BETHESDA HOUSE OF SCHENECTADY, INC.

ANNUAL REPORT

2015-2016

Photos Top to Bottom:

COINS Team, Annual Bowling Event

Danny P. Jr, staff, & Cathy T., Board Member

Eastern Parkway United Methodist Church Team, Annual Bowling Event.

Bethesda House is an interfaith ministry to the homeless, disabled, and economically disadvantaged citizens of Schenectady County, building a just, hospitable and inclusive community one person at a time by affirming the dignity and addressing the needs of each guest entering this

House of Mercy.

834 State Street, Schenectady, NY 12307, (518) 374-7873

www.bethesdahouseschenectady.org

We think sometimes that poverty is only being hungry, naked, and homeless. The poverty of being unwanted, unloved and uncared for is the greatest poverty.

-Mother Teresa

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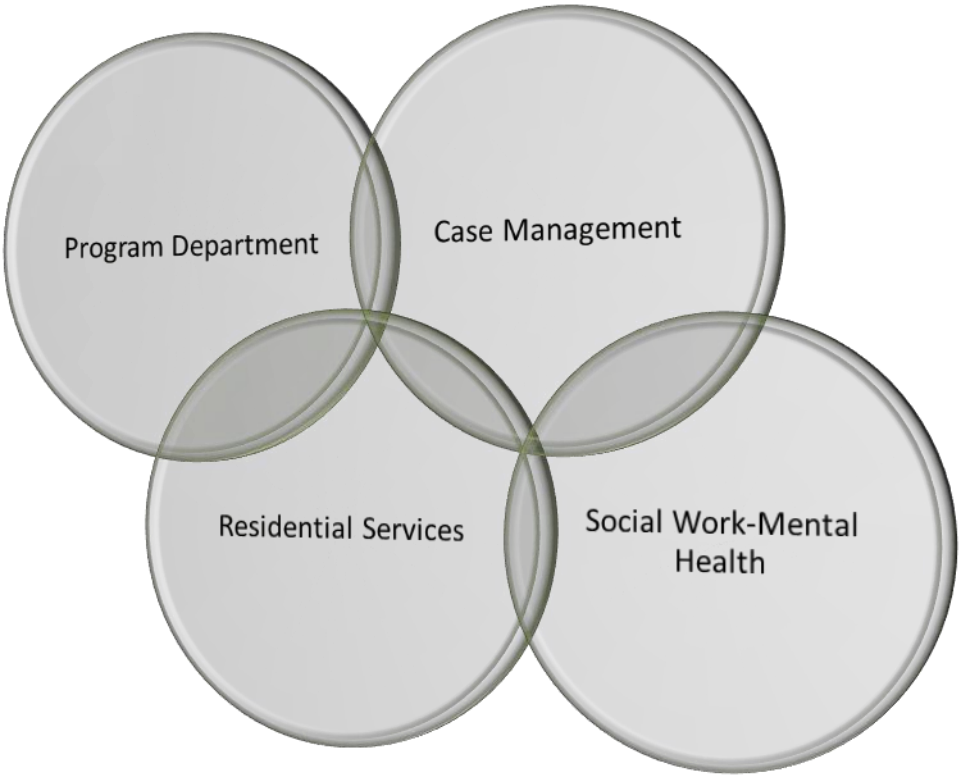
Special Thanks

The administration of Bethesda House of Schenectady, Inc. gratefully acknowledges the work of its Directors and staff responsible for providing and gathering data and information necessary to compile this annual report.

The support that Bethesda House receives from the interfaith community through generous contributions, in-kind items, and volunteer hours is immeasurable. The concept of Bethesda House was born out of the interfaith community's recognition of the tremendous needs of the homeless and disadvantaged population of our Schenectady community. Over the years, as the agency has grown and our needs have increased, we have never been left to stand alone. Bethesda House is deeply grateful for the on-going support and continued commitment to our shared vision of ending homelessness.

Bethesda House at a Glance



One of the greatest diseases is to be nobody to anybody.
~ Mother Teresa

Consumers Served

The numbers cited in the table below only begin to tell the story. These figures represent thousands of hours of case management, social work-mental health, emergency services, life skills, and residential services.

Guests Served	Total
Guests	51,772
Unduplicated Guests Receiving Services	4,955
First Time Guests	2,424
Homeless Guests	2,945

Program Department Services	Total
Consumer Choice Food Pantry	27,504
Clothing Room	2,843
Showers	296
Telephone	4,168
Hygiene Kits	682
Mailboxes [1]	42,127
Daily Meal	41,568
Laundry	382
Lockers	838

The numbers reflect cumulative totals of services provided.

Case Management Services	Total
Housing, Permanent, and Emergency	1,981
Representative Payee	3,100
Case Management Services	1,324
Emergency Services	248
Referred for Income	649
Secured Income	212
Social Work	2,219

The numbers reflect cumulative totals of scheduled appointments.

Home Connections	Total
Schenectady County DSS Referrals for Service	278
Individuals Stably Housed	56
Number of males referred for housing	144
Number of females referred for housing	134

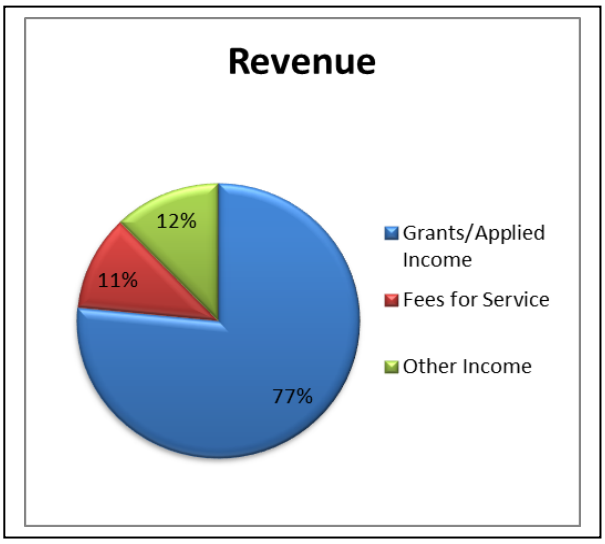
Residential Services	Total
Lighthouse total served including Veterans	22
Liberty Apartments total served	18

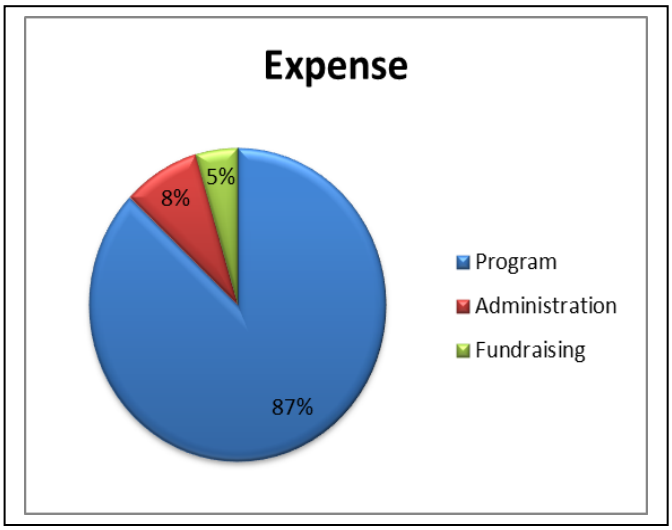
- Consumers were referred to the agency from **16** area providers. Three thousand two hundred and twenty nine (**3,229**) referrals were made for the following services: **266** Case Management, **278** Home Connections, **386** Emergency Services, **2,219** Social Work- Mental Health, and **80** Residential Services.
- Case Management and Program staff referred **266** consumers to area providers to best meet the needs of the individuals.

[1] **Mailbox calculation: 85 (3+82) mailboxes, 3 general, 95 individual; 95 individuals use the general mailboxes; 82 individuals have their own mailbox, available to users 249 days a year; 96% utilization rate**

Revenue & Expenses

Revenue	Amount		Expense	Amount
Grants/Applied Income for Operations	1,080,102		Program	1,372,487
Fees for Service	158,362		Administration	132,375
Other Income	172,561		Fundraising	72,121
Total Revenues	**1,411,025**		**Total Expense**	**1,576,983**





In-Kind & Volunteers

Volunteer Hours	18,193
Value of Volunteer Hours	$469,152
Value of Donated Items	$403,176

Introduction

The administration and staff of Bethesda House of Schenectady, Inc. are pleased to present to you, our Board of Directors, referring agencies, consumers, regulatory and policy making agencies, and friends, this Annual Program Report for fiscal year July 1, 2015 to June 30, 2016. Accountability to both the consumers we serve and the community that supports our mission is important to Bethesda House of Schenectady, Inc. Fundamental to the principles and values of the interfaith communities, the staff of Bethesda House views our agency as a living body, which is always growing and learning. This report reflects some of the agency's experiences of 2015-2016. We are confident, as we reflect on this year, that we are better positioned to serve those who will come to us in the future because we are learning from our past.

During the 2015-16 funding year, the total number of guests that were served decreased 4% over the previous year. This decrease is testament to the agency's commitment to provide stable housing, obtain income benefits, engagement in mental and medical health services, and education that assists Schenectady's citizens to become more independent and have less of a need for our emergency services. The 20.5% increase in our *Unduplicated Guests Receiving Services* supports that we are seeing new people in need of services and a reduction in the amount of people coming to Bethesda House for on-going support. We continue to meet with individuals who, for the first time in their lives, need assistance; people who lost their jobs and exhausted their savings and unemployment benefits walked through our doors in search of help.

As we compiled the data for this report, we are mindful that we are presenting consumer related data and demographic information; we are providing the reader with outcome material that may or may not reflect the policy objectives of those who set policy. As an agency whose mission is "an interfaith ministry to the homeless, disabled, and economically disadvantaged citizens of Schenectady County, building a just, hospitable, and inclusive community one person at a time by affirming the dignity and addressing the needs of each guest entering this *House of Mercy*, success takes on a much more subjective and individualized dimension than mere conformity to given policy objectives. If our consumers report that they are feeling more hopeful about the future, more prepared to deal with life's adversities, and more able to care for themselves and their families because of Bethesda House, we consider such an outcome a success. It is this success that drives the actions of our staff and inspires us to keep working on behalf of our consumers.

This Annual Program Report covers four service dimensions of the agency from our Program Department: Day Program Drop-in Center/Essential & Emergency Services, Case Management, Social Work – Mental Health, and Residential Services.

- Bethesda House's Program Department is comprised of a variety of individual services that meet the needs of Schenectady City's and County's homeless and working poor population. Those services include the Day Drop-in Center/Essential & Emergency Services. The goal of these combined programs is to provide crisis management, harm reduction, and stabilization in the lives of the individuals who are experiencing the harshness and difficulties of life and are hopeful to find guidance out of their despair.

  The Program Department has more than one contract source. The City of Schenectady, NYS Office of Temporary Disability Assistance (OTDA)'s Solutions to End Homelessness Program (STEHP), Regional Food Bank, Concern for the Hungry, and private foundations and donors support the services offered by this department.

- The Case Management Department provides a variety of services to the homeless and to those who are at risk of becoming homeless. The goal for each homeless individual who walks through our door is first to manage the crisis and then to move towards the overall goal of moving individuals out of the cycle of homelessness and poverty. All Case Managers are available to any guest who finds their-self in need of our emergency/essential services. Case Managers complete an initial assessment to determine the needs of our guests and to offer the appropriate services including, but not limited to: counseling, guidance, assistance with basic needs through our Day Program/Essential & Emergency Services Department, referrals to other agencies for drug and alcohol addiction treatment, referrals for mental and medical health treatment, as well as networking with other agencies to provide services that Bethesda House does not provide. Case Managers can also assist a guest with rental and/or utility assistance and employment assistance.

  The Case Management Department has more than one contract source. The City of Schenectady, NYS Office of Temporary Disability Assistance (OTDA)'s Solutions to End Homelessness Program (STEHP), NYS OMH through Schenectady County, Schenectady County DSS, and private donors support the services offered by this department.

- Our Social Work Department, which provides mental health services to the agency's guests and residents, process intakes, assessments, and referrals to area mental and physical health providers. Long-term counseling and support is available.

- Bethesda House's Residential Department has made a commitment to honor and uphold the mission of Bethesda House. Staff work diligently with residents to overcome life challenges and help provide a safe, comfortable, and welcoming home for everyone to enjoy and find solace.

  The agency's Lighthouse Program's seven beds and Liberty Apartment's sixteen beds are permanent supportive housing for chronically homeless adults with a history of untreated, severe, and persistent mental illness and other disabling conditions. Both residences follow the *Housing First* model, which is to provide housing first for the chronically homeless population and then combine that housing with supportive treatment services in the areas of mental and physical health, substance abuse, education, and employment. We provide advocacy, housing, and a safety net for our residents. Staff address the needs of the whole person focusing on self-respect, personal growth, and discovery of an individual's gifts.

  The Lighthouse Program's additional three beds are transitional housing beds for veterans. Agency staff work closely with Albany Veterans Administration staff, providing a safe and stable setting while the veterans begin treatment and work on financial stability; long-term services are secured after completion of our program.

  The Residential Services Department has more than one contract source. The US Department of Housing and Urban Development (HUD), NYS Office of Temporary Disability Assistance (OTDA) NYSSHP, Veterans Administration, and private donors support the services offered by this department.

Bethesda House ministers to a vulnerable, diverse, and challenging population. Therefore, it is important to recognize that the agency would not be successful without the incredible, selfless support from our volunteers.

Agency staff regularly attend meetings with:

- Housing and Supportive Services Network
- Single Point of Access
- Evictions Task Force
- Dual Recovery Task Force
- Coordinated Community Response to Domestic Violence
- Schenectady County Re-entry Task Force
- Schenectady Food Providers
- Homeless Veterans
- Homeless Services Planning Board
- Mental Health Sub-committee

Bethesda House has a variety of linkage agreements and Memorandums of Understanding (MOU) throughout the professional community.

Linkage Agreements:
The Alliance for Positive Health
The Center for Community Justice
Catholic Charities AIDS Services
Healthy Schenectady Families
Legal Aid Society of NENY
New Choices Recovery Center
Office of Fair Housing
SAFE Inc. of Schenectady
Schenectady County DSS
Schenectady Community Action Program (SCAP)
Schenectady Home Town Health Center Schenectady
Municipal Housing Authority (SMHA) Sexual Assault
Support Services of PPMH
The YMCA of Schenectady

Memorandums of Understanding (MOU):
Ellis Hospital Department of Psychiatry
Ellis Hospital: Care Central
The YWCA of Schenectady
Schenectady County Re-entry Task Force
Cornell University Cooperative Extension
The City Mission
Peter Young: Housing, Industry & Treatment

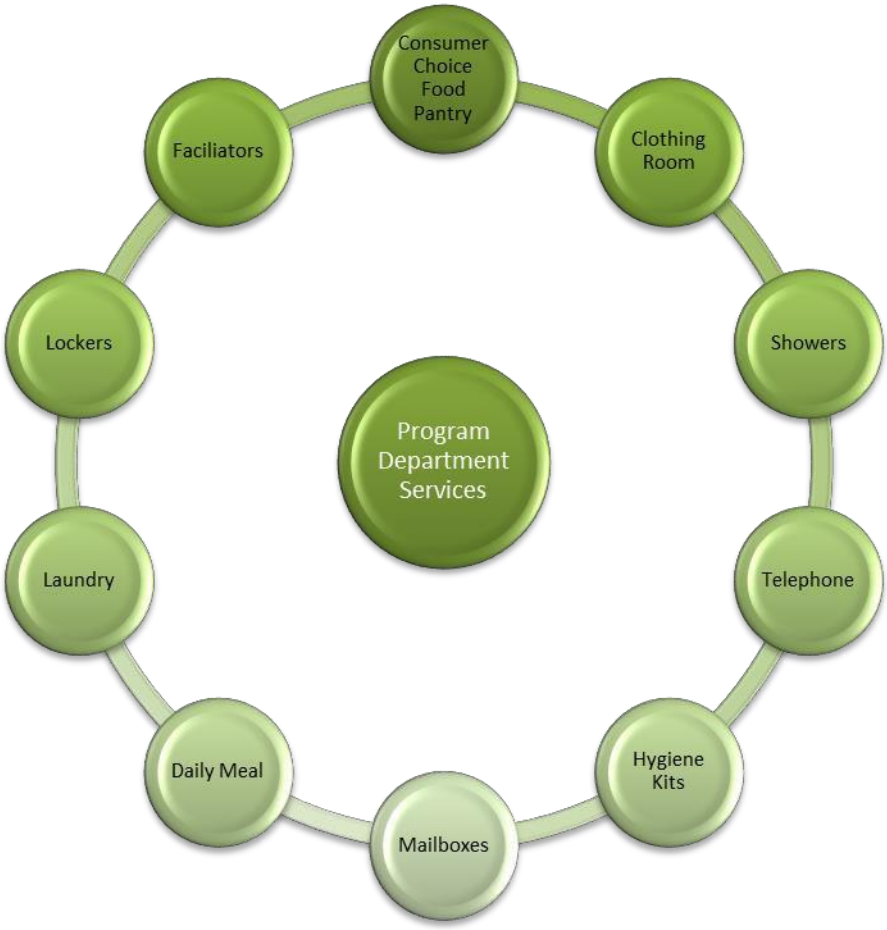
The Management Team is fully invested in the freedom to be creative in pioneering useful solutions to implement positive changes within the agency. In addition, the team is examining how effectively the agency works with area service providers, as it is essential that duplication of services is avoided and working collaboratively is in the best interest of the population we serve.

Worker safety is the common thread running through all of our departments and remains a priority.

The staff and administration of the agency wish to express our gratitude to the Board of Directors of Bethesda House. The Board's support and commitment to the agency are salient reminders to all of us of the importance of our work. We are partners in ending homelessness and providing hope in the lives of Schenectady County's most vulnerable population. ***Thank you!***

Day Program Guest, LeRoy

Program Department



Bethesda House's Program Department's Day Program Drop-in Center serves the vulnerable and homeless population including individuals with challenging behaviors who have been barred from other agencies due to substance abuse, noncompliance: unwillingness to enter or continue with treatment programs, issues with mental health, anger management, or other emotional and mental health concerns, which resulted in an unfavorable status within the community.

The Day Program provides a unique entryway into the Continuum of Care where a wide range of services can be accessed. Services include: Drop-In for the homeless and working poor, a safe haven social setting for adults with a disabling condition, daily community meal (Soup Kitchen), referrals to other community agencies, storage lockers, mailboxes, laundry, shower, telephone, fax, hygiene kits, clothing room, and client choice food pantry. Several outside facilitators have been recruited to provide on-site expertise in a variety of programs. Bethesda House staff also run programs and workshops along with outside facilitators such as: Landlord/Tenant Training, Women's Support Group, Safety Counts, HIV testing and education, Schenectady DOH Flu Vaccine clinics and PPD testing, National Grid Consumer Advocate, blood pressure clinics, and nutrition outreach and education.

The Day Program is well-known on the streets as a safe place and is often the first, and many times, the only connection that chronically homeless persons have to any system of care; it opens the door to forging trust and building relationships with the most challenging members in our community. The Day Program provides much the same function as a street outreach team. This program is the primary point of referral and entry into Bethesda House's twenty-three units of permanent supportive housing and three units of transitional housing for veterans.

This department is led by the Program Director who works closely with the Day Program Supervisor, the Assistant Director ~ Case Management, the Licensed Clinical Social Worker, the Housing / Outreach Case Manager, the Home Connections Intensive Case Manager, and the Representative Payee Case Manager. Together they work closely with the Director of Residential Services and the Director of Property and Facility Operations. This approach maximizes efficiency as staff members navigate their way through daily interactions with our consumers.

Our food pantry is open two days a month, and our ongoing nutrition education program offers guidance and support by teaching our guests how to stretch their SNAPS (food stamps) and supplement with local food pantries. During 2015-2016, Bethesda House experienced a 3% increase in daily meal attendance and a 2% decrease in food pantry usage over 2014-2015. The food pantry decrease is due in large part to staff's one-on-one education with individuals that come in with emergency referrals for the pantry. Case Managers and Day Program staff meet with each individual and assess their food stamp allotment and buying habits that have led to the early depletion of their resources. Staff are finding that people continue to shop in corner stores, which are far more expensive than regular grocery stores, for convenience and lack of transportation. BH staff offer alternatives to the corner stores and work with the individual on meal planning and stretching the food stamp dollars. While this approach, along with collaboration with Cornell Cooperative Extension who provides educational workshops and classes, has made a small dent in decreasing emergency food pantry assess, it is not enough. BH is looking into ways in which we can eliminate the need for individuals and families to use corner stores. One solution we have implemented is using the agency van/bus to take groups to the market for their beginning of the month grocery shopping. The Program Department continues to work in close collaboration with Concern for the Hungry and the Regional Food Bank to address the number of families and individuals suffering from food insecurity and scarcity.

The Program Department continues to offer an on-going, six-week nutrition program designed to provide nutritional education for our day population and residents. Agency and Cornell Cooperative Extension (CCE) staff teach a wide range of basic nutritional information from menu planning and healthy food selections to meal preparation. How to stretch food stamp dollars and accessing local food pantries to supplement their meals is a critical component of this education. In addition to the nutrition program, weekly mini-workshops are conducted in the Hospitality Center, which brings awareness to the benefits of a healthy lifestyle without required participation. CCE staff prepares healthy dishes while discussing an array of health related topics. When the dish is completed, the Hospitality Center's guests are invited to sample the food. CCE staff are available to answer questions or engage in one-on-one nutrition counseling. Twice a month, on food pantry days, CCE staff prepare healthy dishes using ingredients from our pantry and offer nutrition education, hand-out recipes, and meal preparation guidelines.

The Clothing Room continues to allow guests and residents to move about freely and see the wide variety of clothing selections. We have moved our professional clothing to a separate location in order to provide appropriate clothing for job interviews, formal functions, and any event that requires a step above casual attire. In keeping with our commitment to provide a safe haven for single adults, Bethesda House forged a partnership with Things of My Very Own, an organization that serves underprivileged children. This has proven to be a wonderful partnership and has benefited a significant number of families. The Agency's free clothing room is available on an emergency basis thanks to the generosity of our community. Our clothing room volunteers assist guests who need clothing for new employment, special occasions, and significant events.

Bethesda House has also partnered with local justice officials to provide opportunities for those convicted of a crime to complete community service hours and receive on-the-job training. In addition to obtaining job skills, the participants are educated in social responsibility and offered assistance in career path planning.

The Program Department holds staff meetings twice a month to review issues that impact programming and staffing. A House Meeting held once a month includes guests, residents, and staff. During these meetings a variety of topics are covered: non-violence within the agency and in the community, guest issues, respect for others and the building, self-respect, community presentation, and the agency's tobacco and cell phone use policy. Potential changes for the Agency are discussed at House Meetings. Guests and residents are encouraged to voice the changes that they would like to see and submit comments and/or suggestions in our Suggestion Box.

Day Program and Emergency/Essential Services include referrals, consumer choice food pantry, emergency food pantry, clothing room, telephone, mailboxes, laundry, showers, lockers, computer use, daily meal, crisis management, and a safe haven. Individuals from the community are unconditionally welcomed in our Hospitality Center to interact with other guests, access emergency services, or to simply find a safe place to sleep and have their basic needs met.

The availability of phones and computers has allowed numerous people the opportunity to access emails, arrange for job interviews, and follow up on phone calls to the Social Security Administration and Schenectady County Department of Social Services for benefits and monthly cash assistance. Bus passes are available to assist individuals with transportation for job interviews and medical appointments. Having these emergency services available is a significant component in our effort to prevent homelessness

for families and single individuals.

Bethesda House continues to improve our methods of data collection in order to create systems that capture accurate statistical information helping to identify areas of need not being addressed and to identify where there is a need to increase specific services.

The Directors continue to work with area congregations to increase our volunteer pool and promote community involvement. We actively reach out to local colleges and high schools, offering opportunities for internships and community service hours. We would not be able to offer the variety of services we do without the generosity of the community. When there is a need, the community responds.

Bethesda House remains committed to education in all forms. Due to the generosity of GE, BH was the recipient of 8 lap tops with basic software included, 2 printers, and an overhead projector. BH purchased educational software and a community volunteer assisted with setting up a curriculum. We continue to recruit volunteers to be involved in our literacy program. This year, BH was fortunate to host a Master's level Social Work intern from SUNY Albany and three (3) Bachelor's level Social Work interns from Siena College; both of these institutions are cutting edge in the field of Social Work. The partnerships proved beneficial; the students gain invaluable experience in serving a population that does not function within the societal norm and BH enjoyed the benefit of the most current practices and theories in the field of Social Work.

Bethesda House is fortunate to be located in a County were providers work together and when a community crisis rears its dreadful compromising and challenging head, we come together to provide assistance and resolution. Bethesda House is proud of its staff, day program guests, residents and volunteers. When disaster hit our immediate and surrounding communities, Bethesda House acted. In 2011, when Schoharie was devastated and in 2013 when Fort Plain suffered horrific storms we transported people to help shell shocked residents clean and to offer encouragement and hope. In March 2015, when the Jay Street fire displaced nearly one-hundred (100) people, BH was a leader in rapidly re-housing individuals, replacing possessions, and giving comfort to the inconsolable. Later that year, Bethesda House's walk-in freezer had malfunctioned during non-operating hours and frozen Thanksgiving Day meat along with hundreds of pounds of various meats for our soup kitchen was ruined. Due to an outpouring community response, along with the Regional Food Bank we were able to regain our food items and provide meals for the hungry.

During the winter of 2015/2016, Governor Andrew Cuomo mandated that all homeless people in NY were required to be off the streets in weather 32 degrees and below. Schenectady County DSS acted in support of the Governor's mandate. When BH received the call for assistance, we immediately responded. Each night, our Hospitality Center was open to individuals referred to us through Schenectady County DSS. The Program /Case Management team created a plan to interact with individuals in the overnight shelter to assist with emergency and / or permanent housing placement. BH was open around the clock to the homeless of Schenectady and all staff were willing and able to come in at a moment's notice should the need arise. Each day at the close of business, BH staff prepared the Hospitality Center by setting up cots with blankets. The unseasonably warm winter weather resulted in low utilization; however we were able to serve 6 individuals who were eventually transitioned to permanent housing.

Day Drop-in Center/Essential Services Stories

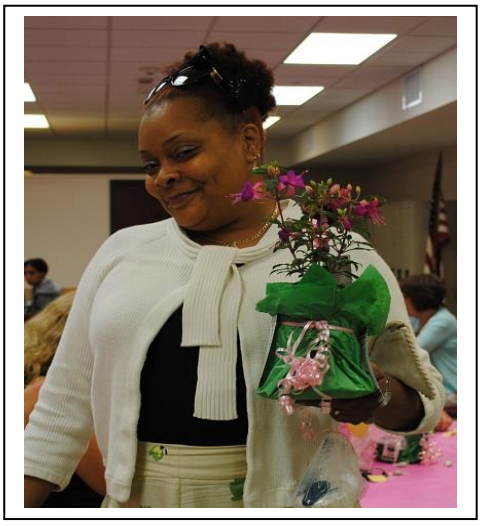
As a result of our mini-workshops, **CM,** a long time Bethesda House guest, decided to try a different approach to her many health concerns. CM is an elderly woman and is visually impaired. Her health concerns started at a very early age and she is on a significant amount of various medications. She knew that a diet rich in fruits and vegetables could improve her health, but was frustrated because even though her diet *was* largely made up of fruits and vegetable, she continued to struggle with her health. Bethesda House staff and our excellent facilitator from Cornell Cooperative Extension did an assessment of CM's diet and found that while her diet looked to be healthy, the way she was preparing her food was problematic and she was losing lots of nutrients. CM is working with staff to re-create her recipes. She faithfully attends the workshops and has been through the 6-week Food and Nutrition class 3 times just to make sure she doesn't miss anything. CM wanted to learn more about reading nutrition facts and the facilitator from Cornell Cooperative Extension was able to provide not only easy to understand instruction, but all the appropriate documents were enlarged for easier reading. According to CM, she still takes a "mountain of pills" but she feels better and her blood sugar and her blood pressure were excellent at her last medical appointment.

When **JL** was released from prison 5 years ago she was an angry woman. Unlike many of our guests, JL grew up in a two-parent home where she and her siblings were greatly loved. She grew up in extreme poverty but at the end of each day the family gathered together in the kitchen to prepare the evening meal and talk about their days. After the meal was prepared, the table was set and they all sat down to give thanks for their blessings.

Eight days after JL's twelfth birthday, her life and the life of her family would forever change; JL's seven year old brother was shot and killed by a drive by shooter while playing in a neighbor's yard. The family was devastated, but clung together to keep from falling apart. Eight months later, still reeling from the death of her brother, JL and her family received the news that their father had been killed in a car accident by a drunk driver on his way to work. In less than a year, the family structure and life as JL had known it was gone. Her mother had to work two jobs to pay bills leaving JL feeling helpless and paralyzed from the grief she carried inside. No longer needing to be in for family time, JL began roaming the streets and soon found herself living a life of drugs and crime that would ultimately lead to twelve years hard time in prison.

After her release from prison, JL was referred to Schenectady Job Training Agency (SJTA), an organization that refers hard working men and women who need to obtain work experience to community businesses. JL was referred to Bethesda House because she wanted to work in the soup kitchen cooking and doing food prep. JL was a natural in the kitchen and she was a hard worker, but she did not get along well with others. The Day Program Supervisor and the Program Director worked with JL on her people skills, but she just couldn't seem to make headway. One day, shortly before Thanksgiving, JL requested a letter of recommendation. JL was told that she would receive a glowing recommendation for her work, but her difficulties with people would need to be addressed. While JL understood that her lack of people skills was holding her back, she seemed unwilling or unable to make the necessary changes. Shortly after the start of 2016, staff started seeing some remarkable changes in JL. No longer was there a line of staff and volunteers waiting to lodge complaints about JL's behavior. She was seen to smile more, she seemed less burdened, and she did not appear to be angry all the time. The Food and Nutrition Coordinator had resigned and there was no one in the kitchen that had the necessary skills to run the kitchen until a replacement was found. JL stepped up and provided the leadership necessary, freeing up the Day Program Supervisor to attend to her many other duties.

The transformation with JL was remarkable and when asked "why now?" Her answer was simple, "I just got tired of hearing the same thing over and over." Through active mentorship and supervision, JL has shown tremendous growth and has become a true asset to our food program. JL received her letter of recommendation complete with a glowing reference to her excellent culinary **and** leadership skills.

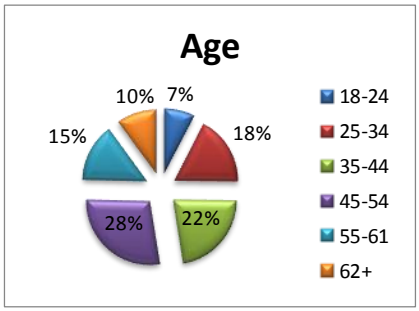


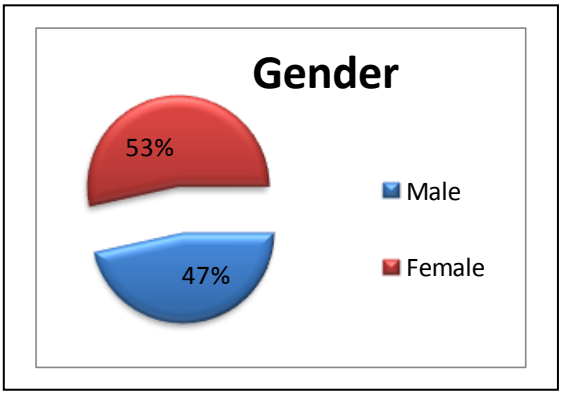
Volunteer, Toni

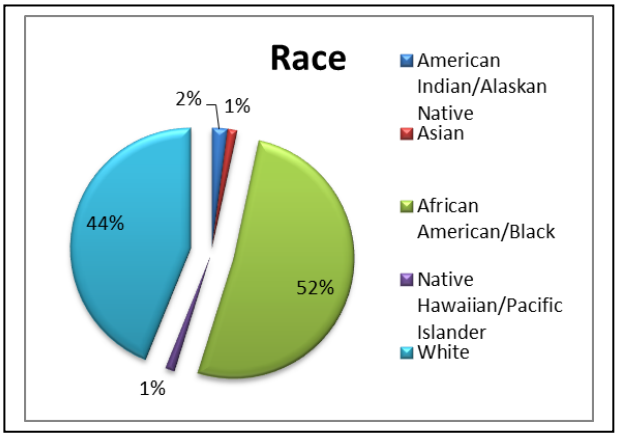
L- R: Volunteer, Toni; Board Member, Sue; Volunteer, Lisa

Volunteer, Ken

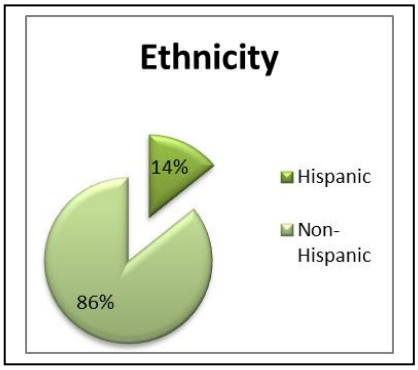
Program Department Demographics







Union College Students



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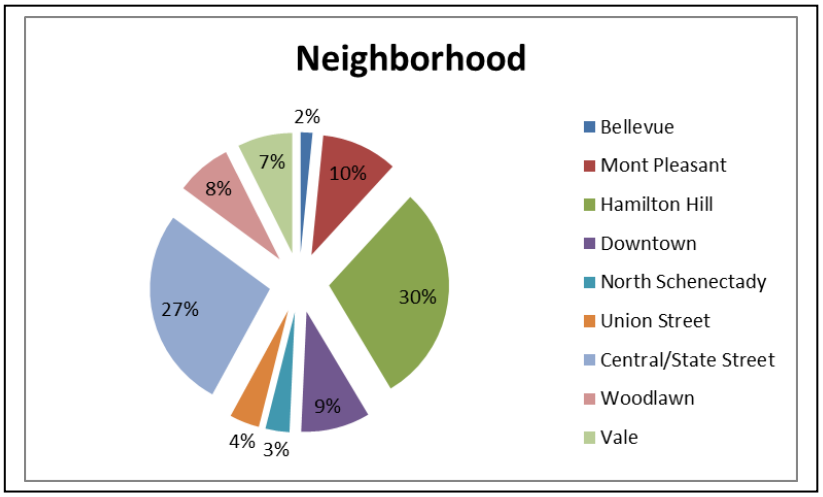


Case Management Department

The Case Management Department is led by the Program Director who coordinates the team approach with the Day Program Supervisor and the Assistant Director ~ Case Management. This team also works closely with the Residential Department to address the needs of our guests and residents.

Case Managers have been cross-trained to assist all people at risk of homelessness and/or in immediate need providing access to the Emergency/Essential Services that Bethesda House offers. The department meets once a month with program and residential staff to review issues that impact programming and staffing.

In keeping with BH's commitment to improve the lives of those we serve, all BH Case Managers and Directors were trained in SSI/SSDI Outreach, Access, and Recovery **(SOAR)** a program designed to increase access to SSI/SSD for eligible adults who are experiencing or are risk of homelessness and have a mental illness, medical impairment, and/or a co-occurring substance use disorder. The process for applying for SSI/SSD can be a laborious, cumbersome process, which can take many years of denials before being approved for the benefit. Many of those we serve find the process so daunting that they pursue legal assistance to obtain their benefits, which does nothing to shorten the process. Individuals that are awarded benefits after many years are given retroactive payment from the time they applied and that can add up to thousands of dollars that could be used to stabilize themselves financially and set them up to be able to live more comfortably with their monthly allotment. However, those that have obtained lawyers pay the majority back pay for services rendered, thus putting them at deficit right from the start. *SOAR* is a no charge service that gets results for the individual in 3-6 months. Case managers obtain releases so that all of the pertinent medical and psychiatric history can be obtained expediently.

SOARS provides an easy to understand format in which the case manager compiles the information, giving the Social Security Administration all the necessary information for them to make a determination the first time around that favors the individual.

BH has assisted 3 individuals in obtaining their benefits; each of the individuals moved into nicer apartments and was able to use their retroactive pay to furnish their new apartments according to their likes.

Case Management personnel cover the following needs:

Initial Intake and Assessment: triage and assessment of immediate needs, eligibility for entitlement programs, and the need for immediate referrals to other agencies.

Financial Case Management: managing the SSI/SSD benefits for disabled and identified guests. A budget is established with each person in our Rep Payee Program ensuring rent, utilities, food, medical care, and other essential needs are met and paid for before the guest receives a personal spending allowance.

Case Managers meet these needs through the following programs:

Shelter/Housing

The Case Management team provides emergency services to assist homeless individuals with emergency shelter placement. Guests can continue to work with Case Management to obtain steady income and permanent housing (subsidized or programmatic housing) or to obtain placement in Drug/Alcohol rehabilitation.

Bethesda House's Assistant Director ~ Case Management continues to increase landlord relationships to facilitate the placement of homeless people in safe and secure housing. This position's primary responsibilities include homelessness prevention, helping individuals obtain housing and rapid re-housing, and assisting homeless individuals with finding permanent housing. Many strong, on-going working relationships with landlords have been developed and have increased the outreach to house chronically homeless people. The Case Management staff has created an extensive landlord database, which aids in the success of securing affordable housing.

The staff assigned to the Program and Case Management department meets with individuals to assess emergency service needs and assist the same in navigating Bethesda House's intake system in order to obtain the appropriate services. We are seeing a significant need for emergency services by individuals and families that are at risk of homelessness. The number of individuals served by Bethesda House increased dramatically during the last fiscal year; this is directly related to the struggling, anemic economy. Bethesda House anticipates the growing demand to continue into the 2016-2017 fiscal year.

The Representative Payee program

This program is essential in helping to prevent individuals from becoming homeless (assisting individuals in finding permanent housing) and aiding the financial stability of our consumers. Many individuals who do not participate in this program find themselves being taken advantage of by others and run the risk of losing their minimal income to drugs/alcohol and other addictions, due to their inability to handle and manage their monthly Social Security payment. The self-determination that people gain from living independently is remarkable. The average income of a participant is $808 a month. Regardless of the amount, individuals are living on their own and not with family, in group homes, or having to share living quarters with someone who could possibly take advantage of them.

During the 2015-16 fiscal year, the number of participants in this program reached 89. The Case Management staff works closely with area providers, particularly with Schenectady County DSS Protective Services for Adults. The Case Manager works with each participant to develop a budget ensuring all bills (rent, utility, phone, medical, etc.) are paid in addition to allowing for "personal needs" money for necessities. During 2016-2017, Case Managers will continue to collaborate with the appropriate staff and local providers to ensure consumers secure housing placement and financial stability.

Consumer feedback gained at House Meetings has provided us with valuable information. In 2016-2017, we are implementing a consumer satisfaction survey to gain more insight on the effectiveness of the services we offer. Our goal is to ensure that consumers meet their milestones and that staff are mindful of the services the individuals are seeking. We will give careful review of the documentation we receive.

Home Connections

Bethesda House entered into a new contract with the Schenectady Department of Social Services to significantly reduce the length of time homeless individuals stay in emergency shelters. The Housing First model, which is employed by all departments within the agency, was our guiding principle as we searched to find permanent housing options for those most vulnerable. The vast majority of individuals that end up in shelters are chronically homeless and suffer from severe disabilities, of which 80% suffer from severe, persistent and untreated mental illness.

The challenge we experience in this program is not always finding appropriate housing due to limited affordable housing options. The difficulty generally lies in creating an environment in which an individual can succeed in the community. Home Connections is unique in that it acknowledges the critical component of aftercare when considering successful integration into one's community.

Once an individual is housed in the community, they become part of Case Management, which includes access to: an Intensive CM that will complete an in-depth assessment and develop a service plan with individualized goals and follow-up; ensure financial assistance through the Representative Payee CM, Social Work oversight to assist with setting up and keeping mental health/substance abuse appointments/treatments and to provide counselling and support as needed; referrals for services; and crisis/emergency support. This team wrap around approach provides for greater stability for the individual and increases their chances of successful integration into their community. BH's partnership with DSS through Home Connections has allowed for greater insight into the deficiencies of the service delivery system and has paved the way for improved relationships with other area agencies in the community allowing barriers to be identified and plans implemented addressing the growing needs of the homeless population of Schenectady.

Social Work Program

The Social Work Program offers a unique approach to people who have severe, persistent, and untreated mental illness in Schenectady County. Our program uses the Housing First model for our homeless consumers. While in the process of obtaining housing, our social work staff process intakes and assessments and attempt to secure mental health treatment and other services that enable individuals to remain in permanent housing. The Social Work staff works closely with Case Management forming a cohesive team. The team wraps services around the consumer to achieve residential and income stability. Our Social Work staff counsel consumers and work with each to ensure that appropriate mental health services are obtained and regularly attended.

Over the past several years, BH has seen an alarming increase in the number of individuals with severe, persistent, and untreated mental illness. While our Social Work department does an excellent job of providing crisis management and counselling to maintain stability, we are not equipped to handle intensive treatment and medication management for those requiring concentrated intervention. BH Social Worker works diligently to ensure psychiatric intervention when necessary, but the options in Schenectady County are currently dismal at best. The Psychiatric clinic has a year wait list and the local hospital is only taking extreme emergency cases. BH is working closely with the Schenectady County DSS, OMH, and the local hospital to address the mental health crisis in Schenectady; however, in the meantime, there are many people that are in desperate need of immediate intervention.

In an effort to leave no stone unturned, BH Social Worker brought his plight to the head of Psychiatry at the local hospital and much to his surprise an offer was made that he could not refuse. An afternoon a week would be set aside for guests of BH to come in for consultation. BH SW would provide an in-depth assessment, along with historical background on each individual and they could be seen and treatment would be provided. While this partnership provides a wonderful avenue of care for those we serve, it has proven to not be without its difficulties. BH SW department has enjoyed great success in part due to its policy of no appointments necessary. Individuals that may come in for other services will check-in with the SW for a short visit. We know from years of serving our population that they don't do well with scheduled appointments and they don't do well sitting and talking for long periods of time. It has been challenging to get individuals to sit long enough to be able to complete the intake paperwork and even more challenging to get them to the actual appointments. BH SW spends much of his time driving around in the community trying to find individuals so he can get them to their appointment. While this may not be a perfect solution to the mental health crisis in Schenectady, it is providing valuable data for the community as we strive to create services that meet the needs of the population we serve.

Case Management Stories

Meet JB

Five years ago, JB's life changed completely when he was released from prison after serving 7 years. Upon his release, he was sent to a homeless shelter, but didn't get the support he needed. His physical and mental health deteriorated and he found it very difficult to get around; everyday tasks presented monumental struggles for JB. He was referred to Bethesda House and began working with our Case Management department to find housing. It soon became apparent to BH staff that JB could benefit from Social Work to help with his depression, so a referral was made and he began addressing his mental health issues with his BH social worker. CM staff found JB an apartment, but immediately afterwards his mental health status worsened and he could no longer manage the tasks of daily living. BH SW set JB up with a Psychiatrist and he began taking medications to address his depression. JB meets briefly with his SW several times a week to update him on his status. JB is now able to care for himself and his apartment; his SW is helping him to address his medical needs. JB regularly attends his appointments both for mental health and physical health and now he feels better than he has in years. JB says: without the right support he would have ended up homeless on the streets. "I've learned how to use my issues to make me stronger – I never want to experience homelessness again. "

Meet LU

LU has not had an easy life; he has spent most of his adult life going from couch to couch and back to the streets. Life on the streets and constant worry for his safety nearly cost him his life. Kidney failure and a critical heart condition landed him in the hospital for several weeks and upon discharge he found himself with a port for dialysis and living in an abandoned building. LU knew that if he did not find a safe place to live he would die. LU's life became consumed with aftercare doctors' appointments, medication and he said he started to feel so overwhelmed. He spent several weeks trying to find help, but everywhere he turned was a dead end. LU does not remember how he came upon BH, but he does remember feeling when he walked into the building that he had found the place where he would get the help he needed. Immediately, BH staff began working closely with LU not only finding him housing, but assisting him in applying for Social Security through *SOARS*. Now he has his own place and is actively receiving Social Security benefits. LU said "I've been through the system and now I want to help others who have been in my situation." He now volunteers his time to Bethesda House as a way of giving back.

Social Work Story

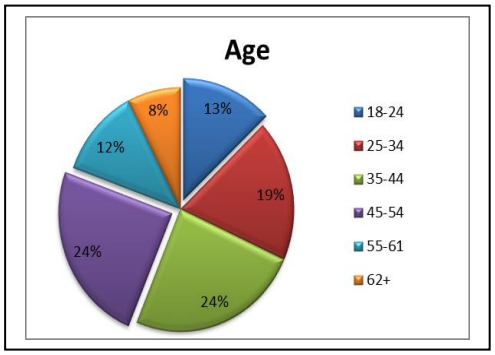
DB came to BH a broken man. He had spent the last 20 years cycling between mental health hospitals and the streets. DB recounts to CM staff his first experience of sleeping in an abandoned building as a young man and he visibly pales. He stated that "I was cold and I had no blanket, just my coat to cover myself. "I was scared and hungry and I barely slept." DB reports that he was offered the City Mission on several occasions, but he refused each time due to his anxiety about being around a lot of people. As DB aged, he knew he could no longer keep up with life on the streets. In addition to struggling with homelessness, he also suffers from Schizoaffective Disorder and addiction. DB has used BH's Day Program on several occasions throughout the years, but never had a desire to seek other services until now. In the beginning, DB was verbally aggressive, loud in speech, and his thoughts were disorganized. DB was poorly groomed and engaged in excessive use of profanity. It took a while, but he eventually agreed to meet with our social worker to be evaluated. It was determined that his symptoms met all the criteria for a mental health diagnosis and, with the help of our Social Worker, Case Management Team, and staff at Ellis Psychiatric Unit, DB has been engaged in mental health and substance abuse treatment. He has been housed in the community and his SW monitors all aspects of his mental health treatment to ensure compliance and works collaboratively to provide ongoing needed services in the community. Today, DB is stably housed in the community, his rent is payed through our Representative Payee Program, and he keeps in close contact with his BH SW.

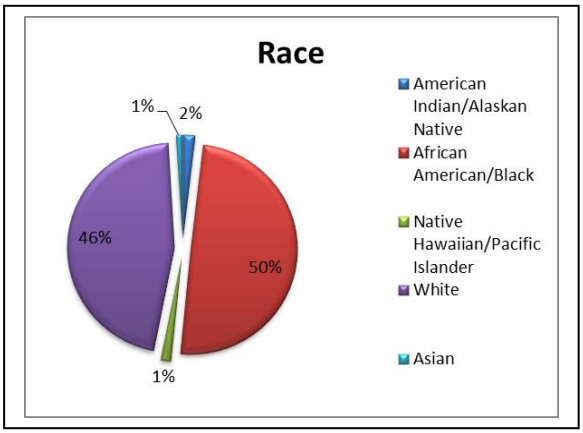
Home Connections Stories

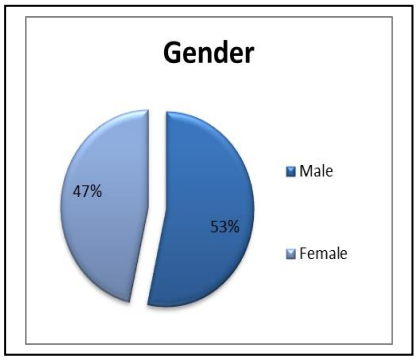
MC has a history of homelessness due to hording and a very unpleasant disposition toward landlords in the community. He had previously been housed with an area agency, but was evicted due to the above mentioned behaviors. When BH ICM approached this same agency about a partnership with BH to serve MC, the response was less than enthusiastic; however, eventually a partnership was formed on the condition that BH ICM would stay actively involved with MC. Every Friday BH ICM and staff from our partnering agency meets with MC to check in to see how he is doing. His apartment remains clean due to a plan implemented to deal with his hoarding. When MC finds items of interest, instead of taking them to his apartment, he takes his treasures to a friend's house where he has access any time he pleases. These items are later sorted out to avoid an abundance of items at his friend's location. This has allowed MC to maintain control over his environment, thus eliminating the need for power struggles with staff. MC is developing a relationship with staff that is built on trust and he actually looks forward to seeing his workers on Fridays now.

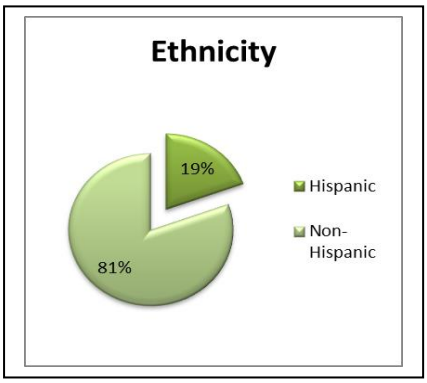
OL has a long history of homelessness and can be very difficult in temperament. She has shown a preference for living in motels and gets herself evicted for nonpayment of rent when put in an apartment of her own. DSS established with Social Security, the need for OL to have a Representative Payee due to her numerous evictions for nonpayment of rent; thus, making way for BH ICM to begin negotiations with landlords for housing. Eventually, a landlord was found that was willing to work with OL, but only under the conditions that she remain in a Rep Payee program and that BH ICM remain involved and would be available when problems arose. OL was displeased with her new living environment and made her DSS worker and BH ICM well aware of her displeasure. She even called DSS on-call one weekend and reported she was homeless and was given 2 nights in a motel. DSS and BH ICM formed a cohesive team approach with OL that left no doubt that she would no longer be allowed to stay in a motel at DSS's expense, that she would be expected to stay in her own apartment. It took OL several months to realize that no amount of screaming, yelling, and threatening would change the fact that she had a nice apartment in which to live. OL did eventually accept the fact that she has her own apartment and she continues to come and go as she pleases, but knows that at the end of the day she has a place of her own to go to, if she so chooses. The landlord is pleased with the arrangements, he gets his rent every month and OL causes no problems. OL seems to be much happier and she engages with BH and DSS staff in a pleasant manner.

Housing and Crisis Case Management Services





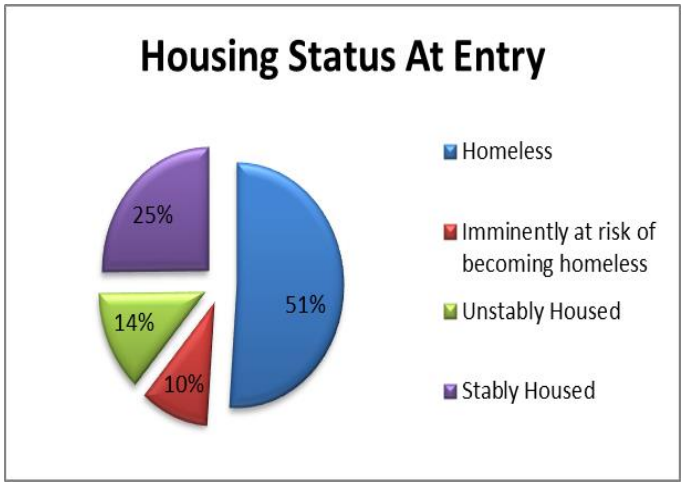


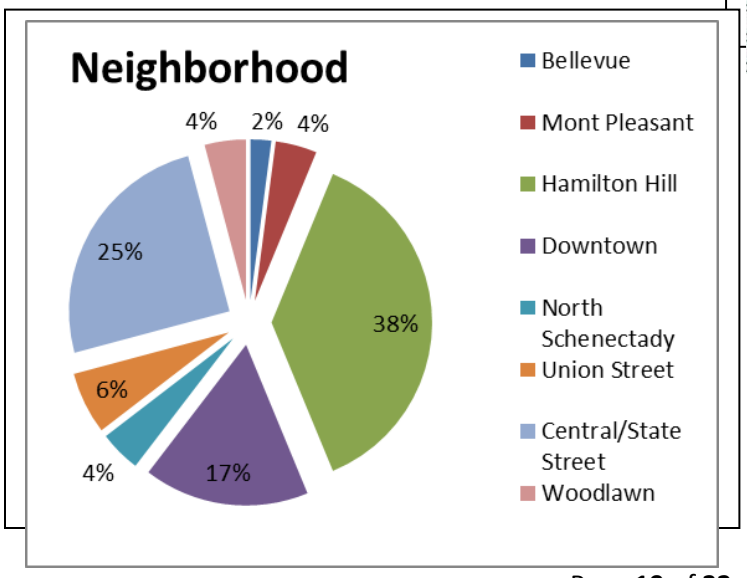


Hope

Help

Haven

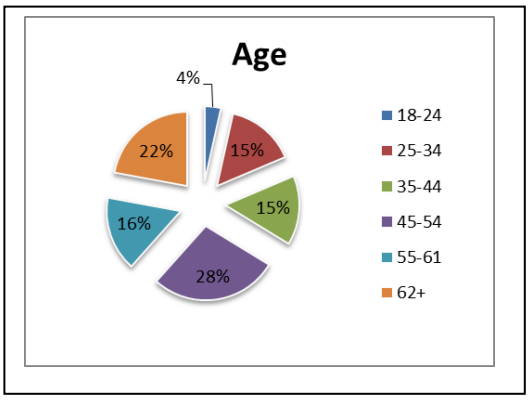


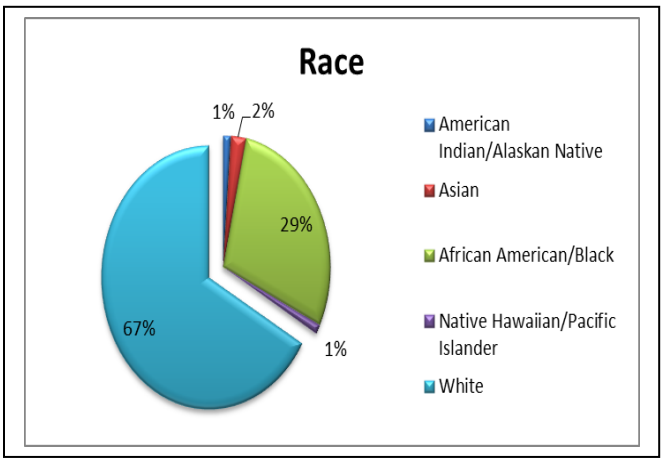


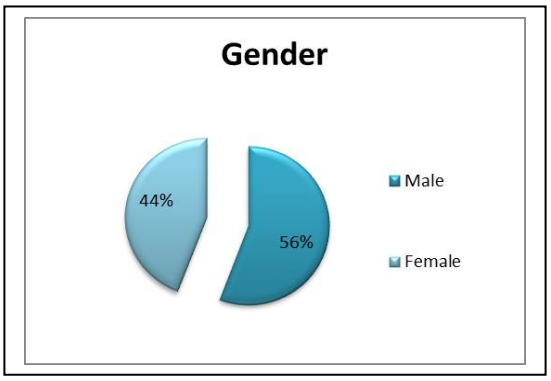
Crisis Case Management ~
- Stabilizing emergencies
- Reducing obstacles
- Obtaining services
- Referrals to area providers

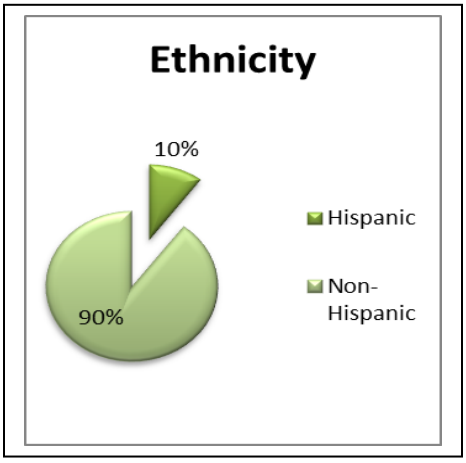
Housing Case Management ~
- Emergency placement
- Permanent housing
- Rapid Re-housing
- On-going support

Case Management Representative Payee Services

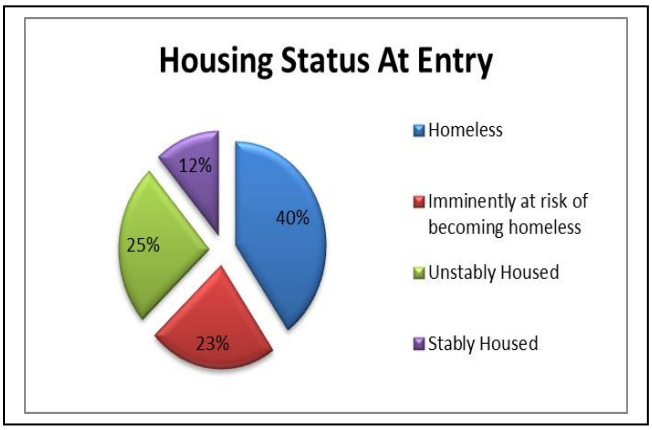








Nathia, Case Manager ~ Rep Payee Program



Rep Payee Program:

- ✓ stabilizes housing and income,
- ✓ financial education and budgeting
- ✓ case management provides path to engage in mental and physical health services

Women's Group

Every week an average of twenty-eight (28) women meet to discuss their life issues and seek emotional support as they work through the effects of abuse. Our confidential group meets weekly and addresses a variety of issues related to domestic violence. The group provides a comfortable atmosphere to develop healthy relationships in a nurturing environment. The group is facilitated by professionals from Bethesda House, YWCA, and Sexual Assault Support at Planned Parenthood.

There are several volunteers that come each week to assist with the weekly meal and provide additional support as needed. The group discusses topics such as drug and alcohol addiction, housing crisis issues, abusive relationships, and their children. All participants provide confidential and emotional support to those who attend. The facilitators are available for outside referrals and counseling. Occasionally, guest speakers from the community come to discuss topics of interest to the women. Facilitators plan community outings such as a yearly picnic and a special Mother's Day luncheon; when financial assistance is available, crafts are purchased for attendees to make gifts and holiday projects. The group is served a lunch and, for most, it is the only meal they may eat for the day. The group is free and could be the only source of support and counseling available for those attending.

Men's Group

Men's Group has been meeting at the State Street Presbyterian Church, Catherine Street, every Thursday, from 11:30 am – 1:00 pm, for the last 2 years. Reverend Richard Parsons facilitates group discussions such as health, parenting, community, violence, being role models, and spiritually. Outside facilitators are brought in as guest speakers who lead discussions on more sensitive topics for example, terminal illness, and trauma and loss.

L-R Rev. Parsons, Robert

L- R Rev. Parsons Louie, William, Paul

Facilitators

Bethesda House is fortunate to have dedicated facilitators who are on-site once or twice a week, making themselves available to all guests and residents who are interested in the services they provide.

The facilitators are:

Alliance for Positive Health National Grid Advocate	• Once per month • Once per week
Blood Pressure Clinic, run by volunteers Fidelis	• Once per week • Twice per month
Tenant Training in collaboration with SCAP, Legal Aid, & Center of Disability Services	• Once per quarter

Women's Group Stories

Women's Group Mother's Day Luncheon

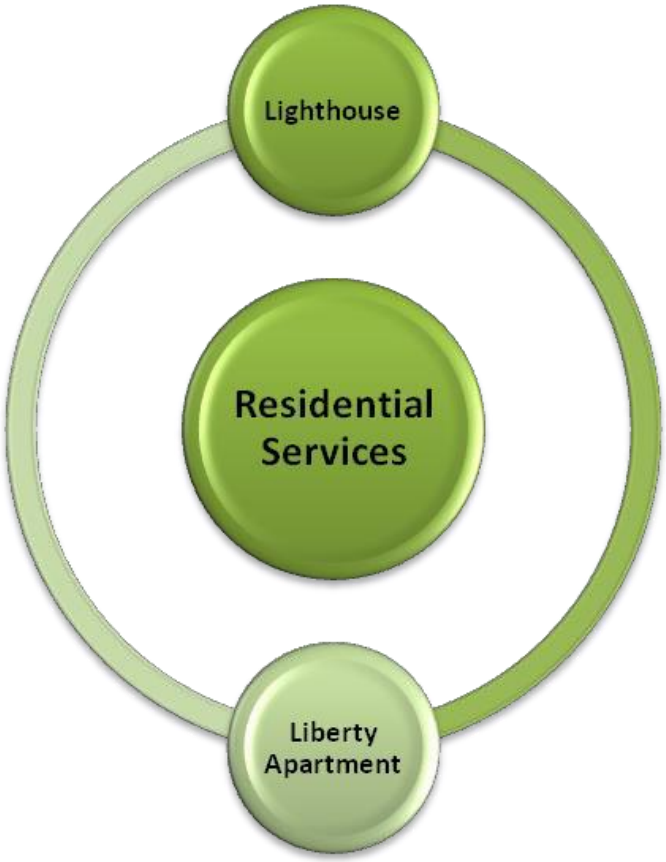
The ladies of Woman's Group put on their Sunday best and boarded Bethesda House vehicles, full of cheer and excitement to enjoy an afternoon of fun and food. It is a celebration of sisterhood and friendship that takes place at the United Buffet at Crosstown Plaza in Schenectady each May near Mother's Day. The volunteers and facilitators of Women's Group decorate the restaurant to the nines, they take the time to make the event special, and let the women know how loved and valued they are. Mother's day can be a difficult time of year for the women in Women's Group. Many have lost their own mother's, suffered through the untimely and often violent death of children, given children up for adoption, had children taken away due to destructive lifestyles, and have children that have lengthy prison sentences. This afternoon of unity provides loving support, an opportunity for friendships to grow, and a rare opportunity to escape the harsh realities of their existences.

GR has been attending Women's group for a little over a year; she usually sat quietly off to the side, taking in her surroundings and offering nothing of herself to the group. To a group of women that live for this weekly get together, GR was an anomaly that they just couldn't understand. The women tried to bring GR into the fold in the beginning and encouraged her to share her story, but they eventually left GR to herself with the hope, that in due course, she would participate in the group. One day GR did not show up for group, her absence was noted, but it was not until a month had gone by that the group became very concerned. The group knew nothing about her, her last name, where she lived, if she worked, or if she had family in the area. As the months went by the group would periodically check-in to see if anyone had seen GR or heard anything about her, but the answers were always the same, no one knew anything. After 7 months had passed, GR showed up and took her usual spot off to the side, ready to take up where she had left off. The group would have none of that, they had been patient, but now they wanted answers. The women surrounded GR with all the love and support they could muster and slowly GR's stoic resolve melted into an endless stream of tears that had been held back for too many years. GR had spent the last year and a half caring for the woman that had given her birth, but little else. Her mother's life of addiction, prostitution, and one abusive relationship after another had festered and caused a cancer that would take her life in as painful of a manner as she had lived. GR saw similarities in her life and her mother's, especially in abusive relationships. She was terrified that her fate would be the same as her mother's if she did not do something differently. GR came to Women's Group hoping to find a way to change the course of her life and free herself of the fears that threatened to immobilize her. The women of the group embraced GR and committed to helping her find her way. The facilitators of the group helped set GR up with counselling and the women exchanged phone numbers and addresses and encouraged her to call anytime of the day or night. GR continues to attend Women's Group, but she no longer sits on the sides, she is an active participant and has shown incredible growth within the last several months.

L- R Wendy, Danette, Volunteer Claire

Women's Group

Residential Services



Bethesda House's Residential Services Department meets the daily challenges of encouraging and assisting each resident as they work toward the goals of their Individual Service Plans. Staff and volunteers are an essential component of the primary success for each resident.

This department's experienced team, comprised of the Director and Assistant Director of Residential Services and the Life Skills Counselor works closely with the Directors of Program and Property and Facility Operations as well as our Licensed Clinical Social Worker. This creates efficiency as staff members navigate their way through the needs of our residents. The Residential Services Department meets bi-monthly with staff to review issues that impact programming and staffing. The Director and Assistant Director regularly attend the 'Single Point of Access' meetings to provide a setting to:

- Identify residents' needs
- Seek community services
- Build accountability to the treatment plan among service providers
- Develop treatment recommendations and review medications
- Develop social/vocational/employment goals
- Address rep payee issues
- Create personal goals and objectives
- Seek input and evaluation on employment and/or vocational options
- Review all mainstream benefits
- Review and discuss options to assist residents in obtaining independence and self-sufficiency.

In our Permanent Supportive Housing Program, the Director of Residential Services or the Assistant Director meet with each of the residents bi-weekly, establishing a level of consistency and demonstrating that each resident is important. During the scheduled meeting, discussions center on progress towards goals, immediate concerns, and any modifications to the established service plan. In addition, the Director of Residential Services and the Assistant Director informally interact with each resident on a daily basis.

Each resident, in collaboration with the Director of Residential Services or the Assistant Director, designs the most appropriate path to manage mental health issues and addictions. Our staff will often attend appointments with the residents and assist with follow up and treatment, providing transportation to medical appointments and meetings as needed.

Residents are encouraged to participate in the Representative Payee program. Eighty-three percent (83%) of the residents receive Social Security benefits; 74% participate in the Representative Payee program. The remaining twenty-six percent (26%) not in the payee program are responsible for addressing their monthly obligations with the assistance of the Director of Residential Services. As of this date 100% of our residents are receiving benefits.

During 2015-16, residents continued to participate in the nutritional educational program led by agency staff and staff from the Cornell Cooperative Extension. Staff members work with residents to reinforce healthy menu planning and stretching food stamp dollars.

The Lighthouse Program is a ten-bed facility located in the Mont Pleasant neighborhood of Schenectady. Seven beds are for single adults formerly chronically homeless (defined by HUD); three beds serve as transitional housing for veterans. The goal for all residents living at the Lighthouse is greater independence. The Lighthouse staff work with each individual to take on more responsibility in all areas of daily living. Forty-three percent (43%) of the residents have lived at the Lighthouse for four years or longer. In our Veterans' program, of the fourteen veterans admitted, more than seventy-five percent (75%) had their needs met and were discharged to permanent housing.

The Life Skills Counselor and the Resident Assistants work with the residents, helping them develop basic living skills so that they will be comfortable actively participating in their community. The residents participate in community activities weekly and some volunteer at our main facility's Day Program Drop-in Center. Activities that the residents participate in include trips to area grocery stores, movie theaters, parks, shopping malls, and restaurants. Two of our residents attend church regularly. Most of the residents have established significant relationships with members of the community and look to them to provide support during difficult times.

The residents have taken an interest in keeping up the grounds at the Lighthouse facility by completing yard work and ensuring that the property is clean. There is a garden for the residents to enjoy during the summer months; residents are encouraged to participate in its upkeep and staff educate the guests on delicious ways to prepare the bounty.

Many of the residents at the Lighthouse have never known a home of their own. They have lived in areas not fit for human habitation such as wooded areas, under bridges, in attics, or in abandoned buildings; in some cases sleeping on front porches in neighborhoods. All of our residents come in with survival skills engrained in their thinking. They have survived by being on the defensive, accepting to live in filth, eating out of dumpsters, and resting whenever and wherever they can. The skills necessary to survive a life on the street differ greatly from those necessary to keep a house. The average homeless person does not think about sanitation, they think only of survival.

During 2016 – 2017 staff will increase their efforts to encourage the residents to take a more active role in the upkeep of their home and to become more integrated into their community. With the assistance of the Director and Assistant Director of Residential Services, Resident Assistants, and the Life Skills Counselor, each resident will continue to have the opportunity to work one-on-one with staff to develop the on-going skills necessary to keep their environment neat and orderly and attend to their personal hygiene. In addition, staff will encourage residents to be more active and regularly participate in the volunteer program.

The **Liberty Apartments** is a fifteen-unit, sixteen-bed facility located on State Street in Schenectady. Residents live privately and independently while having access to supportive staff 24/7. Fourteen units are single room occupancies and one unit has double occupancy; all units have their own bathroom and fully functional kitchenette. Each resident is encouraged to make their home their own, and if necessary, to stay permanently. Fifty percent (50%) of the residents have been in their homes for over four years. Fifty percent (50%) of the residents have been in their homes for over one year.

Bethesda House's Day Program Drop-in Center is a primary point of contact/entry into the system of care. The residents living at Liberty House apartments have access to all of the services provided by Bethesda House. Residents make use of the Hospitality Center, the clothing room, food pantry, and the medical management services offered (blood pressure clinic, aids counseling, etc.). Bethesda House provides outreach through the local business community; residents have access to services through Fidelis and a representative from The Veteran's Administration who visits weekly.

Residents are encouraged to participate in monthly house meetings where they are able to express their concerns. The Director of Property and Facility Operations attends all house meetings in order to answer questions and address concerns. The residents plan social and recreational activities during these meetings. Bethesda House has a van available to transport residents to community activities.

The goal for all of the residents living at the Liberty Apartments is greater independence. The design of the program does allow for greater autonomy; however, the greater percent of residents seek interaction with other residents, our Day Program population, and staff members in general. In addition, ninety-five percent (95%) of the residents have planned their goals for their service plans with minimal assistance from staff.

Residents of both the Lighthouse and Liberty Apartments who require more intensive staff intervention can work one-on-one with the Life Skills Counselor. The Life Skills Counselor works with all residents to provide graduated instruction and remains a presence until they can independently complete the task. For those residents with physical disabilities, the Life Skills Counselor encourages as much independence as possible and assists with tasks that are beyond their physical capabilities. The Life Skills Counselor also assists residents with nutritional counseling, menu planning, food, and personal needs shopping and assists with planning recreational activities.

Obtaining secure and stable housing is the first step in alleviating the inconsistencies and trauma associated with living on the streets. It takes a great deal of time for a homeless person to let go of street living and to trust that they are worthy of this new life. With each step forward, there can be several steps back, but, with patience and persistence, no goal is out of reach.

Resident Stories

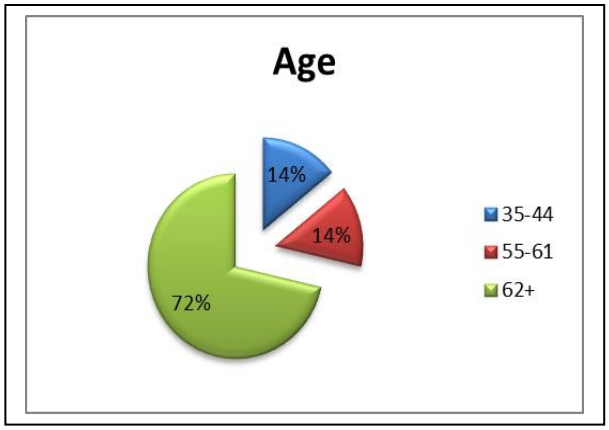
Under the umbrella of Bethesda House (BH), residents have access to services such as: life skills, case management, financial case management, medical management, food and clothing programs, and educational programs. BH's Licensed Clinical Social Worker (LCSW) and the Residential team provide advocacy with community partners to ensure the necessary services are available and utilized, such as mental health appointments, substance abuse treatment, and probation. In addition, our case management and program staff build social interaction skills and encourage employment search and volunteer work in the community. Bethesda House provides a service rich environment where continuous housing is not dependent upon participation in treatment services. The focus is on strengthening our community and building positive relationships with peers.

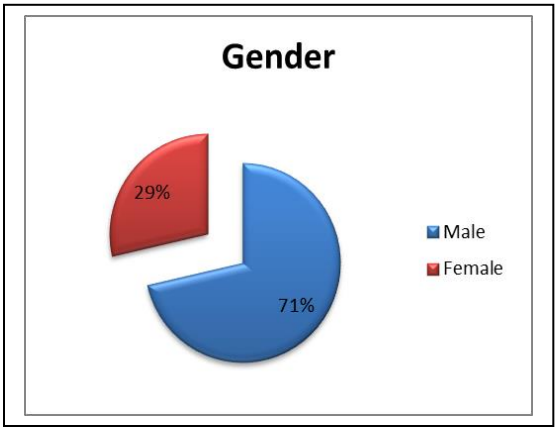
Growth and Stability: Two Residents Step Forward Towards Independence

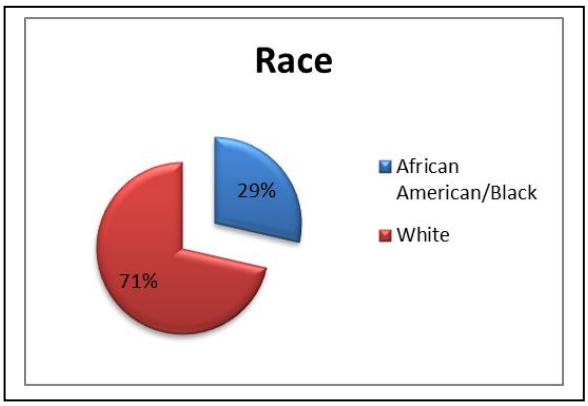
TM was chronically homeless for years before being admitted into our permanent supportive housing program. Released from jail, he was on probation for an alcohol related offense and was required to report in regularly to meet with his resource coordinator. During the last two years, TM has made significant progress in stabilizing his behaviors and abstaining from alcohol. He completed his probation requirements and continues to progress towards a sober, independent life.

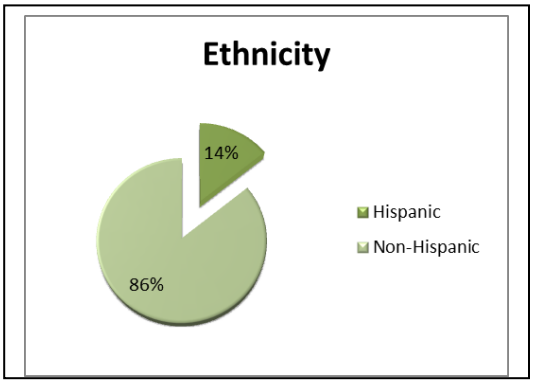
MIM is a young woman who lived in an emergency shelter and came to Bethesda House to access our Day Program services. Our Case Management and Social Work Team interacted with her for over twelve months while working with her to address her mental health and to provide basic living needs. When there was an opening in in our residential program, we admitted her. At the time, her mental health was untreated and she met regularly with our LCSW who helped her maintain a level of stabilization. MIM is now in treatment and, with the increased level of services; she has become social and interacts with our day population and other residents. She volunteers for us regularly and has a standing weekly lunch outing with another volunteer. She agreed to apply for social security benefits and recently received her award. MIM's life changed considerably after she started using our services and becoming a resident. She once asked, "Can I live here forever?"

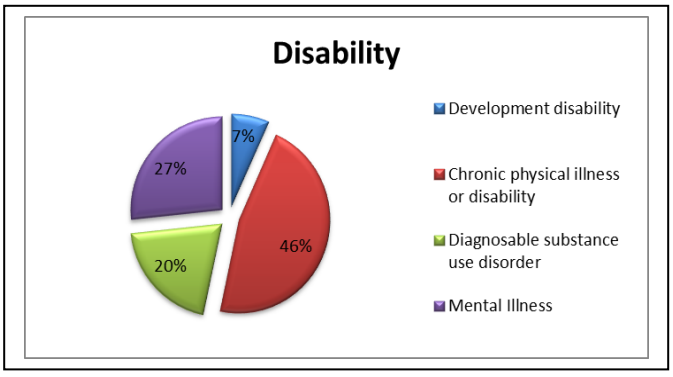
Lighthouse Permanent Supportive Housing



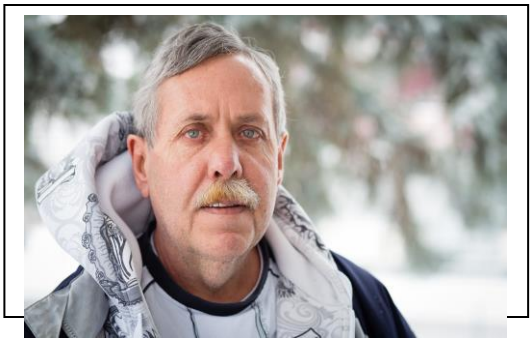






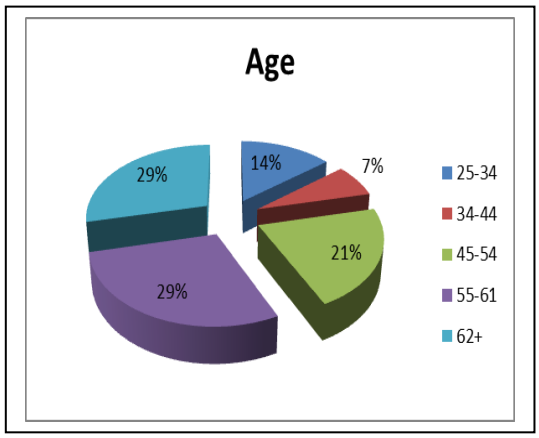


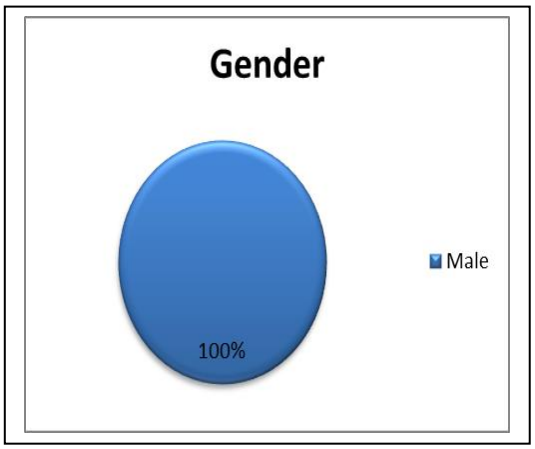
Assistant Director Residential Services, Crystal

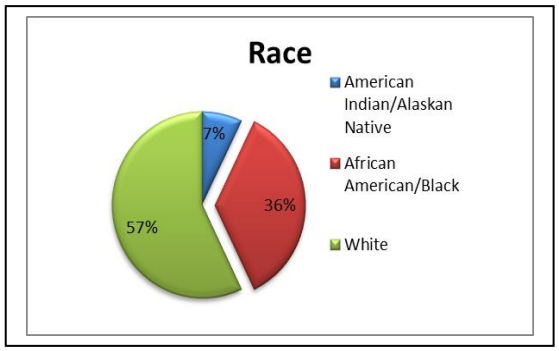


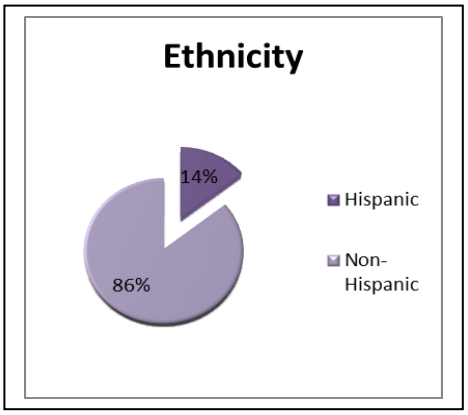
Resident, Dave

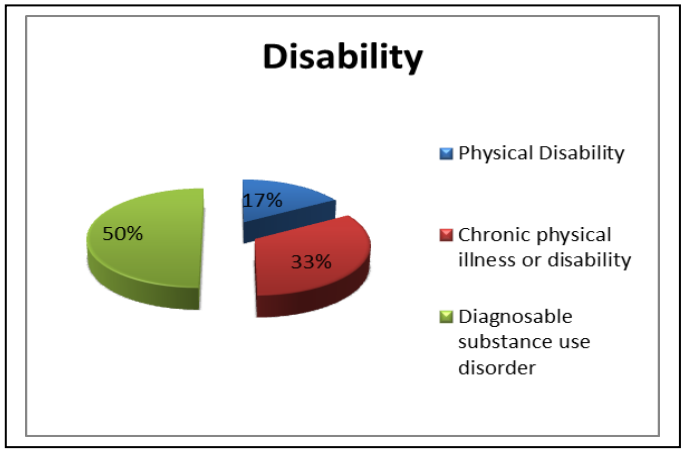
Lighthouse Transitional Housing Veterans





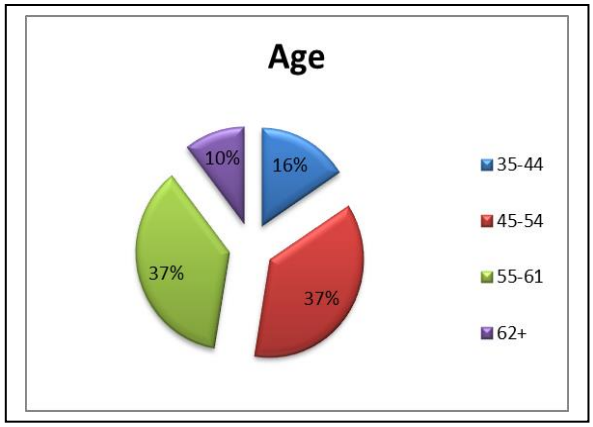


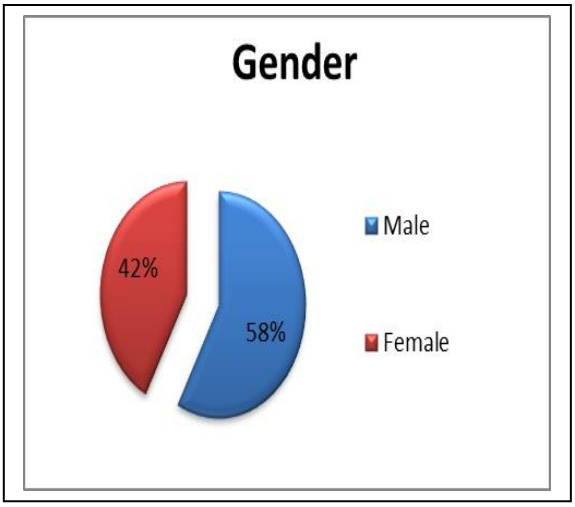


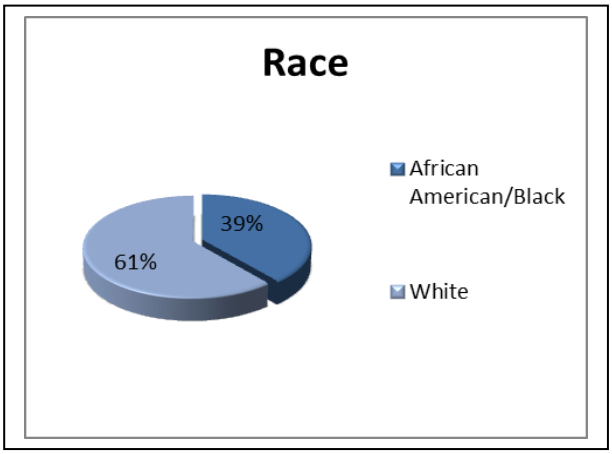


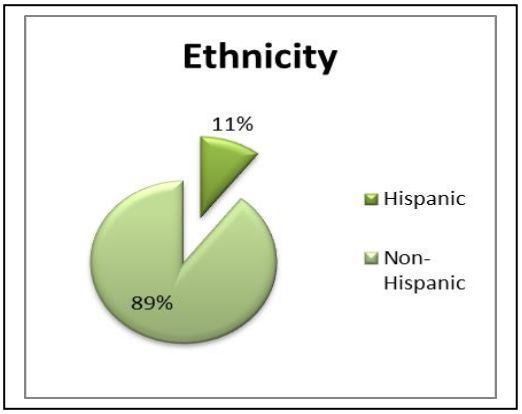
In the aftermath, we are because they were. ~ RJ Heller

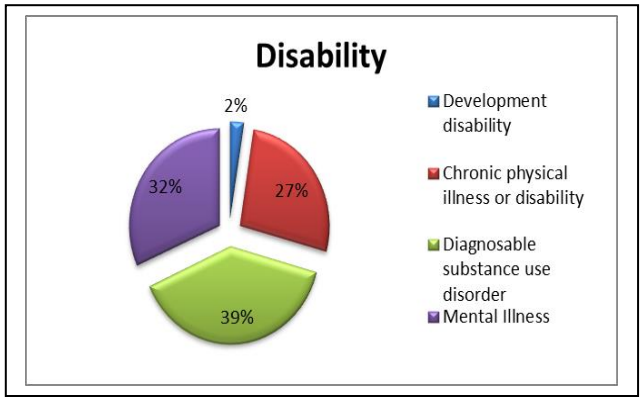
Liberty Apartments Demographics











Resident, Kathy

Looking Back

Volunteers:
Bethesda House is deeply grateful for our wonderful volunteers. We feel their energy and love each day and would not be able to carry out our mission and vision without their gifts of time and compassion.

Bon Appetite! Once a month, Sharran Coppola, former Board President, prepares a meal for our residents. Eating tasty meals and engaging in fun, entertaining conversation makes these Saturday nights special. Our residents look forward to Sharran's culinary delights.

L- R Shari, resident shares a laugh with Sharran

Bobby (Ghost), resident, gives a thumbs-up for a great meal

Each year Bethesda House serves a Thanksgiving meal recognizing the camaraderie between volunteers and staff and the spirit of coming together as a community to give thanks for the many blessings of friendship, support, services, and a safe haven.

Volunteers and staff prepare the meal

Holiday meal guests

Rev. Richard Parsons gave the devotion

We celebrate the winter holidays acknowledging the traditions of many different religions. We talk about the core beliefs of each religion as well as the common thread that is woven within all faiths. Wonderful meals are served as former Niskayuna High Schools students sing traditional and seasonal songs. We take pause to remember those we have lost, friendships that have developed, and rejoice in the light of peace and love.

Bethesda House hosted one of three City of Schenectady Community Needs Assessment Roundtables. Community leaders, direct line-staff from non-profits, and residents join the discussions regarding identifying Schenectady's community needs. The discussions were lively and productive.

Education

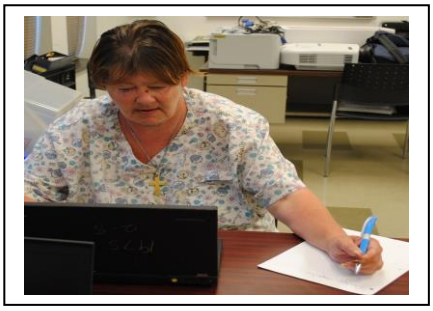
Cornell Cooperative Extension and Karl Taylor, Food and Nutrition Coordinator, provided Nutritional Education during our on-going, six-week program. Agency staff and staff from Cornell Cooperative Extension teach class participants a wide range of basic nutritional information from menu planning, healthy food selections, to meal preparation. Participants learn the benefits of healthy eating and the positive effects of weight loss and healthier bodies. The program staff teaches how to stretch food stamp dollars and when to access local food pantries to supplement their meals.

Cornell Cooperative Extension offers nutrition classes every Tuesday from 10:00-10:45 am. Jeanne is the nutrition educator and offers classes on a wide variety of subjects, including eating healthy using food pantry staples; incorporating whole grains and produce into the diets of our clients, and teaching simple exercises that can be done without equipment.

Thank you to Elfun Computer Rehabilitation!

Our Literacy Program received a boost thanks to Elfun Computer Rehabilitation. Eight (8) laptops, a projector, printer, and software, along with the required cabling to set the equipment up were donated to us. We were so grateful that workers from this program not only installed all the necessary software including our educational/literacy software but setup each computer to our wifi connection and the connection to the printer. Thank you to Mr. Ricky Cruz, SUNYA SW Intern, for being the liaison between Bethesda House and Mr. Tom Citriniti, from the Elfun Computer Rehabilitation and creating this opportunity.

We were fortunate to have Mr. Gil Strizich join the educational team. Gil created a new curriculum and gave our educators direction regarding effective adult education and communication techniques.



Resident, Tracy

L-R Nelda, Nathia, John

2016-2017 Ideas into Action!

Bethesda House was approved by the Schenectady County Public Health Services to be a grant recipient to open a satellite food pantry in the 12308 zip code. We are pleased and excited to be in partnership with Schenectady Municipal Housing Authority; our satellite food pantry will be located at Yates Village.

Financial Summary

Bethesda House's 2015-16 fiscal year ended with a small operating surplus of $1,115 and an overall agency deficit of $165,913, which includes depreciation for capital item's supported by foundation and government contracts.

The agency's most significant fiscal challenge this year was related to fundraising. In Human Service agencies such as Bethesda House, there is a direct correlation between the country's economic health and the number of people in need of services. During our 2015-16 fiscal year, Bethesda House Administration and Board of Directors took an active approach to fundraising initiatives, securing funds from private foundations, and continuing to cultivate a more extensive donor base. With this commitment, our 2015-16 contributions exceeded our 2014-15 contributions by 22%.

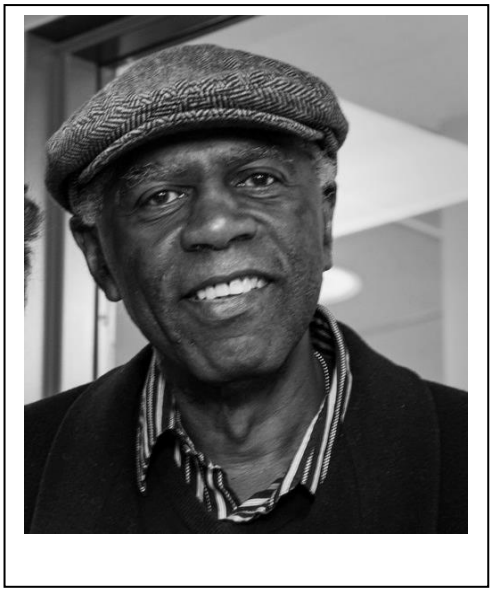
Contribution dollars allow our agency to enhance and increase the services we provide to the homeless and impoverished citizens of Schenectady County. We are deeply grateful to have received generous donations from long-term donors and the *William Gundry Broughton Foundation and SEFCU Foundation*.

Bethesda House will continue to explore initiatives to increase our contribution dollars to strengthen our programs and build upon our current success of housing the homeless, feeding the hungry, providing social work services directly related to mental health, and providing crisis and emergency services to those in need.

Thanksgiving Meal Volunteers

Day Program Guests, Wendy and Louie

L-R Residents Maryellen and Tracy



Day Program Guest, Jimmy

Bethesda House of Schenectady, Inc.

Management Team

Kimarie Sheppard, Executive Director

Anne McGhee, Program Director

Danny Payne, Director of Residential Services

Kevin Fogg, Director of Property and Facility Operations

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