

Albany County Ten-Year Plan to End Homelessness



Prepared by

The Albany County Ten Year Plan Executive Committee
with Staff Support by CARES, Inc.

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INTRODUCTION

Those of us involved in developing the Plan to End Homelessness have found ourselves having to grapple with our own stereotypes and easy assumptions. We have had to avoid the temptation to speak of “the homeless”, the tendency to make an adjective into a noun that is used as a catch-all phrase to lump together many different kinds of people who come from very divergent circumstances. What we have learned is that the term “homeless” only describes the fact of not having a place to live, and cannot be used to categorize the characteristics and needs of the far too many Albany County residents who are in need of our assistance.

Having learned about our own inclination to have a one-dimensional view of homelessness, we caution the reader not to succumb to the same temptation. It is far too easy to assume that all homeless persons are the disheveled, disoriented persons that we see living on the street (and easier yet to dismiss them as somehow not being like us or worthy of our concern). It is difficult to remember that homeless persons in Albany County remain largely hidden from view, in emergency shelters and motels, where we are not aware of their presence. It is difficult to remember that homelessness occurs in rural areas as well as urban ones. It is hard to recognize that the fastest growing population of homeless persons in Albany County is those living in families, often squeezed out of their housing by a booming real estate market. It is tempting to forget the major role that domestic violence plays in creating homelessness, and just how prevalent it is among all homeless individuals and families, not only those seeking shelter and services from domestic violence providers. It is hard to acknowledge the increasing number of youth ages thirteen to twenty-one (13-21) who have become homeless due to their parents’ unwillingness or inability to care for them.

Even though it is difficult to move beyond our simplistic view of homelessness, we must, or we will not be able to end it. We cannot satisfy ourselves by identifying a single root cause, such as poverty, the breakdown of familial supports, domestic violence, substance abuse, mental illness, or even the lack of sufficient low-income housing units, although they are all contributing factors. In our year-long effort to develop this Plan, those of us who have worked on it have come to know just how complex an issue homelessness is, and to appreciate the range of resources and strategies that are needed to end it. Therefore, the Plan contains multiple strategies for addressing the needs of a variety of different subpopulations of homeless individuals and families.

We have also found ourselves having to grapple with our own resistance to honestly looking at the impact of homelessness on the larger community. Especially for those who work with homeless individuals and families on a daily basis, it is difficult to non-defensively listen to the concerns of employers for whom the presence of chronically homeless persons outside of their places of business has deterred potential customers and reduced sales. For those who know first-hand the suffering and discrimination experienced by homeless persons, it has been quite challenging to genuinely hear the concerns of homeowners and neighborhood associations about congregate housing programs and their fears that they might reduce property values or feelings of safety.

Finally, it has been difficult to look at the reality of the increased costs to Albany County caused by homelessness: costs for emergency and transitional housing, law enforcement, substance abuse and mental health treatment costs, emergency services personnel and hospital emergency rooms. However, this examination of the toll that homelessness takes on the entire community has convinced us even more that ending homelessness will increase the quality of life, not only for those who otherwise would have been without housing and supports, but for the entire community as well.

Despite having experienced first-hand the complexity of the problem of homelessness, we who developed Albany County's Plan to End Homelessness are even more committed to ending it. Just as we were able to collaboratively use our various insights and experiences in creating the Plan, we are confident that, with the participation of all sectors of the community, we will be able to work together to end homelessness in Albany County.

Definition of Terms

Throughout this document, terms have been used that may be unfamiliar to those who are not part of the existing housing and service delivery system for homeless individuals and families. Even among those who work within this system, terms have varying meanings. For example, the definition of “homelessness” differs among the federal and New York State agencies that fund programs that serve this population. The following definitions are used for the purposes of clarifying the meaning of the terms used in the plan.

Chronic Homelessness: In this document, the definition provided by the U. S. Department of Housing and Urban Development (HUD) has been used. The HUD definition of a chronically homeless person is “ an unaccompanied single adult with a disabling condition who has been continuously homeless for one year or who has experienced four or more episodes of homelessness within the last three years.” Please note that this definition excludes families and homeless youth, even though many families and persons under the age of 18 may have experienced similar long-term homelessness. While the following plan addresses the needs of families and youth who have experienced long-term homelessness, only single adults with disabling conditions are discussed under the section that specifically addresses chronic homelessness.

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.

Homelessness: This plan uses the HUD definition of homelessness, which is as follows:

- sleeping on the streets or places not meant for human habitation;
- sleeping in an emergency shelter (or a motel room funded as emergency housing);
- living in transitional housing after having been on the streets or in emergency shelter;
- staying for a period of up to 30 days in a hospital or other institution after having been on the street or in emergency shelter;
- being threatened with an eviction within one week from a private dwelling unit;
- or being discharged within one week from an institution in which the resident has been a resident more than 30 days and no appropriate housing has been identified.

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.

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

“Housing First” Model: A model that is focused on securing permanent housing, coupled with intensive supportive and treatment services, as quickly as possible for individuals and families after they have become homeless. 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”. 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. Studies indicate that most program participants eventually do agree to accept supportive and treatment services when allowed to access them according to their own timetable.

Low-Income Housing: Housing that is affordable to those who are at or below 30% of the median income for the area in which they live. This is housing for very impoverished persons, many of whom are reliant on Supplemental Security Income (SSI) or temporary assistance through the Department of Social Services as their only income.

Permanent Housing: Housing that can be occupied for an indefinite period, as long as the tenant complies with lease requirements. One type of permanent housing is *permanent supportive housing*, which is permanent housing accompanied by ongoing supportive and treatment services. Many persons with disabilities require permanent supportive housing in order to remain stably housed.

Poverty: 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.

Public Housing: Housing, usually operated by public housing authorities, established to provide decent and safe rental units for eligible low-income families, the elderly, and persons with disabilities. Public housing comes in all sizes and types, from scattered single-family houses to high-rise apartments for elderly families.

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 Enterprise: Any earned-income business or strategy undertaken by a nonprofit to generate revenue in support of its charitable mission. "Earned income" consists of payments received in direct exchange for a product, service or privilege. Social enterprises commonly serve as a place of employment for consumers receiving supportive services from the not-for-profit agency.

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.

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.

THE CURRENT SITUATION

In order to create a plan for ending homelessness in Albany County, it is important to understand the current situation. A Homeless Management Information System (HMIS) has recently been implemented, which, over time, will provide a reliable, unduplicated count of homeless individuals and families in Albany County, and will also identify essential demographic information. In the meantime, the best source of data is from Homeless and Travelers Aid Society of the Capital District (HATAS), which coordinates a centralized intake system for emergency shelters in Albany County. HATAS estimates that it has been able to capture data regarding approximately 80% of homeless individuals and families who seek emergency shelter. In 2004, HATAS identified 2,498 new episodes of homelessness, including 510 families and teen parents and 1,988 single adults and unaccompanied adults. This is a total increase of 27% in new episodes of homelessness since 2000.

One of the homeless populations that is not fully accounted for in HATAS statistics are victims of domestic violence, for which there is a separate emergency shelter system. In 2004, a total of 445 Albany County women and 251 children were placed in domestic violence residential facilities. Of these, Equinox, Inc. served 124 women and 98 children. The year 2004 marked Equinox's highest occupancy rate in history.

Even though we do not currently have the level of detailed information that will be available once the HMIS is fully operational, there is sufficient data to indicate that homelessness is a major problem in Albany County. The following plan provides a roadmap for pulling together all sectors of the community to address this pressing concern.

SECTION I: BACKGROUND

Purpose

Localities throughout the United States have been fighting an uphill battle to reduce the number of homeless individuals and families. Despite the best efforts of federal, state, and local governments, as well as not-for-profit service providers, the number of homeless persons has reached an all-time high. Led by the National Alliance to End Homelessness and the President's Interagency Council on Homelessness, there has been a national movement to change both the vocabulary about "addressing" homelessness and the methods used to solve this problem. Cities and counties across the United States have been urged to develop creative and innovative strategies for ending, not just addressing, homelessness. Of particular concern is finding a way to stop chronic homelessness, defined by the US Department of Housing and Urban Development as homelessness experienced by single adults with disabling conditions that has lasted continuously for one year or has occurred four or more times during a three-year period. Research suggests that while chronically homeless individuals account for approximately 10% of local homeless populations, they consume as much as 50% of the resources. Therefore, communities have been urged by policymakers to focus on giving priority to strategies that are targeted toward ending chronic homelessness.

The purpose of developing a Plan to End Homelessness is to bring together all available community resources in order to achieve a common goal. Homelessness not only has substantial negative impacts on those experiencing it, but also is costly to local communities themselves. Numerous studies have cited the financial burden placed on law enforcement, emergency services personnel, hospital emergency rooms, and mental health crisis intervention teams in communities in which homeless individuals and families do not have access to adequate housing and support services. In addition, there is a perception that economic development may be affected by the presence of chronically homeless persons in downtowns and other business districts where their "panhandling" or other behaviors may discourage potential customers and visitors. Increasingly, communities throughout the country have recognized the toll that homelessness takes on all members of society, and have acknowledged that each community must develop its own plan for ending homelessness. While government agencies and service providers have worked wholeheartedly to address homelessness, they lack the resources and the public support needed to end it. Increasingly, localities have recognized the need to bring a wider variety of community leaders and policymakers together to find new and innovative solutions to this growing problem.

Albany County Planning Process

In the fall of 2004, a core group of concerned County and City government officials, as well as other members of the Albany County Coalition on Homelessness, recognized that there was a need 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. Realizing that the effectiveness of the Plan would be contingent upon the widest possible participation in the planning process, the group opted to include the business community, faith-based organizations, community groups, homeless and formerly homeless persons, and government and provider representatives in the planning process. CARES, Inc., a not-for-profit agency that has provided staff assistance to the Albany County Coalition on Homelessness since its inception in 1996, agreed to play a coordinating role 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. (Please see Attachment A.) Beginning in November of 2004, the Advisory Group met on a quarterly basis to guide and respond to the work of the Executive Committee and Working Committees, 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 the Working Committees and other research, oversee the writing of the plan, and develop the final draft of the document. (Please see Attachment B.)

In order to ensure that the needs of different homeless populations were incorporated into the plan, three Working Committees were formed. These consisted of the Chronically Homeless/Adult Homeless Working Committee, the Families with Children Working Committee, and the Runaway and Homeless Youth Working Committee. Each Working Committee had two Co-Chairs; one Co-Chair of each group served as a representative of the Working Committee on the Executive Committee, while the other was responsible for documenting research done by the committee and ensuring that it was submitted for incorporation into the plan. The role of the Working Committees was to identify the needs of their subpopulations, research methodologies for addressing these needs, and make recommendations to the Executive Committee about how these needs could best be met. The Working Committees initially met at least monthly, with meetings becoming less frequent as their input was incorporated into the work of the Executive Committee. (Please see Attachment C.)

Three focus groups were held with homeless consumers. A focus group with heads of homeless families was conducted at Marillac Shelter. Homeless single adults participated in a focus group held at Interfaith Partnership for the Homeless shelter, and

a youth focus group was conducted at Equinox, Inc.'s emergency shelter for homeless and runaway youth.

Midway into the planning process, it became clear that there was a need for Advisory Committee, Executive Committee, and Working Committee members to step back from their specific tasks and to collectively look at the "big picture". Therefore, all of these committee members as well as other interested members of the community were invited to attend a one-half day "Participatory Conference" to consider issues that cut across subpopulations. These issues included prevention services, outreach services, shelter and housing, mental health and substance abuse issues, employment services, utilization of mainstream resources, and discharge planning challenges.

The Executive Committee then incorporated the findings from the Working Committees, focus groups, the Participatory Conference, and staff research into a draft of the Plan to End Homelessness that was presented to the Advisory Committee at its September 2005 meeting. The Advisory Committee suggested edits to the draft, and then it was circulated for further comments among all of those who had participated in the planning process. The Executive Committee then finalized the plan at its October 2005 meeting.

Identification of Existing Resources

Any effective Plan to End Homelessness must take into consideration the existing resources within the community. Albany County has been fortunate in having an entire continuum of housing and supportive services available to homeless individuals and families. The continuum includes homelessness prevention services for both individuals and families; street outreach to chronically homeless persons, veterans, and runaway and homeless youth; emergency shelters for single individuals, families, victims of domestic violence, and runaway and homeless youth; transitional housing for veterans, victims of domestic violence, runaway and homeless youth, persons with mental illness, persons with histories of chronic substance abuse and/or persons with HIV/AIDS; and permanent supportive housing for homeless individuals and families with disabilities, such as mental illness, substance abuse and/or HIV/AIDS. Albany County also has a 30-bed "low-demand" housing program for chronically homeless individuals. In addition, a wide range of supportive services is provided to homeless persons along the entire continuum of care. These include, but are not limited to: case management, life skills training, alcohol and substance abuse treatment, mental health treatment, HIV-related services, educational services, employment assistance, childcare, transportation, and legal services.

One of Albany County's strengths is the current level of coordination and cooperation among homeless housing and service providers. This is largely due to the Albany County Coalition on Homelessness (ACCH), founded in 1996. ACCH meets monthly to facilitate resource coordination and to identify and address gaps in services. It also serves as the Continuum of Care coordinating body for the County, resulting in nearly \$20 million in Continuum of Care Homeless Assistance funding being received from the U.S. Department of Housing and Urban Development (HUD) since its inception.

Another of Albany County's strengths is the level of cooperation between not-for-profit agencies and local government. Representatives from the City of Albany and the Town of Colonie participate in the ACCH, as do representatives from Albany County Department of Social Services and Albany County Department of Mental Health. In addition, not-for-profits participate in the Department of Mental Health's Single Point of Access (SPOA) housing placement system, and in working groups convened to address the needs of specific homeless populations, such as chronically homeless adults and runaway and homeless youth.

A third asset is Albany County's participation in a newly-implemented Capital Region-wide Homeless Management Information System (HMIS), which will be able to provide invaluable information about the numbers of homeless individuals and families and their demographic characteristics. Until the implementation of the HMIS, there was no way to obtain an unduplicated count of all homeless persons within Albany County or to gain information about their place of origin, past episodes of homelessness, and other characteristics. The data gained from the HMIS has been invaluable in the planning process, and, as more data emerges, will allow ongoing planning efforts to adjust for changes in client needs and characteristics.

Identification of Remaining Challenges

While significant strides have been made in addressing the needs of homeless individuals and families in Albany County, there are considerable challenges that must be overcome in order to meet the goal of ending homelessness. These are as follows:

A. Addressing The Root Causes of Homelessness

In striving to end homelessness, localities must understand the context in which it occurs. One of the primary causes of homelessness is poverty. The number of Americans living in poverty has steadily increased over the last four years, at a time in which there has been a tremendous escalation in housing costs. In order to ameliorate poverty, there are a number of public policy issues that must be addressed. Among these are a wage policy that would enable employees to pay for housing costs; an increase in the shelter allowance rate provided to recipients of temporary assistance; increased provision of childcare and transportation services to make it possible for heads of families to obtain employment; and affordable health care coverage.

In addition to being impoverished, many homeless persons have disabilities that have made it difficult to obtain and/or maintain housing. These disabilities include mental illness, chemical dependency, developmental disabilities, HIV/AIDS, and other impairments. Those with disabilities often require supportive and treatment services in order to make it possible for them to obtain and retain housing. Without such services, they will continue to cycle in and out of homelessness.

B. Changing The Public Perception of Homelessness

One of the greatest obstacles to ending homelessness is the lack of public awareness about the reality of homelessness in Albany County. There are two common misconceptions: 1) that homelessness is not a serious problem in Albany County and 2) that it occurs only among single individuals with disabilities such as mental illness and/or substance abuse who are living on the street. As previously indicated, Homeless and Travelers Aid Society (HATAS) reported a total of 2,498 new episodes of homelessness in 2004. It is estimated that these persons represent only 80% of those who were homeless during that period. Furthermore, HATAS' statistics, coupled with those of the Homeless Action Committee, indicate that only a small percentage of homeless persons are chronically homeless, meaning that they have a history of living on the street, due largely to disabilities such as mental illness and/or substance abuse. The vast majority of homeless individuals and families are served through Albany County's emergency shelter system and thus are not as visible as the chronically homeless persons living on the street, but nonetheless, have substantial needs and challenges that must be addressed.

C. Creating Sufficient Low-Income Housing

Because most homeless persons are impoverished, they need to access affordable housing. In Albany County, as in all other regions of the country, there is a lack of affordable housing for persons with low-incomes. The average purchase price for a single-family residence in Albany County increased by 36% over the five-year period from 1998 to 2003 and has continued to skyrocket. Rental costs have had a similar increase with low-income renters being especially hurt by this increase in rental costs. According to the 2000 U.S. Census, among Albany County renters with incomes of less than \$10,000 per year, 81% are paying more than the HUD-recommended ratio of 35% of their income for housing costs. These low-income renters are very precariously housed. Any financial crisis, such as illness, medical expenses, and/or loss of employment, could result in the immediate loss of their housing.

Due to federal funding cuts, the Albany Housing Authority has closed the waiting list for its Section 8 program, which provides rental subsidies to low-income households. There has also been a reduction in the availability of public housing units. There simply are not enough safe, affordable housing units to address the housing needs of low-income individuals and families in Albany County. Among those particularly affected are the following subpopulations:

- Chronically Homeless Individuals

While Albany County is fortunate in having a 30-bed low-demand permanent supportive housing program for chronically homeless persons, this is not sufficient to address the need. Based on point-in-time counts conducted by the Albany County Coalition on Homelessness and informed projections by service providers, there is a need for an additional 60 beds for chronically homeless

persons. Research indicates that this population is best served in a low-demand setting.

- Domestic Violence

Domestic violence is the leading cause of homelessness for women. Leaving an abusive partner often results in a loss of economic resources. Even after leaving, the victim may face continued threats or violence, jeopardizing her well-being, employment and housing, and sometimes forcing her to relocate to an unfamiliar community. Domestic violence victims have special safety requirements that often aren't addressed in low-income housing.

- Families

Since 2000, there has been a 127% increase in the number of families seeking emergency shelter in Albany County. Most of these families have found themselves squeezed out of a tight rental market in which they simply cannot obtain and/or maintain safe, affordable housing. Some of these families, while precluded from meeting HUD's definition of chronic homelessness which only addresses single individuals, are headed by persons who have similar characteristics to chronically homeless individuals, resulting in repeated episodes of homelessness.

- Homeless and Runaway Youth

Homeless youth, especially those who are transitioning out of foster care, and runaway youth often lack the life skills needed to live independently. However, there currently is insufficient capacity within Albany County to provide the intensive supportive services needed to assist these young persons in becoming self-sufficient. Homeless youth also have difficulty finding adequate housing due both to lack of income and not being old enough to have had a positive rental history with previous landlords.

- Pregnant and Parenting Youth

Pregnant and parenting youth are particularly difficult to serve, being faced with both the issues of youth, and the challenges experienced by families as described above.

- Persons Re-Entering the Community After Incarceration

Because of the high number of persons who are completing sentences imposed under the Rockefeller Drug Laws, there will be a large exodus from state correctional facilities in the next few years. Due to HUD regulations, many of these persons will not be eligible for Section 8 rental subsidies or public housing. Private landlords are also reluctant to house ex-offenders. Some not-for-profit

agencies also have policies prohibiting the provision of housing to some categories of ex-offenders, particularly those who have committed violent crimes, sex offenses, and/or arson.

Funding for Essential Supportive and Treatment Services

While additional affordable housing is a primary need, homeless individuals and families require other resources as well. The 2005 Continuum of Care Homeless Assistance funding application submitted by Albany County providers indicated a need for additional homelessness prevention services to keep individuals and families stably housed, as well as increased outreach services in order to link homeless individuals and families to housing and supportive services. Perhaps the greatest need is for additional supportive and treatment services such as case management, life skills training, alcohol and substance abuse treatment, mental health treatment, HIV-related services, educational services, employment assistance, childcare, transportation, and legal services. Unfortunately, some funding for services has recently been cut by HUD, which had previously been a primary funder of supportive services for homeless individuals and families. HUD has decided to use its Continuum of Care funding only for costs that are directly related to housing, rather than for essential supportive services, even though HUD requires that these services be provided in housing developed through this program.

SECTION II: GOALS

As a result of the previously described activities, six priority areas have been identified for the Ten Year Plan to End Homelessness. They are as follows:

- **Community Involvement**

Increase the investment and involvement of community members in ending homelessness in Albany County.

- **Prevention**

Increase resources directed to prevention efforts as the first line of defense in combating homelessness.

- **Permanent Housing**

Expand the availability of affordable permanent housing throughout Albany County, both as a means of housing those who are currently homeless, and of providing housing stability in order to prevent future episodes of homelessness.

- **Chronic Homelessness**

Increase the resources available to house and reach out to the chronically homeless population.

- **Income and Employment Opportunities**

Increase employment opportunities for homeless persons and strive to remove existing barriers to maintaining meaningful employment and/or income for homeless and formerly homeless persons.

- **Supportive and Treatment Services**

Strengthen community supports for homeless individuals and families and increase their accessibility.

SECTION III: PLAN GOALS AND RECOMMENDATIONS

GOAL #1: Increase the investment and involvement of community members in ending homelessness in Albany County.

Rationale

Too often, homelessness has not been seen as a problem that requires a coordinated response from the community as a whole. Rather, it has been viewed as something experienced by only a few individuals as a result of some failing of their own, rather than of the social policies created by the larger society. In the past, not-for-profit agencies and faith-based organizations believed homelessness was solely their responsibility, not realizing that they have neither the resources nor the public support needed to end homelessness. Homelessness within a community hurts all members of that community, having an impact on economic development, public safety, and, most importantly, community values. A community that does not work collaboratively to meet the needs of all of its residents cannot thrive.

Therefore, there is a need to involve all sectors of the community in ending homelessness, including County and municipal policymakers, government agencies, law enforcement, community leaders, faith communities, business leaders, fraternal organizations, the academic community, local landlords, neighborhood associations, for-profit and not-for-profit housing developers, not-for-profit service providers, and homeless and formerly homeless persons. One of the goals of this plan is to provide mechanisms for bringing these groups together in meaningful activities to end homelessness.

Recommended Strategies

- A. Educate funders, developers, and all citizens about the impact of homelessness on Albany County.
- B. Develop a strategy for utilizing the expertise of the business/ corporate community to more effectively address homelessness.
- C. Develop a centralized system for recruiting, training and coordinating volunteers throughout the homeless services community.

GOAL #2: Increase resources directed to prevention efforts as the first line of defense in combating homelessness.

Rationale

The most effective way to end homelessness is to prevent it from happening in the first place. Homelessness prevention not only minimizes the disruption in people's lives, but also saves taxpayers money. Many people become homeless because they are paying too high a percentage of their income for housing, and lack the assistance needed to respond to financial crises. Others become homeless because they need assistance in making the transition from an institution or residential program such as foster care or a correctional facility to community living. Another cause of homelessness is inadequate maintenance of the property by the landlord and/or tenant, resulting in safety or health conditions that cause the tenant to voluntarily leave their housing, or to be evicted due to building code violations. Yet another cause is the lack of essential life skills such as budgeting, marketing, housecleaning and negotiation of disputes with landlords and family members.

Recommended Strategies

- A. Provide those at-risk of becoming homeless with access to services through community resource centers.
- B. Prevent discharge of persons living in institutions or residential programs into inappropriate housing or the street.
- C. Prevent deterioration of existing housing stock in order to keep those living in it from becoming homeless.
- D. Provide tenants with the life skills training necessary to retain their housing.
- E. Provide training and updates to service providers on landlord tenant law, housing rights, domestic violence laws, consumer rights, support and custody issues and public benefits.

GOAL #3: Expand the availability of affordable permanent housing throughout Albany County, both as a means of housing those who are currently homeless and of providing housing stability in order to prevent future episodes of homelessness.

Rationale

In the last ten years, there has been a growing recognition that ending homelessness is dependent on the expansion of affordable housing resources for low-income families. Previously, especially in large cities throughout the United States, the focus had been

on creating more emergency shelter beds in order to resolve the immediate housing crisis, rather than on the much more difficult task of creating more permanent housing units. Meanwhile, much of the existing low-income housing stock was either lost to deterioration or gentrification, and was never replaced, due to cuts in federal funding for low-income housing. Many of these large cities have now decided to redirect funding away from development and operation of emergency shelter beds and to use the savings to develop more permanent low-income housing resources. This has resulted in a shift in policy to a “housing first” model, in which the emergency shelter system is used for a much shorter period of time or is by-passed altogether, and permanent housing placement occurs as quickly as possible. In the traditional model, homeless individuals and families may spend significant amounts of time in emergency, and then transitional housing, receiving case management and other supportive services in order to “prepare” them for independent living. In the “housing first” model, permanent placement occurs as soon as possible, and then the homeless individual/family is provided with the intensive supports needed to ensure housing retention.

The situation in Albany County does not quite mirror that of the larger cities. Because low-income housing has been relatively more available than in New York City and other large urban areas, there has not been the huge bottleneck in emergency shelter and transitional housing that there has been in other areas. For example, the average length of stay in family “emergency” shelter in New York City has been two years, while in Albany, it has been closer to two months. Because of this, Albany County developed an emergency shelter infrastructure that, while comprehensive in scope, does not have any surplus beds. In fact, according to the 2005 Continuum of Care funding application, more beds are still needed. Therefore, there are no unused resources in the existing emergency shelter infrastructure that can be shifted into permanent housing. However, it is recommended that any funding be devoted to increasing permanent low-income housing stock, and that homeless individuals and families be encouraged to spend even less time in emergency and transitional housing. One way to facilitate this is to provide more supportive services after people access permanent housing, rather than wait until they have “stabilized” in emergency or transitional housing. This has the added benefit of providing ongoing support to formerly homeless persons in retaining their housing, rather than reducing support once housing has been obtained.

Recommended Strategies

- A. Create additional rental subsidies/ units for low-income individuals and families.
- B. Adopt “Housing First” model to ensure a more rapid placement from homelessness into permanent housing.
- C. Retain existing funding for low-income housing.
- D. Work with localities to adopt regulations that promote affordable rental and owner-occupied housing for low-to-moderate income households.

E. Maintain existing low-income properties.

F. Encourage the use of surplus or abandoned property for renovation for low-income housing units.

GOAL #4: Increase the resources available to house and reach out to the chronically homeless population.

Rationale

As previously indicated, chronically homeless persons are defined as single adults with a disabling condition (e.g., mental illness, substance abuse, and/or HIV/AIDS), who have been continuously homeless for at least one year or who have experienced four episodes of homelessness in a three-year period. Studies indicate that while chronically homeless persons comprise only about 10% of the homeless population, they utilize up to 50% of the resources within the homeless services system. This is largely because many of the traditional housing and service models that are so successful with the larger homeless population simply have not worked well for chronically homeless persons. Many chronically homeless persons have mental illness and/or substance abuse and do not respond well to environments that require a great deal of structure. “Low-demand” housing programs, those that let participants retain control of the intensity and nature of the services they receive, have proven to be very successful with the chronically homeless population. Albany County currently has one such low-demand program for chronically homeless persons, and given the demand for its services, it is clear that additional such programs are needed.

Recommended Strategies

A. Develop low-demand housing for chronically homeless persons, including men and women.

B. Create a day shelter program for chronically homeless persons who are living on the streets.

C. Coordinate collaborative efforts to address the specific needs of chronically homeless persons.

D. Increase outreach efforts to chronically homeless persons.

GOAL #5: Increase employment opportunities for homeless persons and strive to remove existing barriers to maintaining meaningful employment and/or income for homeless and formerly homeless persons.

Rationale

In order to end homelessness, people must have sufficient income to obtain and maintain housing. Many homeless persons have disabilities that limit their ability to work. Some are capable of working part-time or at less taxing jobs while some homeless persons with disabilities, however, are not able to work at all and must rely upon temporary assistance, Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI).

Finding employment for those capable of working is sometimes a challenging task. Many homeless persons lack work experience and skills; some are not able to read and write. Some do have sufficient skills, but have been incarcerated, making employers reluctant to hire them.

Helping homeless persons obtain jobs that provide them with sufficient income to pay for housing is an even more daunting task. According to the National Low-Income Housing Coalition's "Out of Reach" study, an employee must earn \$13.06 per hour to pay for the costs of renting a two-bedroom apartment in Albany County.

Even when homeless persons do have good job skills that would appeal to an employer and would allow them to make a decent salary, they face other challenges, such as lack of child care (especially for second-and third-shift jobs), lack of transportation, and lack of appropriate clothing for work in a professional work environment. Employment programs targeted to the general population have often been reluctant to serve the homeless population because of the difficulty of overcoming these barriers. Many prefer not to serve homeless persons because they are unable to produce the immediate results demanded by performance-based programs funded by government agencies.

Recommended Strategies

- A. Provide opportunities and supports needed for job acquisition and retention.
- B. Provide educational opportunities that promote the unique skills of the individual.
- C. Reduce the barriers that hinder the ability of homeless persons to obtain and maintain employment.
- D. Address public policy influencing the ability for homeless persons to pay for housing costs.

GOAL #6: Strengthen community supports for homeless individuals and families and increase their accessibility.

Rationale

While the most important factor in ending homelessness is the availability of permanent housing, retention of this housing often depends on the provision of supportive and treatment services such as case management, life skills training, alcohol and substance abuse treatment, mental health treatment, HIV-related services, educational services, employment assistance, childcare, transportation, and legal services. In the last few years, HUD funding for these essential services has been cut. This decision threatens to dismantle the current homeless services system and will certainly be a major obstacle in implementing the Plan to End Homelessness.

Recommended Strategies

- A. Address the need for the provision of more, not less, funding for essential supportive services.
- B. Promote on-going communication and coordination between public and private service providers.
- C. Explore opportunities for prioritizing mental health and substance abuse treatment for homeless persons.
- D. Provide access to short-term supportive services to individuals and families in crisis.

SECTION IV: PLAN IMPLEMENTATION

The above recommendations have been incorporated into a Work Plan that includes action steps for achieving the above-identified goals. Over the next year, the Executive Committee will prioritize the goals and their actions steps, and create a more detailed timeline for accomplishing them. For the purpose of this document, the action steps have been categorized as “short-term”, “mid-term”, “long-term”, and “ongoing”.

Implementation of the Albany County Plan to End Homelessness will be guided by an eighteen (18) member Executive Committee comprised of representatives from the City of Albany, Albany County, the Town of Colonie, not-for-profit housing and service providers, law enforcement, the academic community, housing developers, real estate agents, the Capital District Regional Planning Commission, Albany Housing Authority, The Community Foundation for the Capital Region, and the newly-formed Business Advisory Council. The two Co-Chairs of the Albany County Coalition on Homelessness and two formerly homeless consumers will also serve on the Executive Committee. CARES, Inc. will continue to provide staff support in the implementation of the plan, working with agencies on the accomplishment of tasks identified in the work plan. CARES, Inc. will also prepare reports on overall progress toward plan implementation for consideration by the Executive Committee at meetings to held on a quarterly basis. After review by the Executive Committee, the quarterly progress reports will be forwarded to Advisory Committee members, with a request for assistance in any areas in which obstacles to implementation have been encountered. The Advisory Committee will be convened in its entirety annually each November to review the progress of the plan and consider any updates that might be needed.

Albany County Plan to End Homelessness Proposed Work Plan

GOAL #1: Increase the investment and involvement of community members in ending homelessness in Albany County.

<u>Strategy</u>	<u>Action Steps</u>	<u>Timeframe</u>
Educate funders, developers, and all citizens about the impact of homelessness on Albany County.	<ul style="list-style-type: none"> • Host Homelessness Awareness Month activities. • Develop a community awareness campaign regarding homelessness. • Establish educational initiatives involving universities, junior colleges, high schools and elementary schools. • Sponsor low-income housing development forums for funders, developers and consumers of services. • Develop Good Neighbor agreements to promote communication, respect and trust among neighbors, residents of housing programs, and housing providers. 	<ul style="list-style-type: none"> • Ongoing • Short-term • Short-term • Mid-term • Long-term
Develop a strategy for utilizing the expertise of the business/ corporate community to more effectively address homelessness.	<ul style="list-style-type: none"> • Form a Business Advisory Board that can work with the Plan's Executive Committee on issues such as employment training and workforce development, low-income housing development, and incorporation of the needs of homeless and impoverished persons into Tech Valley development. • Address the concerns of employers about the impact of homelessness on their businesses and the community as a whole. 	<ul style="list-style-type: none"> • Short-term • Mid-term
Develop a centralized system for recruiting, training and coordinating volunteers throughout the homeless services community.	<ul style="list-style-type: none"> • Develop a centralized volunteer center that provides a "one-stop" repository of information regarding volunteer opportunities available at local homeless services agencies. 	<ul style="list-style-type: none"> • Mid-term

GOAL #2: Increase resources directed to prevention efforts as the first line of defense in combating homelessness.

<u>Strategy</u>	<u>Action Steps</u>	<u>Timeframe</u>
Provide those at-risk of becoming homeless with access to services through community resource centers.	<ul style="list-style-type: none"> • Establish community resource centers that provide access to short and long-term rental assistance, legal services, DSS services and substance abuse and mental health treatment. 	<ul style="list-style-type: none"> • Short-term
Prevent discharge of persons living in institutions and residential programs into inappropriate housing or the street.	<ul style="list-style-type: none"> • Develop a program for youth that provides housing in the community with appropriate support services for those being discharged from institutional or residential settings. • Develop and implement a prisoner re-entry program with correctional facilities that includes housing placement, assistance with education and/or employment, life skills training, and linkage to needed mental health, substance abuse, and medical care. • Enhance efforts to coordinate medical, psychiatric, and drug/alcohol treatment discharges to ensure that appropriate housing and services are made available. 	<ul style="list-style-type: none"> • Mid-term • Mid-term • Mid-term
Prevent deterioration of existing housing stock in order to keep those living in it from becoming homeless.	<ul style="list-style-type: none"> • Explore opportunities for increasing property management services to ensure physical maintenance of housing stock. 	<ul style="list-style-type: none"> • Mid-term
Provide tenants with the life skills training necessary to retain their housing.	<ul style="list-style-type: none"> • Explore alternative models for life skills training, including use of mentors and peer-based support models. 	<ul style="list-style-type: none"> • Mid-term
Provide training and updates to service providers on landlord tenant law, housing rights, domestic violence laws, and consumer rights.	<ul style="list-style-type: none"> • Schedule provider trainings to educate and assist providers. 	<ul style="list-style-type: none"> • Ongoing

GOAL #3: Expand the availability of affordable permanent housing throughout the county, both as a means of housing those who are currently homeless and of providing housing stability in order to prevent future episodes of homelessness.

<u>Strategy</u>	<u>Action Steps</u>	<u>Timeframe</u>
Create additional rental units/ subsidies for low-income individuals and families.	<ul style="list-style-type: none"> • Obtain rental subsidies for use for private market rental units. • Encourage rehabilitation and construction of low-income housing by for-profit and not-for profit housing developers. • Ensure that access to needed services and supports is available to individuals and families as they transition into permanent housing. 	<ul style="list-style-type: none"> • Ongoing • Short-term • Short-term
Adopt a “Housing First” model to ensure a more rapid placement from homelessness into permanent housing.	<ul style="list-style-type: none"> • Enhance existing services to facilitate more rapid movement into permanent housing. • Develop centralized program to assist homeless persons to obtain and maintain permanent housing. • Provide on-going supportive and treatment services to ensure that housing can be maintained. • Develop a centralized emergency financial assistance program that pools financial assistance from private sources. 	<ul style="list-style-type: none"> • Short-term • Short-term • Short-term • Mid-term
Retain existing funding for low-income housing.	<ul style="list-style-type: none"> • Advocate at the federal, state and local levels for the retention of existing low-income housing programs including Section 8, Continuum of Care, HOME, HOPWA, CDBG and other HUD programs. 	<ul style="list-style-type: none"> • Ongoing
Maintain existing low-income properties.	<ul style="list-style-type: none"> • Explore opportunities with local planning departments for methods to provide incentives to landlords for maintaining properties. 	<ul style="list-style-type: none"> • Mid-term
Work with localities to adopt regulations that promote affordable rental and owner-occupied housing for low-to-moderate income households.	<ul style="list-style-type: none"> • Encourage local municipalities to explore the benefits of inclusionary zoning and the creation of incentive programs for developers. 	<ul style="list-style-type: none"> • Mid-term
Encourage the use of surplus or abandoned property for renovation for low-income housing units.	<ul style="list-style-type: none"> • Convene a working group to research and analyze the availability of real property and feasibility of acquiring and rehabilitating these properties. 	<ul style="list-style-type: none"> • Long-term

GOAL #4: Increase the resources available to house and reach out to the chronically homeless population.

<u>Strategy</u>	<u>Taking Action</u>	<u>Timeframe</u>
Develop low-demand housing for chronically homeless persons, including both men and women.	<ul style="list-style-type: none"> • Create an additional 60 units of Single Room Occupancy (SRO) housing for chronically homeless persons. 	<ul style="list-style-type: none"> • Mid-term
Create a day shelter program for chronically homeless persons who are living on the streets.	<ul style="list-style-type: none"> • Open a day shelter program to provide food, clothing, blankets, and other essentials to chronically homeless persons. 	<ul style="list-style-type: none"> • Short-term
Coordinate collaborative efforts to address the specific needs of chronically homeless persons.	<ul style="list-style-type: none"> • Enhance coordination among County agencies and not-for-profit providers in identifying specific subgroups of chronically homeless persons. • Design strategies to address the mental health, substance abuse, and medical needs of the chronically homeless. 	<ul style="list-style-type: none"> • Ongoing • Mid-term
Increase outreach efforts to chronically homeless persons.	<ul style="list-style-type: none"> • Expand the territory covered by existing street outreach programs. • Explore mechanism for increasing collaboration among street outreach providers and law enforcement. 	<ul style="list-style-type: none"> • Short-term • Mid-term

GOAL #5: Increase employment opportunities for homeless persons and strive to remove existing barriers to maintaining meaningful employment and/or income for homeless and formerly homeless persons.

<u>Strategy</u>	<u>Action Steps</u>	<u>Timeframe</u>
Provide opportunities and supports needed for job acquisition and retention.	<ul style="list-style-type: none"> • Work with the Workforce Investment Board's Albany One-Stop Center to expand access to employment opportunities for homeless persons. • Work with employers to determine their unmet needs for employees. • Develop linkages with local businesses to provide employment placement for homeless and formerly homeless consumers. • Create mentorship program between local business people and homeless youth and adults, whereby the mentor assists in making homeless persons more comfortable in the work environment. • Explore opportunities for creating jobs through social enterprise. 	<ul style="list-style-type: none"> • Short-term • Mid-term • Mid-term • Long-term • Mid-term
Provide educational opportunities that promote the unique skills of the individual.	<ul style="list-style-type: none"> • Explore strategies for supporting persons wishing to expand their educational opportunities. 	<ul style="list-style-type: none"> • Short-term
Reduce the barriers that hinder the ability of homeless persons to obtain and maintain employment.	<ul style="list-style-type: none"> • Explore opportunities for securing additional childcare services during non-traditional hours to meet the needs of working families. • Provide input through CDTA, CDTC, and United We Ride planning processes regarding the transportation needs of homeless and at-risk persons. • Develop "Dress for Success" program to provide clothing for those reintegrating into employment. • Work to ensure a permanent mailing address and voice mail can be established for homeless persons. 	<ul style="list-style-type: none"> • Mid-term • Ongoing • Long-term • Mid-term
Address public policy influencing the ability for homeless persons to pay for housing costs.	<ul style="list-style-type: none"> • Advocate with federal and state agencies for an increase in benefits for disabled and impoverished persons that address current housing and living costs. • Advocate with state and federal officials for an increase in the federal minimum wage. 	<ul style="list-style-type: none"> • Long-term • Ongoing

GOAL #6: Strengthen community supports for homeless individuals and families and increase their accessibility.

<u>Strategy</u>	<u>Action Steps</u>	<u>Timeframe</u>
Address the need for the provision of more, not less, funding for essential supportive services.	<ul style="list-style-type: none"> • Advocate for the retention of supportive services programs, including those funded through HUD’s Continuum of Care funding. • Explore the opportunities for acquisition of additional private and public funds to support critical supportive services. 	<ul style="list-style-type: none"> • On-going • On-going
Promote on-going communication and coordination between public and private service providers.	<ul style="list-style-type: none"> • Continue to convene regular meetings of the Albany County Coalition on Homelessness. • Facilitate cross-training of Albany County Department of Social Services Staff and staff of not-for-profit service providers. • Develop training opportunities for service providers to exchange information on housing options available in the community. • Create a housing resource guide to assist service providers and community members in identifying community resources and services. • Collaborate with agencies located in rural areas to identify homeless persons and link them to appropriate services. 	<ul style="list-style-type: none"> • On-going • Short-term • Short-term • Mid-term • Mid-term
Explore opportunities for prioritizing mental health and substance abuse treatment for homeless persons.	<ul style="list-style-type: none"> • Work with Albany County Department of Mental Health to give treatment priority to homeless persons who request mental health and substance abuse treatment. 	<ul style="list-style-type: none"> • Mid-term
Provide access to short-term supportive services to individuals and families in crisis.	<ul style="list-style-type: none"> • Provide linkages on-site at community centers and drop-centers to legal and medical services, DSS, substance abuse, mental health, and other services. • Utilize drop-in centers/ community resource centers to provide meals, clothing, phones, showers and laundry facilities for homeless individuals and families. 	<ul style="list-style-type: none"> • Short-term • Short-term

ADDENDUM A
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