Annual Report
2025-2026



Bethesda House

Building a more compassionate community one person at a time

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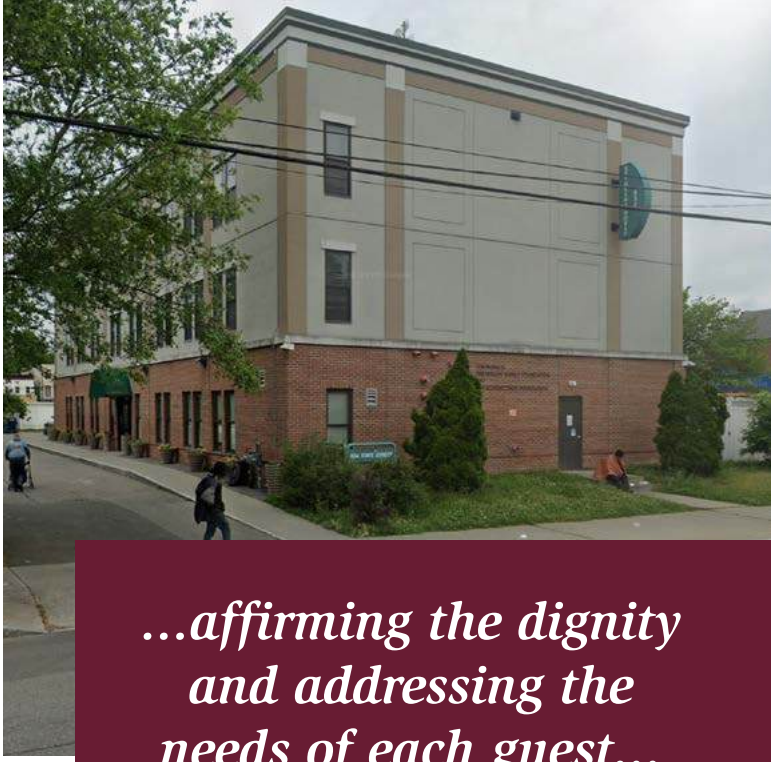
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We are grateful to our volunteers who give their time and talents...

Bethesda House is an interfaith ministry to the homeless, disabled, and economically disadvantaged citizens of Schenectady County. We strive to build a just, hospitable, and inclusive community one person at a time, by affirming the dignity and addressing the needs of each guest that enters this House of Mercy.



...affirming the dignity and addressing the needs of each guest...

WITH GRATITUDE

At Bethesda House, hope is never the work of one person or one organization. It is built together—through compassion, partnership, generosity, and the belief that every person deserves the opportunity to find stability, dignity, and a place to call home.

As we reflect on another year, we are filled with gratitude for the many people who make our mission possible.

To our **Board of Directors, dedicated staff, and committed volunteers**, thank you. Your time, talent, and perseverance make a difference every day. You meet people where they are, navigate increasingly complex challenges, and continue to show up with compassion and determination. Behind every number, program, and service highlighted in this report is a person whose life has been touched because you chose to care.

We are especially grateful for our **donors, faith communities, community partners, foundations, businesses, and friends of Bethesda House**. Your generosity allows us to respond to immediate needs while continuing to build pathways toward greater stability. You help keep our pantry shelves stocked, provide meals and essential supplies, support our shelters and residences, strengthen our outreach, and ensure that people experiencing homelessness and vulnerability know they are not forgotten.

Our work is possible because of the strength of our community. From a volunteer giving a few hours of their time, to a donor making a financial contribution, to a partner organization helping someone access critical services—**every act of support matters**.

Bethesda House was founded on a simple but powerful belief: **everyone deserves hope and help.** That belief continues to guide us as we respond to changing needs, serve people facing significant barriers, and work toward a community where no one is defined by their circumstances.

Because of you, hope becomes more than an idea.

Hope becomes a meal. A safe place to sleep. A warm coat. A helping hand. A new beginning. A home.

Thank you for standing with Bethesda House and for being part of this work.

Together, we are creating a community where dignity, compassion, stability, and hope are within reach for all.



A LETTER FROM OUR EXECUTIVE DIRECTOR

Dear Friends,

Every day at Bethesda House, we are reminded that hope is not simply something we talk about—it is something we put into action.

It is present in the staff member who listens when someone feels they have nowhere else to turn. It is in the volunteer who gives their time, the donor who gives generously, and the community partner who helps us find a solution when the path forward is difficult. Most importantly, hope is present in the courage of every person who walks through our doors and takes the next step toward a better future.

> *...the needs of the people we serve have become increasingly complex.*

This past year brought both **meaningful accomplishments and significant challenges**. Bethesda House continued to provide shelter, supportive housing, meals, essential supplies, case management, medical respite, and other critical services to people experiencing homelessness and vulnerability throughout Schenectady County. Our residential programs continued to grow and evolve, including the continued development of Cara House, while our outreach efforts helped us reach individuals who might otherwise go without food, clothing, personal care items, or access to supportive services.

At the same time, the needs of the people we serve have become increasingly complex. We are seeing individuals facing significant barriers related to poverty, mental health, trauma, chronic homelessness, and other challenges that can make achieving stability especially difficult. These realities require us to continually evaluate how we provide services, strengthen our programs, and use our resources responsibly.

Through all of these changes, one thing has remained constant: **our commitment to the people we serve.**

Bethesda House continues to meet people where they are—with compassion, dignity, and respect. We provide immediate assistance when it is needed most, while working alongside each individual to identify opportunities for greater stability and independence. Our goal is not simply to provide a service, but to build relationships and create pathways forward.

None of this work happens alone. Our progress is made possible by an extraordinary network of staff, volunteers, donors, faith communities, foundations, businesses, government partners, and community organizations who believe that everyone deserves a safe place, a chance to heal, and the opportunity to build a more stable future.

As you read this annual report, I invite you to look beyond the numbers. **See the people behind them.** See the meals served, the doors opened, the relationships built, and the small steps that can ultimately lead to profound change.

Thank you for believing in Bethesda House, for believing in the people we serve, and for continuing to stand with us.

Together, we are putting hope into action—**one person, one opportunity, and one life at a time.**

With gratitude,

Kimarie A. Sheppard

INTRODUCTION

HOPE IN ACTION

The staff and administration of Bethesda House of Schenectady, Inc. are pleased to share this Annual Report for **fiscal year July 1, 2025 through June 30, 2026**.

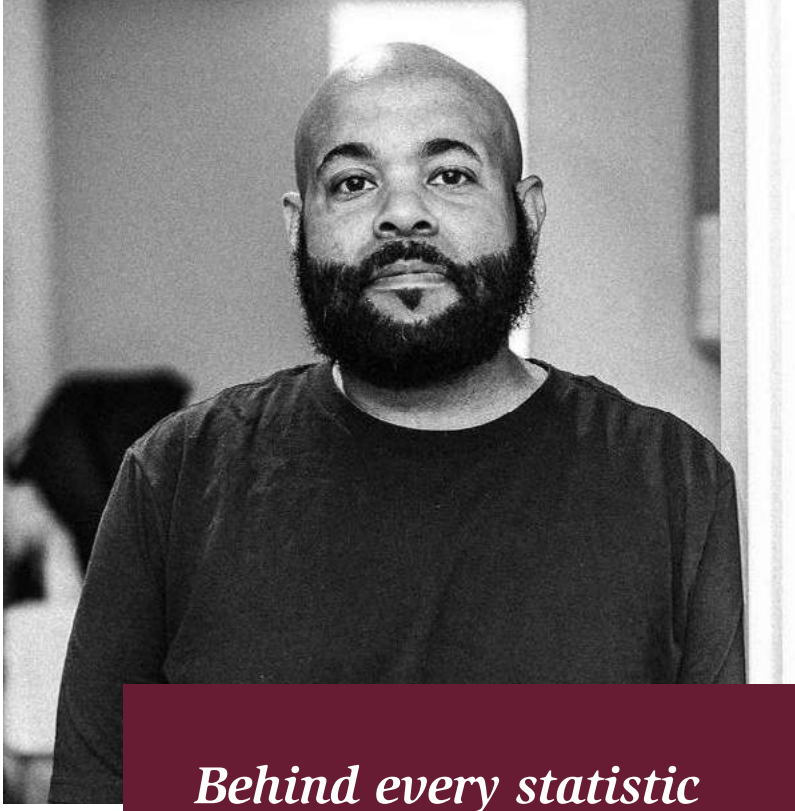
This report provides a look at the people we served, the programs we operated, and the impact we made together as a community. But numbers alone cannot tell the full Bethesda House story. Behind every meal served, every housing placement, every outreach encounter, and every night of shelter is a person who deserves to be seen, heard, and treated with dignity.

Accountability remains central to who we are. We have a responsibility to the people who trust Bethesda House, to our supporters and partners, and to the community we serve. That responsibility calls us to operate with transparency, integrity, fiscal responsibility, and a willingness to continually evaluate how we can do our work better.

Bethesda House continues to evolve in response to the changing needs of our community. Homelessness is not a single issue, and the individuals who come through our doors often face complex and interconnected challenges. Our programs must therefore do more than provide a temporary response. They must offer safety, housing, food, medical care, connection, and the support necessary for individuals to move toward greater stability.

This year marked another important chapter in the growth of **Cara House**, which is now an established and integral part of Bethesda House. Together with our other residential programs, Cara House has strengthened our ability to provide permanent supportive housing, transitional services, emergency shelter, medical respite, and re-entry support. Our residential continuum now serves individuals with a wide range of needs, while our staff work to provide the structure, consistency, and individualized support necessary to help each person succeed.

Our **Hospitality Center and Day Program** remain an important front door to Bethesda House. Individuals can access meals, food pantry services, clothing, hygiene supplies, showers, laundry, case management, and connections to other community resources. These services may appear simple, but for someone experiencing homelessness or living on the margins, they can be the first step toward rebuilding stability.



Behind every statistic is a human story.

Our outreach team continues to **meet people where they are**—on the streets, in encampments, and throughout the community. Outreach is about more than delivering food or supplies. It is about building relationships, establishing trust, identifying needs, and connecting people with housing, medical care, behavioral health services, and other resources. Through partnerships with agencies throughout Schenectady County, we continue to strengthen the community's collective response to individuals experiencing crisis.

Bethesda House has also continued to strengthen the coordination of medical and supportive services. Our medical respite program provides an important bridge for individuals who need a safe place to recover following hospitalization or who require additional support to manage medical needs. By bringing housing and supportive services together, we are able to address needs that cannot be met through any one system alone.

Throughout the year, we also took a close look at our programs, operations, and resources. We strengthened systems, identified areas for improvement, addressed challenges, and made difficult decisions about how to focus our resources where they can have the greatest impact. Growth is not simply about doing more—it is about doing what matters most, and doing it well.

The pages that follow provide the data behind our work. They demonstrate the scope of Bethesda House's services and the commitment of the people who make those services possible. But the true impact of Bethesda House cannot be captured entirely in numbers.

Behind every statistic is a human story.

It is the person who finally has a safe place to sleep. The individual who receives a meal and someone willing to listen. The resident who takes a step toward independent living. The person recovering from illness who has a safe place to heal. The individual who, after years of instability, begins to believe that a different future is possible.

That is hope in action.

As we look ahead, Bethesda House remains committed to serving our community with compassion, accountability, and purpose. We are grateful to everyone who makes this work possible and who believes that every person deserves the opportunity to find safety, stability, and hope.

Together, we will continue to put hope into action—one person, one connection, and one life at a time.







BETHESDA HOUSE AT-A-GLANCE



CONSUMERS SERVED

While the statistics capture scope, they cannot capture the full impact. Every number represents thousands of hours of case management, clinical services, emergency response, life skills training, and residential care—all of which bring dignity and stability to our guests.

GUESTS SERVED	2025-26	2024-25
Number of Contacts	79,475	69,760
Unduplicated Guests Receiving Services	9,537	7,674
First Time Guests	3,179	2,000
Homeless Guests	4,968	4,120

PROGRAM DEPARTMENT AT-A-GLANCE

PROGRAM DEPARTMENT SERVICES* All services provided through the Program Department are free of charge.	2025-26	2024-25
Consumer Choice Food Pantry meals served	25,636	22,100
P.G. Wright Food Pantry meals served	16,820	14,500
Clothing Room	1,800	1,500
Showers	15,498	13,360
Telephone	660	600
Hygiene Kits	462	420
Mailboxes**	45,910	45,910
Daily Meal	58,368	48,640
Laundry	6,360	5,300
Lockers	7,725	7,023

*The numbers reflect cumulative totals of services provided.

**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.

CASE MANAGEMENT and SOCIAL WORK AT-A-GLANCE

CASE MANAGEMENT SERVICES*	2025-26	2024-25
Housing, & Emergency	10,344	9,404
Representative Payee	4,015	3,650
Case Management Services	5,720	5,200
Emergency Services	5,418	4,925
Referred for Income	770	700
Secured Income	198	180
Social Work Average Monthly Caseload & Contacts/Month	94/6,804	85/6,185
Outreach Case Management: Individuals/Contacts	550/4,527	500/4,115

*The numbers reflect cumulative totals of scheduled appointments

Case Management and Program staff referred 265 consumers to area providers to best meet the needs of the individuals.

Area providers referred 3,400 individuals to Bethesda House for:
Case Management, all programs: 1,500, Emergency Services: 1,200, Social Work and Mental Health stabilization: 1,050, and Residential Services: 50.



RESIDENTIAL SERVICES, EMERGENCY SHELTER, MEDICAL RESPITE, & CODE BLUE AT-A-GLANCE

RESIDENTIAL SERVICES	Approved Contracted Beds	2025-26 Utilization	2024-25 Utilization
Lighthouse: Supportive Housing & Veterans Housing	10	20	13
Liberty Apartments	16	19	18
Beacon Scattered Sites	8	8	9
Cara House	26	33	40
Emergency Shelter & Medical Respite	10/6	2025-26 Total Unduplicated/ Utilization 179/5840	2024-25 Total Unduplicated/ Utilization 20/2920

Code Blue: Overnight Shelter November - April	2025-26 Total Unduplicated/ Utilization	2024-25 Total Unduplicated/ Utilization
Shelter Participants (unduplicated)	256	376
Utilization: November - April	4706	5430

Long-Term Code Blue Utilization

Analysis of Code Blue HMIS data from the 2022–2023 through 2025–2026 seasons shows a pattern of recurring shelter use. **Four individuals accessed Code Blue during all four seasons, while an additional 16 individuals accessed the program during three of the four seasons.** This demonstrates that a portion of the individuals relying on Code Blue have experienced ongoing or recurring housing instability over multiple years.

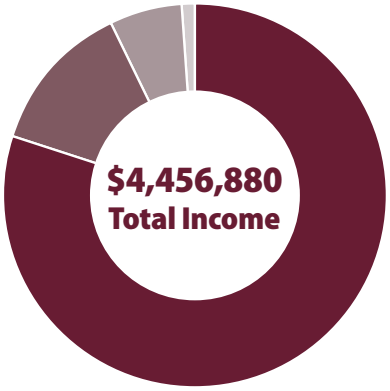


FINANCIAL AND OPERATIONAL CONSIDERATIONS

Bethesda House continues to monitor uncertainty surrounding federal funding priorities, grant requirements, and the timing of funding awards, which may affect the long-term sustainability of certain housing and related supportive services programs, representing approximately 24% of the agency's grant funding. The agency is also working to fill three key administrative positions: Finance Director, Deputy Director, and Human Resources Manager. In the interim, responsibilities have been reassigned among existing staff to maintain coverage of essential functions. Bethesda House remains focused on prudent financial management, strengthening organizational capacity, and securing the resources necessary to advance its mission and serve the individuals and families who rely on its programs.

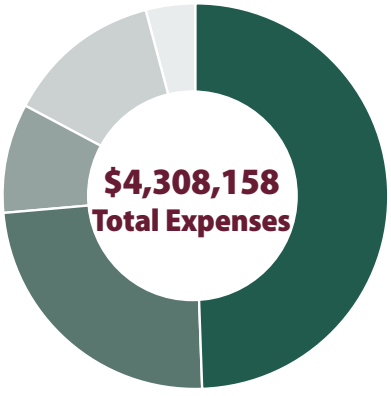


REVENUE



Grants/Applied Income	80%	3,596,546
Fee for Services & Veterans Housing	30%	573,002
Foundations, Grants, Donations	6%	284,078
Other Income	1%	3,254

EXPENSES



Program Services		
Residential	49%	2,105,569
Case Management	24%	1,020,173
Social Work	9%	417,788
Management & General	13%	559,457
Fundraising	4%	205,171

Thank you

Because of you, hope becomes more than an idea.

PROGRAMS & SERVICES

HOPE IN ACTION

Bethesda House's programs and services are designed to meet people where they are and help them move toward greater stability, health, and independence. Throughout fiscal year 2025–2026, our staff continued to provide a broad continuum of services to individuals experiencing homelessness, housing instability, poverty, health challenges, and other barriers to stability.

From a warm meal and a safe place to spend the night, to permanent supportive housing and ongoing clinical care, Bethesda House works to ensure that individuals have access to the resources, relationships, and support they need to move forward. Our programs are connected by one common purpose: **to provide hope in action and help people build a more stable future.**

PROGRAM DEPARTMENT

The Program Department provides a welcoming and accessible point of connection for individuals who are homeless, housing insecure, or struggling to meet their basic needs. The Day Program and Essential Services offer practical assistance while also creating opportunities for individuals to connect with staff, build relationships, and access additional resources.

Services include meals, food pantry assistance, clothing, hygiene supplies, showers, laundry, information and referrals, and assistance connecting with community resources. These seemingly simple necessities can be critical first steps toward stability.

Bethesda House also operates food assistance programs that help address food insecurity throughout our community. Through our pantry and meal programs, individuals and families receive nutritious food and the opportunity to connect with additional supportive services.

The Program Department is supported through a combination of public funding, grants, food donations, foundations, community organizations, businesses, and the generosity of individual donors.

EMERGENCY SHELTER & MEDICAL RESPITE

For individuals experiencing homelessness, a safe place to stay can be the first step toward a very different future.

Bethesda House provides overnight emergency shelter throughout the year, offering a safe and supportive environment for individuals who would otherwise be without shelter. Shelter services extend beyond a bed for the night. Guests have access to case management, social work, outreach, medical care, and assistance connecting with housing and other community resources.

Bethesda House also provides Medical Respite services for individuals who are experiencing homelessness and require a safe place to recover following hospitalization or other medical treatment. Medical Respite bridges the gap between healthcare and housing by providing a supportive environment where individuals can recover while working with staff to address their broader needs.

During the winter months, Bethesda House has also provided Code Blue shelter services to help protect individuals from life-threatening cold weather conditions. Code Blue operations require flexibility, teamwork, and a strong commitment to ensuring that some of our community's most vulnerable neighbors have a safe place to turn when temperatures become dangerous.

The Overnight Emergency Shelter is primarily funded by the Schenectady County Department of Social Services. The Code Blue Shelter is funded by Schenectady County Department of Social Services with financial support provided by New York State.

The Medical Respite Program is funded by Schenectady County Department of Social Services, other County Department of Social Services, and NYS Department of Health through the 1115 Waiver.

COORDINATED ENTRY

Bethesda House continues to serve as a leader in Schenectady County's Coordinated Entry system, helping connect individuals experiencing homelessness with appropriate housing and supportive services.

Coordinated Entry provides a structured pathway for identifying individuals with the greatest housing needs, assessing their circumstances, and connecting them with available resources. Bethesda House works closely with **CARES of NY** to help individuals navigate the housing system and move toward appropriate housing opportunities.

This work requires collaboration, careful assessment, timely communication, and a commitment to keeping the needs of each individual at the center of the process. Bethesda House remains committed to strengthening the local response to homelessness by working with community partners to ensure that available resources are used as effectively as possible.

The Coordinated Entry program is funded by U.S. Department of Housing and Urban Development.

CASE MANAGEMENT

Case Management is at the heart of Bethesda House's work. Our Case Management team supports individuals experiencing homelessness or housing instability by helping them address immediate needs while working toward longer-term goals.

Services may include intake and assessment, crisis intervention, housing navigation, assistance obtaining benefits and identification, connection to healthcare and behavioral health services, financial assistance and budgeting, transportation coordination, and referrals to community resources.

For many individuals, progress does not happen all at once. It happens through a series of small but meaningful steps: obtaining identification, attending a medical appointment, securing benefits, completing housing paperwork, reconnecting with family, maintaining an apartment, or simply developing trust with someone who is willing to help.

Our staff recognize that every person's circumstances are different. Case Management therefore focuses on building relationships, identifying strengths, addressing barriers, and helping each individual work toward goals that support greater stability and independence.

The Case Management program is funded by Schenectady County Department of Social Services and Healthy Alliance, 1115 Waiver Program.

STREET OUTREACH

Bethesda House's Street Outreach team works to connect with individuals who are experiencing homelessness in unsheltered locations or who may be disconnected from traditional service systems.

Outreach is built on consistency, relationship-building, and trust. Staff meet people where they are, provide immediate assistance when possible, and work to connect individuals with emergency shelter, housing, healthcare, mental health services, transportation, benefits, and other resources.

For individuals who have experienced repeated periods of homelessness or significant trauma, accepting services can take time. Outreach staff remain persistent and compassionate, recognizing that establishing trust may be the first and most important step toward meaningful change.

The Street Outreach program is funded by NYS OTDA Solutions to End Homelessness Program (STEHP).

CLINICAL SERVICES

Bethesda House's Clinical Services provide an important layer of support for guests, residents, and individuals accessing our programs. The Clinical Department brings together Social Work, Medical Care, mental health support, and specialized counseling to address the complex and often interconnected needs of the people we serve.

Clinical staff provide assessment, counseling, crisis support, medical care, care coordination, referrals, and connections to community healthcare and behavioral health providers. By bringing these services into the Bethesda House environment, individuals can access support in a setting that is familiar, accessible, and responsive to their needs.



Student interns gain supervised, hands-on experience while contributing to the work of the agency...

Our clinical approach recognizes that physical health, emotional well-being, housing stability, and other life circumstances are often closely connected. Addressing these needs together can help individuals avoid unnecessary crises and strengthen their ability to maintain stability.

Bethesda House also provides **Loss, Grief & Healing services** through both individual counseling and group support. Our Loss, Grief & Healing Counselor helps individuals process loss, navigate grief, and develop healthy ways to cope and heal. These services provide a safe and supportive space for individuals to work through difficult experiences while recognizing that healing is a personal process.

Bethesda House also values the opportunity to help prepare the next generation of professionals. Student interns gain supervised, hands-on experience while contributing to the work of the agency and developing a deeper understanding of the challenges faced by individuals experiencing homelessness and poverty.

EDUCATION & PATHWAYS TO OPPORTUNITY

At Bethesda House, we believe education is a powerful pathway toward greater independence, stability, and opportunity. Our Education Program meets individuals where they are and supports them in pursuing their personal and professional goals.

Whether someone is working to strengthen basic literacy and foundational skills, earn a high school equivalency, pursue higher education, enroll in a trade or vocational program, or develop the skills needed to enter the workforce, Bethesda House provides encouragement, guidance, and support along the way.

Our approach recognizes that success looks different for every individual. For some, it may mean learning to read or improving basic skills. For others, it may mean earning a credential, attending college, completing a trade program, obtaining employment, or taking the next step toward a career. Through individualized support and connections to educational and employment resources, we help individuals build the knowledge, skills, and confidence needed to move forward.

From literacy to college, from trade school to employment, Bethesda House helps turn educational goals into pathways toward a more independent future.

RESIDENTIAL SERVICES

A home is more than a place to live. It is a place where people can feel safe, establish routines, develop relationships, and begin planning for the future.

Residential Services provide supportive housing and transitional housing for individuals with significant barriers to stability. Across our residential programs, staff work alongside residents to promote housing stability, personal growth, health, independence, and connection to community resources. We provide advocacy, housing, and a safety net for our residents. Staff address the needs of the whole person focusing on empowerment, personal growth, skill building, and discovery of an individual's strengths. The Lighthouse program's transitional

The Lighthouse program's transitional beds for veterans are operated in partnership with the Albany Veterans Administration, offering a safe, stable environment while veterans begin treatment and work toward financial independence.

Bethesda House's residential portfolio includes:

Lighthouse – 7 supportive housing beds and 3 transitional beds for veterans

Liberty Apartments – 16 supportive housing beds

The Beacon – 8 scattered-site apartments

Cara House – 26 supportive housing beds

Residential Services are supported through a combination of funding from the U.S. Department of Housing and Urban Development, New York State Office of Temporary and Disability Assistance programs, the U.S. Department of Veterans Affairs, other public and private funding sources, and generous community support.

COMMUNITY PARTNERSHIPS & LEADERSHIP

Bethesda House cannot address homelessness alone. Our ability to serve individuals effectively depends upon strong partnerships throughout Schenectady County and the greater Capital Region.

Our staff participate in collaborative efforts addressing housing, homelessness, healthcare, mental health, veterans' services, food insecurity, re-entry, eviction prevention, and other issues affecting individuals and families in our community.

Bethesda House continues to participate in the **Schenectady Homeless Services Planning Board and its Data Committee, Coordinated Entry, the Single Point of Access Committee, veterans' service networks, the Schenectady Coalition for a Healthy Community, the Eviction Task Force, the Schenectady County Re-entry Task Force, Concern for the Hungry, and the Food Pantries of the Capital District**, among other community initiatives.

These partnerships allow agencies to share knowledge, coordinate resources, reduce duplication, and respond more effectively to changing community needs. Most importantly, collaboration ensures that individuals are not left to navigate complex systems alone.

COMMITMENT TO SAFETY, DIGNITY & HOPE

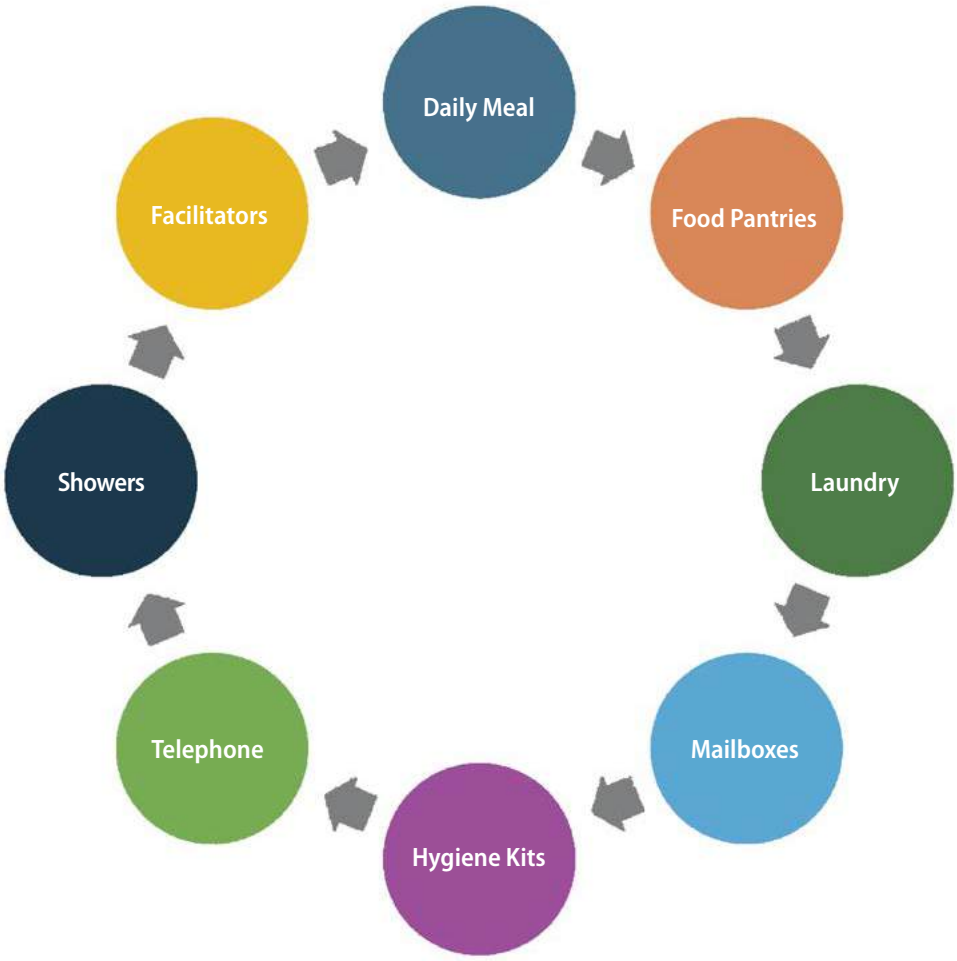
The work of Bethesda House is demanding, and the needs of the people we serve continue to evolve. Throughout the year, our staff demonstrated compassion, flexibility, creativity, and an unwavering commitment to the individuals who walk through our doors.

Safety—for our guests, residents, volunteers, and employees—remains a fundamental priority. At the same time, we recognize that safety and dignity go hand in hand. Every person who comes to Bethesda House deserves to be treated with respect, compassion, and the belief that change is possible.

We are grateful to the dedicated staff who make this work possible every day. We are grateful to our volunteers who give their time and talents, to our community partners who work alongside us, to our donors and funders who invest in our mission, and to the Bethesda House Board of Directors for its leadership and support.

Most of all, we are grateful to the individuals we serve. Their perseverance reminds us every day why this work matters.

Bethesda House remains committed to putting hope into action—providing a safe place to turn, a supportive hand to hold, and a path toward a more stable tomorrow.



PROGRAM DEPARTMENT

PURPOSE

The Program Department provides a safe, welcoming, and supportive point of entry for individuals experiencing homelessness, housing instability, vulnerability, or other significant barriers to stability. Through the Drop-In Center, Bethesda House offers access to a wide range of services and resources under one roof—from basic necessities and food assistance to case management, health services, referrals, and connections to community resources.

For many individuals, the Drop-In Center is their first connection to Bethesda House and, in some cases, their first connection to a consistent and trusting support system. Staff focus on building relationships, meeting individuals where they are, and creating opportunities for people to address immediate needs while working toward greater stability and independence.

All services provided through the Program Department are free of charge.

SERVICES OFFERED

Drop-In Center

The Drop-In Center provides a secure, welcoming environment where individuals can access services, connect with staff, meet basic needs, or simply have a safe place to be. Bethesda House strives to create an atmosphere of dignity, respect, acceptance, and belonging for every individual who walks through our doors.

The Drop-In Center is open Monday through Thursday, 9:00 a.m. – 11:30 a.m. and 1:00 p.m. – 4:30 p.m.

The relationships developed in the Drop-In Center are an essential part of Bethesda House's approach. Staff use everyday interactions to build trust, identify needs, and connect individuals with appropriate services both within Bethesda House and throughout the community.

Food and Nutrition Programs

Access to nutritious food is an essential component of health and stability. Bethesda House provides healthy, nutrient-dense food through its daily community meal

and two client-choice food pantries. Whenever possible, food options emphasize lower-sugar, lower-sodium, and nutritionally balanced choices.

The food programs also provide opportunities for individuals to learn about nutrition, SNAP benefits, food budgeting, and community resources that can help stretch limited household food resources.

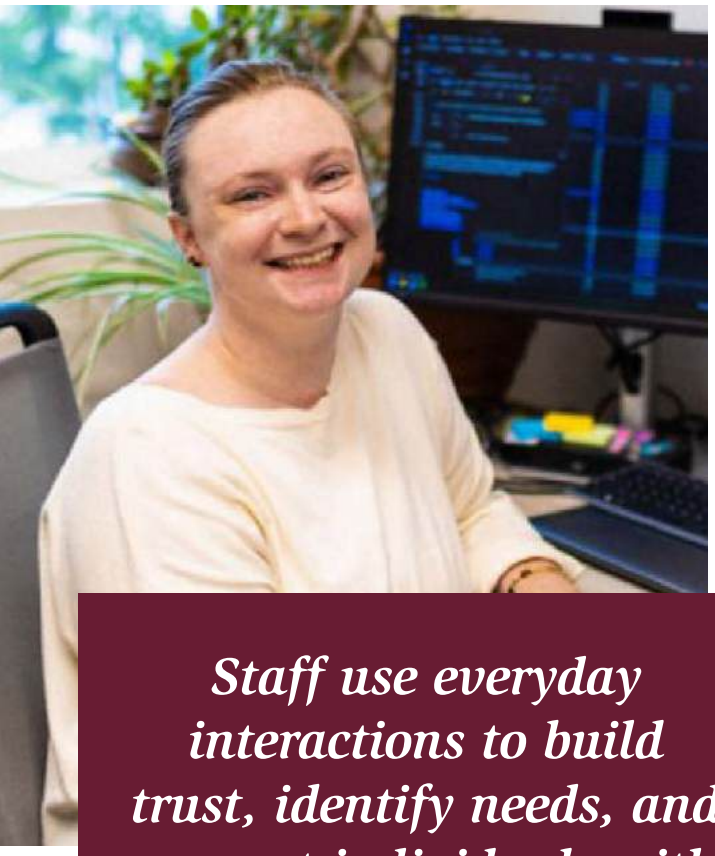
Daily Community Meal

Bethesda House's Daily Community Meal provides a nutritious lunch Monday through Thursday from 1:30 p.m. – 3:00 p.m. Meals are prepared by the Agency's Chef and kitchen team, with attention to quality, nutrition, and the diverse needs of those served.

When needed, staff prepare alternative meals to accommodate food allergies and other dietary considerations. Beyond providing a meal, the program creates an important opportunity for individuals to connect with staff, peers, and other supportive resources in a welcoming environment.

Client-Choice Food Pantries

Bethesda House operates a primary food pantry at 834 State Street and a satellite pantry serving residents of Northside Village and the surrounding 12308 community. The client-choice model allows individuals and families to select available food items based on their needs and preferences.



Staff use everyday interactions to build trust, identify needs, and connect individuals with appropriate services…

The food pantry program is strengthened through support from the Regional Food Bank, Concerned for the Hungry, Food Pantries of the Capital District, community food drives, individual donors, The Schenectady Foundation, and other community partners. This network of support allows Bethesda House to supplement purchased food with donated items and respond to the continuing demand for food assistance.

Over the past two years, Bethesda House has experienced an increase in requests and referrals for food assistance, including requests for food bag deliveries. These services have become an increasingly important resource for individuals and households working to meet their basic needs.

Bethesda House staff also connect individuals with other community resources and provide information about SNAP and other benefits. Licensed Clinical and Master's-level Social Workers, as well as nursing staff, are available to help individuals understand the relationship between nutrition, health, and overall well-being.

Basic Living Needs

Meeting basic needs is often the first step toward addressing more complex challenges. Bethesda House provides access to essential services including laundry, showers, mailbox services through the use of the Agency's address, telephone, and fax services.

These seemingly simple resources can have a significant impact. Access to a telephone, for example, can allow an individual to schedule a job interview, communicate with a healthcare provider, follow up with the Social Security Administration, or maintain contact with the Schenectady County Department of Social Services regarding benefits and financial assistance.

Program staff are available to assist individuals in accessing these services and connecting them with additional resources when needed.

Clothing Room

Bethesda House's Clothing Room provides clean, gently used and new clothing at no cost to individuals in need. The Clothing Room is open to guests on Thursdays and is also available throughout the week for emergency needs and referrals from community providers.

The generosity of community donors makes it possible for Bethesda House to provide appropriate clothing for individuals preparing for employment, attending appointments, transitioning into housing, or simply meeting everyday needs.

Critical Services and Community Connections

Bethesda House works collaboratively with community organizations, healthcare providers, justice system partners,

educational institutions, and other service providers to bring information, education, and critical resources directly to individuals accessing the Drop-In Center.

Services and educational opportunities include health and wellness information, Safety Counts, STD testing and education, substance use disorder referrals, and connections to other specialized community resources.

Bethesda House also works with local justice officials to provide opportunities for individuals to complete community service hours while contributing to the Agency and gaining valuable work experience.

Youth Employment, Internships, and Community Service

Bethesda House is committed to creating meaningful learning and employment opportunities for young people. Through partnerships with local schools and employment and training organizations, the Agency provides opportunities for youth to develop workplace skills through coaching, mentoring, and hands-on experience.

During the summer months, Bethesda House is able to work with up to three high school students through employment and work-study opportunities. These experiences introduce young people to the expectations of a professional workplace while helping them develop confidence, responsibility, communication skills, and an understanding of the importance of serving their community.

The Administration and Program Departments also continue to develop relationships with local colleges and high schools to provide internship and community service opportunities.

Bethesda House recognizes that individuals accessing services should have a voice in the programs and environment they experience. Monthly House Meetings provide guests with an opportunity to raise concerns, share ideas, discuss issues affecting them, and communicate directly with staff.

These meetings strengthen communication between guests and the Agency and provide valuable feedback that helps Bethesda House continually evaluate and improve its programs and services.

HOW THE PROGRAM DEPARTMENT WORKS

The Program Department operates with a low-barrier, relationship-based approach that recognizes the unique needs, strengths, and circumstances of each individual. Individuals are welcomed without judgment and are encouraged to access services based on their immediate needs and individual circumstances.

For some, the first step may be a meal, a shower, clean clothing, or a place to make a phone call. For others, it may be a conversation with a case manager, social worker, nurse, or another member of the Bethesda House team. Each interaction provides an opportunity to build trust and identify pathways toward greater stability.

Engagement is at the heart of the Program Department. Staff recognize that meaningful change often begins with a relationship. By consistently providing a safe environment, meeting basic needs, listening to individuals, and connecting them with appropriate resources, Bethesda House helps people take the next step toward addressing the challenges they face.

The Program Department serves as both a **place of immediate support and a gateway to longer-term services**. Individuals can be connected to housing, case management, healthcare, benefits, employment resources, behavioral health services, legal assistance, and other community supports based on their individual needs.

Bethesda House's ability to provide this comprehensive network of services is made possible through the dedication of staff, volunteers, community partners, donors, and supporters. Together, they help ensure that individuals who are homeless, vulnerable, or at risk are met with dignity, compassion, and meaningful opportunities for hope and stability.

THE FUTURE OF THE PROGRAM DEPARTMENT

Looking ahead, the Program Department will continue to strengthen opportunities for individuals to develop the skills, confidence, and support systems needed to achieve greater stability and overall wellness.

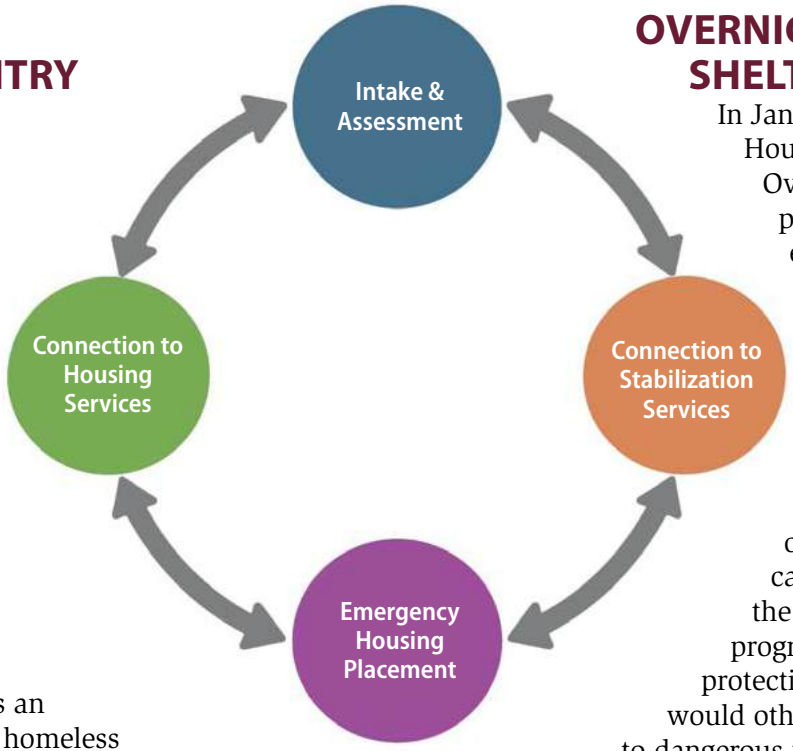
Staff will expand the use of positive role models and peer examples to encourage healthy behaviors, effective communication, appropriate social skills, and thoughtful decision-making. Through individual and group sessions, staff and community facilitators will provide opportunities to explore topics such as grief and loss, communication, emotional awareness, problem-solving, and understanding the potential consequences of decisions.

These efforts are designed to help individuals build greater self-awareness, recognize their strengths, develop practical life skills, and make informed choices that support their personal goals. By creating opportunities for learning, reflection, and positive connection, the Program Department will continue to help individuals move forward with greater confidence, resilience, and hope.

COORDINATED ENTRY, OVERNIGHT EMERGENCY SHELTER, MEDICAL RESPITE

SCHENECTADY COORDINATED ENTRY PURPOSE

Schenectady Coordinated Entry provides a consistent and coordinated approach to identifying, engaging, and assisting individuals and families experiencing homelessness. The program helps ensure that people seeking assistance are connected with appropriate housing opportunities, supportive services, and community resources based on their individual needs.



Coordinated Entry serves as an important gateway into the homeless services system. From the initial point of contact, individuals are assessed, connected with resources, and supported in navigating the housing process. The goal is to make access to assistance more organized, equitable, and responsive while prioritizing individuals and families with the greatest needs.

HOW COORDINATED ENTRY WORKS

Coordinated Entry uses a standardized assessment process to help identify an individual's housing and service needs and determine appropriate referrals and housing opportunities. Individuals may access Coordinated Entry through multiple participating community agencies and receive consistent consideration regardless of their initial point of contact.

Bethesda House facilitates Schenectady Coordinated Entry in partnership with CARES of NY. The collaborative network includes New Choices Recovery Center, Schenectady Community Action Program (SCAP), YMCA, YWCA, Mohawk Opportunities, Schenectady Municipal Housing Authority, SAFE Inc., Soldier On, Visiting Nurse Service/Community Health Center, Alliance for Positive Health, and the Re-entry Task Force.

This collaborative approach allows participating agencies to share resources, strengthen communication, and work together to help individuals experiencing homelessness move toward appropriate housing and greater stability.

OVERNIGHT EMERGENCY SHELTER

In January 2024, Bethesda House opened the Cara House Overnight Emergency Shelter, providing ten beds for adults experiencing homelessness and six beds dedicated to medical respite.

The shelter provides a safe, secure, and supportive environment for homeless single adults in Schenectady County. During periods of extreme cold, shelter capacity is expanded through the State-mandated Code Blue program to provide additional protection for individuals who would otherwise be at risk of exposure to dangerous weather conditions.

Shelter services extend beyond providing a safe place to sleep. Guests have access to case management, social work, medical care, outreach, mental health support, and connections to housing and other community resources. The coordinated involvement of these professionals allows staff to address immediate needs while helping individuals identify longer-term pathways toward stability.

The Overnight Emergency Shelter operates seven days a week from 4:30 p.m. to 8:00 a.m.

SERVICES OFFERED DURING SHELTER HOURS

Shelter Bed – Guests are provided with a clean, comfortable sleeping space, bed, and blanket in a secure environment monitored by Shelter Aides and Agency Building Monitor / Security staff.

Meals – A light breakfast and dinner are prepared by the Bethesda House kitchen team and provided to shelter guests.

Clothing – Guests have access to the Bethesda House Clothing Room, at our main location, and are encouraged to obtain weather-appropriate clothing and other essential items as needed.

Showers – Showers are available during shelter hours, with access provided through 9:00 p.m. Staff encourage personal hygiene as an important component of health and well-being.

Laundry – Laundry services are available to shelter guests upon request.

Storage Lockers – Secure, monitored lockers are available to allow guests to safely store personal belongings while accessing shelter services.

Medication Storage and Support – A secure medication storage system is available. Staff can provide prompts and reminders to help guests maintain their medication routines while staying at the shelter.

Intake and Assessment – Shelter Aides and Case Management staff complete intake and assessment processes and identify immediate needs. Individuals are connected with appropriate Bethesda House services and community resources, including housing, medical care, mental health services, and substance use services.

Social Work Services – Licensed Social Workers provide individual support and complete psychosocial assessments to better understand each guest's circumstances, strengths, and needs. Social Workers work collaboratively with guests to identify appropriate services, make referrals, and support progress toward housing and greater stability.

CONNECTING SHELTER TO STABILITY

The Overnight Emergency Shelter is more than a temporary place to sleep. It provides an opportunity to establish relationships, address immediate needs, and connect individuals with the services necessary to begin moving forward.

Staff work with each guest to identify barriers to housing and stability and connect them with appropriate resources. Through collaboration among shelter staff, case managers, social workers, medical professionals, outreach staff, and community partners, Bethesda House works to ensure that individuals are not simply sheltered for the night, but are connected to meaningful opportunities for their next step.

For many individuals, the shelter represents the beginning of a relationship with Bethesda House and the broader network of services available in Schenectady County.

MEDICAL RESPITE SERVICES

Bethesda House operates a Medical Respite Program that provides a safe, supportive environment for individuals experiencing homelessness who are recovering from a medical procedure, hospitalization, or other significant health event. For individuals who do not have a safe or appropriate place to recover after leaving the hospital, Medical Respite provides an essential bridge between acute medical care and a successful return to the community.

Clients may remain at Bethesda House for 30 to 90 days, depending on their medical needs, recovery, and discharge plan. During their stay, individuals have access to nursing and clinical staff who provide ongoing support, monitor recovery, assist with treatment plans, coordinate care, and help connect clients with appropriate medical and community-based services.

Recovery does not end when an individual leaves the hospital. Many people need time, rest, medication management, follow-up appointments, wound care, assistance navigating healthcare systems, and a stable environment in which to heal. Without appropriate support, individuals experiencing homelessness may face significant barriers to completing their recovery and maintaining their health. Bethesda House provides a place where individuals can focus on healing while receiving the support they need.

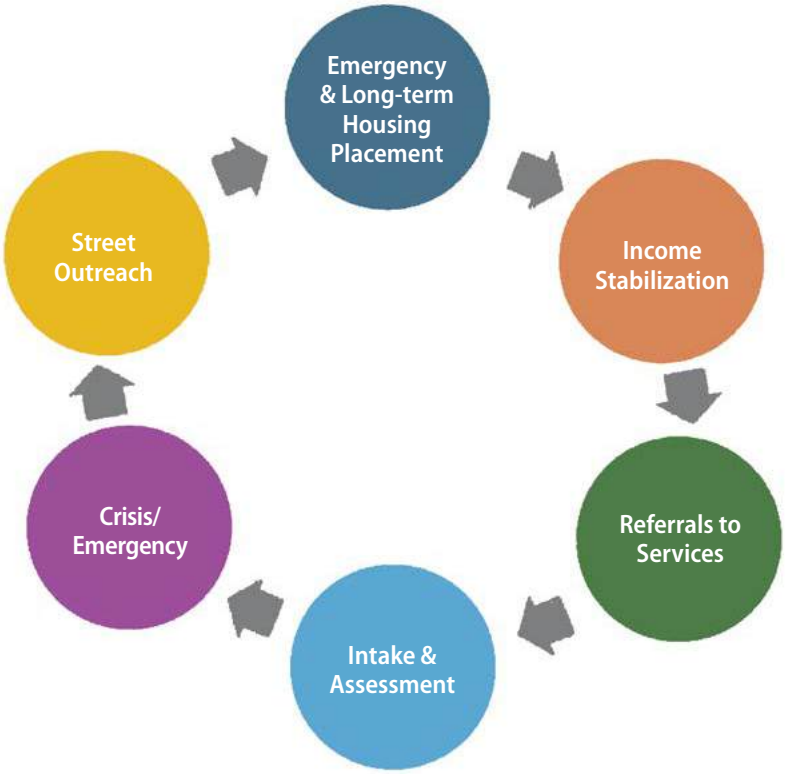
Our Medical Respite team works in coordination with healthcare providers and community partners to support each individual's recovery and prepare for a safe discharge. Staff help clients navigate follow-up medical care, connect with ongoing healthcare and supportive services, and address other barriers that may affect their ability to recover and move forward.

Clients remain onsite until they are medically and clinically ready for discharge and an appropriate transition plan is established. This continuity of care provides stability during a particularly vulnerable period and helps ensure that individuals are not simply discharged from one system without the support necessary to take their next step.

Medical Respite represents an important part of Bethesda House's commitment to meeting people where they are. By combining **housing, nursing care, clinical support, and care coordination**, the program gives individuals the time and stability they need to recover with dignity while working toward greater health, stability, and independence.



...individuals have access to nursing and clinical staff who provide ongoing support...



CASE MANAGEMENT

PURPOSE

Bethesda House Case Management is built on collaboration—with the individuals we serve, community providers, landlords, government agencies, and other partners. Case Managers help individuals navigate complex circumstances by assessing needs, developing individualized plans, coordinating services, advocating for resources, and providing ongoing support.

The goal is to help individuals address immediate crises while building the skills, connections, and resources necessary to obtain and maintain stable housing and strengthen their overall well-being.

SERVICES OFFERED

Initial Intake and Assessment

Case Management services are available through referrals from the Schenectady County Department of Social Services, internal Bethesda House referrals, community partners, and individuals who walk in seeking assistance.

Case Managers assess immediate needs, housing status, eligibility for benefits and entitlement programs, and other barriers to stability. Based on each individual's circumstances, staff connect people with appropriate Bethesda House programs and community resources.

Financial Case Management and Representative Payee Services

Financial stability is an important component of maintaining housing and successfully living in the community. Through the Representative Payee Program, Bethesda House may serve as a Representative Payee for individuals who are unable to independently manage or direct the use of their Social Security or Supplemental Security Income benefits.

Staff work regularly with participants to establish realistic budgets, pay bills, prioritize essential needs, and plan for changing circumstances. Participants receive ongoing education, encouragement, and support to strengthen financial management skills and promote greater independence.

Case Managers also work proactively with landlords to help address concerns before they become housing crises. By maintaining communication with landlords and participants, staff can assist with issues involving rental agreements, independent living skills, safety, and other concerns that may place housing at risk.

When appropriate, staff provide assistance with applications for Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) through the

SOAR process. This assistance helps eligible individuals navigate the application process and connect with benefits that can contribute to long-term stability.

Shelter and Housing

Case Managers play a critical role in helping individuals move from homelessness toward permanent housing. Staff engage with individuals staying in Bethesda House shelters, other community emergency shelters, as well as those referred through community agencies or who walk in seeking assistance.

Strong collaboration with the Schenectady County Department of Social Services and other community partners helps facilitate transitions from emergency shelter into permanent housing.

Case Managers work with individuals before, during, and after the housing process. Services may include housing search assistance, applications, landlord communication, benefit coordination, referrals, advocacy, and support with the practical challenges of establishing and maintaining a home.

Bethesda House maintains relationships with landlords throughout the community and continues to expand its network of housing partners. These relationships are essential to creating additional housing opportunities for individuals who have experienced chronic homelessness and may face significant barriers to securing housing.

Primary Case Management responsibilities include homelessness prevention, transitioning shelter guests to permanent housing, rapid rehousing assistance, housing stabilization, and aftercare.

Following placement, Case Managers maintain contact with individuals for at least twelve months, and longer when appropriate, to help address emerging needs and support continued housing stability.

Street Outreach

Bethesda House's Street Outreach Case Management Program was established in 2018 to reach individuals experiencing unsheltered homelessness who may be unable or unwilling to access traditional service settings.

Outreach staff meet individuals where they are in the community and work to establish trust and consistent communication. Staff provide immediate assistance such as food, clothing, survival supplies, information, referrals, and connections to emergency shelter and housing.

The Outreach Case Manager works collaboratively with individuals to identify the circumstances contributing to their homelessness and connect them with services that can address both immediate and longer-term needs. Support may include crisis intervention, advocacy, education, service coordination, and assistance connecting with Bethesda House Case Management, Social Work, Medical Care, and community providers.

Outreach is particularly important for individuals who face barriers to accessing traditional service systems. Consistent community engagement allows Bethesda House to identify vulnerable individuals, establish relationships, and create pathways to shelter, housing, healthcare, and other critical services.

Street Outreach Services Include

- Street-based education and outreach
- Emergency shelter connections
- Survival assistance and basic necessities
- Individual assessments
- Crisis intervention
- Information and referrals
- Housing assistance
- Support with benefits and community resources
- Counseling and supportive services
- Follow-up and ongoing engagement

Rental Supplement Program Case Management and Subsidy

Bethesda House also provides Case Management through the Rental Supplement Program (RSP), which offers rental assistance to eligible individuals and families experiencing homelessness or facing an imminent loss of housing.

RSP Case Management combines housing assistance with ongoing support to help participants maintain their housing and address barriers to long-term stability. The program is available to eligible households with and without children and is an important resource for preventing homelessness and supporting housing retention.

HOW CASE MANAGEMENT WORKS

No two individuals experience homelessness or respond to a crisis in exactly the same way. Bethesda House Case Managers begin with listening, relationship-building, and an understanding of each individual's circumstances, strengths, needs, and goals.

The Case Management process begins with an assessment and the development of an individualized service plan. Together, the individual and Case Manager identify priorities and establish achievable goals. Staff then coordinate the services and resources necessary to address those goals and remain engaged as circumstances change.

Case Management is strengthened by Bethesda House's integrated approach. When appropriate, individuals may be connected to the Representative Payee Program, Social Work, Medical Care, Health Home services, housing programs, and other community providers. This coordinated network allows staff to address multiple areas of need while maintaining a consistent focus on housing stability and overall well-being.

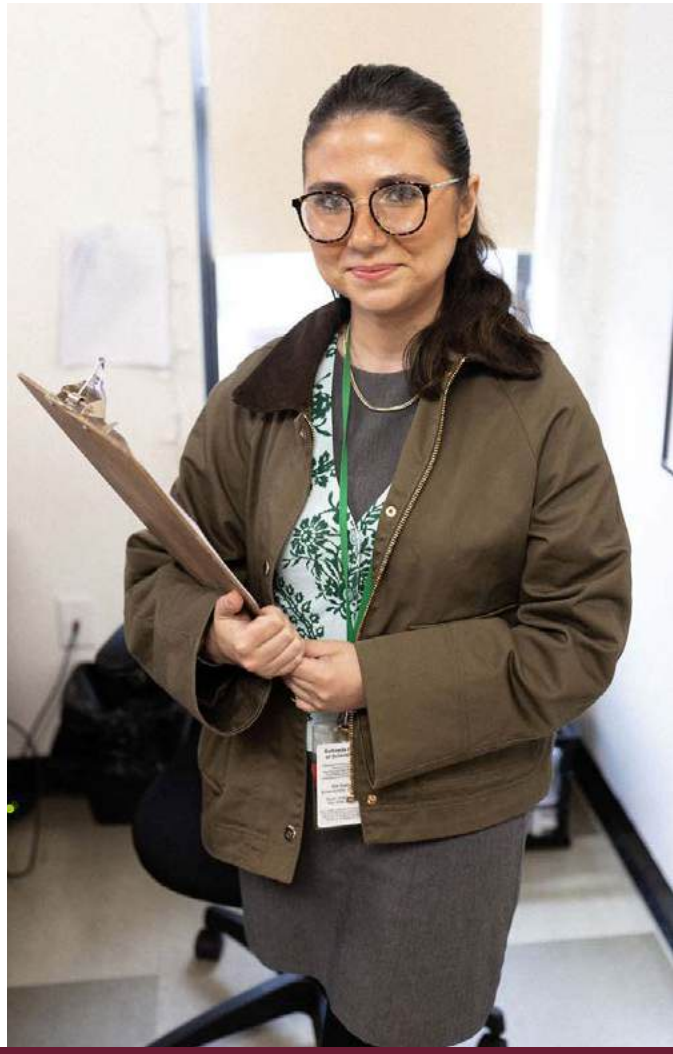
Bethesda House's longstanding partnership with the Schenectady County Department of Social Services and other community agencies also provides opportunities to identify gaps in services, improve communication, and strengthen the community's response to homelessness.

THE FUTURE OF CASE MANAGEMENT AT BETHESDA HOUSE

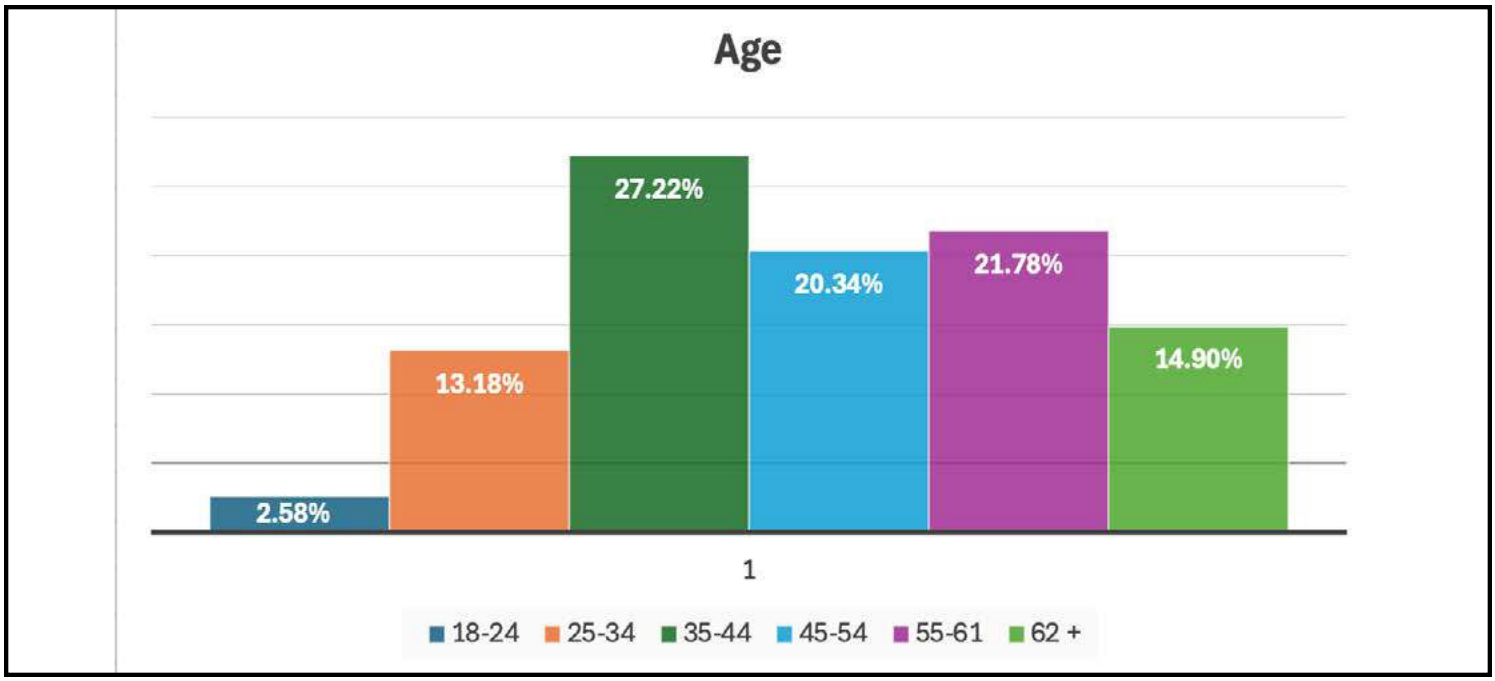
Bethesda House will continue to strengthen Case Management as a central component of its mission to help individuals achieve housing stability, wellness, and greater independence.

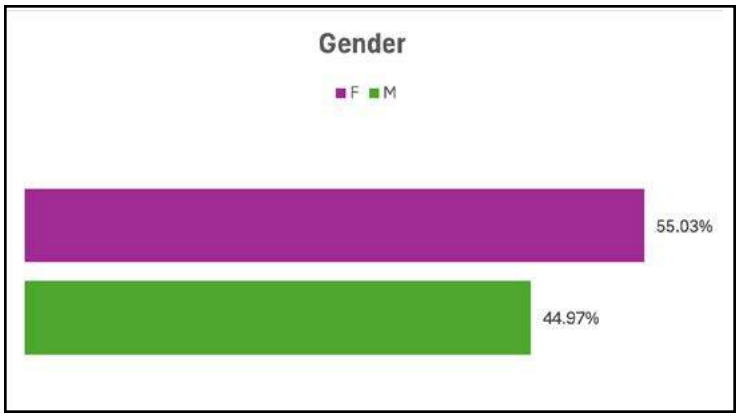
The Case Management team will continue to focus on effective assessment, individualized planning, advocacy, education, communication, resource coordination, and meaningful follow-up. Staff will also continue to strengthen partnerships with landlords, government agencies, healthcare providers, and community organizations to expand opportunities and reduce barriers to housing.

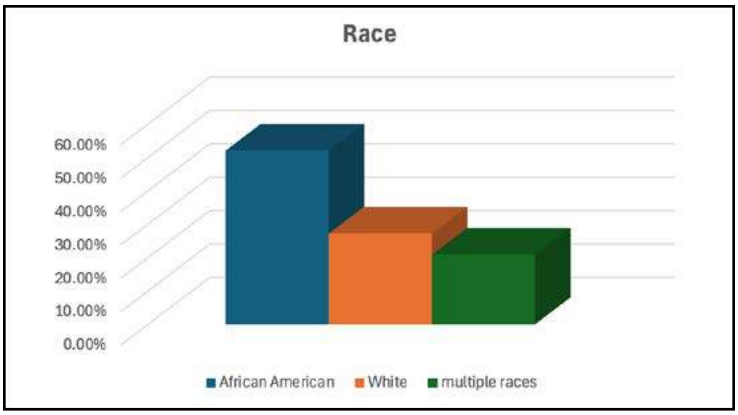
Looking ahead, Bethesda House will continue to build on its integrated service model so that individuals can access the right support at the right time. By combining practical assistance with consistent relationships and coordinated services, Case Management will remain an essential part of helping individuals move from crisis toward stability, independence, and hope.



...address the range of needs affecting an individual's stability.





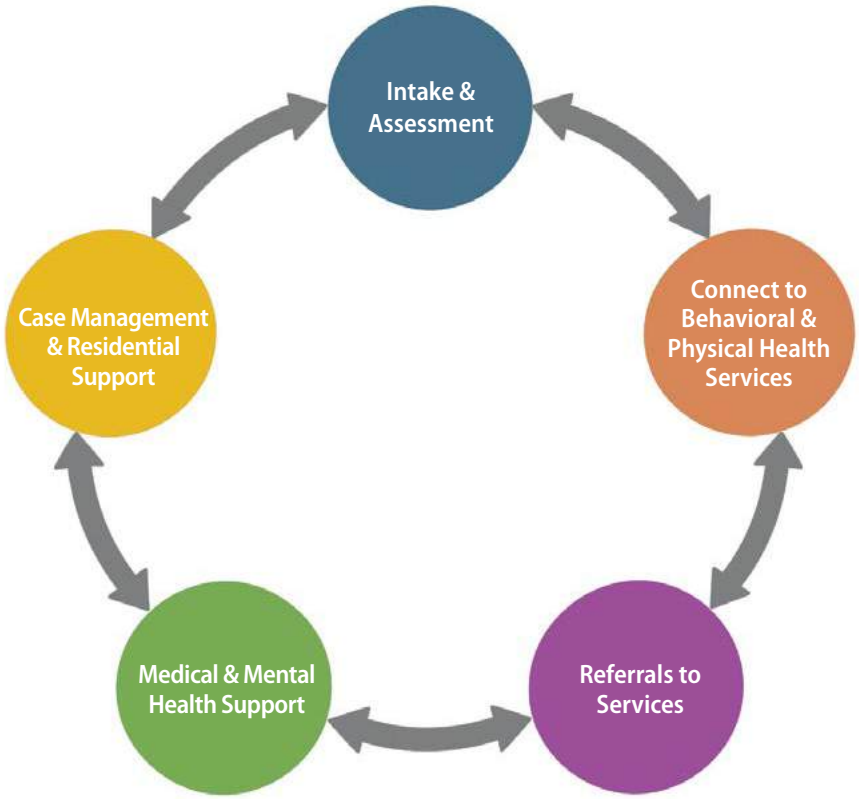


CASE MANAGEMENT SERVICES

- Stabilize emergencies
- Reduce obstacles
- Access to community resources
- Referrals to area providers
- Emergency placement
- Supportive long-term housing
- Housing stability
- Eviction Prevention
- On-going support
- Wrap-around services

DISABILITY	% of POPULATION
Development Disability	10%
Mental Health	80%
Substance Use Disorder	79%
Substance Use Disorder/ Mental Health	45%
Chronic Health	35%
Physical Disability	46%

NUMBER of CONDITIONS	% of POPULATION
1 Condition	10%
2 Conditions	36%
3+ Conditions	54%



CLINICAL PROGRAM: Social Work & Medical Care

PURPOSE

The Clinical Program provides Social Work, Medical Care, mental health support, stabilization, counseling, advocacy, and referrals to individuals experiencing homelessness, poverty, housing instability, and other significant barriers to well-being.

Bethesda House recognizes that housing stability and overall wellness are closely connected. The Clinical Program works alongside individuals to address immediate concerns, establish trusting relationships, connect people to appropriate care, and strengthen the supports necessary to improve health and stability.

Services are available to Bethesda House residents, Drop-In Center guests, shelter guests, and other individuals in the community who seek assistance.

SERVICES OFFERED

Walk-In Hospitality Center

The Walk-In Hospitality Center provides a welcoming space where individuals can access basic needs, respite, support, and assistance with immediate concerns. The Center is open Monday through Thursday from 9:00 a.m. – 11:30 a.m. and 1:00 p.m. – 4:30 p.m.

Individuals may meet with Social Work staff for support, advocacy, problem-solving, and assistance navigating emergency or ongoing needs. When appropriate, staff connect individuals with Bethesda House programs or community-based services.

The Center also provides an important opportunity for individuals to establish relationships with staff in a safe and supportive environment. For many people, consistent access to a trusted staff member is the first step toward accepting additional services.

Outreach

Clinical staff work closely with Bethesda House Outreach staff to engage individuals experiencing unsheltered homelessness. This collaborative approach allows staff to meet people in the community, provide basic necessities and support, identify health and mental health concerns, and connect individuals with appropriate services.

Outreach staff work to establish trust and encourage individuals to access emergency shelter, medical care, behavioral health services, housing assistance, and other supports when appropriate. Clinical involvement in outreach helps ensure that health and wellness needs are considered as part of the broader response to homelessness.

Medical Services

Bethesda House's Medical Care Program provides access to basic healthcare support and connections to medical services for individuals who may otherwise face significant barriers to care.

Clinical Social Workers, nursing staff, and behavioral health professionals work collaboratively to identify health concerns, assist with triage, provide education, and connect individuals to appropriate treatment and community providers.

Through Bethesda House's partnership with Ellis Medicine, physicians participating in the Ellis Medical Center Residency Program provide on-site medical services two afternoons each month. These services are available to eligible Day Program guests, shelter guests, residents, and other individuals accessing Bethesda House services.

Bringing medical care directly into the Bethesda House environment reduces barriers to accessing healthcare and creates opportunities for individuals to address health concerns in a familiar and supportive setting.

Mental Health, Medical, and Substance Use Support

Many individuals accessing Bethesda House services experience complex and overlapping challenges involving mental health, substance use, trauma, chronic health conditions, and other barriers to stability. The Clinical Program works collaboratively with individuals to identify their priorities and connect them with appropriate care and support.

Bethesda House has developed strong relationships with community partners, including Project Safe Point, Ellis Medicine, New Choices Recovery Center, Ellis Mental Health Clinic, and the Schenectady County Department of Social Services.

These partnerships allow Bethesda House staff to connect individuals with specialized services while maintaining continuity of support within the Agency.

One of the strengths of the Clinical Program is the frequency and consistency of contact between staff and the individuals they serve. Shelter guests and Drop-In Center participants may interact with Social Work and Clinical staff regularly, sometimes on a daily basis. This ongoing contact provides repeated opportunities to build trust, identify changing needs, encourage engagement, and help individuals remain connected to services.

HOW THE CLINICAL PROGRAM WORKS

Bethesda House's Clinical Program begins with **listening, relationship-building, and respect for each individual's experience, priorities, and goals**.

Staff recognize that people may enter services at different points in their lives and may have different levels of readiness to address challenges. Rather than expecting immediate change, Clinical staff focus on establishing trust, responding to immediate needs, and creating opportunities for individuals to engage with services when they are ready.

A conversation, a meal, assistance with a medical concern, or simply having a safe place to return can become the beginning of a much larger relationship.

Social Workers and Clinical staff work collaboratively with Case Management, Medical Care, Outreach, residential staff, and community providers to coordinate services and address the range of needs affecting an individual's stability.

The goal is not simply to respond to a crisis, but to help individuals identify resources, develop supportive relationships, and access the care necessary to move toward improved health, housing stability, and greater independence.

Bethesda House also recognizes the importance of compassion, safety, and dignity. Staff strive to create an environment where individuals feel comfortable returning for assistance and know that they will be met with respect and support.

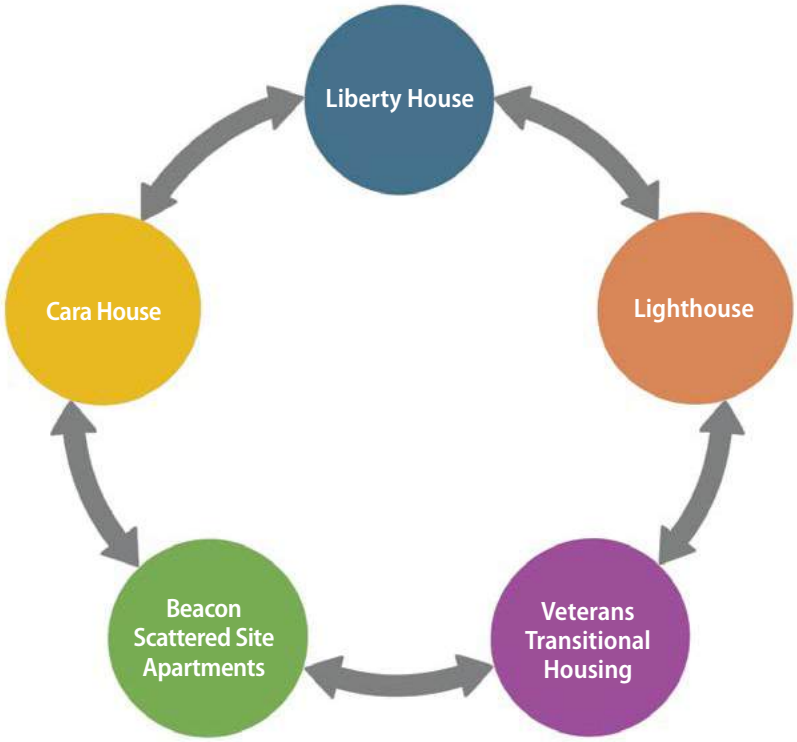
THE FUTURE OF THE CLINICAL PROGRAM

The Clinical Program will continue to serve as an important bridge between individuals experiencing homelessness and the healthcare, behavioral health, and social supports available throughout the community.

Bethesda House will continue to strengthen collaboration among Social Work, Case Management, Medical Care, Outreach, and residential services while expanding relationships with healthcare and behavioral health providers.

Cara House also provides an important opportunity to strengthen on-site clinical support. With dedicated space for Social Work services, the facility allows staff to work closely with individuals transitioning back into the community and to provide consistent support as they establish greater stability and independence.

Looking ahead, Bethesda House will continue listening to the needs of the community and adapting its Clinical Program to meet those needs. The Agency's goal is to ensure that individuals who may have experienced significant barriers to care have a place where they can begin again—a place where they can find support, build trust, access services, and take meaningful steps toward wellness and stability.



RESIDENTIAL PROGRAM

PURPOSE

Bethesda House's Residential Program provides safe, stable, and supportive housing for individuals who have experienced chronic homelessness, housing instability, and other significant barriers to maintaining permanent housing.

Our residential programs combine affordable housing with consistent access to supportive services designed to help residents maintain their housing, strengthen independent living skills, improve overall wellness, and build meaningful connections within the community.

Bethesda House also provides transitional housing for veterans through the Veterans Program, in partnership with the U.S. Department of Veterans Affairs. The program provides veterans with a stable environment and connections to services that support their transition toward permanent housing and greater independence.

Cara House, Bethesda House's newest residential facility, expands the Agency's ability to provide supportive housing to chronically homeless single adults as well as individuals returning to the community following incarceration.

SERVICES OFFERED

Supportive Housing

Housing provides the foundation from which individuals can begin addressing other areas of their lives. Residents work with residential staff to develop an Individualized Service Plan (ISP) that identifies personal goals, strengths, needs, and areas where additional support may be beneficial.

Service plans may address housing stability, health and wellness, independent living skills, financial management, employment, community connections, and other individual goals.

Residents are encouraged to participate in services and work toward their identified goals while maintaining the stability and security of their housing.

Life Skills and Independent Living

Residential staff help residents strengthen the practical skills necessary to maintain a home and participate successfully in community life.

Opportunities may include self-care and personal wellness, household responsibilities, meal planning and nutrition, budgeting, vocational readiness, communication, self-advocacy, problem-solving, and navigating community resources.

The emphasis is on building confidence and independence while recognizing that each resident progresses at their own pace.

Money Management

Residents receiving SSI, SSD, or other benefits may participate in Bethesda House's Representative Payee Program when appropriate. The program provides assistance with budgeting, paying bills, prioritizing essential expenses, and developing greater financial stability.

Financial support and education are integrated with residential services to help residents maintain their housing and work toward increased independence.

Housing Stability and Resident Support

Residential staff maintain regular contact with residents and provide assistance with concerns that may affect housing stability. Staff help residents address challenges, navigate community resources, communicate with landlords and service providers, and connect with Bethesda House's Clinical and Case Management teams when additional support is needed.

The residential program is designed to promote both autonomy and connection. Residents have opportunities to develop relationships with their neighbors, participate in activities, and become more engaged with the broader Bethesda House community.

Clinical and Supportive Services

All residents have access to Bethesda House's integrated support services, including Social Work, Medical Care, Case Management, and behavioral health resources when available.

The close connection between Residential Services and the Agency's Clinical and Case Management Departments allows staff to identify emerging needs and coordinate appropriate support.

Day Program and Basic Needs

Residents have access to the Bethesda House Day Program and its essential services, including the daily community meal, food pantry, Clothing Room, hygiene supplies, resource assistance, and connections to community providers.

These services provide an important additional layer of support and allow residents to remain connected to the larger Bethesda House community.

HOW THE RESIDENTIAL DEPARTMENT WORKS

Bethesda House currently operates four primary residential settings, with multiple housing programs within the Agency's residential portfolio:

Liberty Apartments – 16 beds

The Lighthouse – 7 supportive housing beds and 3 transitional housing beds for veterans

The Beacon – 8 scattered-site apartments

Cara House – 26 beds

Together, these programs provide a continuum of residential support designed to meet individuals at different stages of their housing journey.

Residential leadership and staff regularly communicate regarding resident needs, program operations, staffing, safety, and opportunities to strengthen services. Leadership also participates in Single Point of Access (SPOA) meetings and collaborates with community providers to coordinate services and address complex needs.

These collaborative meetings provide opportunities to:

- Identify resident needs and appropriate community services
- Coordinate treatment and supportive services
- Review health and wellness concerns
- Establish personal, social, vocational, and employment goals
- Address financial management and Representative Payee needs
- Connect residents with mainstream benefits
- Explore opportunities for increased independence
- Identify barriers to housing stability
- Strengthen communication among service providers



Bethesda House recognizes that successful residential services involve more than providing a place to live.

RESIDENT ENGAGEMENT

Bethesda House recognizes that successful residential services involve more than providing a place to live. Residents are encouraged to participate in the life of their community and to identify goals that are meaningful to them.

The design of the residential programs promotes autonomy while encouraging connection, responsibility, and community participation. Staff provide consistent support while allowing residents the opportunity to make choices, develop skills, and take ownership of their progress.

During the past year, residents participated in a variety of social, educational, and community activities, including movie nights, nutrition activities, grocery shopping, community gatherings, and on-site events. These opportunities encourage social connection, reduce isolation, and help residents build confidence in navigating community life.

HOUSING AS A FOUNDATION FOR STABILITY

For individuals who have experienced long periods of homelessness, obtaining stable housing is an important first step toward rebuilding a sense of safety, routine, and self-worth.

The transition from homelessness to stable community living does not happen overnight. Residents may experience challenges along the way, and progress can look different for each individual. Bethesda House staff remain committed to providing patience, consistency, encouragement, and practical support throughout that process.

The Residential Program recognizes that success is not defined solely by the length of time someone remains housed. Success can also be measured by increased independence, stronger relationships, improved health and wellness, greater financial stability, participation in the community, and the ability to identify and pursue personal goals.

THE FUTURE OF THE RESIDENTIAL PROGRAM

Looking ahead, Bethesda House will continue to strengthen its Residential Program with an emphasis on housing stability, independence, community connection, and meaningful resident engagement.

The Agency will continue developing activities and opportunities that promote life skills, communication, wellness, confidence, and connection to the community. Staff will also continue to strengthen relationships with landlords, healthcare providers, community organizations, and other service partners to ensure residents have access to the resources they need to remain stable.

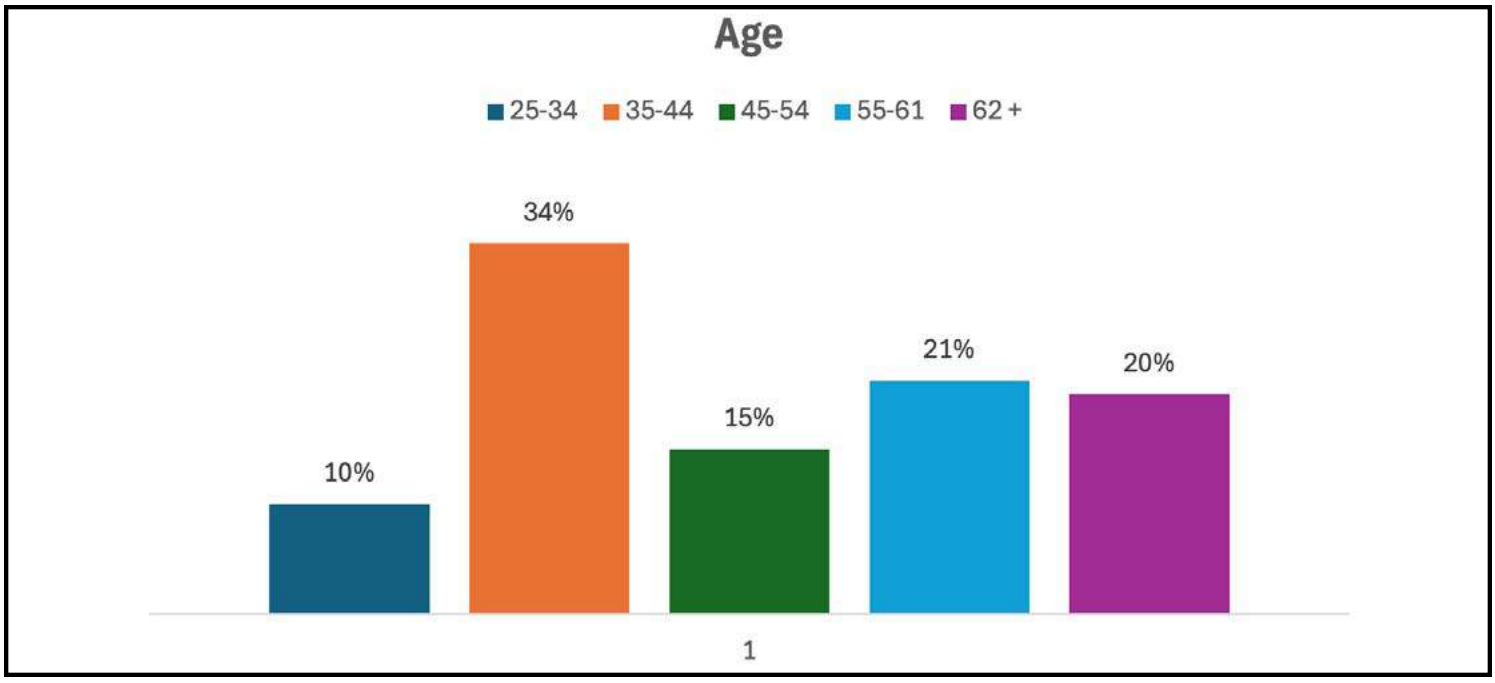
Bethesda House also plans to further develop opportunities for residents to contribute through volunteering and community engagement. The Resident Volunteer Program will provide opportunities for residents to share their time and talents, develop workplace and interpersonal skills, and contribute to the Agency and the broader community.

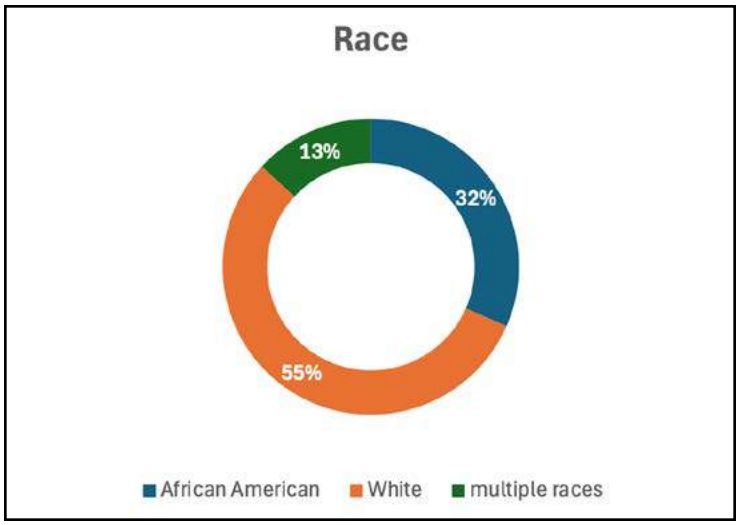
Our vision is for residential services to be more than a place to live. We want each residence to be a place where individuals can **find stability, rebuild confidence, strengthen connections, and discover new possibilities for their future**.

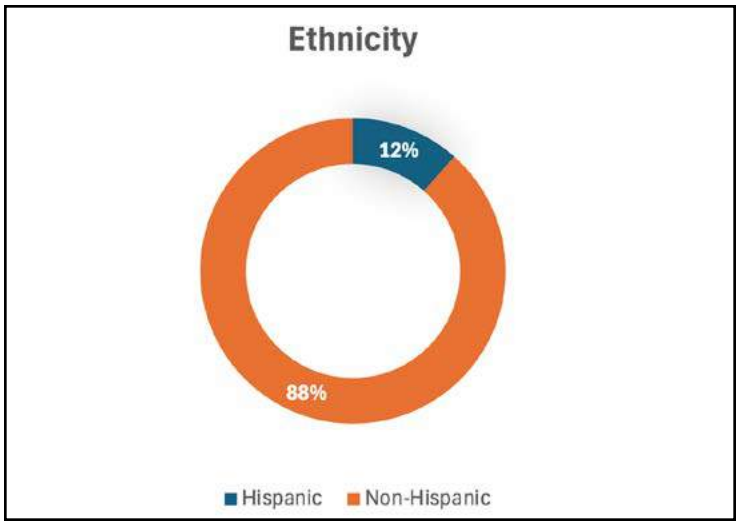
Through consistent support, meaningful relationships, and opportunities for growth, Bethesda House will continue to put **Hope in Action**—helping residents move from housing stability toward greater independence and a stronger sense of belonging.

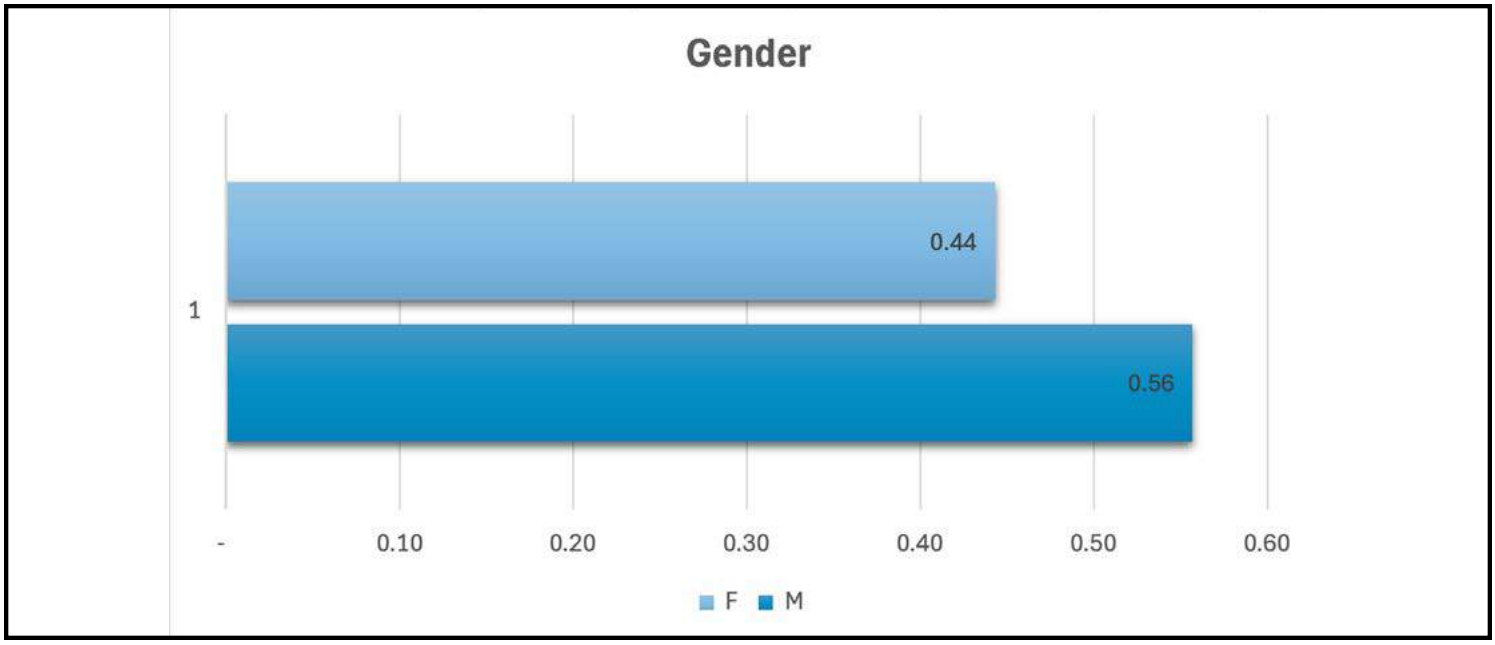
DISABILITY	% of POPULATION
Development Disability	9.9%
Mental Health	85%
Substance Use Disorder	75%
Substance Use Disorder/ Mental Health	84%
Chronic Health	14.85%
Physical Disability	15.35%

NUMBER of CONDITIONS	% of POPULATION
1 Condition	12.66%
2 Conditions	26.58%
3+ Conditions	60.76%


Age
25-34
35-44
45-54
55-61
62 +
34%
21%
20%
15%
10%
1


Race
13%
32%
55%
African American
White
multiple races


Ethnicity
12%
88%
Hispanic
Non-Hispanic


Gender
0.44
0.56
1
-
0.10
0.20
0.30
0.40
0.50
0.60
F
M

LOOKING BACK — AND MOVING FORWARD

HOPE IN ACTION

The 2025–2026 fiscal year was a year of continued commitment, growth, and meaningful connection at Bethesda House. Throughout the year, our staff, volunteers, donors, and community partners came together to meet immediate needs while creating pathways toward greater stability and independence for the individuals we serve.

We continued to strengthen our programs and services across the agency, from the Drop-In Center and Emergency Shelter to Street Outreach, Clinical Services, Case Manage-ment, and Residential Programs. Cara House continued to play an important role in providing a safe place for individuals experiencing homelessness, while our staff worked alongside residents and program participants to build trust, address barriers, connect to resources, and identify opportunities for a more stable future.

The generosity of our community remained an essential part of this work. Financial contributions, food, clothing, household items, and other in-kind donations helped ensure that Bethesda House could continue responding to both everyday needs and unexpected challenges. Our volunteers and community partners also contributed their time, talents, and resources, reminding us that lasting change is never accomplished alone.

LOOKING AHEAD

As we look to the future, Bethesda House remains committed to **putting hope into action through thoughtful growth, innovation, and strong community partnerships**. We will continue strengthening our outreach and engagement efforts, expanding awareness of our services, and building relationships with donors, businesses, congregations, community organizations, and public partners to support the long-term sustainability of our mission.

We will also continue developing opportunities that help individuals build the skills, confidence, and connections needed to move forward. The continued development of the Education Program at Cara House represents an important part of this vision. Through education, life skills, employment preparation, creative expression, grief and loss support, and peer connection, the program seeks to provide practical tools and meaningful opportunities for growth.

Our commitment extends beyond housing. We recognize that stable housing is strengthened when individuals also have access to nutritious food, healthcare, behavioral health services, education, employment opportunities, supportive relationships, and a sense of belonging. As community needs change, Bethesda House will continue listening, learning, and adapting our programs to respond.

We are especially mindful of the growing challenges surrounding food insecurity and access to basic necessities. We will continue working with local government, food providers, healthcare organizations, and community partners to connect individuals and families with available resources and nutritious meals.

The road ahead will bring new challenges, but it will also bring new opportunities. By fostering **stability, self-sufficiency, connection, and hope**, Bethesda House will continue working alongside the people we serve—one person, one step, and one opportunity at a time.

Hope in Action is not simply a theme for our annual report. It is the work we do every day.

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.

BETHESDA ADMINISTRATION

Kimarie A. Sheppard
Executive Director

Amit Jagdeo
Director of Clinical Services

Christina Foreman
Director of Homeless & Residential Services

Lisa O'Sullivan
Residential Operations Manager

Sharon Lotano
Accounting Supervisor

Melissa Ragone
Day Program Supervisor

Laurelle Chavarria
Case Management Supervisor

Silvanis Guillermo
Residential Case Manager, Supervisor

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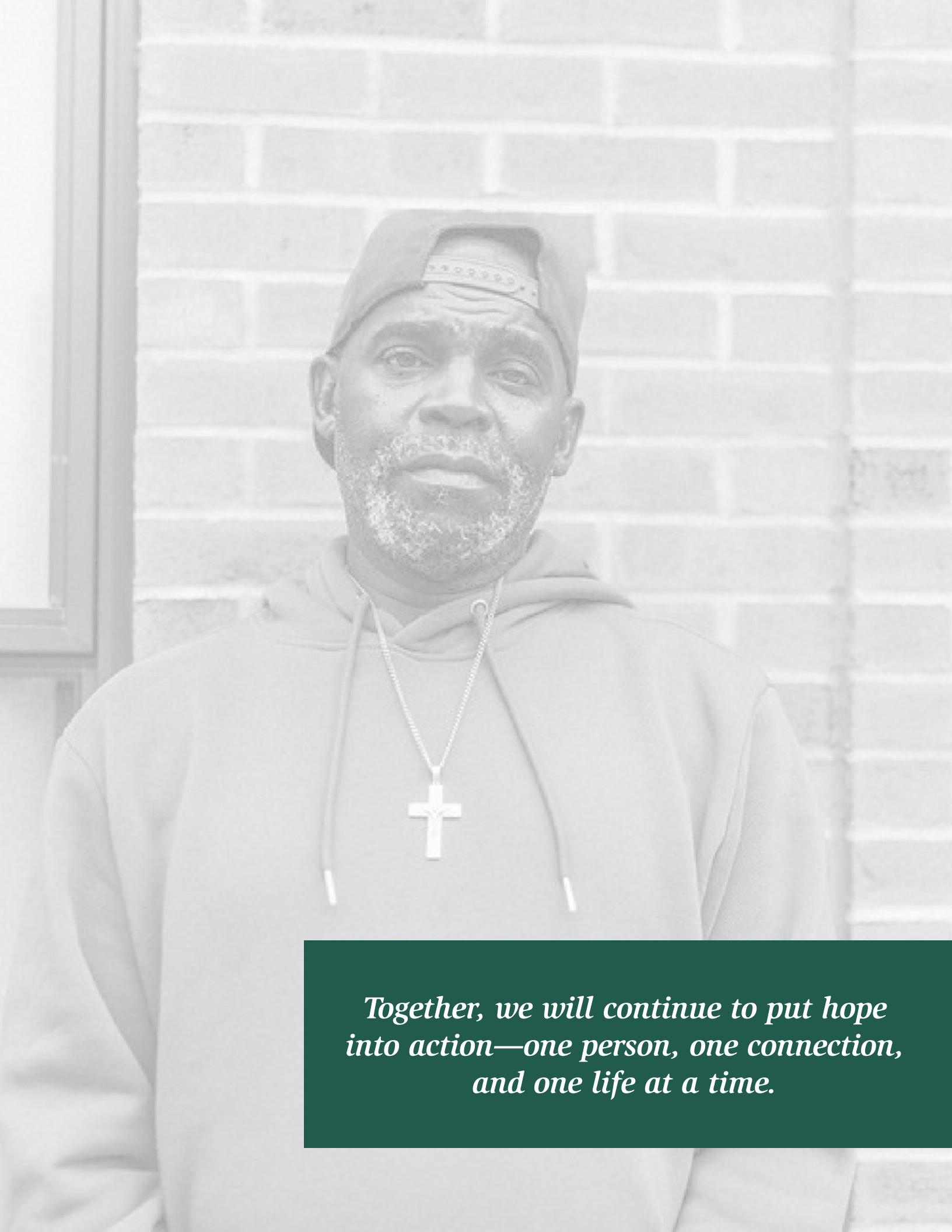
Sherry Sookram
Member

Angie DelVecchio
Member

Margaret Coker
Member

Bethesda House

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Together, we will continue to put hope into action—one person, one connection, and one life at a time.