William G. McGowan Charitable Fund—Learning and Impact

Landscape Analysis of Homelessness in the Rochester, NY

June 2020

Table of Contents	Page #
Executive Summary	1
1. Definition of homelessness	6
2. Systems approach best practices to eliminate	6
homelessness	
3. Overview of Rochester, NY	8
3.1 General demographics	8
3.2 Poverty, wages, and housing market	8
3.3 Unemployment and job market	12
4. Homelessness in Rochester, NY	15
4.1 Continuum of Care collaborative	15
4.2 Homelessness data trends	16
5. Homelessness in Rochester, NY—funding ecosystem	21
5.1 Public funds	21
5.2 A systems approach mapping of the William G.	22
McGowan Fund grants addressing homelessness in	
Rochester	
6. Conclusions	23
Appendix A. Key components of a systems approach to	24
prevent and end homelessness	
Appendix B. Significant Industries – Finger Lakes Region	27
Appendix C. 2018 HUD-CoC program awards for	30
Rochester/Monroe County	

EXECUTIVE SUMMARY

Introduction

The Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009 defined homeless as an individual or family who lacks a fixed, regular, and adequate nighttime residence, such as those living in emergency shelters, transitional housing, or places not meant for habitation, or an individual or family who will imminently lose their primary nighttime residence (within 14 days), provided that no subsequent housing has been identified and the individual/family lacks support networks or resources needed to obtain housing, or unaccompanied youth under 25 years of age, or families with children and youth who qualify under other federal statutes, such as the Runaway and Homeless Youth Act, have not had a lease or ownership interest in a housing unit in the last 60 or more days, have had two or more moves in the last 60 days, and who are likely to continue to be unstably housed because of disability or multiple barriers to employment, or an individual or family who is fleeing or attempting to flee domestic violence, has no other residence, and lacks the resources or support networks to obtain other permanent housing.

Preventing and ending homelessness requires a strong interagency, cross-sector approach including all levels of government and the private, nonprofit, and faith sectors. The U.S. Interagency Council on Homelessness (USICH) states, "An end to homelessness means that every community will have a comprehensive response in place that ensures homelessness is prevented whenever possible, or if it can't be prevented, **it is a rare, brief, and one-time experience**."

Using evidence-based approaches, the USICH has determined that communities need to (1) quickly identify and engage people at risk of and experiencing homelessness, (2) intervene to prevent people from losing their housing and divert people from entering the homelessness services system, (3) provide people with immediate access to shelter and crisis services without barriers to entry if homelessness does occur, and (4) quickly connect people experiencing homelessness to housing assistance and services tailored to their unique needs and strengths to help them achieve and maintain stable housing.

A systemic approach to preventing and eliminating homelessness requires an interagency cross-sector approach focused on stable housing, a data driven approach to know the needs of each homeless person or family, and coordinated services that include: integrated primary care-behavioral health, career pathways, education connections for children and youth, crisis response services, and reduction of involvement with the criminal justice system.

Overview of Rochester, NY

Rochester is the third largest city in the state of New York, with an estimated population of 203,792. The city has lost 3.2% of its population since 2010, with an estimated annual loss of 0.6% for 2020. The gender distribution is 52% female and 48% male, and the median age is 31.9 years (30.8 years for males and 33 years for females). The larger Rochester urban area has about 720,000 residents while the metropolitan area (Monroe County) has 1.08 million, making it the second largest economy in New York after metropolitan New York City. Nevertheless, poverty in Monroe County, NY, is concentrated in the city of Rochester.

Rochester ranks third among the poorest top 75 largest metropolitan areas, after Detroit, MI, and Cleveland, OH. A third of the population live at or below 100% of the federal poverty line, half of those (16.1%) in extreme poverty (below 50% of the Federal Poverty Level [FPL]). Over half of the children under 18 live in poverty (51.9%). Poverty in Rochester is higher than the national average for every race and ethnicity: 23% among whites vs. the 10% national average, 40% among Blacks vs. 27% average, and 44% among Latinos/Hispanics vs. 23% nationally. Considering that the FPL in 2017 was \$24,600 for a family of 4, or \$12,060 for 1 person, about 32,000 people in Rochester are living on about \$230 a week. One in 5 households (19.6%) earn under a third of the median income for the city, which means that about 16,000 of them are at risk of homelessness if they do not have an appropriate support network and suffer from any chronic condition or a catastrophic situation.

Poverty in Rochester disproportionately affects women. Only a quarter (24.7%) of female-headed households own a house (vs. 33.3% males), and women earn on average over \$3,000 less than males (\$28,640 vs. \$31,807).

Unemployment and job market

The Rochester area has seen little growth in both population and employment in recent decades. The number of manufacturing jobs in the region has shrunk from 20% in 2000 to 11% in 2017. Currently, the education and health services sector are the largest in the metropolitan area with nearly 24% of all nonfarm payrolls. Combined, these sectors added 40,000 jobs from 2000 forward, significantly offsetting in numbers the 48,000-job decline in manufacturing. From February 2010 to December 2019, the monthly unemployment rate went from 11.4% to 6.1%, a decrease of 46.5%. Growth in employment has been driven by the University of Rochester, medical services, and a number of small- to medium-sized technology and innovation companies including optics, imaging, and photonics, often working in partnership with local higher education institutions.

Income and cost of living

The 2020 minimum wage for the state of New York, outside of the greater NY City area, is \$11.80/hour. Living wages for Rochester, NY, are estimated at \$11.99 for a single individual, \$19.96 for a 2-parent family (both working) with 2 children, \$26.27 for a 2-parent family (only 1 working) with 2 children, \$27.09 for a single parent family with 1 child, and \$37.14 for a single parent family with 2 children.

Having a full time-job does not guarantee self-sufficiency in Rochester. A quarter (24%.1) of the full-time workers in the Rochester Metro area still live below 200% of the FPL. Gender and racial inequities play an important role. According to a city–county joint report on wage disparities, the economic gain in the area since the Great Recession has not benefited the poor, especially women and people of color. Many part-time and seasonal workers live in poverty or are not self-sufficient, and people of color are over-represented in low-wage occupations in several key service industries.

In addition to having a large segment of the population living in poverty and not earning living wages, the cost of living in Rochester is higher than the U.S. average. Transportation and utilities drive up the cost of living in the area. According to a 2018 report from the Economic Policy Institute, the average annual cost of living for a family of four in the Rochester area was \$94,000, but the average salary was \$71,000.

Real estate market

Home values in Rochester have increased 53.25%, at a rate of 2.16% per year since 2000. The average sale price of a home was \$138K in September of 2019, up 6.2% since 2018. Although average home prices are lower than the national average, property taxes are higher than average and about 80% of the homes were built before 1970, many of which require expensive repairs. These factors make it difficult for people to own a house or qualify for a home loan based on their income. Of the limited new house construction in Rochester, a minimum is dedicated to lower income segments. Adding to the lack of affordable housing, many houses and apartments were bought by out-of-town investors during the 2008 housing crisis and are rented through management companies without any relationship or interest in the community.

Low-income people in Rochester are not only unable to secure affordable housing, they are losing their homes at twice the rate of the state of New York and the country. Foreclosures are concentrated in the area north of downtown. An estimated 8.2% of Rochester homeowners are underwater on their mortgage. Rents have also become less affordable in the city, with an average rent for an apartment in Rochester at \$1,097 (as of April 2020), up from \$819 in 2010. Home ownership has decreased 1% since 2000. Only 17% of households that earn less than \$20,000/year own their house, compared to 69% of those earning \$75,000 or more.

In essence, the socioeconomic situation in Rochester presents important risk factors for homelessness: the staggering number of people living under one third of the median household income for the region, an economic recovery that did not lift women and people of color out of poverty, a high rate of single female family earners that suffer from gender and racial wage inequities, a housing market that prices poor out of home ownership or renting opportunities, and cost of living increases—in particular transportation, taxes, and utilities.

Homelessness in Rochester, NY

Monroe County and the city of Rochester have a Continuum of Care collaborative (CoC), Partners Ending Homelessness (PEH). PEH receives HUD funding through a yearly application. PEH plays a dual role: to plan and coordinate homeless housing and services, as well as oversee the community's HUD CoC program grant application and local sub-granting. The Homeless Services Network (HSN) managed by PEH is composed of more than 60 organizations and individuals directly involved in providing services to the homeless in the area.

PEH also manages the coordinated entry system used to record and analyze client, service, and housing data for individuals and families who are homeless or at risk of homelessness. Per HUD guidelines, the coordinated entry process assures that people with the greatest needs receive priority for any type of housing and homeless assistance available. All PEH partners in Monroe County must conduct a standardized needs assessment, enter it into the homeless management information system, and allocate housing resources to those at the top of the priority list for the entire CoC, not just for their clients.

Using Point in Time (PIT) counts provided by HUD for every congressional district in the U.S., the data for NY-500 (Rochester, Irondequoit, Greece/Monroe County CoC) shows an average 2.85% yearly increase in the number of homeless since 2010. This increase does not appear to occur equally across gender, age, and ethnic groups. Gender data available since 2015 shows an average 5% yearly decrease in the

number of female homeless and an average 8.5% yearly increase among males. In terms of age, there has been an average 8.7% decrease in the number of homeless children under 18, an average 10.3% yearly decrease in youth aged 18–24, and an average 12.4% yearly increase in people age 25 and older.

Ethnicity data available from 2017 shows that homelessness in Rochester disproportionately affects Blacks. While Blacks are 40% of the total population in the Rochester metro area, they represent about 55% of the homeless population. Latinos/Hispanics represent 19% of the homeless people and 18% of the general population, while non-Hispanic whites are 39% of the homeless and 47% of the homeless. Homelessness among Latinos/Hispanics decreased an average 7.5% every year since 2017 and 2% for whites, but it remained unchanged among Blacks.

The Rochester/Monroe County PEH CoC has made dramatic progress toward eliminating homeless among veterans. The area went from 100 unsheltered veterans in 2015 to only 5 in 2019, and from 0 sheltered veterans to 65 in the same period. The majority (50) of the 70 homeless veterans identified during the 2019 PIT count were in transitional housing, 2 in permanent supporting housing, and 13 in emergency shelters.

Funding ecosystem

Public funds to prevent and end homelessness in Rochester come from federal (HUD's CoC program and ESG grants), state (HHAP), Positive Social Purpose impact programs (PSP), and city and county resources. The HUD CoC program provides funds for permanent housing, transitional housing, supportive services only, information systems, and, in some cases, homelessness prevention. The 2018 funding award to the Rochester/Monroe County CoC was \$12,511,442, distributed to Permanent Supportive Housing (69%), Rapid Rehousing (18%), joint Transitional Housing–Rapid Rehousing (2%), Transitional Housing (4%), Supportive Services only (2%), Homeless Management Information System (2%), and CoC planning (3%).

HUD's Emergency Solutions Grants (ESG) also provide states, urban counties, and metro areas funding to prevent and end homelessness. ESG funds can be sub-granted to local housing authorities and nonprofits. NY State Homeless Housing and Assistance Program (HHAP) provides capital grants and loans to not-for-profit corporations, charitable and religious organizations, municipalities and public corporations to acquire, construct, or rehabilitate housing for persons who are homeless and are unable to secure adequate housing without special assistance. Navigating the public funding system to have sufficient funds to provide comprehensive services is a complicated process. Many small agencies in Rochester are not equipped to prepare these applications or are not eligible for public funding.

The WGMCF invested \$600,883 in Human Services programs from 2018 to 2020 (fiscal years). Mapping the Fund's investments according to the components of a homelessness prevention and elimination systems approach shows that all of the 10 organizations funded in the category of Human Services explicitly take a systems approach to homelessness, although not all of them address every one of the system components or are connected to the CoC. Seven of them provide housing stabilization services, 5 social service supports, 4 employment support, 4 primary care/behavioral health, 3 food security, and 2 provide domestic violence services and reduction of involvement with the criminal justice system. None of them work with first responders. Eight of the grantees are active participants on the CoC and follow a data driven approach. One of them does not participate in the CoC but does active referrals to services that they do not provide, and 1 is not part of the CoC and does not provide referrals to other services.

Conclusions

- 1. A systems approach to homelessness is necessary to address a highly complex problem, with multiple determinant factors that no single organization can address in its totality and no single funder can aspire to solve in a community.
- 2. The Continuum of Care (CoC) coalition in Rochester, NY, has been in place for almost 10 years and organizes the community to assess the needs of homeless people, apply for federal and state funding, coordinates and oversees the dispersion and use of funds, and fosters a culture of data and learning among all organizations involved.
- 3. The city of Rochester has seen economic changes in the last 10 years that have put lower income people at a disadvantage, with employment shifting from manufacturing to jobs that require higher education, increasing housing prices, increasing cost of living, lower housing availability and decreasing living wages for the poor. One in 5 households (16,000) can be at risk of homelessness if they do not have an appropriate support network and suffer from any chronic condition or a catastrophic situation.
- 4. Three-fourths of the housing inventory in Rochester is more than 50 years old, and new construction has focused on higher end properties. The aging lower cost housing units need costly repairs, which in conjunction with high property taxes, make it very difficult for low income people to qualify for a mortgage.
- 5. There is a critical lack of affordable housing in Rochester, due to a combination of lack of new construction of low-income units and a large number of properties owned by investors that are not part of the community and have no interest in investing in their properties.
- 6. Landlords pricing rentals at the totality of the subsidies available to poor individuals leaves them with no money to pay for other needs.
- 7. The Rochester community has succeeded in essentially eliminating homelessness among veterans. Homelessness among youth and families has also decreased but the numbers are still of concern. The increase in the total number of homeless—almost 3% a year—is mostly driven by men 25 and over.
- 8. Reducing chronic homelessness will require expansion of the programs available for men who do not qualify for transitional housing programs, including housing, living wages and social supports tailored to the needs of these individuals.
- 9. Rochester has a data driven approach that prioritizes people with more urgent needs, but the system lacks the capacity to facilitate interagency data sharing and collaborations that are necessary to track chronic and intergenerational homelessness and improve service coordination.

A SYSTEMS APPROACH LANDSCAPE ANALYSIS OF THE SITUATION OF HOMELESSNESS IN ROCHESTER, NY

1. Definition of homelessness

The Social Security Administration defines homeless or transient as "an individual with no permanent living arrangement, i.e., no fixed place of residence, or someone who is neither a member of a household nor a resident of an institution. For example: Someone who sleeps in doorways, overnight shelters, parks, bus stations, etc.; or a person who stays with a succession of friends or relatives and has no permanent living arrangement on the first moment of the month." Social Security Administration Program Operations Manual System (POMS): https://secure.ssa.gov/apps10/poms.nsf/lnx/0500835060

The SSA definition is the narrowest one provided by the government, although it includes people who stay in different homes with no living arrangements (couch surfing). The U.S. Department of Housing and Urban Development (HUD) and the U.S. Department of Veterans Affairs (VA) Supportive Services for Veteran Families (SSVF) use the definition stated by the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009 (note: The HUD definition does not include couch surfing), as follows.

1. An individual or family who lacks a fixed, regular, and adequate nighttime residence, such as those living in emergency shelters, transitional housing, or places not meant for habitation, **or**

2. An individual or family who will imminently lose their primary nighttime residence (within 14 days), provided that no subsequent housing has been identified and the individual/family lacks support networks or resources needed to obtain housing, **or**

3. Unaccompanied youth under 25 years of age, or families with children and youth who qualify under other Federal statutes, such as the Runaway and Homeless Youth Act, have not had a lease or ownership interest in a housing unit in the last 60 or more days, have had two or more moves in the last 60 days, and who are likely to continue to be unstably housed because of disability or multiple barriers to employment, **or**

4. An individual or family who is fleeing or attempting to flee domestic violence, has no other residence, and lacks the resources or support networks to obtain other permanent housing.

People at risk of homelessness include individuals and families who:

- Have an annual income below 30% of median family income for the area, as determined by HUD, and
- Do not have sufficient resources or support networks, immediately available to prevent them from moving to an emergency shelter or place not meant for habitation, **and**
- Exhibit one or more risk factors of homelessness, including recent housing instability or exiting a publicly funded institution or system of care such as foster care or a mental health facility.

2. Systems approach best practices to eliminate homelessness

Preventing and ending homelessness requires a strong interagency, cross-sector approach including all levels of government and the private, nonprofit, and faith sectors. The U.S. Interagency Council on Homelessness (USICH) states, "An end to homelessness means that every community will have a

comprehensive response in place that ensures homelessness is prevented whenever possible, or if it can't be prevented, it is a rare, brief, and one-time experience." <u>https://www.usich.gov/</u>

Using evidence-based approaches, USICH has determined that communities need to (1) quickly identify and engage people at risk of and experiencing homelessness, (2) intervene to prevent people from losing their housing and divert people from entering the homelessness services system, (3) provide people with immediate access to shelter and crisis services without barriers to entry if homelessness does occur, and (4) quickly connect people experiencing homelessness to housing assistance and services tailored to their unique needs and strengths to help them achieve and maintain stable housing.

A systemic approach to preventing and eliminating homelessness requires an interagency cross-sector approach focused on stable housing, a data driven approach to know the needs of each homeless person or family, and coordinated services that include: integrated primary-behavioral health, career pathways, education connections for children and youth, crisis response services, and reduction of involvement with the criminal justice system (Figure 1). A detailed description of the key components of a systems approach to end homelessness is presented in Appendix A.

Siloed services are less likely to have a stable transformative impact on homeless families and individuals. Constant communication among public and private organizations and officials, and the use of management information systems allow organizations to know the needs of individuals and the services they have received, regardless of their point of entry into the system. This approach helps communities individualize assistance and prioritize the most vulnerable. Coordinated entry and referral systems are essential for a systemic approach to preventing and ending homelessness.

Multiple studies have shown the effectiveness of the "housing first" approach, getting homeless individuals and families permanent housing first, then helping them find stability by addressing other needs that they have (Appendix B). Other approaches require people to meet conditions, such as sobriety or employment, first before they can "earn" housing.

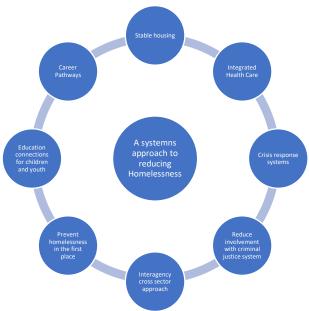


Figure 1. A systems approach to prevent and end homelessness

3. Overview of Rochester, NY

3.1 General demographics

Rochester is the third largest city in the state of New York, with an estimated population of 203,792. The city has lost 3.2% of its population since 2010, with an estimated annual loss of 0.6% for 2020. The gender distribution is 52% female and 48% male, and the median age is 31.9 years (30.8 years for males and 33 years for females). The larger Rochester urban area has about 720,000 residents while the metropolitan area (Monroe County) has 1.08 million, making it the second largest economy in New York after metropolitan New York City. Nevertheless, poverty in Monroe County, NY, is concentrated in the city of Rochester.

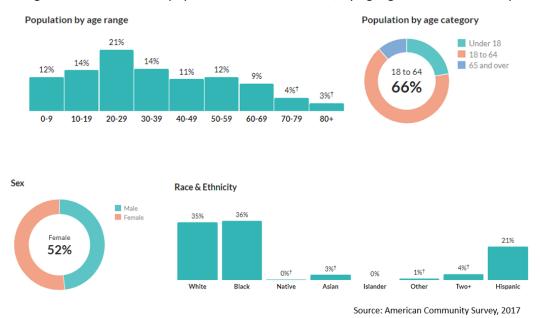


Figure 2. Distribution of population in Rochester, NY, by age, gender, and ethnicity

3.2 Poverty, income, cost of living, and housing

Rochester ranks third among the poorest top 75 largest metropolitan areas, after Detroit, MI, and Cleveland, OH. A third of the population live at or below 100% of the FPL, half of those (16.1%) in extreme poverty (below 50% of the FPL). Over half of the children under 18 live in poverty (51.9%). Poverty in Rochester is higher than the national average for every race and ethnicity: 23% among whites vs. the 10% national average, 40% among Blacks vs. 27% national average, and 44% among Latinos/Hispanics vs. 23% nationally (Figure 3). Considering that the federal poverty line in 2017 was \$24,600 for a family of four, or \$12,060 for one person, about 32,000 people in Rochester are living on about \$230 a week. One in 5 households (19.6%) earn under a third of the median income for the city, which means that about 16,000 of them are at risk of homelessness if they do not have an appropriate support network and suffer from any chronic condition or a catastrophic situation.

Poverty in Rochester disproportionately affects women. Only a quarter (24.7%) of female-headed households own a house (vs. 33.3% males), and women earn on average over \$3,000 less than males

(\$28,640 vs. \$31,807). Female headed households with no husband present represent 81.2% of the families living at or below poverty level.

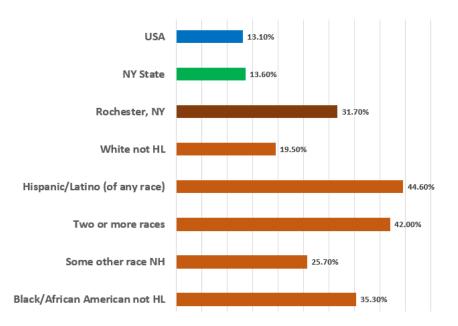
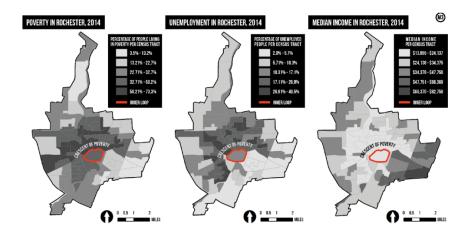


Figure 3. Population below federal poverty level in Rochester by ethnicity (ACS, 2017)

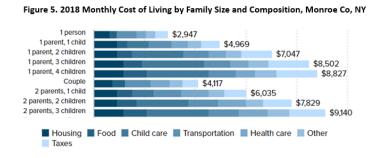
Although the entire city of Rochester has the highest poverty levels and lowest average incomes of any city of comparable size, a geographical analysis by Jeanette Petti ("A Geospatial Analysis of the Physical and Economic Consequences of Rochester's Inner Loop," Cornell Policy Review, June 2017) found that poverty in Rochester is concentrated in certain zip codes that the author named the "crescent of poverty," comprised essentially of zip codes 16605, 06, 08, 11, and 21 (Figure 4). Poverty and unemployment are twice as high in those zip codes compared to the entire city.

Figure 4. Rochester crescent of poverty



Income and cost of living

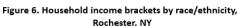
Having a full time-job does not guarantee self-sufficiency. A quarter (24%.1) of the full-time workers in the Rochester Metro area still live below 200% of the FPL. Gender and racial inequities play an important role. According to a city–county joint report on wage disparities, the economic gain in the area since the Great Recession has not benefited the poor, especially women and people of color. Many part-time and seasonal workers live in poverty or are not self-sufficient. People of color are overrepresented in low-wage occupations in several key service industries. Women, Black and Latinos/Hispanic workers in Monroe County earn less on the dollar than white males in most sectors. Full-time male employees in Monroe County earn about 1.2 times more than their female counterparts across local industries.

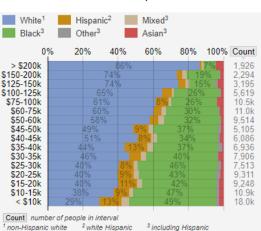


In addition to having a large segment of the population living in poverty and not earning living wages, the cost of living in Rochester is higher than the U.S. average. Transportation and utilities drive up the cost of living in the area (Figure 5). According to a 2018 report form the Economic Policy Institute, the average annual cost of living for a family of four in

the Rochester area was \$94,000, but the average salary was \$71,000.

The median household income in Rochester, NY in 2017 was \$33,588, almost half of the \$64,894 for the entire state of New York. Compared to the median household income for the entire city, non-Hispanic whites earn 133%, Blacks 79%, Latinos/Hispanics 73%, and Native Americans 68%. The household income distribution by race/ethnicity in Rochester shows increasing percentage of whites and decreasing percentage of people of color in the higher income brackets (Figure 6) <u>https://statisticalatlas.com/place/New-York/Rochester/Household-Income#figure/household-income-distribution-byrace)</u>





Real estate market

Home values have increased 53.25%, at a rate of 2.16% per year since 2000. The average sale price of a home in Rochester was \$138K in September of 2019, up 6.2% since 2018. Although average home prices are lower than the national average, property taxes are higher than average and about 80% of the homes were built before 1970, many of which require expensive repairs. These factors make it difficult for people to own a house or qualify for a home loan based on their income. (Figure 7 https://www.neighborhoodscout.com/ny/rochester/real-estate)

Although the city is fostering new apartment and condo construction, the focus is especially luxury properties, driving up property values (12% in 2018). Most of this involves tearing down run-down units or industrial buildings and putting up higher end housing, not adding new livable units to the area that could eventually lower rents and/or property values. Adding to the lack of affordable housing, many houses and apartments were bought by out of town investors during the 2008 housing crisis and are rented through management companies without any relationship or interest in the community.

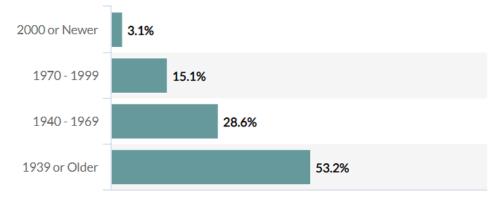


Figure 7. Percentage of Homes by Year Built, Rochester, NY

Low-income people in Rochester are not only unable to secure affordable housing, they are losing their homes at twice the rate of the state of New York and the country. Foreclosures are concentrated in the "crescent of poverty" mentioned above. An estimated 8.2% of Rochester homeowners underwater on their mortgage. Rents have also become less affordable in the city, with an average rent for an apartment in Rochester at \$1,097 (as of April 2020), up from \$819 in 2010. Home ownership has decreased 1% since 2000. Only 17% of households that earn less than \$20,000/year own their house, compared to 69% of those earning \$75,000 or more. (Figure 8)

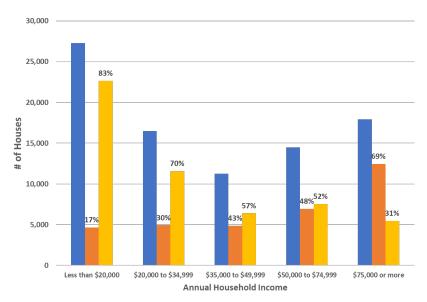


Figure 8. Home ownership by household income (ACS, 2017)

[🗖] Total 📕 Own 📕 Rent

In essence, the socioeconomic situation in Rochester presents important risk factors for homelessness: the staggering number of people living under one third of the median household income for the region, an economic recovery that did not lift women and people of color out of poverty, a high rate of single female family earners that suffer from gender and racial wage inequities, a housing market that prices poor out of home ownership or renting opportunities, and cost of living increases—in particular transportation, taxes, and utilities.

3.3 Unemployment and job market

Rochester's economy was historically centered around large manufacturing companies such as Eastman Kodak, Bausch & Lomb, and Xerox, but the number of manufacturing jobs in the region has shrunk from 20% in 2000 to 11% in 2017. As a result, the Rochester area has seen little growth in both population and employment in recent decades.

Currently, the education and health services sector are the largest in the metropolitan area with nearly 24% of all nonfarm payrolls. Combined, these sectors added 40,000 jobs from 2000 forward, significantly offsetting the 48,000-job decline in manufacturing during the same period. This sector includes the University of Rochester (UR), which has 27,600 employees and an enrollment of nearly 11,250 students. According to the 2018 UR Center for Governmental Research Report, the university is estimated to be responsible for 25,900 indirect jobs throughout New York, resulting in approximately \$3.5 billion in wages, \$99 million student spending, and \$1 billion in purchased goods and services per year (https://www.rochester.edu/newscenter/understanding-the-universitys-economic-impact-282532/). The area is also a technology and innovation hub, including optics, imaging, and photonics, which includes several small to medium-sized companies often working in partnership with local higher education institutions. Table 1 shows the top 10 employers in the Rochester area (see Appendix A for a full list of employers with 500+ employees).

Company Name	Total Local Employees	Description of Business
University of Rochester	28,923	Higher education, research, health care
Rochester Regional Health	15,753	Integrated health care services
Wegmans Food Markets Inc.	13,606	Supermarkets
Xerox Corp.	6,051	Document systems, software, services and supplies
Rochester General Hospital	5,078	Health care
Paychex Inc.	4,180	Payroll & HR services
Rochester Institute of Technology	4,111	Higher education
Lifetime Healthcare Cos., Inc.	3,569	Health insurance, health care services, home, and hospice care
Harris Corp.	3,450	Defense company developing advanced technologies for customers worldwide
Sutherland Global Services Inc.	2,952	Business process outsourcing

Table 1. Top 10 employers (by number of employees) in the Rochester, NY, area*

*Source: Rochester Business Journal, Book of Lists, 2017

Unemployment in the region had been steadily declining since the Great Recession. Figure 9 shows the monthly unemployment rate for the area, compared to the U.S. From February 2010 to December 2019,

the monthly unemployment rate went from 11.4% to 6.1%, a decrease of 46.5%. As of May 15, 2020, there is not an estimation of the job losses caused by the COVID-19 pandemic.



Figure 9. Monthly unemployment rates, Rochester, NY

The 2020 minimum wage for the state of New York, outside of the greater NY City area, is \$11.80/hour. Living wages for Rochester, NY, are estimated at \$11.99 for a single individual, \$19.96 for a 2-parent family (both working) with 2 children, \$26.27 for a 2-parent family (only 1 working) with 2 children, \$27.09 for a single parent family with 1 child, and \$37.14 for a single parent family with 2 children (<u>https://livingwage.mit.edu/metros/40380</u>). This is an important reference for job training programs. A single individual without children in Rochester would be right below a living wage if she/he is employed at minimum wage, but a single parent with 2 children needs a job that pays 3 times as much. A family who is homeless or at risk of homelessness needs support to have employment that pays living wages according to their needs to get out of, or avoid falling into, homelessness.

Table 2 presents the estimated average wages paid by different types of business, the number of such businesses in the Rochester, NY area, and their total number of employees. The estimation of average wages is based on the total yearly payroll for each type of businesses and the total number of individuals each type employs. Since it is an average, significant variation can be expected, but the data serves to identify the type of business that pays average salaries closer to the living wages of families. The business type that pays on average the living wages needed for each of the types of families mentioned above is highlighted as the minimum needed, and every type of business above it would thus satisfy such needs. It is important to note, though, that women and people of color employed in sectors that pay higher on average occupy the lowest paid jobs in these industries.

The New York Department of Labor collects yearly data of the significant industries in each region of the state. The metropolitan area of Rochester concentrates most of the economic activity of the Finger Lakes Region. Table 3 shows past and projected changes in the number of jobs, and the average salaries by economic sector. Appendix B further details the information by occupational title, training, and experience needed by sector. Tailoring job training programs to the wage needs of the family, and creating strategic partnership with training institutions and employers may help put people at risk of, or experiencing homelessness, on the path to self-sufficiency.

Several occupations that pay living wages in the area are expected to grow in the next 6 years and can employ individuals with low experience and short term or career-building training. Of the specialty trade contractors occupations expected to grow over 12% in the upcoming years, electricians, plumbers, pipe fitters, steamfitters, and heating, AC, and refrigeration mechanics and installers pay above \$42,000/year on average, require only technical education, little or no experience, and provide apprenticeship—on the job training opportunities. In the food manufacturing industry, packaging and filling machine operators and tenders, food batchmakers, and industrial truck and tractor operators pay over \$29,000/year on average and require little or no training and provide on-the-job training opportunities.

Of the professionals, scientific and technical service occupations in the Rochester area (over 13% expected growth), computer user support specialists and sales representatives and services pay on average over \$50,000/year and require only short term technical education (e.g., computer repair or programming boot camps). Of the ambulatory healthcare services occupations, home health aides pay on average \$28,000/year, and emergency medical technicians and paramedics pay about \$39,000, both expected to grow over 40% and requiring short term training. In addition, two occupations in the hospital sector may provide a career pathway to living wages: nursing assistants, that pay about \$29,000/year in average and require short term training and no experience, and licensed practical and vocational nurses, a step up that pays about \$40,000/year and require a few months of additional training. Both occupations are expected to grow above 13% in the Rochester area in the next few years.

Economic sector**	# of employers**	#	of employees**	A	vg yr salary	Avg l	our rate	Avg # workers/bsn
Management of companies and enterprises	136		8,875	\$	92,749.52	\$	44.59	65
Finance and insurance	1035		12,338	\$	83,471.39	^ \$	40.13	12
Information	357		11,225	\$	71,063.43	\$	34.17	31
Agriculture, forestry, fishing and hunting	9		158	\$	68,082.28	\$	32.73	18
Wholesale trade	952		16,254	\$	65,440.63	\$	31.46	17
Professional, scientific, and technical service	2019		28,163	\$	62,820.58	\$	30.20	14
Construction	1618		12,423	\$	61,618.29	\$	29.62	8
Manufacturing	856		35,472	\$	58,045.39	^ \$	27.91	41
Educational services	297		31,358	\$	45,246.41	\$	21.75	106
Real estate and rental and leasing	849		6,125	\$	44,543.35	\$	21.42	7
Health care and social assistance	1992		70,333	\$	41,373.99	^ \$	19.89	35
Transportation and warehousing	387		8,048	\$	40,051.94	\$	19.26	21
Administrative and support and waste manage	1043		29,370	\$	37,365.68	\$	17.96	28
Mining, quarrying, and oil and gas extraction	6		105	\$	32,266.67	\$	15.51	18
Other services (except public administration)	1748		11,459	\$	30,917.01	\$	14.86	7
Retail trade	2320		41,032	\$	25,129.19	^ \$	12.08	18
Industries not classified	13		13	\$	24,153.85	\$	11.61	1
Arts, entertainment, and recreation	323		6,589	\$	19,481.26	\$	9.37	20
Accommodation and food services	1753		28,900	\$	17,667.68	\$	8.49	16
Total for all sectors	17,739		359314					
Living wages for Rochester, NY*								
Single individual		\$	11.99					
Single parent family with 1 child		\$	27.09	Sources:				
Single parent family with 2 children		\$	37.14	*https://livingwage.mit.edu/metros/40380				0380
2-parent family (one working) with 2 children	n	\$	26.27	** US Census: County Business Patterns by				
2-parent family (both working) with 2 childre	en	\$	19.96	Leg	al Form of Org &	Emplo	/ment Size	Class: 2017

Table 2. Estimated average wages paid by different types of business in Rochester, NY

NAICS	Inductor Name	Jol	os	Net Change	% Change in	Average	Projected % Change in	Why Industry
Industry Code	Industry Name	2013*	2018*	in Jobs, 2013-2018	Jobs, 2013-2018	Annual Wage, 2018	Jobs, 2016-2026	is Significant**
	Total, all industries (all ownerships)	540,600	559,800	19,200	3.6%	\$49,200	9.8%	NA
238	Specialty trade contractors	12,400	14,600	2,200	17.7%	\$58,800	14.0%	G, J, W, P
311	Food manufacturing	6,300	6,900	600	9.5%	\$51,500	15.6%	G, W, P
333	Machinery manufacturing	12,100	10,800	-1,300	-10.7%	\$79,300	-9.9%	J, W
334	Computer and electronic product manufacturing	9,000	10,200	1,200	13.3%	\$88,200	1.5%	G, J, W
541	Professional, scientific and technical services	25,300	27,600	2,300	9.1%	\$70,400	15.1%	G, J, W, P
551	Management of companies and enterprises	12,400	10,600	-1,800	-14.5%	\$98,800	8.9%	J, W
611	Educational services	70,500	74,800	4,300	6.1%	\$54,500	10.4%	G, J, W, P
621	Ambulatory health care services	20,700	21,400	700	3.4%	\$50,000	38.3%	J, P, W
622	Hospitals	29,500	33,900	4,400	14.9%	\$58,700	10.3%	G, J, W, P
623	Nursing and residential care facilities	23,100	24,200	1,100	4.8%	\$34,400	21.7%	G, J, P
624	Social assistance	13,500	15,600	2,100	15.6%	\$26,500	26.5%	G, J, P

Table 3. Significant Industries – Finger Lakes Region

Source: NY State Department of Labor- Significant Industries, 2019

G: Industry experienced above-average job growth; can be net or percentage growth J: Industry employs a significant number of jobs (>10,000) P: Above-average growth projected for 2016-2026

W: Industry pays above-average wages

4. Homelessness in Rochester, NY

4.1 Continuum of Care collaborative

Monroe County and the city of Rochester have a Continuum of Care (CoC)—rebranded as Partners Ending Homelessness (PEH) in 2019—based on the model introduced by the U.S. Department of Housing and Urban Development. PEH receives HUD funding through a yearly collaborative application. PEH plays a dual role: to plan and coordinate homeless housing and services, as well as oversee the community's HUD CoC program grant application and local sub-granting. The Homeless Services Network (HSN) managed by PEH is composed of more than 60 organizations and individuals directly involved in providing services to the homeless in the area.

Partners Ending Homelessness also manages the coordinated entry system used to record and analyze client, service, and housing data for individuals and families who are homeless or at risk of homelessness. Per HUD guidelines, the coordinated entry process assures that people with the greatest needs receive priority for any type of housing and homeless assistance available. All PEH partners in Monroe County must conduct a standardized needs assessment, enter it into the homeless management information system, and allocate housing resources to those at the top of the priority list for the entire CoC, not just for their clients.

The coordinated entry process does not exclude people for assistance because of lack of employment or income, drug or alcohol use, having a criminal record, or other barriers, assuring that people are housed quickly without preconditions or service participation requirements following the housing first approach (Figure 9). Since resources for permanent housing are scarce and people with disabilities rise to the top of the priority list, people without a documented disability have the most barriers to enter and remain in the system. Although they are eligible for rapid re-housing and may receive supports that are phased out over two years, they may get penalized and put into a probationary period for non-compliance (e.g., a fight during their stay at a shelter), further complicating their pathway to stability. In addition, they

receive a \$450/monthly subsidy and landlords price rents exactly at that price, thus leaving them with no cash to fulfill any other need.

HUD is phasing out transitional housing and that creates a hybrid situation that may not facilitate access for individuals that cycle through the system repeatedly, particularly men over 40 years of age. HUD changed the definition of homelessness a few years ago, making a 12-month cumulative period of homelessness in the past 3 years. Couch surfing is not included in the definition of homelessness, although it is very often the way many of the most vulnerable people live. People returning from prison or being discharged from mental health facilities, for example, may couch surf with friends or relatives and use emergency shelters only when asked to leave, but not long enough to make it 12 months in 3 years.





Most of the people that run through emergency shelters (e.g., Catholic Family Services) are put through the coordinated entry system, though some people may only need temporary shelter. In addition, there is a group of about 20 chronically homeless individuals in Rochester that chose not to go to shelters or be put through the coordinated entry system. Most of them live in tents on a parking lot designated by the city for that purpose (Peace Village).

Virtually all shelters in the Rochester area participate in the coordinated entry, but not all organizations part of the Homeless Services Network (HSN) are part of the PEH (CoC), and not all provide shelter or housing alternatives. Many provide food, clothing, behavioral health, education, or other support services. As of May 2020, there is not an integrated system to share information about clients' needs besides the housing needs shared through the management information systems. PEH members make electronic referrals to agencies providing complementary services, but currently there is not a way to assure that clients present at the service they are referred to.

An important limitation to providing all the services needed by the homeless families or individuals is that needs are not apparent or necessarily brought forward by clients at intake. Families and individuals that move into permanent housing have assigned case managers that identify their needs and coordinate the provision of services. Positive Social Purpose (PSP) and Emergency Solutions Grants (ESG) funds allow the provision of case management and additional support services. ESG grants channeled through the state of New York only fund case management.

(See section 5.1 Public funds for further explanation of these funding mechanisms).

4.2 Homelessness data trends

Homelessness data in the United States is imprecise. The best available source comes from the yearly Point in Time counts (PIT). The PIT is a count of people experiencing homelessness sheltered in

emergency shelter, transitional housing, and safe havens, and unsheltered, on a single night in January in the area of every CoC. Each count is planned, coordinated, and carried out locally. CoCs put great effort into having the most accurate and reliable PIT every year, and this data provides a very valuable window into the problem of homelessness. Caution should be taken interpreting trends given important sources of bias, such as seasonal variations and the challenge of counting homeless individuals that are not in shelters or visibly on the street (e.g., people living in their cars).

Using PIT counts provided by HUD for every congressional district in the US, the data for NY-500 (Rochester, Irondequoit, Greece/Monroe County CoC) shows an average 2.85% yearly increase in the number of homeless since 2010 (Figure 10). This increase does not appear to occur equally across gender, age, and ethnic groups. Gender data available since 2015 show an average 5% yearly decrease in the number of female homeless and an average 8.5% yearly increase among males (Figure 11). In terms of age, there has been an average 8.7% decrease in the number of homeless children under 18, an average 10.3% yearly decrease in youth aged 18–24, and an average 12.4% yearly increase in people aged 25 and older (Figure 12).

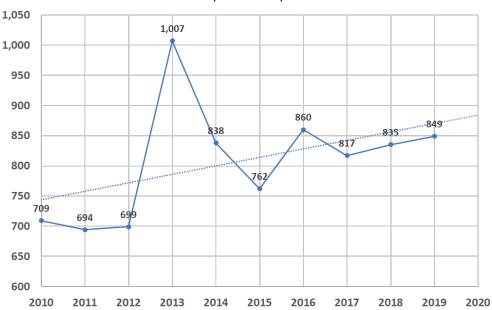


Figure 10. Total number of homeless people in Rochester/Monroe Co., 2010–2019 (PIT Counts)

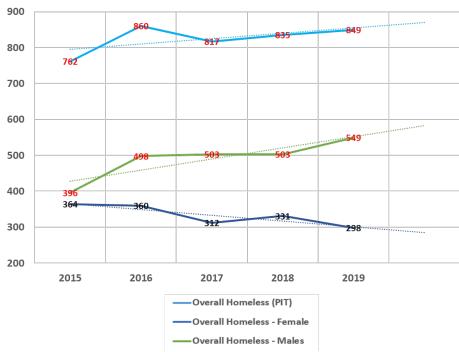
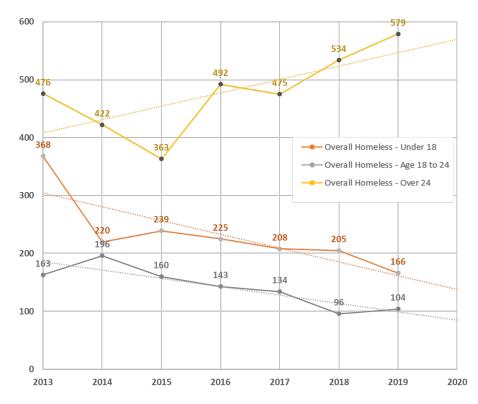


Figure 11. Homeless population by gender in Rochester/Monroe Co., 2015–2019 (PIT Counts)

Figure 12. Homeless population by age group in Rochester/Monroe Co., 2015–2019

(PIT Counts)



The data quality of the PIT counts has progressively increased, although not all the variables are compatible throughout the years. Ethnicity data available from 2017 shows that homelessness in Rochester disproportionately affects Blacks. While Blacks are 40% of the total population in the Rochester metro area, they represent about 55% of the homeless population. Latinos/Hispanics represent 19% of the homeless people and 18% of the general population, while non-Hispanic whites are 39% of the homeless and 47% of the homeless. (Table 4)

Year	Total PIT#	White	%	African American	%	Hispanic/ Latino	%
2019	849	329	39%	463	55%	159	19%
2018	835	317	38%	461	55%	153	18%
2017	817	316	39%	463	57%	136	17%
Total population (2018 ACS)		98,320	47%	83,740	40%	38,055	18%

Table 4. Homeless vs. total population by race/ethnicity, Rochester, NY

Year	Total PIT#	White	%	African American	%	Hispanic/ Latino	%
2019	849	329	39%	463	55%	159	19%
2018	835	317	38%	461	55%	153	18%
2017	817	316	39%	463	57%	136	17%
Total population (2018 ACS)		98,320	47%	83,740	40%	38,055	18%

The 2017–2019 PIT count data also shows a higher proportion of the population of Blacks and Latinos/Hispanics that are homeless in emergency shelters, and a lower proportion in transitional housing, than their white counterparts. Limited data points may not reflect the actual situation. PEH has started a deep data review on racial equity and has not yet identified racial inequities in their system. (Table 5)

Year	Sheltered TH Homeless Individuals	Sheltered TH Homeless Individuals - White	%	Sheltered TH Homeless Individuals - Black or African American	%	Sheltered TH Homeless Individuals - Hispanic/ Latino	%
2019	115	57	23	51	17	14	16
2018	128	70	36	58	22	12	18
2017	96	53	28	40	17	13	20
No	Sheltered ES	Sheltered ES Homeless		Sheltered ES Homeless Individuals -		Sheltered ES Homeless	
Year	Homeless IndividualS	Individuals - White	%	Black or African American	%	Individuals - Hispanic/Lati no	%
Year 2019		Individuals -	% 75	Black or African	% 81	Hispanic/Lati no	% 84
	IndividualS	Individuals - White		Black or African American		Hispanic/Lati no 73	

Table 5. Proportion of white, Black and Latino/Hispanic Homeless individuals in transitional housing (TH)and emergency shelters (ES)

Homelessness among veterans

The Rochester/Monroe County PEH CoC has made dramatic progress toward eliminating homeless among veterans. The area went from 100 unsheltered veterans in 2015 to only 5 in 2019, and from 0 sheltered veterans to 65 in the same period. The majority (50) of the 70 homeless veterans identified during the 2019 PIT count were in transitional housing, 2 in permanent supporting housing, and 13 in emergency shelters. (Table 6)

Table 6. Sheltered and unsheltered homeless veterans in Rochester, NY

Year	Sheltered Total Homeless Veterans	Unsheltered Homeless Veterans
2019	65	5
2018	65	8
2017	56	7
2016	1	53
2015	0	100

5. Homelessness in Rochester, NY—funding ecosystem

5.1 Public funds

Public funds to prevent and end homelessness in Rochester come from federal (HUD's CoC program and ESG grants), state (HHAP), Positive Social Purpose impact programs (PSP), and city and county resources.

The CoC program is designed to assist individuals (including unaccompanied youth) and families experiencing homelessness and to provide the services needed to help such individuals move into transitional and permanent housing, with the goal of long-term stability. The HUD CoC program provides funds for permanent housing, transitional housing, supportive services only, information systems, and, in some cases, homelessness prevention. PEH is the anchor organization in charge of coordinating the community-wide effort to submit the CoC Program proposal every year. The 2018 funding award to the Rochester/Monroe County CoC was \$12,511,442, distributed to Permanent Supportive Housing (69%), Rapid Rehousing (18%), joint Transitional Housing – Rapid Rehousing (2%), Transitional Housing (4%), Supportive Services only (2%), Homeless Management Information System (2%), and CoC planning (3%). The list of projects and amounts funded are included in Appendix C. https://files.hudexchange.info/reports/published/CoC_AwardComp_State_NY_2018.pdf

HUD's Emergency Solutions Grant (ESG) program funds states, urban counties, and metro areas to (1) engage homeless individuals and families living on the street, (2) improve the number and quality of emergency shelters for homeless individuals and families, (3) help operate these shelters, (4) provide essential services to shelter residents, (5) rapidly rehouse homeless individuals and families, and (6) prevent families/individuals from becoming homeless. ESG funds can be sub-granted to local housing authorities and nonprofits. https://www.hudexchange.info/programs/esg/

NY State Homeless Housing and Assistance Program (HHAP) provides capital grants and loans to not-forprofit corporations, charitable and religious organizations, municipalities and public corporations to acquire, construct, or rehabilitate housing for persons who are homeless and are unable to secure adequate housing without special assistance. Projects eligible for HHAP funding may serve families, single persons, youth, the elderly, as well as a range of special needs groups such as the homeless mentally disabled, victims of domestic violence, veterans, and persons with AIDS. HHAP funds are used by PEH partners for capital projects. <u>https://otda.ny.gov/programs/housing/hhap.asp</u>

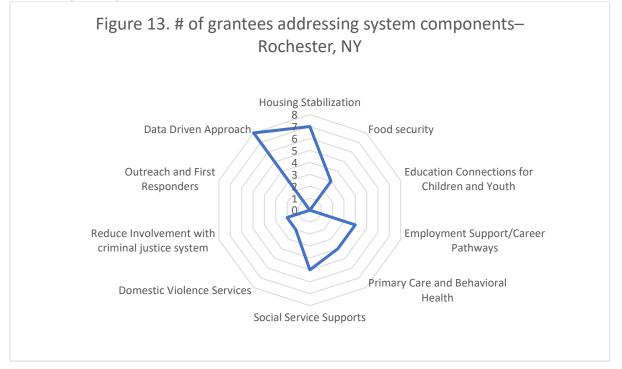
A complementary source of funding comes from Positive Social Purpose (PSP) impact lending programs. PSP funds are invested in facilities that service low- and moderate-income individuals, including transitional shelters for the homeless and healthcare centers, and in properties benefiting individuals and families earning less than the area's median income. Some additional funds are provided by the city of Rochester, NY, and Monroe County.

Navigating the public funding system to have sufficient funds to provide comprehensive services is a complicated process. Many small agencies in Rochester are not equipped to prepare these applications or are not eligible for public funding.

5.2 A systems approach mapping of the William G. McGowan Fund grants addressing homelessness in Rochester

The Fund invested \$600,883 in Human Services programs from 2018 to 2020 (fiscal years). It is possible to map the Fund's investments according to the components of a homelessness prevention and elimination systems approach (housing stabilization, food security, education connections for children and youth, employment support/career pathways, primary and behavioral health, social service supports, domestic violence services, reduce involvement with the criminal justice system, outreach and first responders, and data driven approach). All of the 10 organizations funded in the category of Human Services explicitly take a systems approach to homelessness, although not all of them address every one of the system components or are connected to the CoC. Seven of them provide housing stabilization services, 5 social service supports, 4 employment support, 4 primary care/behavioral health, 3 food security, and 2 provide domestic violence services and reduction of involvement with the criminal justice system. None of them work with first responders. Eight of the grantees are active participants on the CoC and follow a data driven approach. One of them does not participate in the CoC, but does active referrals to services that they don't provide, and 1 is not part of the CoC and does not provide referrals to other services.

Figure 13 shows how all the grantees in Rochester map against system components. Ideally, the totality of grantees and their partners should work on all components directly or through systemic connections. The web graph shows the areas where the WGMCF grantees are concentrated, though not the areas covered by other partners.



6. Conclusions

- 1. A systems approach to homelessness is necessary to address a highly complex problem, with multiple determinant factors that no single organization can address in its totality and no single funder can aspire to solve in a community.
- 2. The Continuum of Care (CoC) coalition in Rochester, NY, has been in place for almost 10 years and organizes the community to assess the needs of homeless people, apply for federal and state funding, coordinates and oversees the dispersion and use of funds, and fosters a culture of data and learning among all organizations involved.
- 3. The city of Rochester has seen economic changes in the last 10 years that have put lower income people at a disadvantage, with employment shifting from manufacturing to jobs that require higher education, increasing housing prices, increasing cost of living, lower housing availability, and decreasing living wages for the poor. One in 5 households (16,000) can be at risk of homelessness if they do not have an appropriate support network and suffer from any chronic condition or a catastrophic situation.
- 4. Three-fourths of the housing inventory in Rochester is more than 50 years old, and new construction has focused on higher end properties. The aging lower cost housing units need costly repairs, which in conjunction with high property taxes, make it very difficult for low income people to qualify for a mortgage.
- 5. There is a critical lack of affordable housing in Rochester, due to a combination of lack of new construction of low-income units and a large number of properties owned by investors that are not part of the community and have no interest in investing in their properties.
- 6. Landlords pricing rentals at the totality of the subsidies available to poor individuals leaves them with no money to pay for other needs.
- 7. The Rochester community has succeeded in essentially eliminating homelessness among veterans. Homelessness among youth and families has also decreased but the numbers are it still of concern. The increase in the total number of homeless—almost 3% a year—is mostly driven by men 25 and over.
- 8. Reducing chronic homelessness will require expansion of the programs available for men who do not qualify for transitional housing programs, including housing, living wages, and social supports tailored to the needs of these individuals.
- Rochester has a data driven approach that prioritizes people with more urgent needs, but the system lacks the capacity to facilitate interagency data sharing and collaborations that are necessary to track chronic and intergenerational homelessness and improve service coordination.

APPENDIX A

KEY COMPONENTS OF A SYSTEMS APPROACH TO PREVENT AND END HOMELESSNESS

STABLE HOUSING

Crisis response system organizations coordinate with housing providers

Street outreach providers, emergency shelters, and other parts of the crisis response system work closely with housing providers to connect people to permanent housing as quickly as possible

Data driven matching of people's needs to the right providers

Data driven coordinated assessment system for matching people experiencing homelessness to the most appropriate housing and services based on their needs

Streamlined process for housing

Unified and streamlined process for applying for rapid re-housing, supportive housing, and/or other housing interventions, a centralized program to connect landlords-supporting agencies tenants, and housing search assistance

Range of local housing options

Collaboration to ensure that a range of affordable and supportive housing options and models are available to meet local needs

Coordination and assistance to prevent barriers to housing

There is coordination, assistance to individuals and families in need, and advocacy to assure that policies and regulations related to supportive housing, social and health services, benefit and entitlement programs, and other essential services do not create needless barriers to housing

Prevention of return to homelessness

Monitoring and supports to ensure that people are not evicted back into homelessness. This includes combining non-time-limited affordable housing assistance with case management and wraparound supportive services, landlord engagement, and property risk mitigation

INTEGRATED HEALTHCARE

Co-location and/or close coordination among primary care, behavioral health, social services, and housing providers

Primary care, behavioral health, social services and housing providers co-locate, coordinate, or integrate health, behavioral health, safety, and wellness services with housing

Provide home- and community-based services

Provide services in the homes of people who have experienced homelessness and connect neighborhood community resources

Increase availability of medical respite programs

Hospitals can discharge people experiencing homelessness with complex health needs to medical respite programs that can help stabilize their medical conditions and assist them to access or return to safe and stable housing

Access to expanded behavioral health services

Ensure that people experiencing homelessness have access to expanded behavioral health services, including substance use disorder treatment services

Provide home visitation services to families with young children

Provide evidence-based maternal, infant, and early childhood home visiting services for families and pregnant women, and integrate these services with housing/primary care/behavioral health/social services

CAREER PATHWAYS

Coordinate/integrate employment services with housing and homelessness assistance programs

Ensure that job development and training strategies focus on people who are experiencing or most at risk of homelessness, and are connected to system-wide long-term housing stability programs

Take advantage of government training and support programs

Identify educational, administrative, or regulatory mechanisms available through federal— WIAO, TANF, and others—state, or local programs that could be used to improve access to work support

Develop and disseminate best practices

Share best practices on helping people with histories of homelessness and barriers to employment enter the workforce, including strategies that take into consideration transportation, child care, child support, domestic violence, criminal justice history, disabling conditions, limited work experience, and age appropriateness

Provide special attention to at-risk veterans

Increase opportunities for work for veterans experiencing barriers to employment, especially veterans returning from active duty, veterans with disabilities, and veterans in permanent supportive housing

EDUCATION CONNECTIONS FOR CHILDREN AND YOUTH

Identify homeless children

Improve school and community identification of children experiencing homelessness

Improve access to school for homeless children and youth

Connect homeless children/families and schools, eliminate barriers to enrollment, and provide seamless transitions from early childhood education through elementary, secondary, and post-secondary education

Improve school retention

Improve retention of homeless children and youth in early childhood education programs, elementary and secondary education, and post-secondary education

Take advantage of federal, state, and local government school access and retention programs Identify educational, administrative, or regulatory mechanisms available through federal, state, or local programs that could help remove barriers and ensure access to early childhood to adulthood education

Educate and provide information resources to homelessness assistance providers

Assure that homelessness support organizations have information about laws, programs, and practices designed to increase access to children and youth education

CRISIS RESPONSE SYSTEMS

Identify all people experiencing or at risk of experiencing homelessness across the community.

Coordinated entry

Provide immediate access **through coordinated entry** to shelter and crisis services without barriers, as stable housing and supports are being secured.

Identify the needs and strengths of each homeless (or at risk of) individual and family tailored to the unique strengths and needs of households and which enable them to achieve and maintain permanent housing.

Quickly connect people who experience homelessness to housing assistance and/or services.

Provide wraparound services

Services may include access to school or early childhood care and learning, public benefit programs, employment services, reunification services, behavioral and primary healthcare, including substance use programs.

Specialized services for survivors fleeing domestic violence

For survivors fleeing domestic violence, specialized shelters and services should also be available.

APPENDIX B

SIGNIFICANT INDUSTRIES—FINGER LAKES REGION

NAICS	Inductor Nome	Jol	os	Net Change in Jobs,	% Change in	Average	Projected % Change in	Why Industry
Industry Code	Industry Name	2013*	2018*	2013-2018	Jobs, 2013-2018	Annual Wage, 2018	Jobs, 2016-2026	is Significant**
	Total, all industries (all ownerships)	540,600	559,800	19,200	3.6%	\$49,200	9.8%	NA
238	Specialty trade contractors	12,400	14,600	2,200	17.7%	\$58,800	14.0%	G, J, W, P
311	Food manufacturing	6,300	6,900	600	9.5%	\$51,500	15.6%	G, W, P
333	Machinery manufacturing	12,100	10,800	-1,300	-10.7%	\$79,300	-9.9%	J, W
334	Computer and electronic product manufacturing	9,000	10,200	1,200	13.3%	\$88,200	1.5%	G, J, W
541	Professional, scientific and technical services	25,300	27,600	2,300	9.1%	\$70,400	15.1%	G, J, W, P
551	Management of companies and enterprises	12,400	10,600	-1,800	-14.5%	\$98,800	8.9%	J, W
611	Educational services	70,500	74,800	4,300	6.1%	\$54,500	10.4%	G, J, W, P
621	Ambulatory health care services	20,700	21,400	700	3.4%	\$50,000	38.3%	J, P, W
622	Hospitals	29,500	33,900	4,400	14.9%	\$58,700	10.3%	G, J, W, P
623	Nursing and residential care facilities	23,100	24,200	1,100	4.8%	\$34,400	21.7%	G, J, P
624	Social assistance	13,500	15,600	2,100	15.6%	\$26,500	26.5%	G, J, P

Significant Industries, Finger Lakes Region, 2019

Source: NY State Department of Labor- Significant Industries, 2019

G: Industry experienced above-average job growth; can be net or percentage growth J: Industry employs a significant number of jobs (>10,000)

P: Above-average growth projected for 2016-2026

W: Industry pays above-average wages

Rank	SOC Code	Occupational Title	% Share of Industry Workforce	Median Occupational Wage	Projecto Employm Change (2016-20	ent %),	Education	Work Experienc e	Training			
1	47-2111	Electricians	11.3%	\$53,821	11.7%	ſ	High school diploma or equivalent	None	Apprenticeship			
2	47-2152	Plumbers, Pipefitters, and Steamfitters	9.7%	\$65,968	17.8%		High school diploma or equivalent	None	Apprenticeship			
3	47-2061	Construction Laborers	9.0%	\$33,545	12.0%		No formal educational credential	None	Short-term on-the- job training			
4	47-2031	Carpenters	6.3%	\$47,232	8.0%		High school diploma or equivalent	None	Apprenticeship			
5	49-9021	Heating, Air Conditioning, and Refrigeration Mechanics and Installers	5.9%	\$44,400	17.0%	J	Postsecondary non- degree award	None	Long-term on-the- job training			
6	47-1011	First-Line Supervisors of Construction Trades and Extraction Workers	3.8%	\$65,882	12.9%		High school diploma or equivalent	5 years or more	None			
7	43-6014	Secretaries and Administrative Assistants, Except Legal, Medical, and Executive	3.3%	\$35,991	-2.5%		High school diploma or equivalent	None	Short-term on-the- job training			
8	47-2073	Operating Engineers and Other Construction Equipment Operators	3.2%	\$50,095	13.8%		High school diploma or equivalent	None	Moderate-term on- the-job training			
9	47-2141	Painters, Construction and Maintenance	3.1%	\$38,717	7.5%		No formal educational credential	None	Moderate-term on- the-job training			
10	41-3099	Sales Representatives, Services, All Other	2.6%	\$54,551	15.5%		High school diploma or equivalent	None	Moderate-term on- the-job training			

Specialty Trade Contractors Ten Most Common Occupations

Source: NY State Department of Labor- Significant Industries, 2019

Food Manufacturing Ten Most Common Occupations

Rank	SOC Code	Occupational Title	% Share of Industry Workforce	Median Occupational Wage	Projected Employment Change (%), 2016-2026		ployment ange (%), Education		Work Experience	Training
1	51-9111	Packaging and Filling Machine Operators and Tenders	12.4%	\$29,067		11.1%		High school diploma or equivalent	None	Moderate-term on-the-job training
2	51-3092	Food Batchmakers	9.7%	\$35,603		14.1%		High school diploma or equivalent	None	Moderate-term on-the-job training
3	53-7051	Industrial Truck and Tractor Operators	5.4%	\$37,478		11.0%		No formal educational credential	None	Short-term on-the- job training
4	51-1011	First-Line Supervisors of Production and Operating Workers	4.0%	\$61,431		2.6%		High school diploma or equivalent	Less than 5 years	None
5	51-3011	Bakers	3.2%	\$27,166		15.4%		No formal educational credential	None	Long-term on-the- job training
6	53-7062	Laborers and Freight, Stock, and Material Movers, Hand	2.8%	\$41,050		8.8%		No formal educational credential	None	Short-term on-the- job training
7	53-3032	Heavy and Tractor-Trailer Truck Drivers	2.6%	\$46,465		6.5%		Postsecondary non- degree award	None	Short-term on-the- job training
8	49-9041	Industrial Machinery Mechanics	2.5%	\$47,322		9.7%		High school diploma or equivalent	None	Long-term on-the- job training
9	51-2098	Assemblers and fabricators, all other, including team assemblers	2.5%	\$25,725	NA			NA	NA	NA
10	51-9061	Inspectors, Testers, Sorters, Samplers, and Weighers	2.5%	\$36,436		-12.8%		High school diploma or equivalent	None	Moderate-term on-the-job training

Source: NY State Department of Labor- Significant Industries, 2019

Professional, Scientific and Technical Services Ten Most Common Occupations

Rank	SOC Code	Occupational Title	% Share of Industry Workforce	Median Occupational Wage	Projected Employment Change (%), 2016-2026	Education	Work Experience	Training
1	13-2011	Accountants and Auditors	5.1%	\$62,100	13.8%	Bachelor's degree	None	None
2	43-4051	Customer Service Representatives	5.0%	\$30,100	9.0%	High school diploma or equivalent	None	Short-term on-the- job training
3	15-1151	Computer User Support Specialists	4.4%	\$50,590	13.1%	Some college, no degree	None	None
4	41-3099	Sales Representatives, Services, All Other	4.3%	\$61,468	15.5%	High school diploma or equivalent	None	Moderate-term on- the-job training
5	23-1011	Lawyers	3.7%	\$86,911	8.9%	Doctoral or professional degree	None	None
6	23-2011	Paralegals and Legal Assistants	3.7%	\$41,031	16.5%	Associate's degree	None	None
7	15-1132	Software Developers, Applications	3.4%	\$89,984	26.1%	Bachelor's degree	None	None
8	15-1121	Computer Systems Analysts	3.2%	\$80,901	9.0%	Bachelor's degree	None	None
9	43-6014	Secretaries and Administrative Assistants, Except Legal, Medical, and Executive	3.0%	\$39,248	-2.5%	High school diploma or equivalent	None	Short-term on-the- job training
10	43-3031	Bookkeeping, Accounting, and Auditing Clerks	2.8%	\$46,415	1.7%	Some college, no degree	None	Moderate-term on- the-job training

Source: NY State Department of Labor- Significant Industries, 2019

Ambulatory Health Care Services Ten Most Common Occupations

Rank	SOC Code	Occupational Title	% Share of Industry Workforce	Median Occupational Wage	Projected Employment Change (%), 2016-2026	Education	Work Experience	Training
1	31-1011	Home Health Aides	9.3%	\$28,035	43.8%	High school diploma or equivalent	None	Short-term on-the- job training
2	43-4171	Receptionists and Information Clerks	7.8%	\$30,849	12.0%	High school diploma or equivalent	None	Short-term on-the- job training
3	29-1141	Registered Nurses	6.9%	\$62,894	18.2%	Bachelor's degree	None	None
4	29-2041	Emergency Medical Technicians and Paramedics	5.8%	\$38,822	39.4%	Postsecondary non- degree award	None	None
5	43-6014	Secretaries and Administrative Assistants, Except Legal, Medical, and Executive	5.0%	\$35,159	-2.5%	High school diploma or equivalent	None	Short-term on-the- job training
6	39-9021	Personal Care Aides	5.0%	\$24,450	35.9%	High school diploma or equivalent	None	Short-term on-the- job training
7	29-2021	Dental Hygienists	4.7%	\$62,891	20.5%	Associate's degree	None	None
8	31-9091	Dental Assistants	4.4%	\$40,710	21.9%	Postsecondary non- degree award	None	None
9	29-2061	Licensed Practical and Licensed Vocational Nurses	4.1%	\$40,216	13.6%	Postsecondary non- degree award	None	None
10	43-1011	First-Line Supervisors of Office and Administrative Support Workers	2.9%	\$61,466	6.7%	High school diploma or equivalent	Less than 5 years	None

Source: NY State Department of Labor- Significant Industries, 2019

Rank	SOC Code	Occupational Title	% Share of Industry Workforce	Median Occupational Wage	Projected Employment Change (%), 2016-2026	Education	Work Experience	Training
1	29-1141	Registered Nurses	27.0%	\$66,381	18.2%	Bachelor's degree	None	None
2	31-1014	Nursing Assistants	7.5%	\$28,912	13.2%	Postsecondary non- degree award	None	None
3	29-2010	Clinical Laboratory Technologists and Technicians	3.8%	\$52,686	NA	NA	NA	NA
4	43-4111	Interviewers, Except Eligibility and Loan	2.8%	\$31,710	5.1%	High school diploma or equivalent	None	Short-term on-the- job training
5	29-1069	Physicians and Surgeons, All Other	2.7%	\$62,333	14.9%	Doctoral or professional degree	None	Internship/residenc y
6	29-2061	Licensed Practical and Licensed Vocational Nurses	2.6%	\$39,964	13.6%	Postsecondary non- degree award	None	None
7	43-6014	Secretaries and Administrative Assistants, Except Legal, Medical, and Executive	2.5%	\$34,090	-2.5%	High school diploma or equivalent	None	Short-term on-the- job training
8	29-1171	Nurse Practitioners	2.3%	\$101,270	38.7%	Master's degree	None	None
9	37-2012	Maids and Housekeeping Cleaners	2.1%	\$28,144	0.2%	No formal educational credential	None	Short-term on-the- job training
10	11-9111	Medical and Health Services Managers	1.8%	\$101,790	19.7%	Bachelor's degree	Less than 5 years	None

Hospitals Ten Most Common Occupations

Source: NY State Department of Labor- Significant Industries, 2019

APPENDIX C

2018 HUD-CoC PROGRAM AWARDS FOR ROCHESTER/MONROE COUNTY

Fiscal Year 2018 Continuum of Care Competition Homeless Assistance Award Report

<u>State</u> <u>CoC Name</u>		
Project Name	Program	Awarded Amount
New York		
NY-500 - Rochester, Irondequoit, Greece/Monroe County CoC		
CoC Planning Project FY2018	CoC	\$362,401
Consolidated Lafayette Housing Program	CoCR	\$270,257
Coordinated Entry	CoCR	\$252,622
DV-Rapid Rehousing	CoC	\$313,841
Going Home 1	CoC	\$553,570
HMIS for RMCCoC	CoCR	\$251,880
HomeSafeConsolidated	CoCR	\$489,862
Open Door PSH-CH for Households with Children	CoC	\$196,526
Parenting Teens	CoCR	\$83,935
PCHO Housing First	CoCR	\$955,638
PCHO RRH	CoCR	\$128,173
PCHO RRH II	CoCR	\$472,901
Permanent Housing Supportive Services	CoCR	\$39,070
Providence Approaching Home I	CoC	\$231,691
Providence PBV Permanent Housing	CoCR	\$595,688
Providence Shelter Plus Care	CoCR	\$467,824
Providence Supportive Suburban Housing Initiative	CoCR	\$280,989
Providence Veterans Permanent Housing Program	CoCR	\$182,082
PSH for Chronically Homeless	CoC	\$192,006
RHA/ Frederick Douglass Apartments PSH-PBRA #24	CoCR	\$24,797
RHA/1630 Dewey Ave PSH-PBRA #23	CoCR	\$245,915
RHA/JPC PSH-RA #18	CoCR	\$135,209

<u>State</u> CoC Name

Project Name RHA/Monroe County DHS PSH-RA #5	Program CoCR	Awarded Amount \$646.212
		•••••
RHA/PCHO PSH-RA #27	CoCR	\$196,406
RHA/Salvation Army Chronically Homeless PSH-RA #12	CoCR	\$391,189
RHA/Son House PSH-PBRA #26	CoCR	\$94,061
RHA/Strong Ties PSH-RA #8	CoCR	\$168,448
RHA/VOA Family Housing Program PSH-RA #21	CoCR	\$102,048
RHA/VOA PSH-RA #7	CoCR	\$572,506
RHA/VOC PSH-RA #6	CoCR	\$81,934
RHA/Voter's Block PSH-PBRA #20	CoCR	\$78,247
Safe Haven	CoCR	\$254,018
SCPO TH/RRH	CoCR	\$278,402
Transition Age Youth Rapid Rehousing Project - Consolidated	CoCR	\$255,581
Transitional Living Program	CoCR	\$129,288
Trillium Health Permanent Supportive Housing - Families	CoC	\$342,036
Trillium Health Permanent Supportive Housing Renewal	CoCR	\$146,556
VOA Scattered Site Permanent Supportive Housing for CH Households	CoC	\$286,591
VOA's Home Forward PSH	CoC	\$497,674
VOAWNY Permanent Supportive Housing in Rochester, NY - Foundation House	CoCR	\$256,325
VOAWNY's Reentry Rapid Rehousing Program	CoCR	\$277,458
Volunteers of America of WNY's Permanent Supportive Housing for Chronically Homeless Individuals (Pinnacle Heights)	CoCR	\$242,132
Volunteers of America of WNY's Project ReDirect	CoCR	\$169,752
Volunteers of America's of WNY's Permanent Supportive Housing	CoCR	\$158,366
Voter Block Community	CoCR	\$41,327
YWCA Family Rapid Re-Housing	CoCR	\$118,008
NY-500 Total :		\$12,511,442