WESTCHESTER COUNTY CONTINUUM OF CARE PARTNERSHIP FOR THE HOMELESS

Annual Gaps Analysis
Westchester's Continuum of Care
2022

Introduction

Continuum of Care (CoC) Programs are designed to promote communitywide commitment to the goal of ending homelessness by providing funding for nonprofit providers and local governments to quickly rehouse homeless individuals and families. To assist with identifying gaps in services provided by CoC's the U.S. Department of Housing and Urban Development (HUD) mandates that CoC's are responsible for conducting an annual Gaps Analysis of the homeless needs and services available in their Continuum.

Westchester County's CoC has identified four objectives for this year's Gaps Analysis:

(1) To identify gaps in housing services by comparing the 2022 Point-In-Time (PIT) count number of homeless households to the number of units existing (total) and available (turn-over) by comparing PIT data to the 2022 Westchester County CoC Housing Inventory Chart (HIC) and a 1-year HMIS data report run for all CoC projects from 05/01/21 to 04/30/22.

(2) To identify gaps in housing services by comparing the number of adults in specific homeless subpopulations to the number of units existing (total) and available (turn-over) for each subpopulation by comparing 2022 PIT data to the 2022 HIC, and a 1-year HMIS data report run for all CoC projects from 05/01/21 to 04/30/22.

(3) To identify gaps in housing services by comparing the annual number of homeless households to the number of units existing (total) and available (turn-over) for that population by analyzing a 1-year HMIS data report run for all CoC projects from 05/01/21 to 04/30/22.

(4) To identify gaps in housing services by comparing counts of specific homeless subpopulations to the number of units existing (total) and available (turn-over) for each subpopulation by analyzing a 1-year HMIS data report run for all CoC projects from 05/01/21 to 04/30/22.

Methodology

This Gaps Analysis includes data from multiple data sources first is Westchester County's 2022 Point-In-Time (PIT) Count. This is an unduplicated count of individuals and families who were experiencing homelessness including both sheltered and unsheltered populations on January 26th, 2022. PIT Count Data is provided annually to Congress by CoC's across the country as part of the Annual Homeless Assessment Report (AHAR). The AHAR is used by Congress, HUD,

other federal departments, and the general public to understand the nature and extent of homelessness.

In this analysis PIT Count data was used to determine the total number of homeless households (adult and family households) as well as the population size of veterans, unaccompanied youth, and counts of self-reported health conditions such as; mental illness, substance abuse (alcohol abuse and/or drug abuse), HIV/AIDS, and physical disability.

The second data source was the Homeless Management Information System (HMIS). HMIS is a database used by Westchester County's CoC which collects information about homeless individuals and homeless assistance programs. HMIS data is obtained from face-to-face interviews between a trained HMIS data entry assessor, and the client. HMIS enables HUD to collect national-level data on the extent and nature of homelessness over time by allowing for counties and states to produce unduplicated counts of homeless persons. This data is used at the county, state, and federal level to better understand patterns of service use and measure the effectiveness of homeless programs.

For this analysis a 1-year HMIS data report was generated for individuals and families who utilized an emergency shelter, transitional housing program, or were assisted by a street outreach worker from May 1st, 2021 to April 30th, 2022. This report includes counts of all previously mentioned subpopulations. Data from this report was gathered based on the individual's latest project stay. A person may be a member of multiple subpopulations (*e.g.* identified as having co-occurring conditions); therefore, these counts are not unduplicated.

Data was also sourced from the Westchester County CoC Housing Inventory Chart (HIC). The HIC counts the number of units available on a night designated for the count by program type and includes the number of units dedicated to serve persons who are homeless as well as persons in Permanent Supportive Housing. For this Gaps Analysis 2022 HIC data was used to account for the homeless housing inventory overall (the number of permanent units, and number of permanent units including shelter supplement). The HIC also provided the number of permanent units dedicated to veterans. A table showing the number of dedicated units for each subpopulation by program name can be found in the appendix.

The 2022 PIT Count Data and 1-year HMIS data report were analyzed separately when identifying gaps in housing services by comparing the number of homeless persons to the number

of existing and available units and when comparing counts of specific subpopulations to the number of units available to serve that subpopulation.

Results

2022 Point-In-Time Count Data

Table 1. The number of homeless households compared to the number of county-wide units existing for that household size, 2022 PIT Count.

Household Type	Number of Households	Permanent Units	Household to Unit Ratio	Permanent Units including Shelter Supplement	Household to Unit Ratio
Homeless Adult Households	528	1,403	**0.38**	2,116	**0.25**
Homeless Family Households	266	809	**0.33**	1,522	**0.17**
Total Homeless Households	794	2,212	**0.36**	3,638	**0.22**

Note. The unduplicated number of homeless households was obtained from the 2022 Point-In-Time (PIT) Count. The number of units was obtained from the 2022 HIC.

Table 1 shows the number of homeless households identified during the 2022 PIT count compared to the number of county-wide units existing for that household size. The number of county-wide units existing for each household size demonstrates the extent to which we have prioritized housing stock with regards to household sizes in the past. As shown in Table 1. The number of permanent units for homeless adult households (1,403) is almost two times larger than the number of permanent units designated for homeless family households (809). When including the number of shelter supplement units from the 4th quarter of 2022 we found there to be 594 more permanent units designated for homeless adult households (2,116) compared to homeless family households (1,522).

During the 2022 PIT Count 794 homeless households were identified with 528 (66.5%) of those households comprised of single homelessness adults and 266 (33.5%) comprised of homeless families. When comparing the number of single homeless adult households to the number of permanent units there was almost three times as many units than homeless adult households identified during the 2022 PIT Count. When comparing the total homeless households identified

during the 2022 PIT Count to the total number of permanent units county-wide we found the number of permanent units to be almost three times greater than the total number of homeless households. When including existing shelter supplement units to the count of permanent units county-wide used to house homeless persons there were around four and a half times more units than homeless households.

Table 2. The unduplicated number of homeless households compared to the number of units available for the total homeless population, 2022 PIT Count.

Total Homeless Households	Annual Unit Turn-over	Client to Unit Ratio
794	161	**4.93**

Note. The unduplicated annual number of homeless households were obtained from the 2022 Point-In-Time (PIT) Count. Annual unit turn-over was obtained from a 1-year HMIS data report run for all WCoC PH projects from 08/01/21 to 07/31/22.

Table 2. Demonstrates a shortage in the overall availability of units for homeless households by comparing the number of homeless households identified during the 2022 PIT Count to the annual number of units of turn-over in all CoC projects (RRH & PSH). With 161 units becoming available annually for 794 households we determined that one unit became available annually for every 4.93 homeless households identified in emergency shelter, transitional housing, or who were unsheltered during the 2022 PIT Count.

Table 3. The number of adults in each subpopulation compared to the number of dedicated units for that subpopulation, 2022 PIT Count.

Subpopulation	Population Size	Dedicated Units	Client to Unit Ratio
Physically Disabled/Chronic Health Condition	212	39	**5.43**
Unaccompanied Youth	32	18	**1.78**
Substance Abuse	162	94	**1.72**
Fleeing Domestic Violence	57	45	**1.26**
Mental Health Problem	264	421	0.62
HIV/AIDS	4	16	0.25
Veterans	25	347	0.07

Note. Annual dedicated units were obtained from 2022 HIC. A person may have more than one condition; therefore, this table is not unduplicated.

Table 3. Demonstrates the extent to which Westchester's CoC has historically addressed the housing needs of specific subpopulations by comparing the number of dedicated units existing for each subpopulation to the number of adults within that subpopulation during the 2022 PIT count. The subpopulations that were shown to have the highest counts of dedicated units, and lowest client-to-unit ratios are subpopulations that were emphasized in the past. These subpopulations include; persons with mental health problems, HIV/AIDS, and veterans.

When comparing the number of adults in each subpopulation to the number of dedicated units for that subpopulation the most prevalent subpopulations were those who identified as having a mental health problem, substance abuse issue and/or physical disability. The largest client-to-unit ratios were found for persons identifying as physically disabled or having a chronic health condition with there being 1 dedicated unit for about every 5 and a half individuals (5.43) in need of housing. Followed by unaccompanied youth (1.78), substance abuse (1.72), and persons fleeing domestic violence (1.26).

Table 4. Turn-over of dedicated units for homeless households by subpopulation, 2022 PIT Count

Subpopulation	Population Size	Turn-Over Units	Client to Unit Ratio
Physically Disabled/Chronic Health Condition	212	6	**35.33**
Substance Abuse	162	7	**23.14**
Mental Health Problem	264	22	**12.0**
HIV/AIDS	4	1	4.0
Unaccompanied Youth	32	10	3.2
Fleeing Domestic Violence	57	19	3.0
Veterans	25	24	1.04

A person may have more than one condition; therefore, this table is not unduplicated.

Table 4. Compares the count of persons identified in each subpopulation during the 2022 PIT Count to the number of dedicated units available annually for that population. Shortages in the number of units available were shown across all subpopulations. The largest gaps in housing services was found for persons who identified as physically disabled/chronic health conditions where we found there to be 1-unit turn-over for every 35 homeless individuals (35.33). Followed by 1-unit turn-over for every 23 homeless individuals with substance abuse issues (23.14), and 1-unit turn-over for every 12 (12.0) persons with a mental health problem.

1-Year HMIS Data Report

Table 5. The number of homeless households compared to the number of county-wide units existing for that household size, 1-year HMIS data report.

Household Size		Permanent Units	Household to Unit Ratio	Permanent Units including Shelter Supplement	Household to Unit Ratio
Homeless adult households	1,916	1,403	**1.37**	2,116	**.90**
Homeless family households	537	809	**.66**	1,522	**0.35**
Total homeless households	2,453	2,212	**1.10**	3,638	**.67**

Note. The unduplicated annual number of homeless households were obtained from a 1-year HMIS data report ran for all ES, TH, and outreach contacts from 05/01/21 to 04/30/22. The number of shelter supplement units are representative of the 4th quarter of 2022.

Table 5. Shows Westchester County's homeless population over the course of 1-year compared to the number of county-wide units existing by household size. This comparison does not show a gap in housing services because it does not look at housing availability, but does allow us to compare proportional differences between the number of household types and the number of units existing for each household size. Over the course of 1-year A total of 2,453 homeless households were identified, of those households 1,916 (78%) were comprised of single homeless adults and 537 (22%) comprised of homeless families. When comparing the number of single homeless adult households to the number of permanent units there was 513 more homeless adult households than permanent units. The household-to-unit ratio was identified as .66 homeless family households to permanent units.

Table 6. The unduplicated annual number of homeless households to the number of units available for the total homeless population, 1-year HMIS data report.

Total Homeless Households	Annual Unit Turn-over	Household to Unit Ratio
2.453	161	**15.24**

Note. The unduplicated annual number of homeless households were obtained from a 1-year HMIS data report ran for all ES, TH, and outreach contacts from 05/01/21 to 04/30/22.

Table 6. Demonstrates a shortage in the overall availability of units for homeless households by comparing the number of homeless households identified over the course of 1-year to the number of units becoming available in all CoC projects (RRH & PSH) during the same time period. With 161 units becoming available annually and 2,453 homeless households identified; 1 unit became available for every 15.24 homeless households identified in an emergency shelter, transitional housing program, or by homeless outreach between May 1st, 2021 and April 30th, 2022.

Table 7. Compares the number of homeless households identified in each subpopulation to the number of dedicated units for that subpopulation, 1-year HMIS data report.

Subpopulation	Number of Households	Dedicated Units	Household to Unit Ratio
Physically Disabled/Chronic Health Condition	1,014	39	**26**
Substance Abuse	709	94	**7.54**
Unaccompanied Youth	87	18	**4.83**
Fleeing Domestic Violence	134	45	**2.98**
Mental Health Problem	938	421	2.22
HIV/AIDS	24	16	1.5
Veterans	107	347	0.31

Note. The annual number of homeless subpopulations and dedicated units were obtained from a 1-year HMIS data report ran for all ES, TH, and outreach contacts from 05/01/21 to 04/30/22. A person may have more than one condition; therefore, this table is not unduplicated.

Table 7. Compares the number of homeless households identified in each subpopulation to the number of dedicated units for that subpopulation. As mentioned in Table 3; the number of dedicated units demonstrates the extent to which Westchester's CoC has historically addressed the housing needs of specific subpopulations. When examining the number of households by subpopulation the most prevalent subpopulations were those who identified as having a mental health problem, substance abuse issue and/or physical disability. The largest household-to-unit ratios were found for persons who identified as having a physical disability and/or chronic health condition (26.0), substance abuse issue (7.54), unaccompanied youth (4.83), and fleeing domestic violence (2.98).

The Veteran subpopulation was found to have more dedicated units than number of persons who entered an emergency shelter, transitional housing, or were outreached over the 1-year period. Veterans were shown to have more than three times as many more dedicated units. In contrast, the

number of dedicated units for persons with HIV/AIDS was one and a half times greater than the number of persons identified with HIV/AIDS. Once again, the subpopulations that were shown to have the highest counts of dedicated units, and lowest client-to-unit ratios are subpopulations that were emphasized in the past. These subpopulations include; persons with mental health problems, HIV/AIDS, and veterans.

Table 8. Turn-over of dedicated units for homeless households by subpopulation, 1-year HMIS data report

Subpopulation	Number of Households	Turn-over Units	Household to Unit Ratio
Physically Disabled/Chronic Health Condition	1,014	6	**169**
Substance Abuse	709	7	**101.28**
Mental Health Problem	938	22	**42.64**
HIV/AIDS	24	1	24
Unaccompanied Youth	87	10	**8.70**
Fleeing Domestic Violence	134	19	**7.05**
Veterans	107	24	4.46

A person may have more than one condition; therefore, this table is not unduplicated.

Table 8. Compares the count of homeless persons identified in each subpopulation over the course of 1-year (05/01/21 to 04/30/22) to the number of dedicated units available for each subpopulation over the same 1-year period. When comparing each population to the number of dedicated units available for that population we find a shortage in unit availability (household-to-unit ratio >1.0) across all subpopulations.

The largest gaps in housing services were found for persons with a physically disability or chronic health condition, followed by, substance abuse issues, mental health, fleeing domestic violence, and unaccompanied youth. We found there to be 1-unit turn-over for every 169 homeless individuals (169) who identified as having a physically disability and/or chronic health condition.

For households that identified as having substance abuse issues we found there to be 1-unit turn-over for every 101 (101.28) homeless individuals. We found 1-unit turn-over for about every 42 and a half households that reported a mental health problem (42.64), and 1-unit turn-over for close to every 9 (8.70) unaccompanied youth.

Table 9. The annual turn-over of dedicated units for the physically disabled compared to the number of homeless households who reported a physically disability, 1-year HMIS data report.

Subpopulation	Number of Households	Turn-over Units	Household to Unit Ratio
Physically Disabled	400	6	**66.67**
Physically Disabled w/SSDI	88	6	**14.66**
Physically Disabled Only w/SSDI	4	6	**0.66**

Note. The "Number of Households" represents unduplicated counts of households who reported a physical disability from May 1st, 2021 to April 30th,2022.

With there being a high likelihood of households reporting multiple disabilities the combination of physically disabled/chronic health condition subpopulations most likely overstates the number of individuals within that subpopulation. For this reason, households who reported a physical disability were examined separately to determine the number of households who could benefit from housing services dedicated to the physically disabled. Table 9. Compares the annual turn-over of dedicated units for the physically disabled to the number of homeless households who reported a physically disability.

The 400 households who reported a physical disability ("Physically Disabled") provides a broad number of households who could benefit from housing services dedicated to the physically disabled. These are households who may be dealing with co-occurring conditions and could benefit from other forms of housing services, or who may have a physical disability, but it may not be a qualifying condition according to HUD standards.

The 88 households who were identified as having a physical disability and receiving SSDI ("Physically Disabled w/SSDI") provides a more conservative estimate of the number of physically disabled who would qualify for housing dedicated to the physically disabled by using SSDI as a proxy in confirming that the household meets the HUD definition of disabled.

To find the most conservative estimate of the number of households that may need permanent supportive housing, but who would be restricted to housing specific to those who are physically disabled we identified households who were not included in other subpopulations, and then used SSDI as a proxy in identifying the number of households who meet the HUD definition of having a physical disability. Through this analysis we found 4 households that reported only a physical disability and a verified income source of SSDI ("Physically Disabled Only w/SSDI").

Data Limitations

HMIS data is gathered from face-to-face interviews between a trained HMIS data entry assessor and the head of household. During this interview process respondents may be unwilling or unable to respond accurately for a multitude of reasons. They may be informed but reluctant. Not have the insight to make an accurate determination of their health and wellness. They may be tired, or under distress. They may strive for consistency in their responses rather than consider each individual question or have concerns about how their response will affect opinions of themselves. These scenarios and others can result in a response bias, which can affect the quality of this data by introducing inaccuracies therefore affecting the correctness of the HMIS dataset. It should be noted that even though this analysis cannot validate whether the respondents are truly a member of the subpopulation they identified as being a part of documentation is required to verify a respondent's condition(s) prior to housing placement.

Another data limitation is the inability to identify the severity of the respondent's condition(s). The head of household may have accurately reported a physical, mental, or emotional impairment however, if a licensed physician does not believe that the condition is (1) expected to be of long-continued or indefinite duration, (2). Substantially impedes the individual's ability to live independently, and (3). Is of a nature that could be improved by more suitable housing conditions. If a licensed physician does not believe that the head of household's condition meets these standards; the head of household would not be eligible for the dedicated unit.

There are a few limitations worth noting relating to the analysis of each subpopulation. Most tables depicting the counts of subpopulations were not unduplicated in order to count all conditions that a person may have. With there being a high likelihood of households reporting multiple disabilities the combination of physically disabled/chronic health condition subpopulations most likely overstates the number of individuals within this subpopulation. To provide further insight into the number of households potentially eligible for the units dedicated to the physically disabled an additional analysis (Table 9) was conducted to identify households who reported a physical disability, and who provided social security disability income (SSDI) as their source of income.

Another subpopulation with limitations was households who reported fleeing domestic violence. Westchester's CoC recently received funding from HUD for domestic violence specific

rapid-rehousing programs. The annual number of units turn-over for households fleeing domestic violence was zero due to one program domestic violence specific program beginning (New Start) and the other (RISE) still being implemented during the time period analyzed.

Both datasets used to identify Westchester County's homeless population had limitations. Though the 1-year HMIS data report allowed for a more representative sample of persons experiencing homelessness in Westchester county over time it is likely to be an over representation of the number of households in need of permanent housing assistance. Many individuals and families utilize Westchester County's shelter system for a short period of time and are able to solve their bout of homelessness on their own; perhaps with brief financial assistance, a shallow subsidy, and/or access to apartment listings and minimal assistance.

With regards to the Westchester County's 2022 PIT Count Data; it is not ideal for analyzing the county's homeless population over a period of time because it is cross-section data. In other words, the timing of the PIT count is not guaranteed to be representative of the homeless population served on an annual basis. Additionally, the unsheltered PIT count component is particularly challenging. Unsheltered PIT count data may include duplications of counts due to multiple encounters, however it is more likely that PIT data is an undercount, due to not all unsheltered homeless households being identified. With the count taking place during a night in January; staffing, weather, and geography all have an impact on the data. Nevertheless, PIT Count Data is an important indicator to consider.

Conclusions

A shortage in overall availability of units -With 161 units becoming available annually our analysis found that there was one unit available for every 4.93 homeless households identified during the 2022 PIT count.

A shortage in units dedicated for numerous subpopulations – The number of dedicated units shown in Table 3 and Table 7 shows the extent to which Westchester's CoC has historically addressed the housing needs of specific subpopulations. Mental health, HIV/AIDS, and veteran subpopulations were shown to have the highest counts of dedicated units, and lowest client-to-unit ratios.

A shortage in unit availability for all subpopulations - When comparing the subpopulations of adults identified during the 2022 PIT count to the number of dedicated units available for each subpopulation we see shortage (client-to-unit ratio >1.0) in dedicated units available annually the subpopulations except HIV/AIDS (0.10), Mental Health Problems (0.61) and Veterans (0.07). When comparing the same subpopulations to unit availability over the course of 1-year a shortage in units available was found across all subpopulations.

Shortages in the units available were shown to be highest for those with a physical disability/chronic health condition, struggling with substance abuse, and unaccompanied youth. With there being a high likelihood of households reporting multiple disabilities the combination of physically disabled/chronic health condition subpopulations most likely overstates the number of individuals within this subpopulation.

Appendix

Number of Dedicated Beds for Each Subpopulation by Program Name, Westchester CoC 2022 HIC

Subpopulation	Dedicated Beds	Program Name
Fleeing Domestic Violence (32)	32	RISE
HIV/AIDS (41)	23 18	DCMH RAP Yonkers RA
Mental Illness (436)	424 12	DCMH RAP Dayspring Common
Physically Disabled/Chronic Health Condition (39)	28 11	Homestead Turning Point
Substance Abuse (94)	64 30	DCMH RAP Turning Point
Unaccompanied Youth (18)	9 6 3	New Start DCMH RAP First Steps
Veterans (347)	247 44 37 8 5 3 3	HUD-VASH Hudson Valley VA HUD-VASH Bronx VA DCMH RAP WestCOP SSVF 22 Tarrytown Road CMV RA 05 Westhab Windham Phs 1 Studios
Families with children (212)	14 116 64 18	Shallow Rent DCMH RAP First Steps Turning Point