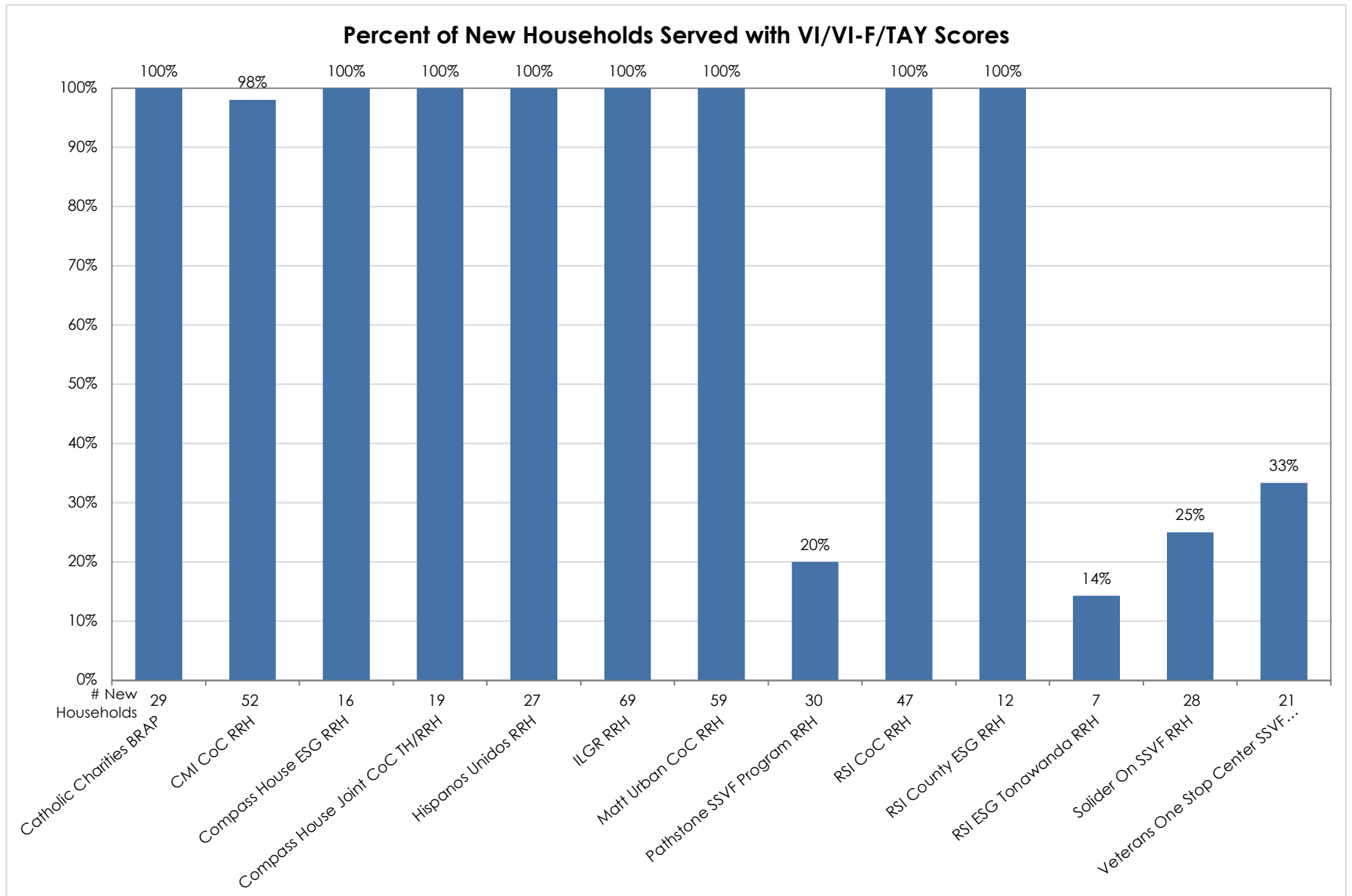
### Average VI-SPDAT Score for Clients Served at Each Provider

This measure indicates the average score of all households served in a RRH program with a VI-SPDAT, VI-FSPDAT, or TAY recorded in HMIS.



## Percentage of New Households Assessed

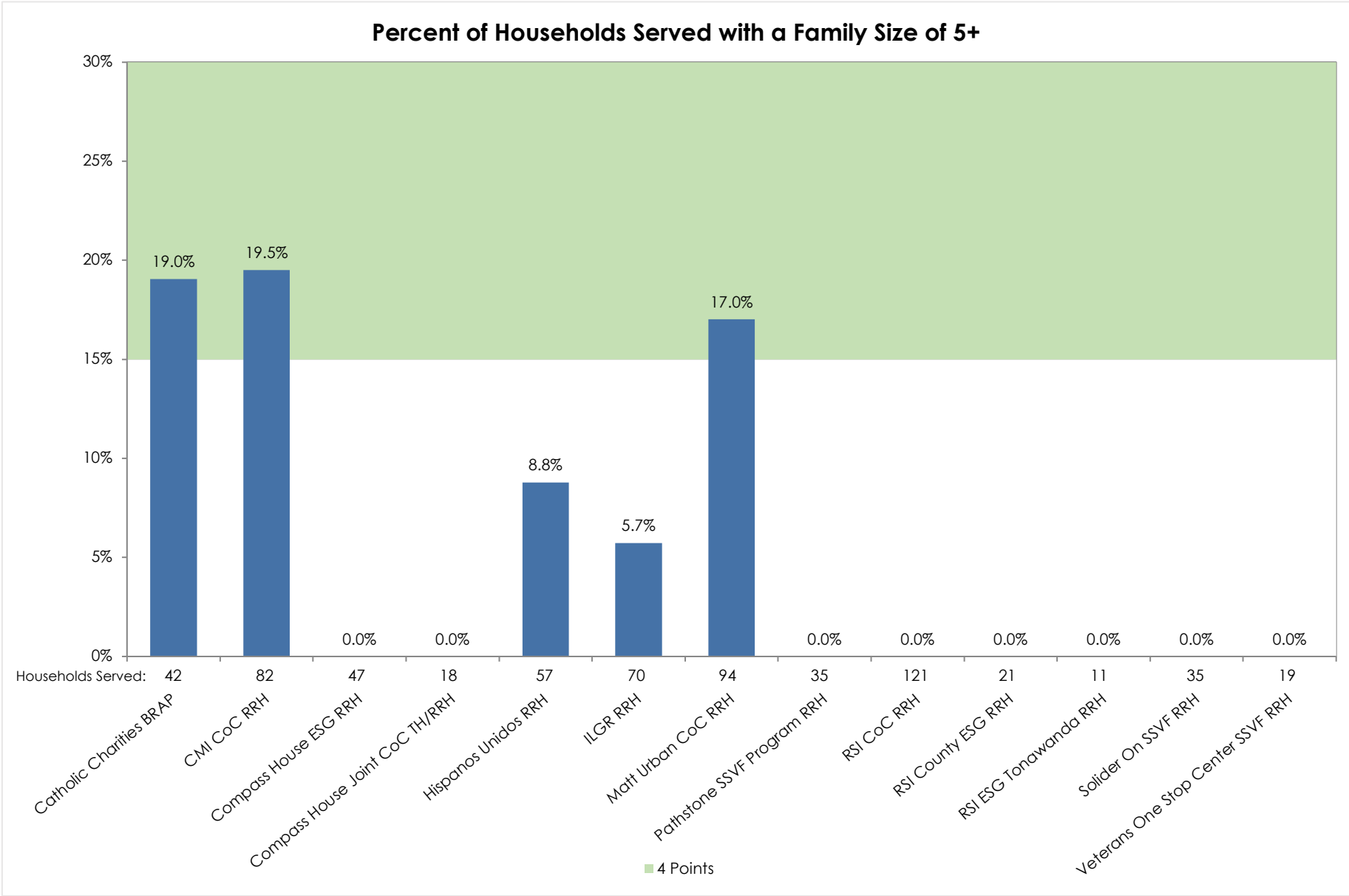
This measure indicates the percentage of all new households served during the reporting period who have a VI-SPDAT, VI-FSPDAT, or TAY recorded in HMIS.





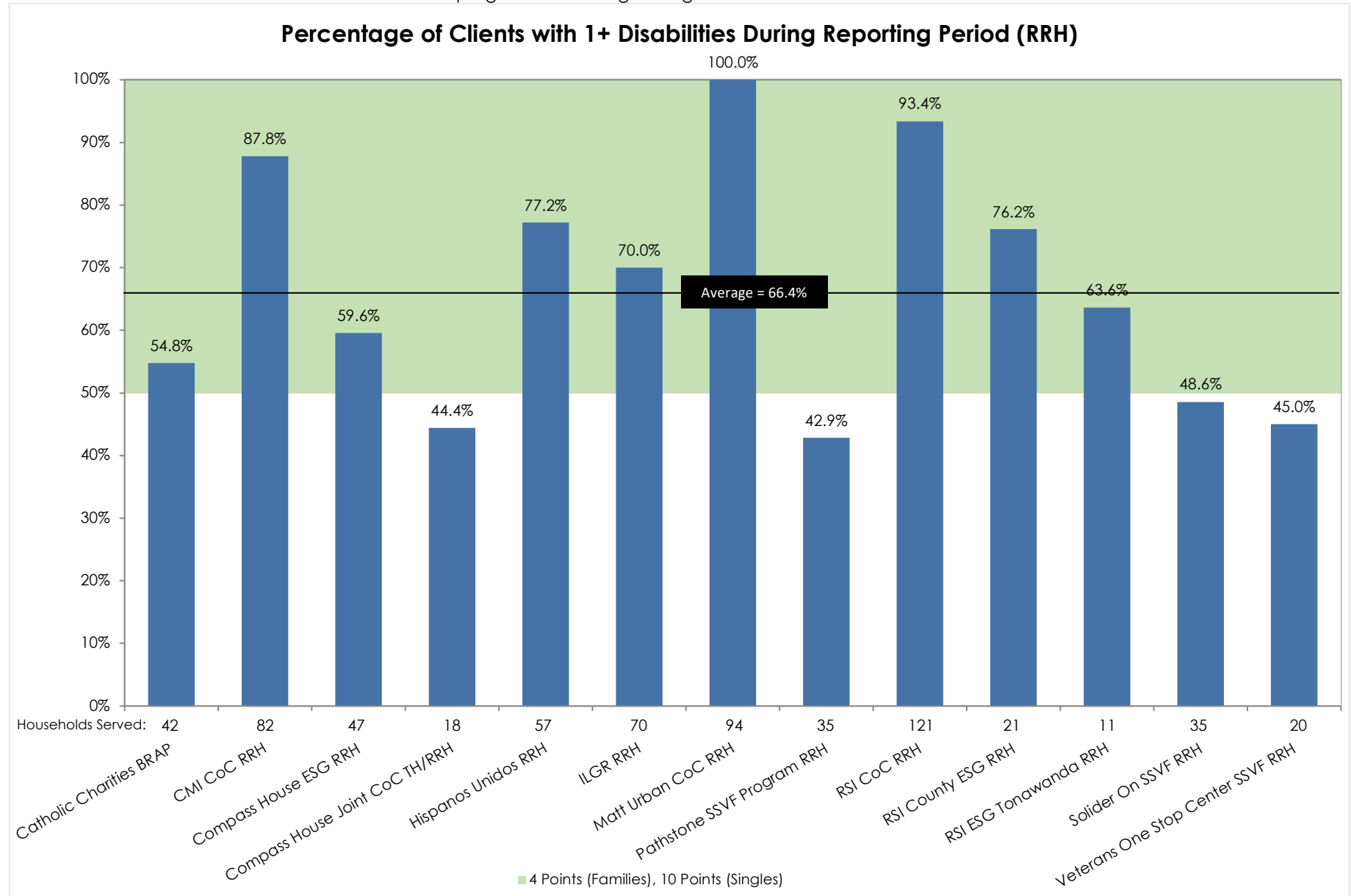
**Percentage of Households Served with Families of 5+**

For RRH programs that serve families, finding housing to accommodate larger households can be more difficult. This measure looks at the percentage of households served that have 5 or more members.



## Percentage of Clients with Disabilities

As program entry criteria, RRH is not required to have a disabling condition. However, many of our clients with higher barriers have one or more disabling condition. This measure is to demonstrate that these programs are taking the highest need clients.

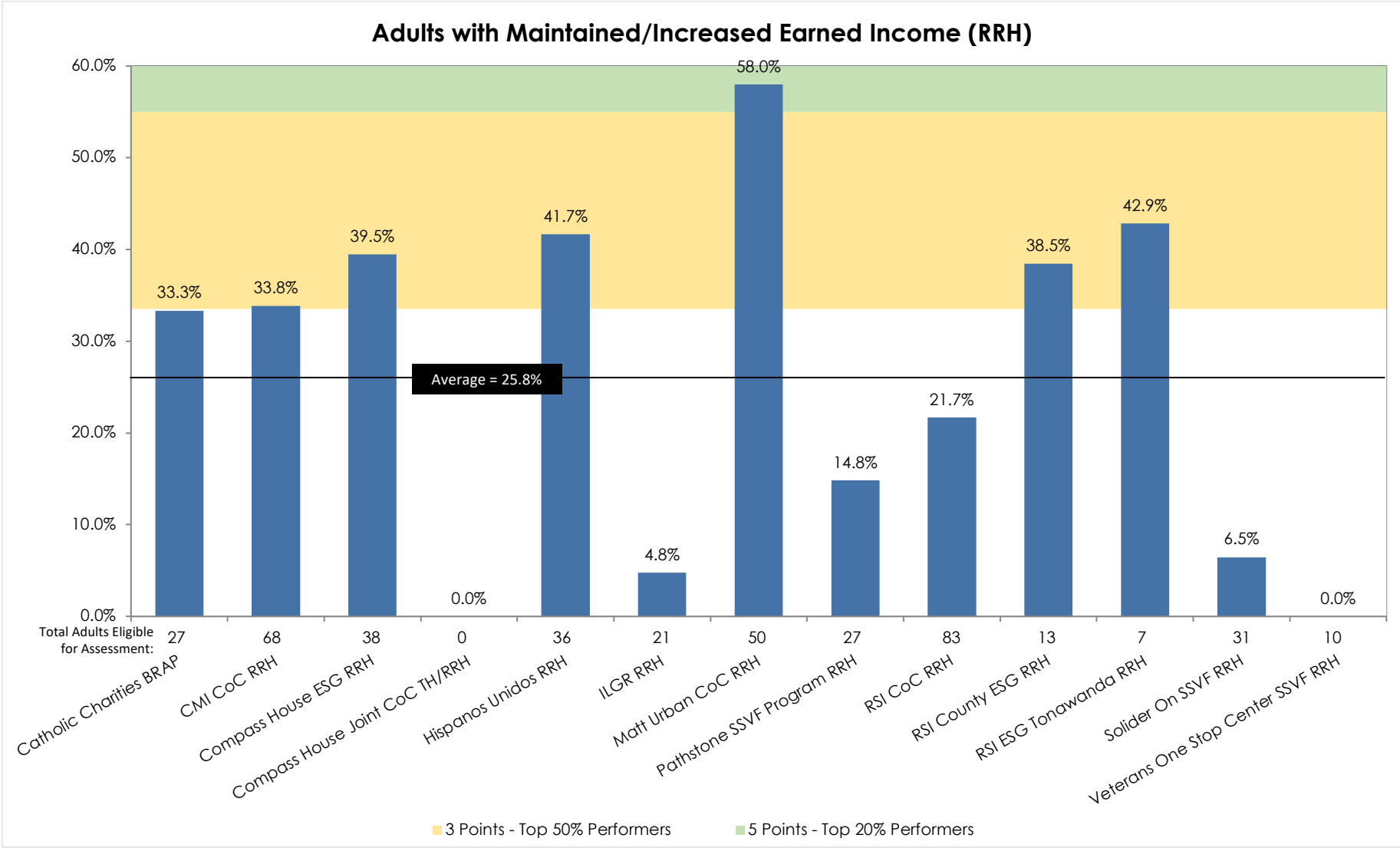


### Income Measures

All income measures only include adults that have exited or been in the program for longer than one year, with an annual assessment completed in the +/- 30 day window. Income is measured from client entry into the program to either the latest annual assessment or exit.

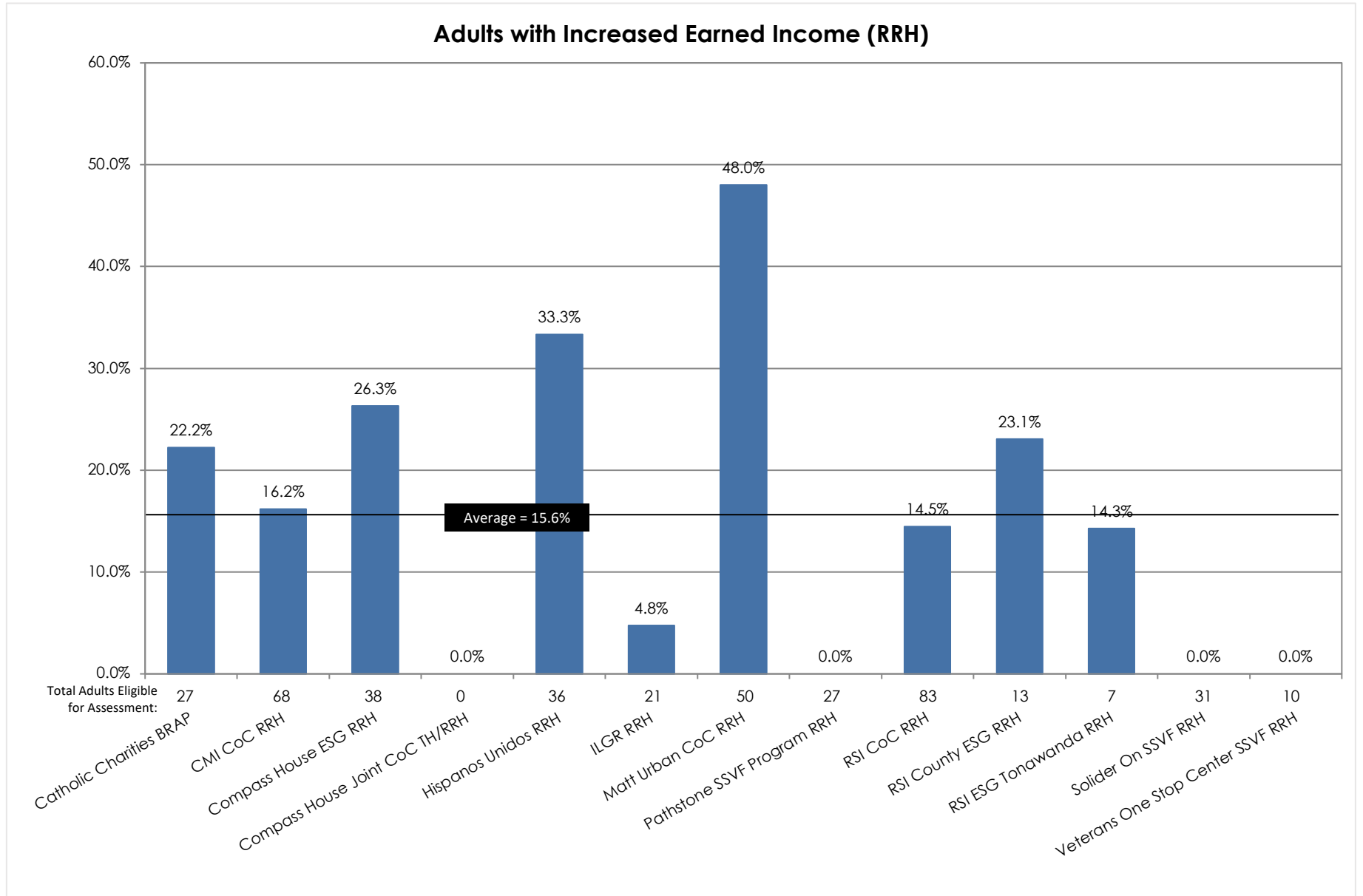
#### Maintained or Increased Earned Income for RRH Participants

This measure includes those adults that have maintained employment and those who have maintained or gained employment and increased their amount of earned income. The benchmark for this measure is locally determined as 20%, which is also the HUD benchmark.



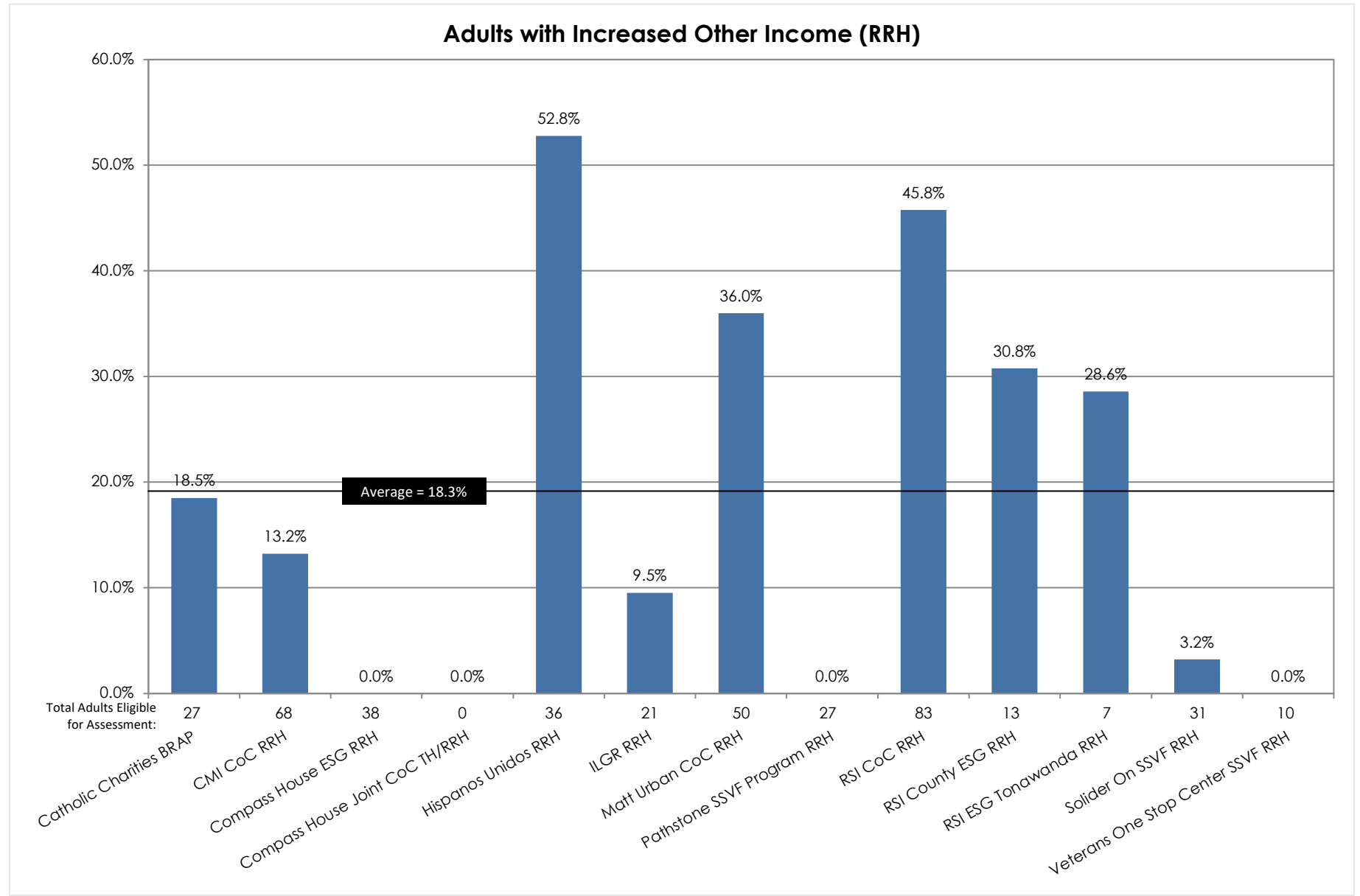
## Increased Earned Income for RRH Participants

This measure includes those adults who have either gained employment or received a raise in their earned income. The benchmark for this measure is locally determined as 20%.



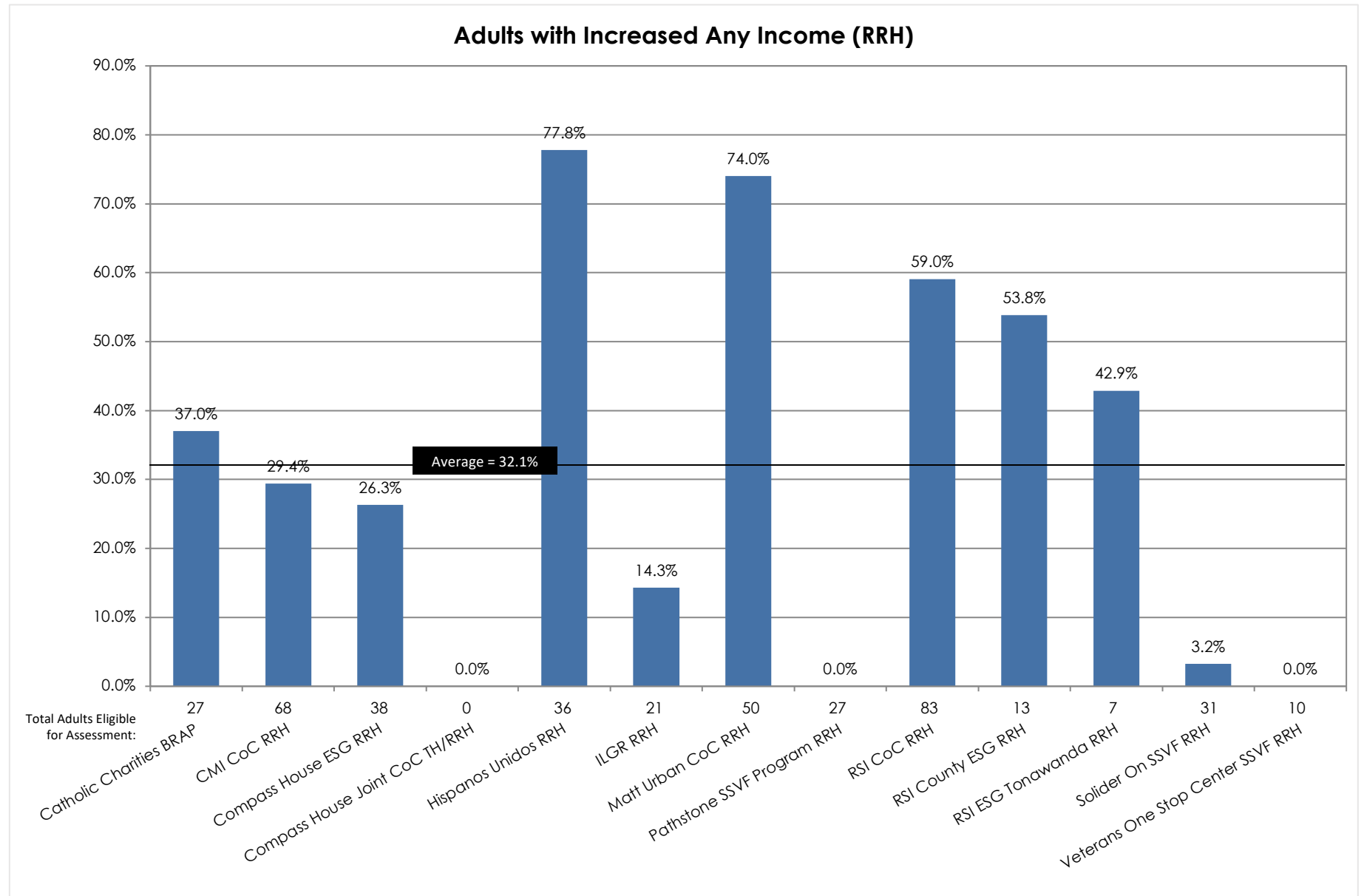
## Increased Other Income for RRH Participants

This measure includes those adults who have increased their income (e.g. SSI, SSDI, PA, TANF etc.), excluding employment income.



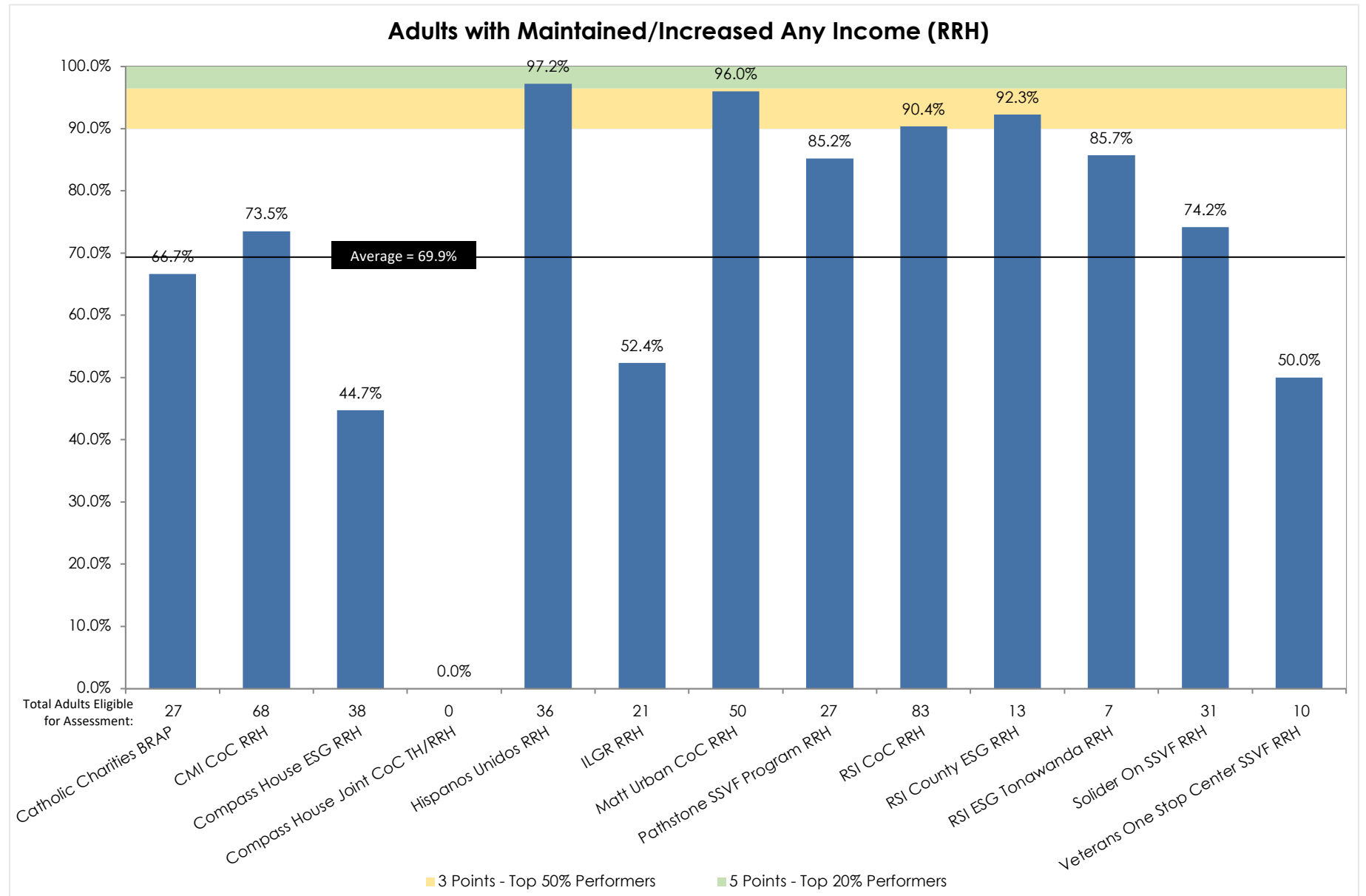
## Increased Any Income for RRH Participants

This measure includes those adults who have increased their cash income from any source, including earned income and benefits (e.g. SSI, SSDI, PA, TANF etc.).



## Maintained/Increased Any Income for RRH Participants

This measure includes those adults who have increased or retained their cash income from any source, including earned income and benefits (e.g. SSI, SSDI, PA, TANF etc.).



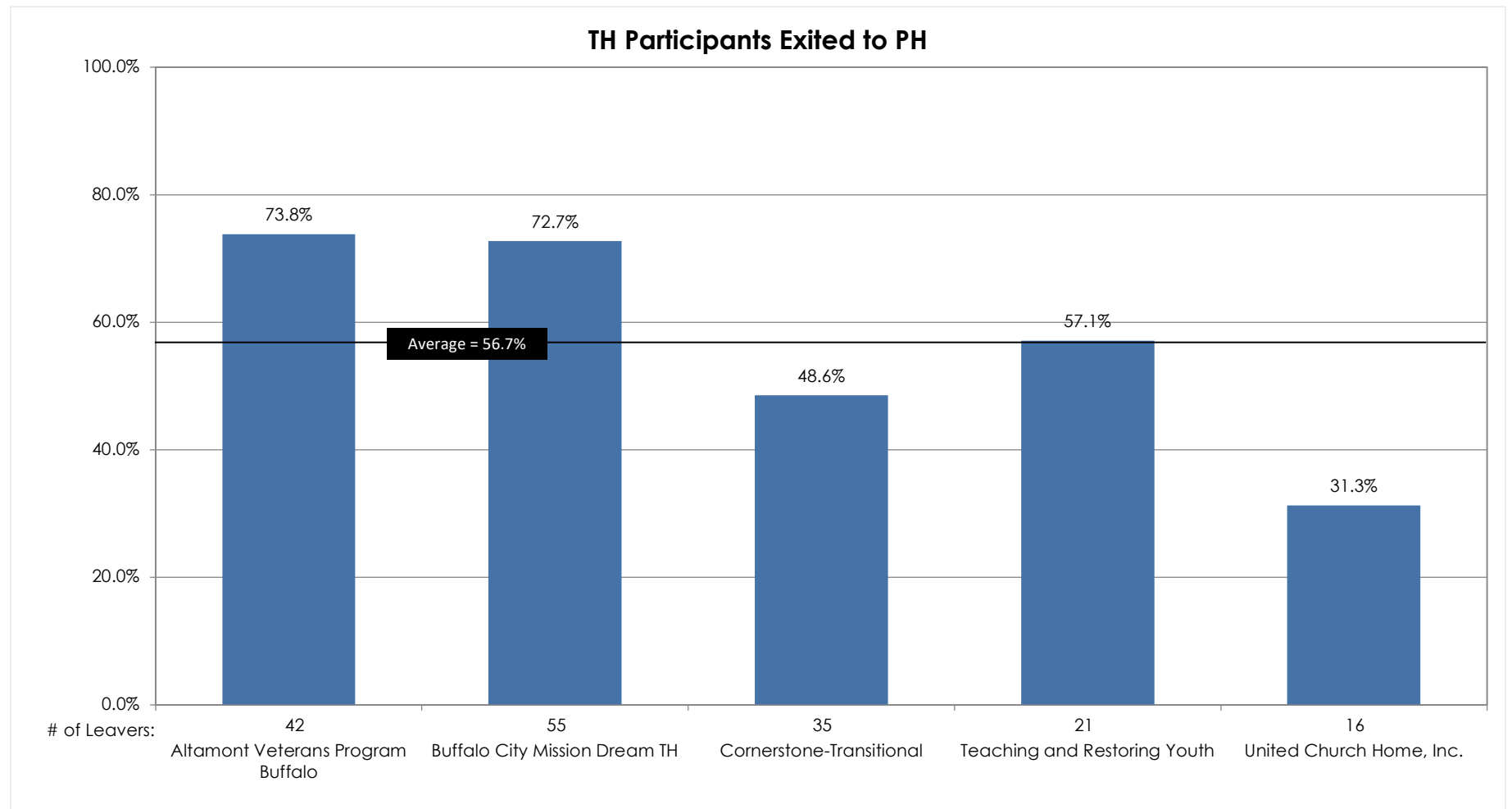
## Transitional Housing Providers

### Housing Measures

All charts measuring exits exclude people who passed away during the program stay, those who went to foster care, hospitals or other residential non-psychiatric facilities, long term care facilities or nursing homes. The # of program leavers is included in some of the charts to show the total number of exits from each program.

### Exit to Permanent Housing (PH) Destinations

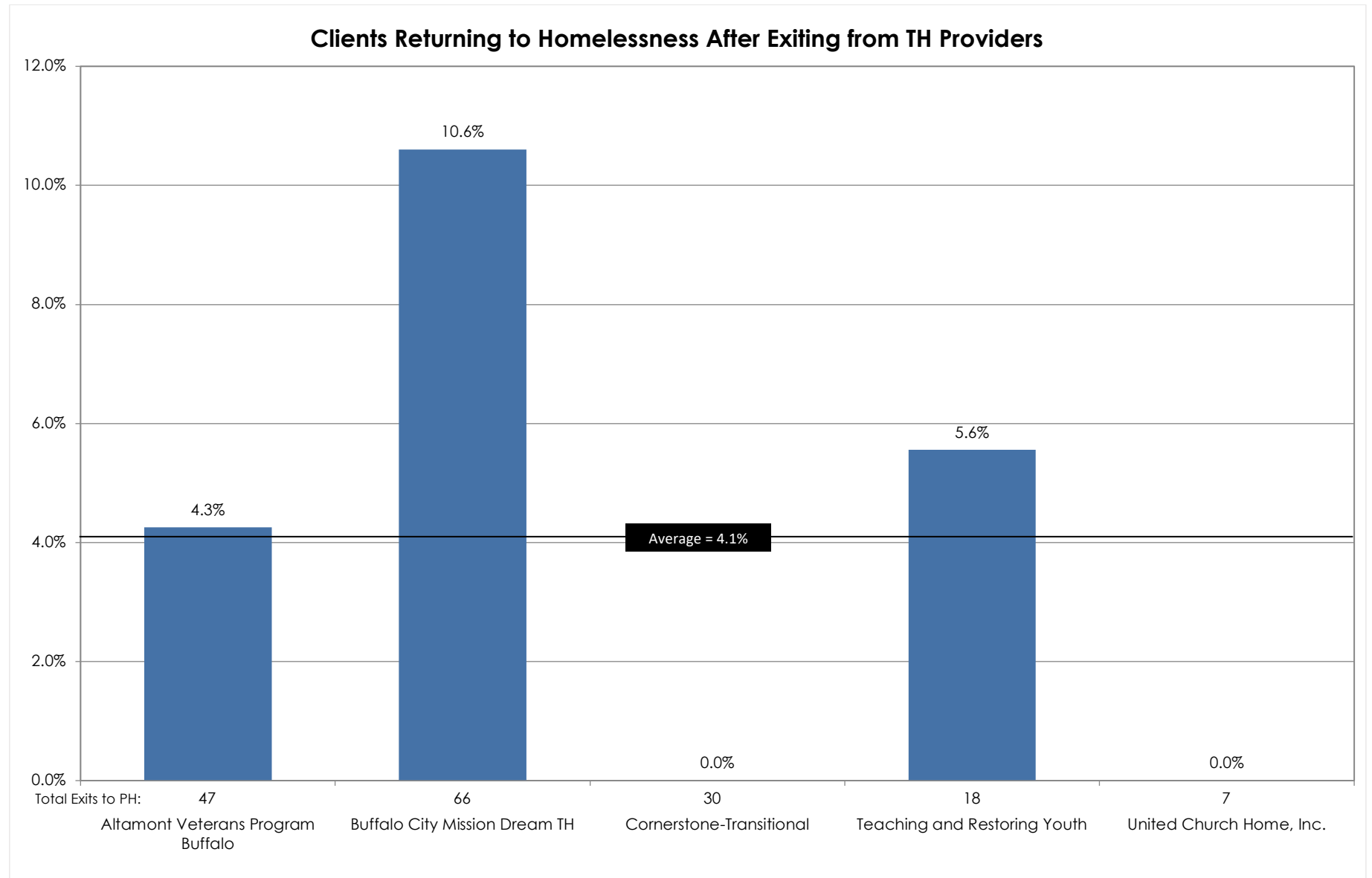
This measure includes only those who left the program and exited to permanent housing destinations, excluding people who passed away during the program stay, those who went to foster care, hospitals or other residential non-psychiatric facilities, long term care facilities or nursing homes. The benchmark for TH programs is the national benchmark of 80%.





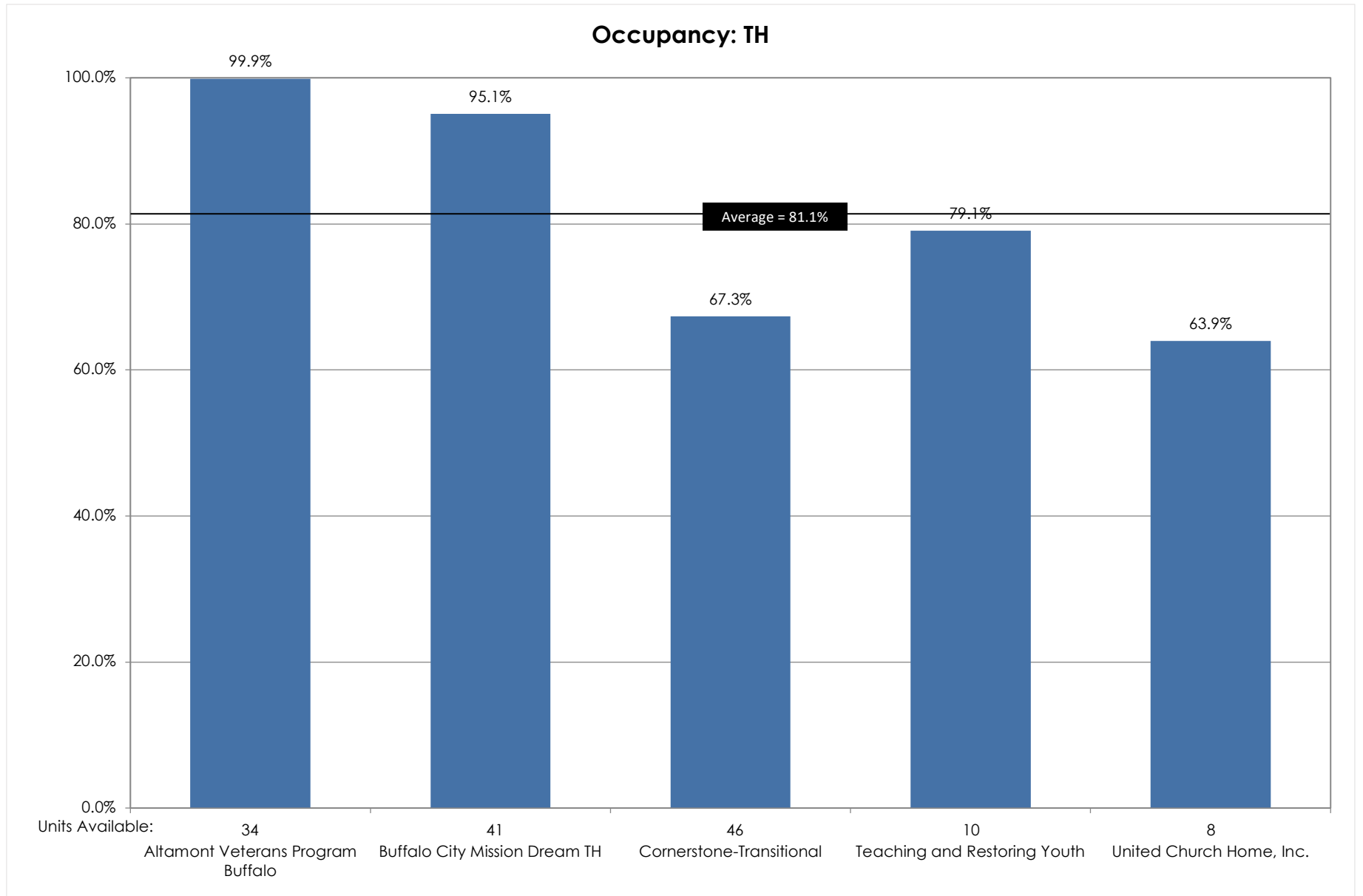
## Returns to Homelessness

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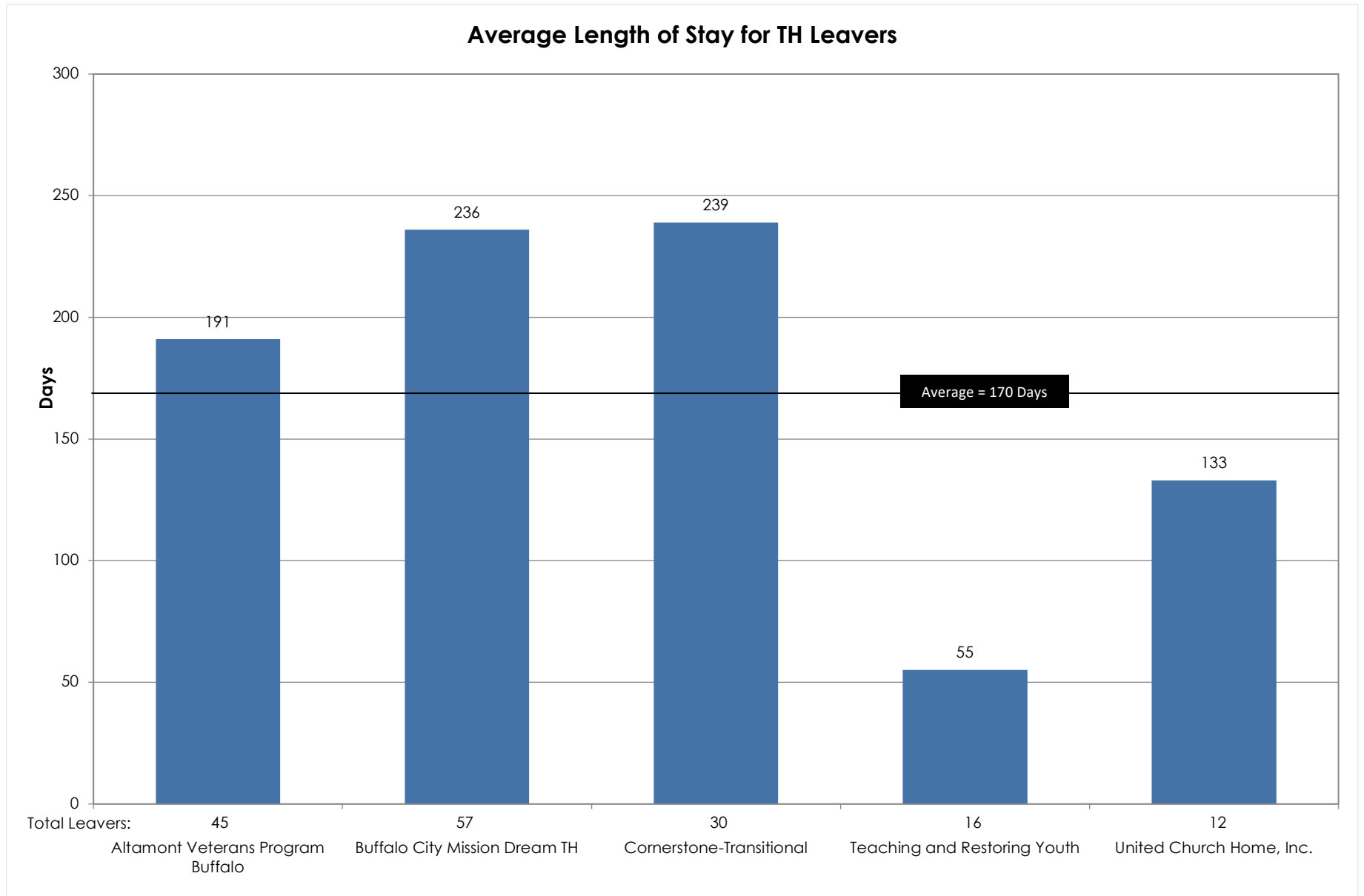
## Occupancy Rate

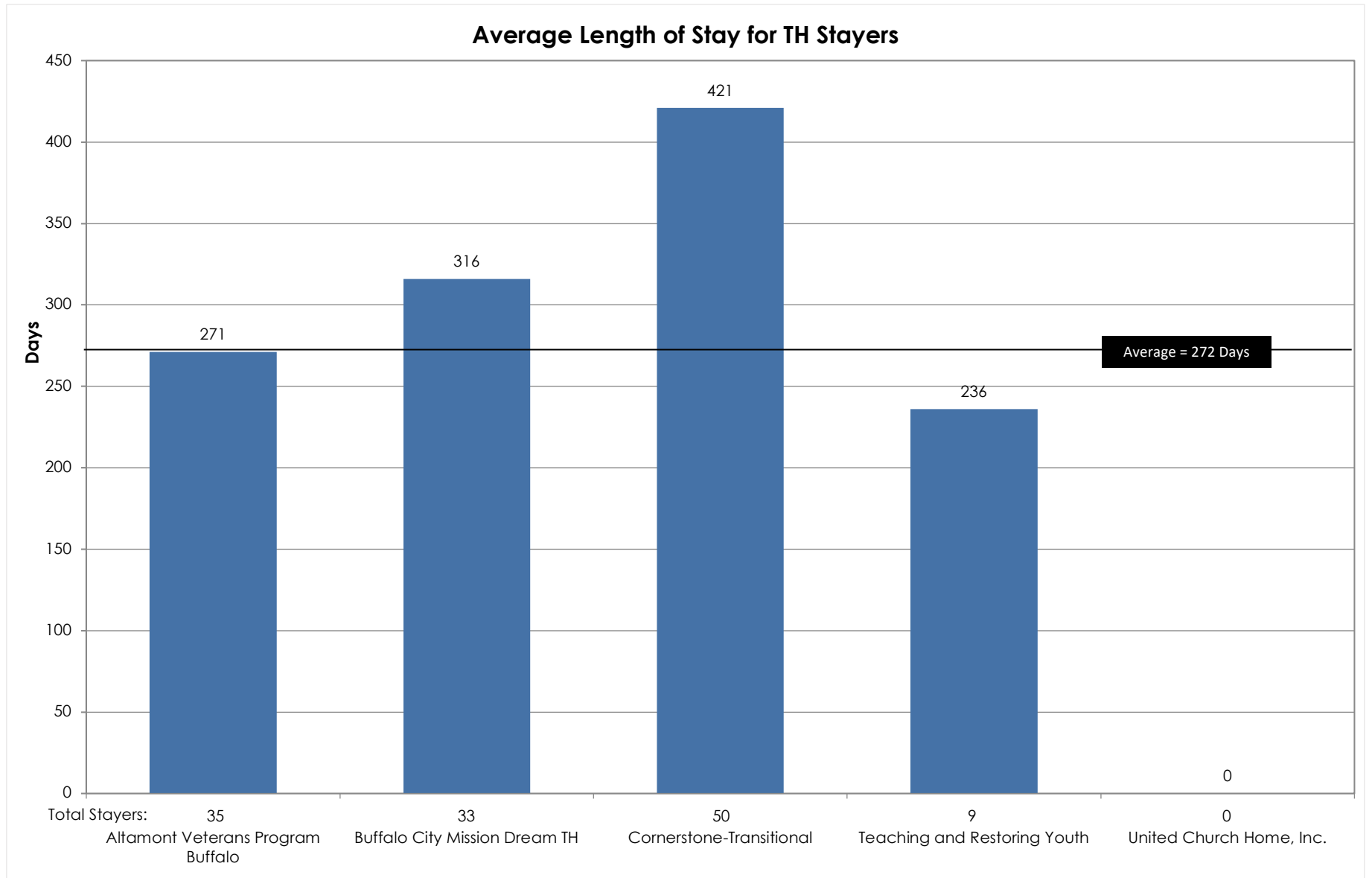
The occupancy rate is measured by calculating how many individuals are in each program each night during the reporting period (4/1/2019-3/31/2020) and using the program # of units.



### Length of Time Person Remains Homeless

The HUD goal is to reduce the length of time a person experiences homelessness. HUD system measurements are based on the length of stay at Transitional Housing.





Transitional Housing significantly lengthens a person's time being homeless. Permanent housing interventions, like Permanent Supportive Housing or Rapid Rehousing, are proven to be more cost effective and more effective in shortening a client's homeless experience and providing them a permanent home (U.S. Department of Housing and Urban Development, *Family Options Study—Long-Term Impacts of Housing and Services Interventions for Homeless Families*, October 2016).

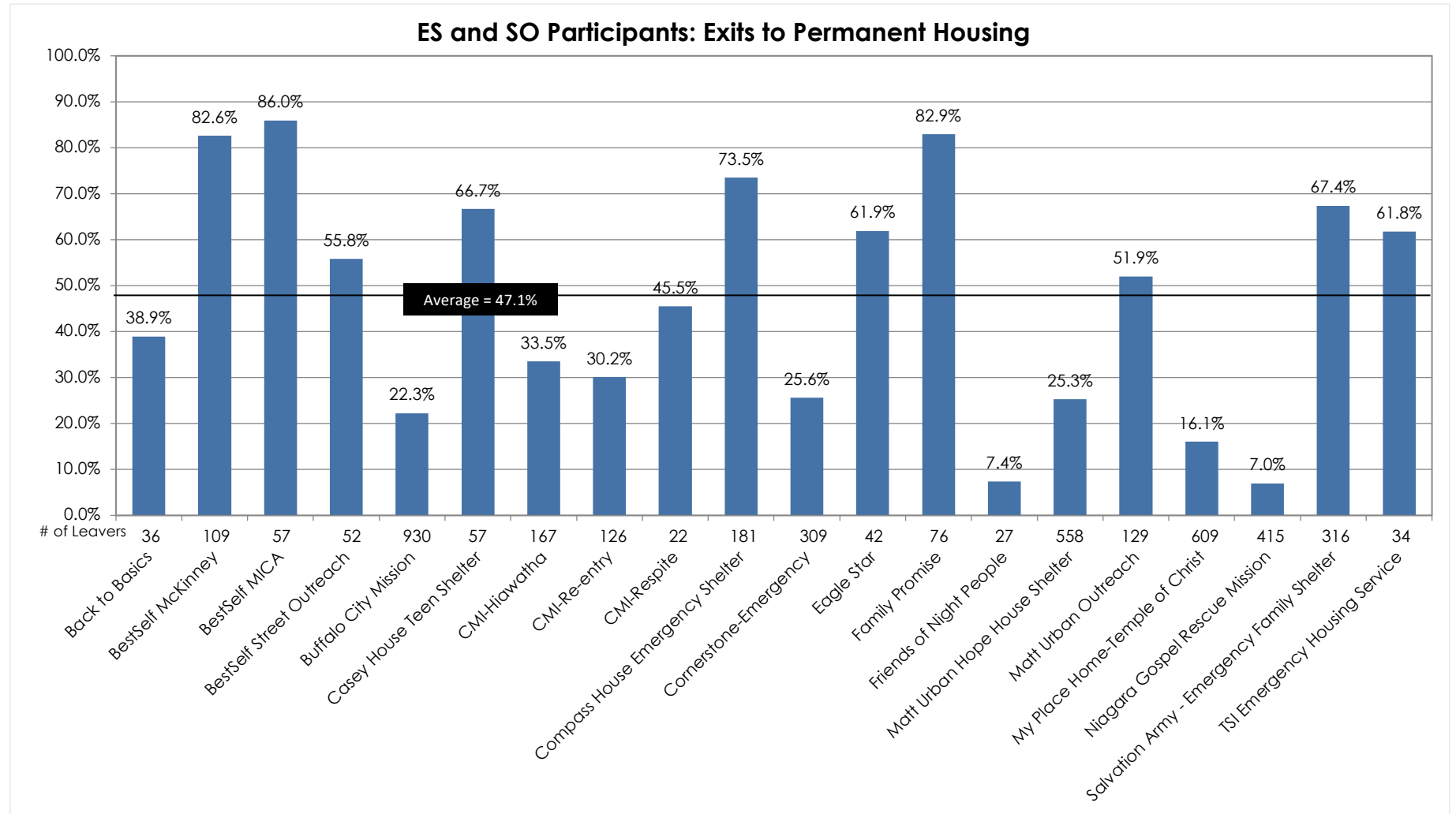
## Emergency Shelter and Street Outreach Providers

### Housing Measures

All charts measuring exits exclude people who passed away during the program stay, those who went to foster care, hospitals or other residential non-psychiatric facilities, long term care facilities or nursing homes. The # of program leavers is included in some of the charts to show the total number of exits from each program.

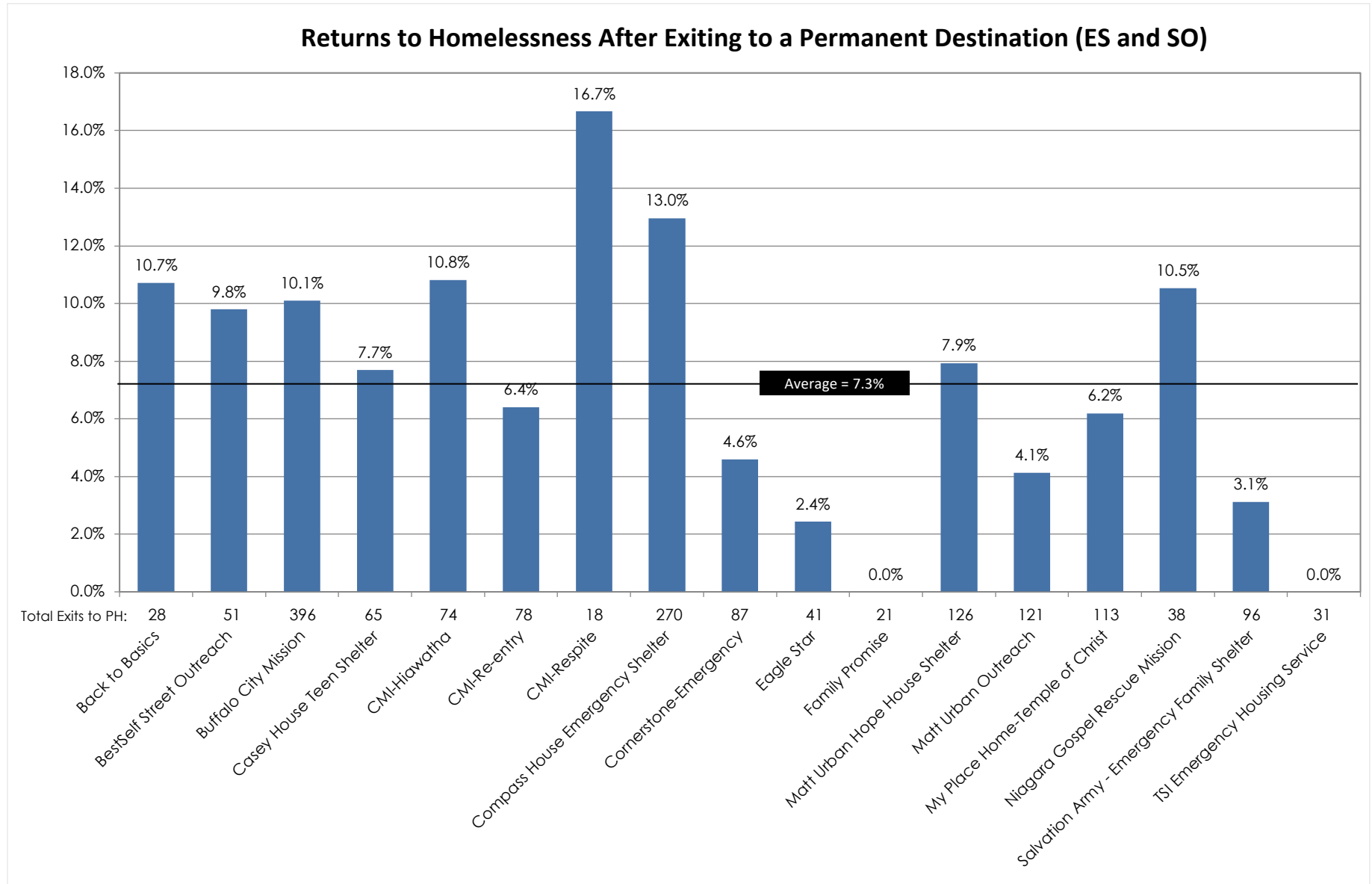
### Exit to Permanent Housing (PH) Destinations

This measure includes only those who left the program and exited to permanent housing destinations, excluding people who passed away during the program stay, those who went to foster care, hospitals or other residential non-psychiatric facilities, long term care facilities or nursing homes.



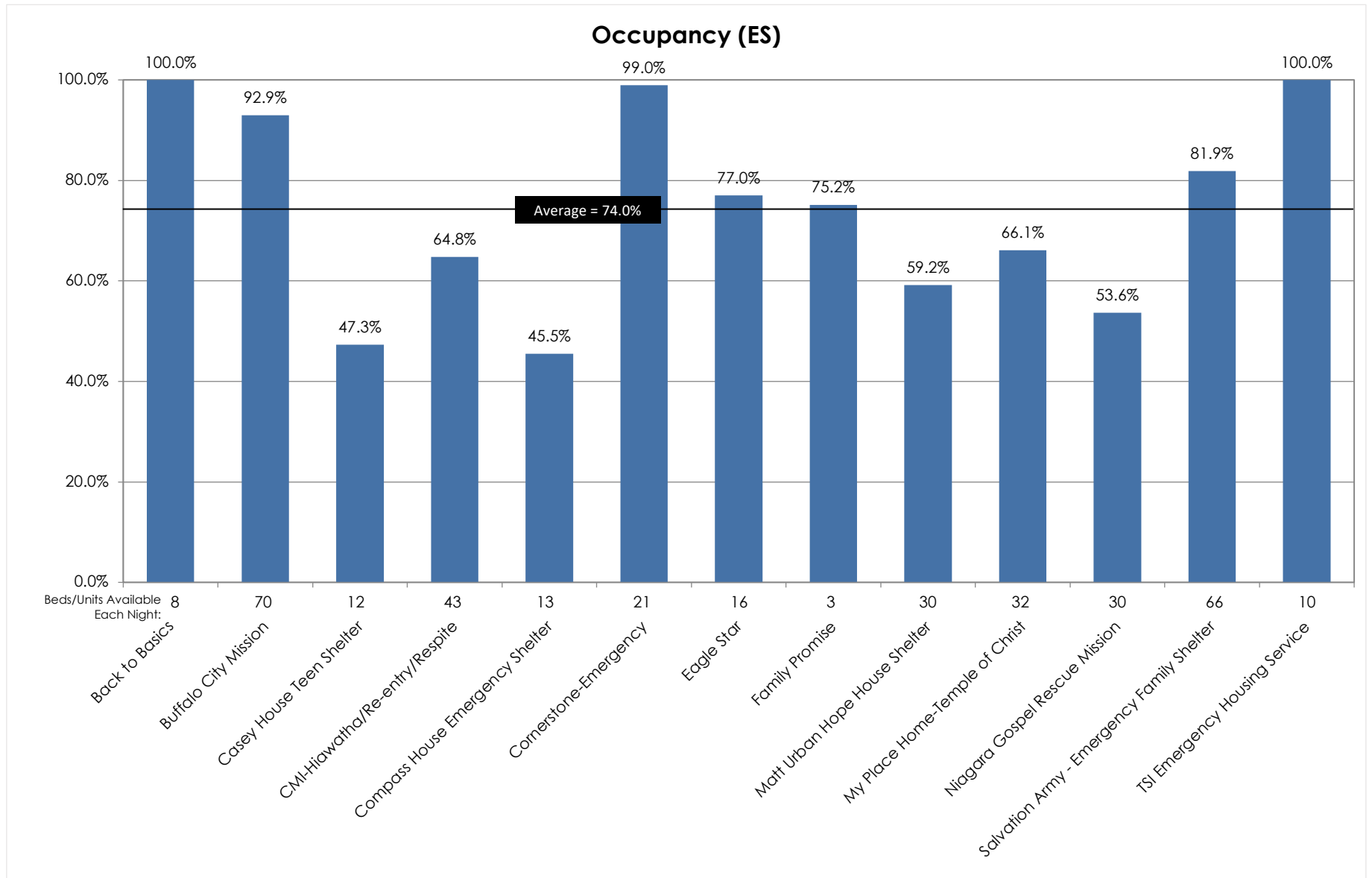
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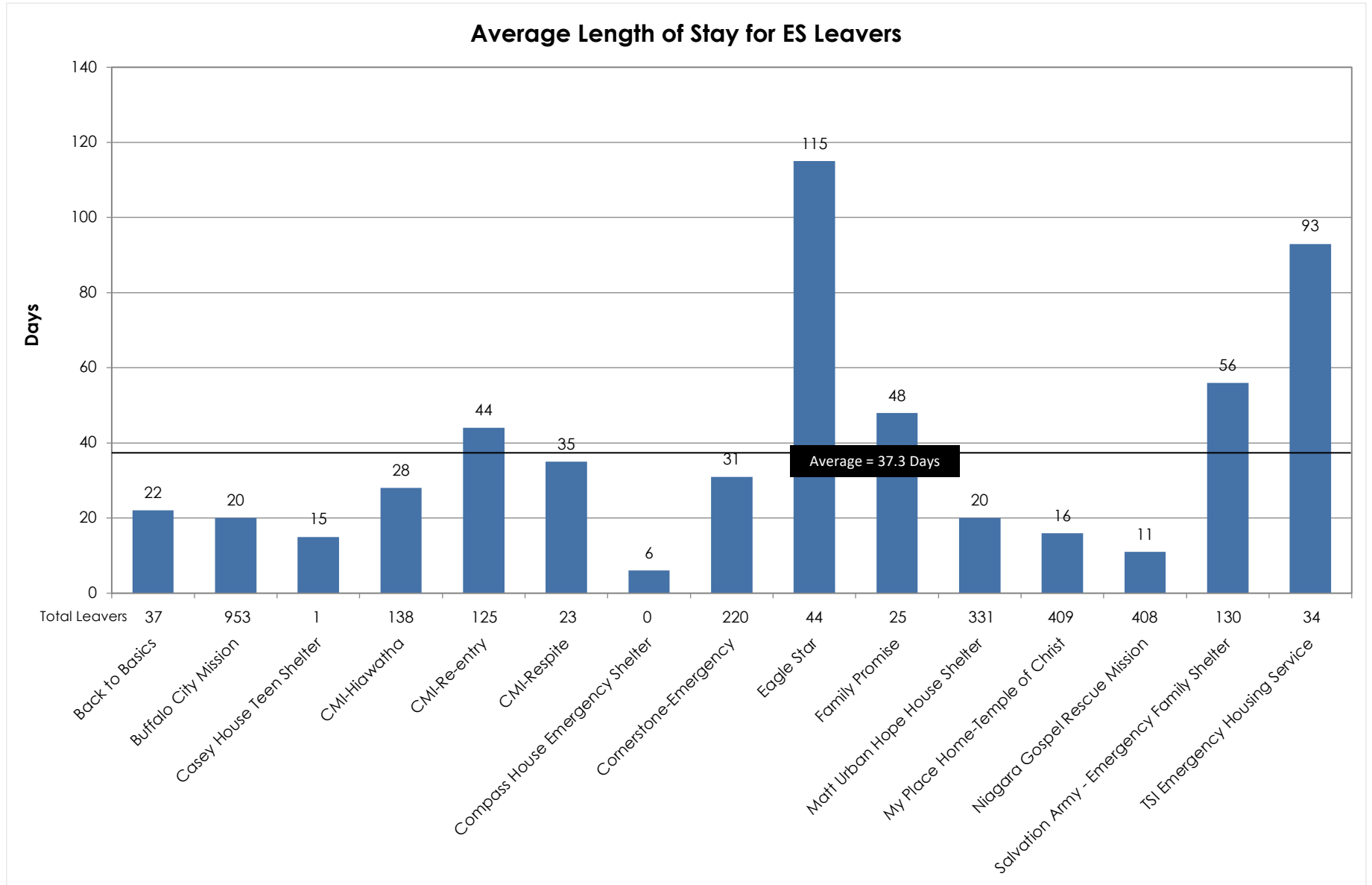
## Occupancy Rate

The occupancy rate is measured by calculating how many individuals are in each program each night during the reporting period (4/1/2019-3/31/2020) and using the program # of units.



## Average Length of Time Person Remains Homeless

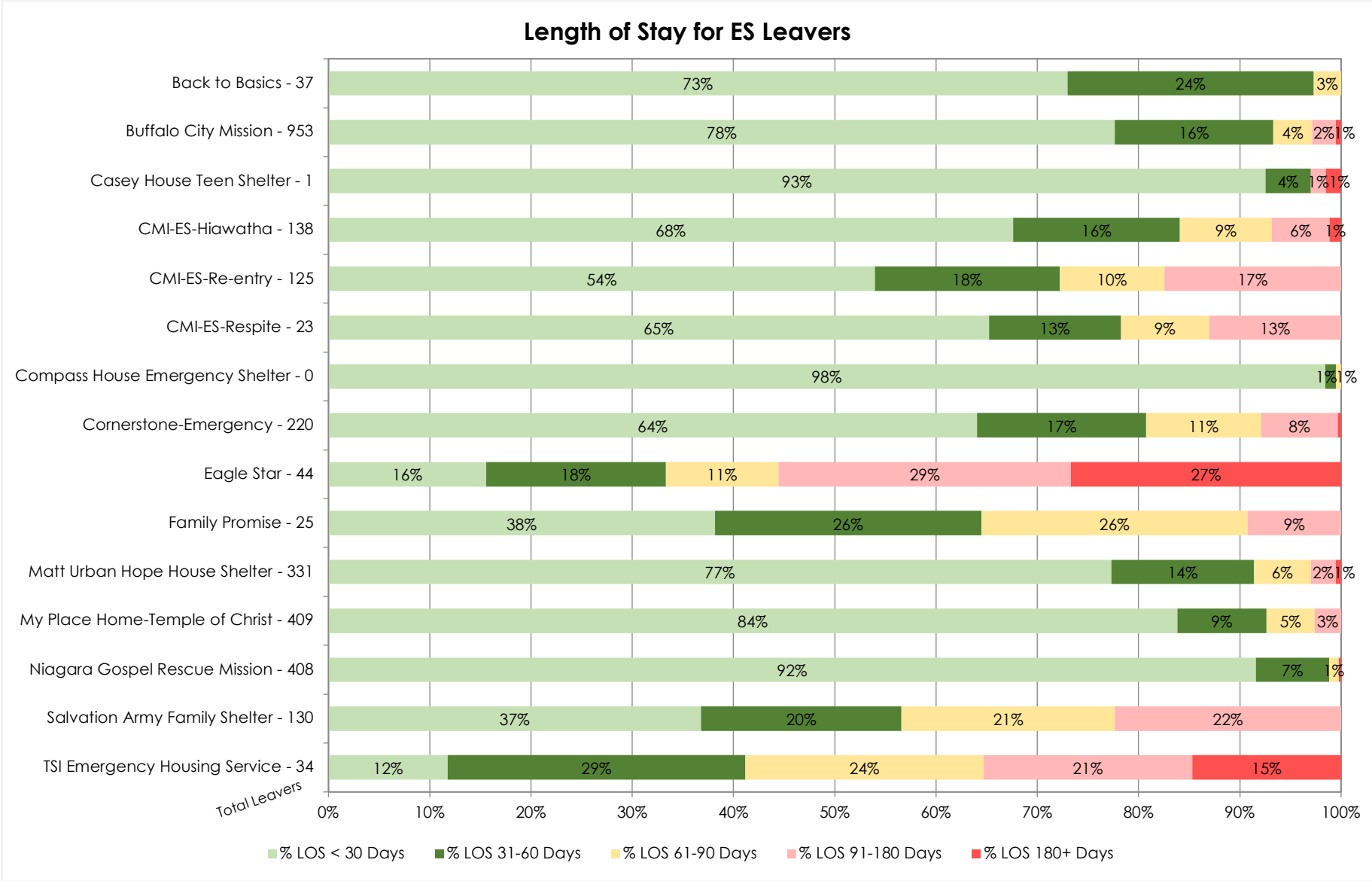
The HUD goal is to reduce the length of time a person experiences homelessness. HUD system measurements are based on the length of stay at Emergency Shelters.



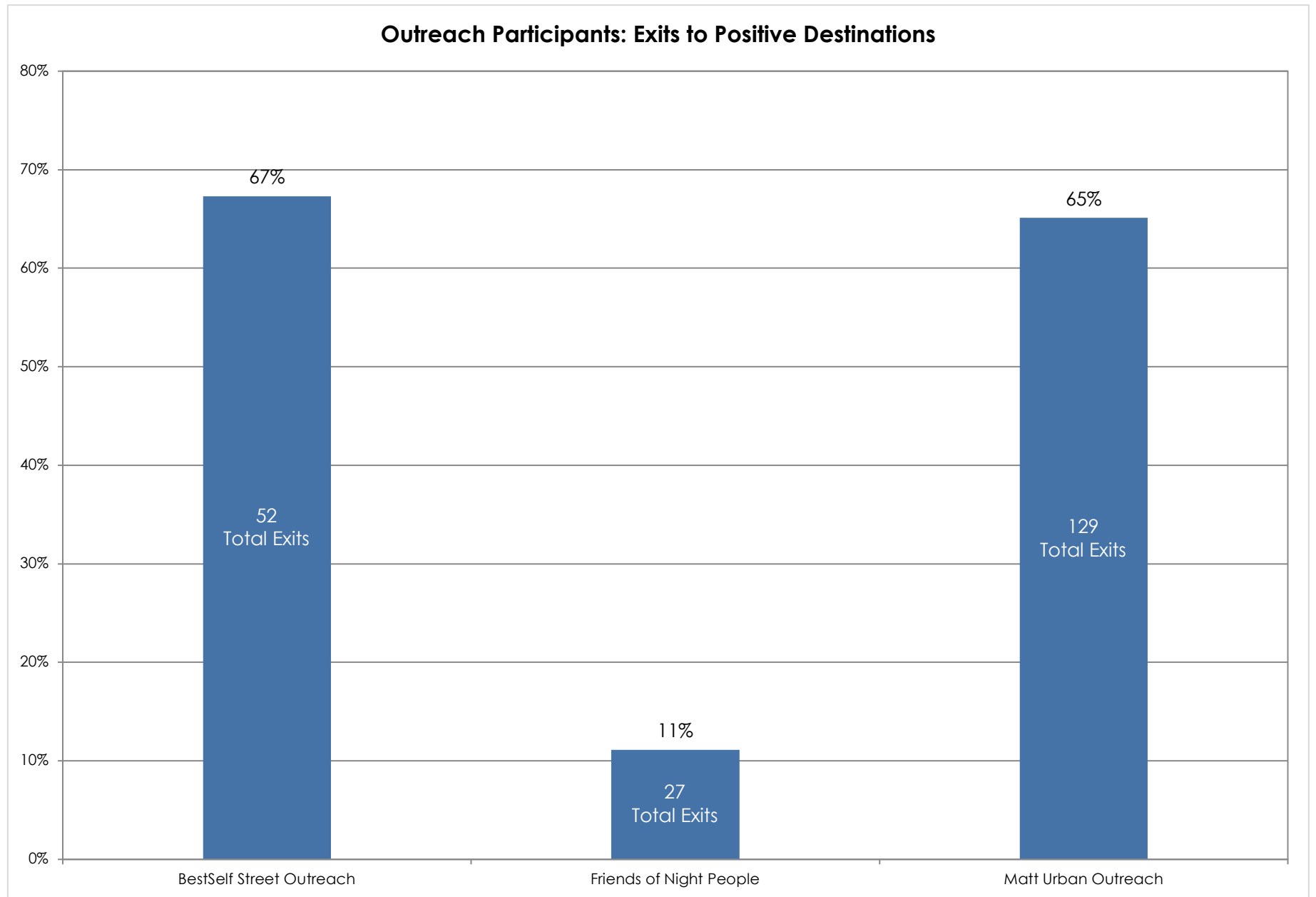


### Length of Stay for all Leavers

The chart above showed the average length of stay in shelter for clients who leave, whereas this chart details how long all clients are staying in each of the shelters.



## Exit to Positive Destinations (Outreach Only)



## Providers in This Report

PSH & SH	TH	ES & SO	RRH
BestSelf Chronic Homeless Program	Altamont Veterans Program Buffalo	Back to Basics	Catholic Charities BRAP
BestSelf CoC I	Buffalo City Mission Dream TH	BestSelf McKinney	CMI CoC RRH
BestSelf Harambe House	Cornerstone-Transitional	BestSelf MICA	Compass House CoC Joint TH/RRH
Cazenovia Chronic Homeless Program	Teaching and Restoring Youth	BestSelf Street Outreach	Compass House ESG RRH
Cazenovia Niagara Falls S+C	United Church Home, Inc.	Buffalo City Mission	Hispanos Unidos Rapid Rehousing
Evergreen Housing First		Casey House Teen Shelter	ILGR RRH
Gerard Place PSH for Families		CMI-Hiawatha	Matt Urban CoC RRH
LOD CoC I		CMI-Re-entry	Pathstone SSVF Program RRH
LOD CoC III		CMI-Respite	Restoration Society CoC RRH
Matt Urban Hope Gardens		Compass House Emergency Shelter	Restoration Society County ESG RRH
Matt Urban Housing First		Cornerstone-Emergency	Restoration Society ESG Tonawanda RRH
Restoration Society CoC II		Eagle Star	Soldier On SSVF RRH
Spectrum Chronically Homeless PSH I		Family Promise	Veterans One Stop Center SSVF RRH
Spectrum CoC II		Friends of Night People	
TSI CoC I		Matt Urban Hope House Shelter	
TSI CoC II		Matt Urban Outreach	
WNY Veterans Housing Coalition S+C VI		My Place Home-Temple of Christ	
		Niagara Gospel Rescue Mission	
		Salvation Army - Emergency Family Shelter	
		TSI Emergency Housing Service	