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# Transcript of CDBG Public Hearing

**Date:** October 1, 2024

**Case:** CDBD Public Hearing

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BEFORE THE MONTGOMERY COUNTY DEPARTMENT OF  
HOUSING & COMMUNITY AFFAIRS  
CDBG Public Hearing

Tuesday, October 1, 2024  
7:40 P.M.

Job No.: 551887  
Pages: 1 - 83  
Reported By: Natalie Steele

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1           REMOTE PUBLIC HEARING BEFORE THE MONTGOMERY  
2           COUNTY DEPARTMENT OF HOUSING & COMMUNITY AFFAIRS  
3           before Lukas Shaker, Notary Public.  
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A P P E A R A N C E S

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1           A P P E A R A N C E S       C O N T I N U E D  
2       Raquel Vasquez - CDAC Chairperson  
3       Cathy Mahmud - Manager of the Grants and Assets  
4       Section at MCDHC  
5       Dr. Patrice McGhee - Department of Health & Human  
6       Services, Chief, Aging & Disability Services  
7       Jennifer Schiller - Montgomery Coalition for the  
8       Homeless, Chief Programs Officer  
9       Karen Torrico - Latino Economic Development  
10      Center, Housing Counseling Program Manager  
11      Robert A. Goldman - President of Montgomery  
12      Housing Partnership  
13      Charlotte Jenkins - Interim Executive Director of  
14      Mobile Medical Care  
15      Mark Ritacco - CDAC Member  
16      John D. Smith, Jr - CDAC Member  
17      Willa Dumbuya - CDAC Member  
18      Henok Mengistu - CDAC Member  
19      Maya Massey - CDAC Member  
20      Kabirul Islam - CDAC Member  
21      Linda Ineza - CDAC Member  
22      Lei Yan - Coordinator  
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AGENDA

Sign-In

CDAC Chair Opening Remarks and Introductions

Raquel Vasquez and CDAC Members

Department of Housing and Community Affairs

Opening Remarks

Cathy Mahmud, Grants and Assets Manager

Guest Speaker Department of Health & Human  
Services Dr. Patrice McGhee, Chief, Aging &  
Disability Services

Guest Speaker Montgomery Coalition for the  
Homeless Jennifer Schiller, Chief Programs Officer

Guest Speaker Latino Economic Development Center  
Karen Torrico, Housing Counseling Program Manager

Guest Speaker Montgomery Housing Partnership  
Robert A. Goldman, President

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AGENDA CONTINUED

Guest Speaker - Mobile Medical Care Charlotte  
Jenkins, Interim Executive Director

Guest Testimony Housing Unlimited Abe Schuchman,  
Executive Director

Public Comments

Written Testimony and Closing Remarks Raquel  
Vasquez, CDAC Chair

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1 HEARING

2 MS. MAHMUD: Thank you to everyone who is  
3 here. For those who are not able to attend, we  
4 will get the information to them as soon as we  
5 can. All right.

6 Did you want to go ahead, Raquel?

7 MS. VASQUEZ: Yes. Yes. Give me one  
8 moment. Okay. Good evening, ladies and  
9 gentlemen, and welcome to the Community  
10 Development Advisory Committee's Annual Public  
11 Hearing on Community Development Needs and Past  
12 Performance.

13 I am Raquel Vasquez, chairperson of the  
14 Community Development Advisory Committee, or CDAC.

15 The CDAC is appointed by the county  
16 executive to assist him in supporting community  
17 development, public services with federal  
18 community development block grant or CDBG funding.  
19 The committee is charged with reviewing the CDBG  
20 applications annually and making funding  
21 recommendations. To inform the committee's  
22 decision making, this public hearing allows  
23 residents and interested groups to testify on  
24 current community development needs and the  
25 county's past performance in meeting those needs.



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1 The committee will also accept written testimony  
2 from individuals or organizations who do not wish  
3 to make oral presentations. Written testimony  
4 should be submitted to the Department of Housing  
5 and Community Affairs no later than 4:00 p.m. on  
6 October 31st, 2024, for consideration by the  
7 committee. This testimony can be submitted to  
8 cdbg@montgomerycountymd.gov.

9 Each individual wishing to speak tonight  
10 should hold their comments to three minutes, and  
11 persons representing organizations will have five  
12 minutes for their presentations. The committee  
13 will be given the opportunity to ask questions of  
14 each speaker after their presentation.

15 Please remember that tonight's testimony  
16 is to address community development needs and past  
17 performance and not the specifics of any  
18 application under consideration for funding. All  
19 applicants for funding will be contacted and given  
20 a separate opportunity to meet with the members of  
21 this committee for an interview.

22 At this point, I would like to ask the  
23 members of the CDAC to introduce themselves in  
24 alphabetical order and state the geographical  
25 location of their residence. And let me just list

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1 off members now.

2 The first member is Rahwa Andemichael. Is  
3 Rahwa on?

4 Okay. The next person I see is William  
5 Bentley, if you can just say the geographical  
6 location of your residence, introduce yourself.  
7 All right. I am not hearing from William.

8 Willa Dumbuya?

9 MS. DUMBUYA: Yes. Hello. This is Willa  
10 Dumbuya. I am located on the east side of Silver  
11 Spring, Maryland.

12 MS. VASQUEZ: Thank you so much, Willa.

13 The next person on the list is Brian  
14 Holland. Is Brian Holland on? Okay. We will  
15 move on to the next person.

16 Linda Ineza. Is Linda on?

17 MS. INEZA: Good evening. My name is  
18 Linda Ineza, and I live in Rockville.

19 MS. VASQUEZ: Thank you, Linda.

20 Next person is Kabirul Islam.

21 MR. ISLAM: Good evening, everyone. I  
22 live in Montgomery Village. Thank you.

23 MS. VASQUEZ: Thank you.

24 Next person is Jesse-Thomas Lim. Is  
25 Jesse-Thomas Lim on the line?

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1           Okay. Next person is Maura Malone. Is  
2 Maura Malone on the line?

3           Next person is Maya Massey. Is Maya on  
4 the line?

5           Next is Norman Mai-Kim. Norman Mai-Kim?

6           Next person is Dr. Jared Meacham. Is  
7 Dr. Jared Meacham on?

8           Okay. Next person, Henok Mengistu.

9           MR. MENGISTU: Hello, everyone. I am  
10 Henok Mengistu. I live in Silver Spring,  
11 Maryland.

12          MS. VASQUEZ: Thank you so much.

13          The next person is Kenneth Nelson. Is  
14 Kenneth Nelson on the line?

15          Okay. Next person is Oluwasegun Obebe.  
16 Is Oluwasegun on the line?

17          Okay. Next person is Mark Ritacco.

18          MR. RITACCO: Hi, Mark Ritacco.  
19 Gaithersburg.

20          MS. VASQUEZ: Thank you so much.

21          Next person Joe Sallia. Is Joe Sallia on  
22 the line?

23          MR. SALLIA: Yeah. Joe Sallia is here. I  
24 am present. Joe Sallia. I live in Burtonsville,  
25 Maryland.

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1 MS. VASQUEZ: Okay. Next person John  
2 Smith, Jr.

3 MR. SMITH: Yes, hi. I am John Smith, Jr.  
4 I live in Silver Spring, East County.

5 MS. VASQUEZ: Okay. Thank you.

6 Next is Tony Summers.

7 MS. MAHMUD: I just got a message from  
8 Maya Massey saying, yes, she is on the line.

9 MS. VASQUEZ: Oh, okay. Wonderful. If  
10 you are on the line and able to unmute, would you  
11 be able to share where you are dialing in from?

12 MS. MAHMUD: I believe they might be an  
13 attendee; so they are unable to respond.

14 MS. VASQUEZ: Oh, okay. Okay. And then  
15 Tony Summers, is Tony Summers on the line?

16 Okay. And then the last person on the  
17 list is myself, and I am in Germantown, Maryland.

18 We will now open the public hearing on  
19 community development needs. I would like Cathy  
20 Mahmud, manager of the grants and asset management  
21 section at the Department of Housing and Community  
22 Affairs to present testimony on behalf of the  
23 department.

24 MS. MAHMUD: Thank you, Raquel.

25 So, good evening. I am Cathy Mahmud, the

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1 manager of the grants and assets section at DHCA  
2 in Montgomery County, and I want to take this  
3 opportunity to thank you for volunteering for the  
4 county's Community Development Advisory Committee,  
5 or CDAC, and to welcome you to this public hearing  
6 on community development needs.

7 The CDAC recommends how Montgomery County  
8 competitively awards federal community development  
9 block grant funds, or CDBG, to nonprofits for  
10 public services that support low- and  
11 moderate-income county residents.

12 In Montgomery County, a family of four  
13 that earns \$97,461 or less meets the threshold for  
14 low to moderate income. Funds from the federal  
15 CDBG program, the Home Investment Partnership  
16 Program and the Emergency Solutions Grant Program,  
17 ESG, are awarded to Montgomery County annually by  
18 the U.S. Department of Housing and Urban  
19 Development. The CDBG and Home Programs are  
20 administered by DHCA, while ESG programs are  
21 administered by the Department of Health and Human  
22 Services here at the county. Funding allocated  
23 for these programs by Congress vary slightly each  
24 year.

25 For the current fiscal year, that's 2025,

1 the county's CDBG Home and ESG funding have all  
2 stayed virtually the same as in previous years.  
3 The current awards for 2025 are \$5 million in  
4 CDBG; 1.9 million in Home; and 430,000 in ESG.  
5 And we anticipate roughly the same amount for the  
6 coming fiscal year, FY 26. And what you as the  
7 CDAC will be doing is you will be reviewing  
8 applications for money for the FY 26 year. So  
9 we're doing it in advance.

10 During the COVID-19 pandemic, Montgomery  
11 County took proactive measures and dedicated over  
12 \$17 million in emergency county, state, and  
13 federal funding to help assist persons who are  
14 experiencing homelessness, tenants facing  
15 eviction, and micro-businesses adversely affected  
16 by the pandemic.

17 In addition, Montgomery County has been  
18 awarded \$7.3 million in home funds from the  
19 American Rescue Plan. That's also in response to  
20 the COVID. This grant will address additional  
21 unmet housing needs including for those who are  
22 homeless or at risk of homelessness, those who are  
23 fleeing or attempting to flee domestic violence,  
24 dating violence, sexual assault, stalking, or  
25 human trafficking, and those for whom supportive

1 services would prevent homelessness.

2 Despite our best efforts, county community  
3 development needs remain significant. And you  
4 will hear about some of them this evening.

5 Our annual CDBG funds provide an important  
6 contribution to meeting these needs. The funds  
7 are currently being used for activities such as  
8 revitalizing older neighborhoods, helping low- and  
9 moderate-income residents through the preservation  
10 and rehabilitation of affordable housing, and  
11 through your work with the CDAC supporting  
12 activities for the nonprofit organizations who  
13 provide a wide array of services to the low-mod  
14 residents of the county. These services may  
15 include areas such as health, education, housing,  
16 and business activities.

17 In addition, the cities of Rockville and  
18 Tacoma Park participate in Montgomery County's  
19 implementation of CDBG activities through their  
20 own programs. Home Fund Programs are primarily  
21 provided as loans to developers for acquiring,  
22 constructing, and rehabilitating rental housing,  
23 affordable rental housing. ESG funds, meanwhile,  
24 are used to assist persons who are homeless or who  
25 are at risk of becoming homeless.

1           The newly completed 2025 annual action  
2 plan for Montgomery County is on the Department's  
3 website and provides more detailed explanation of  
4 all three frames; the CDBG, the Home, and the ESG.  
5 It also includes expanded information regarding  
6 the community development needs, should you wish  
7 to look that up.

8           Testimony here tonight begins the process  
9 of identifying the community needs that will be  
10 reflected in the plan for next year, FY 26.  
11 Montgomery County is committed to affirmatively  
12 furthering fair housing and has recently  
13 committed -- sorry -- completed a three-year long  
14 effort to develop a comprehensive regional  
15 analysis of impediments to fair housing choice.  
16 It is a long name, but for this area, it included  
17 extensive community outreach, identifying fair  
18 housing issues and addressing barriers to fair  
19 housing. The most urgent need is the provision of  
20 additional affordable housing in the county.  
21 Affordable housing is scarce, and many low- and  
22 moderate-income residents are forced to use more  
23 than 30 percent, some more than 50 percent, of  
24 their income on housing which creates hardships in  
25 meeting other essential needs.



1           In addition, the county now plans to  
2     undertake a comprehensive testing program to  
3     analyze whether housing discrimination occurs in  
4     the county based on such factors such as race,  
5     religion, national origin, gender, disability,  
6     source of income, familial status, or criminal  
7     history.

8           Another high priority continues to be  
9     providing affordable housing and supportive  
10    services for vulnerable populations. Key housing  
11    challenges today include creating affordable  
12    housing sufficient to meet demand. Delivering  
13    linguistically and culturally appropriate services  
14    to our diverse county residents and providing  
15    special services to seniors, youth, veterans, the  
16    homeless, and persons with disabilities.

17          This hearing will provide additional  
18    insights into community development needs and  
19    serve as a forum of comments in our effectiveness  
20    in meeting those challenges. The work of this  
21    CDAC committee is essential in ensuring that the  
22    CDBG funds designated for nonprofit services go to  
23    nonprofit organizations that best meet the needs  
24    of our low-income residents.

25          So on behalf of the Department, I commend

1     you for your service to volunteer to help  
2     Montgomery County community, and I sincerely thank  
3     you all. I anticipate that participating will be  
4     a rewarding experience. Thank you very much.

5             MS. VASQUEZ: Thank you so much for your  
6     remarks, Cathy.

7             Now I'm going to pass it off to  
8     Dr. Patrice McGhee, Chief of Aging and Disability  
9     Services.

10            DR. MCGHEE: Yes, good evening. We're no  
11     longer in the afternoon. Good evening, folks.

12            First, I want to thank the CDBG members  
13     for your volunteer service and community  
14     development. I want to be respectful of time. So  
15     I'm just going to jump right in.

16            So I'm the chief of Aging and Disability  
17     Services for Montgomery County and the Department  
18     of Health and Human Services. The mission of  
19     Aging and Disability Services is to affirm the  
20     value of seniors, persons with disabilities, and  
21     families by offering a wide range of information,  
22     home- and community-based support services,  
23     protections, and opportunities that promote  
24     choice, independence, and inclusion.

25            So briefly -- excuse me. The service area

1 is divided into three divisions, three sections if  
2 you will, is our adult protective services, case  
3 management division, which is multidisciplinary  
4 assessments and care planning, case management for  
5 our frail and vulnerable older adults and persons  
6 with disabilities. Then we have our area agency  
7 on aging, which is our arm that executes the Older  
8 American Act Programming, and I will touch on that  
9 shortly. And then our community support network  
10 for people with disabilities which is where you  
11 will find with a plethora of disability services  
12 that I will also touch on momentarily.

13 It is important to understand the diverse  
14 funding that exists within the Aging and  
15 Disability space. We are heavily regulated at the  
16 federal and state level. And so our funding  
17 stream is from the feds to the state to the local  
18 jurisdiction. So we partner with the Maryland  
19 Department of Health, Maryland Department of Human  
20 Services, Maryland Department of Disability  
21 Services, Maryland Department of Aging, Maryland  
22 Department of Education, Department of Veteran  
23 Affairs, and the Development Disabilities  
24 Administration. So we partner at varying levels  
25 of government, and we are regulated primarily from

1 the federal level, and some regulations governing  
2 some state programs that we administer as well.

3 Our local dollars do extend -- our county  
4 government is very gracious and they do provide  
5 supplemental dollars for many programs when we  
6 have short fall.

7 So within the Aging and Disabilities  
8 Services space, we have five boards, commissions,  
9 and committees. I'm going to highlight some of  
10 their priorities that align with the service area  
11 priorities.

12 We have an Adult Public Guardianship  
13 review board. This board conducts semi-annual  
14 reviews by reviewing the health status of the  
15 welfare of Montgomery County residents whose  
16 guardianship is held by a public agency, and they  
17 make recommendations accordingly.

18 And then we have the Commission on Aging,  
19 which is a longstanding entity that has the  
20 ability to advocate at all levels of government.  
21 They advise, much like the rest of our  
22 commissions, the local government, but they also  
23 advocate at state and federal levels for many  
24 changes for older adults.

25 Commissions on Veterans Affairs. They

1 advocate and provide information and insight to  
2 our local bodies, our council, and our county  
3 executive.

4 The Commission on People with  
5 Disabilities, they do the same here at the local  
6 level.

7 And then we have a newly implemented --  
8 they are a year old -- Intellectual and  
9 Development Disabilities Commission. And they are  
10 likened to the Commission of Aging where they have  
11 in their charter the ability to advocate at all  
12 levels of government.

13 So what are -- what are we hearing in the  
14 community from the older adults and people with  
15 disabilities? Cathy hit on it. Primarily  
16 affordable and accessible housing. So within the  
17 Aging and Disability Services space, we have some  
18 programs that actually work toward addressing this  
19 issue. We have a senior assisted living subsidy.  
20 We have adult foster care. The subsidy is for  
21 persons that reside in assisted living or group  
22 homes, and we can offset some of those costs. Of  
23 course, those dollars don't go far. But those are  
24 two programs that we have that address that issue.

25 In addition, we are now a little bit over

1 a year in. We have been working with Summer  
2 (indiscernible) on the DHCA work group to really  
3 solve for affordable and accessible housing in the  
4 county for older adults and persons with  
5 disabilities. And it does need to be affordable  
6 and accessible and desirable. A couple of our  
7 commissions -- the Commission on Aging, the  
8 Commission on Veteran Affairs, the Commission on  
9 People with Disabilities, they are all advocating  
10 this budget cycle for affordable, accessible, and  
11 desirable housing. A couple of the suggestions  
12 and recommendations from our commissions are to  
13 develop and disseminate multilingual and  
14 accessible information on housing, to add funding  
15 to existing programs, subsidy programs that  
16 support affordable housing.

17 One of the programs not mentioned here is  
18 the in-home aid services program. This ties to  
19 another issue that -- that is around the direct  
20 service providers labor force. There are  
21 shortages in that labor force. So when we're  
22 talking about affordable accessible housing, you  
23 also have to consider when you're looking at the  
24 older adult and disability populations, that in  
25 order for them to safen and least restrictive

1 environments in the community, in their home, in a  
2 home setting, they would need a direct service  
3 provider supports. So those individuals that  
4 provide that caregiving, that assist with  
5 activities of daily lives -- so ADLs is what we  
6 call those, or IADLs, independent activities of  
7 daily living -- they would be the individuals that  
8 would go into the homes setting or even into the  
9 facility setting to provide that support.

10 They are currently -- we are hemorrhaging  
11 in that workforce. So direct service providers --  
12 professionals -- excuse me -- is dwindling. So it  
13 is a -- if we look back at what the county has  
14 been doing to implement some change in that space,  
15 the county executive about two years ago now  
16 appointed a task force to examine this issue on  
17 both the older adults and disabilities side. That  
18 body came up with 26 comprehensive  
19 recommendations. And so currently, it is  
20 something that is being looked at the national  
21 level as well because it's a model of aging in  
22 place is -- is -- is going to be made difficult as  
23 our population continues to age. And so  
24 therefore, we won't have that labor force to do  
25 that work if we're not examining retention and

1 recruitment efforts now.

2 So again, several of our permissions are  
3 also advocating for work to move forward, to  
4 implement some of the changes that the task force  
5 recommended.

6 Transportation is another barrier. We  
7 have several avenues toward transportation here in  
8 the county for older adults and persons with  
9 disabilities. The Connect-A-Ride Transportation  
10 Resource Center where you can get free information  
11 and referral services. Within Aging and  
12 Disability Services, we fund exporting  
13 transportation and volunteer transportation. So  
14 we coordinate those efforts. We work with  
15 transportation to the senior centers. And we work  
16 very closely with Montgomery County's Department  
17 of Transportation to administer some other  
18 services such as Ride On and Call and Ride. So we  
19 are in the transportation space. Transportation  
20 is very costly, and there's never enough of it.  
21 So that is something we advocate for as well. We  
22 do have past performance in that space, but  
23 there's still work to be done.

24 And so finally, I will end with another  
25 issue that we're hearing a lot about is disability



1 employment opportunities. So individuals having  
2 access to employment opportunities to be able to  
3 find, you know, feasible and good work to make  
4 their days meaningful, to make -- you know, that  
5 ability to earn income. So we have administrative  
6 procedures within the county that Aging and  
7 Disability Services is reviewing and having  
8 internal discussions about updating to see how we  
9 can grow our employment opportunities to persons  
10 with disabilities with different providers and  
11 partners in the county that are already doing work  
12 in that space, how can we grow opportunities with  
13 them, but also internally how we can potentially  
14 get some other departments to sign over to employ  
15 individuals with disabilities. So that is a major  
16 concern and a highlight, of course, of our  
17 Commission of People with Disabilities as well as  
18 our Intellectual and Developmental Disabilities  
19 Commission. So with that, I will end.

20 Questions?

21 MS. VASQUEZ: Thank you, Dr. McGhee.

22 Yes, any questions for Dr. McGhee from the  
23 CDAC members? Feel free to drop them in the chat  
24 or unmute and share.

25 I actually have a question. Dr. McGhee,

1     you mentioned there were several pillars that came  
2     out of a report or work with the county executive,  
3     I believe. If you can share a little bit more  
4     about that, that would be really helpful.

5             DR. MCGHEE: Absolutely. So that task  
6     force was born out of a series of roundtables that  
7     we held within Aging and Disability Services, our  
8     Commission on Aging Health and Wellness Committee.  
9     They initiated a couple of roundtables around the  
10    direct service professional workforce, examined  
11    what was going on with that labor force, and they  
12    had three roundtables. And in those roundtables,  
13    they realized there was a lot more to unmask than  
14    they had capacity for. So they advocated to the  
15    county executive to appoint a task force, which he  
16    did, to do a deep dive to do an examination into  
17    all of the barriers that are keeping us from  
18    retaining persons that provide direct service to  
19    older adults and persons with disabilities. And  
20    so that body convened and examined this labor  
21    force for about nine months. And there truly  
22    could have been more time taken to look into this.  
23    But looked at it from, you know, areas such as  
24    funding -- the funding to provide ongoing training  
25    because persons with disabilities and older

1 adults, they have complex needs. So, you know,  
2 individuals primarily may not be getting the level  
3 of training that they need to actually provide the  
4 level of care that's needed. And oftentimes, we  
5 have informal caregiving happening, family members  
6 that are taking care of a loved one because  
7 someone needs to be present and there for them,  
8 but does not have the training or pathway to  
9 training. So training was a huge barrier.  
10 Looking at it as a profession; right? This work  
11 is needed and necessary. It is something that has  
12 to go forth in order for an aging in place model  
13 to exist. So therefore, you know, we need to  
14 professionalize the profession, get folks a  
15 pathway to advancing. So that was one of the  
16 recommendations that was brought forth from that  
17 task force. As well as there was some legislation  
18 during the examination period that introduced how  
19 these individuals are classified at the provider  
20 agencies. You know, instead of being -- they are  
21 being classified as a contractor. And so, you  
22 know, they are not being given benefits. So  
23 providing access to benefits and living wage. So  
24 these are some of the recommendations that came  
25 out of that body. And the Commission on Aging is

1     advocating for, you know, SAD to be able to carry  
2     some of these recommendations forward. For it to  
3     be -- because it's a labor force issue. So having  
4     our workforce development side of the county to  
5     really put this at the forefront of their  
6     priorities and agenda. You know, older adults,  
7     Aging and Disability Services is a stakeholder, a  
8     key stakeholder. Our model does not work if we do  
9     not have this labor force. And so what -- our  
10    workforce development partners have to be the  
11    conduit of that change. So that's where we are.  
12    We are still in conversations. It's still  
13    something that is forefront of mind. And like I  
14    said, it's starting to get national attention  
15    around this workforce, this labor force, and the  
16    need for them to really strengthen recruitment and  
17    retention efforts.

18           MS. VASQUEZ: Wonderful. Thank you so  
19    much for sharing that additional context.

20           Any other questions for Dr. McGhee? Okay.

21           Well, thank you so much for your  
22    presentation, and we thank you very much for  
23    sharing the information you shared with us.

24           The next person we have on our agenda is  
25    Jennifer Schiller, Chief Programs Officer at

Transcript of CDBG Public Hearing  
Conducted on October 1, 2024

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1 Montgomery Coalition for the Homeless. So we will  
2 have a five-minute presentation, and then CDAC  
3 members, we will have about five minutes to ask  
4 questions afterwards.

5 Is Jennifer on the line?

6 MS. SCHILLER: Yep. I'm right here.

7 MS. VASQUEZ: Awesome.

8 MS. SCHILLER: Okay. It says, you are  
9 live but your mic is muted. Is it muted?

10 MS. VASQUEZ: No, we can hear you.

11 MS. SCHILLER: Okay. All right. Great.

12 Hi, everyone, good evening. My name is Jen  
13 Schiller. I'm the chief programs officer of  
14 Montgomery County Coalition for the Homeless. I'm  
15 not sure why my Teams thing is ringing right now.

16 I would like to start off by thanking CDBG  
17 for all the initial investments made to programs  
18 and services at MCCH and other nonprofits in  
19 working in homeless services. CDBG has been a  
20 great partner in helping MCCH specifically create  
21 lasting program changes.

22 So who are we? We're the largest  
23 nonprofit organization in Montgomery County  
24 exclusively dedicated to ending homelessness  
25 throughout our community. We began in 1990 as a

1 member-based network of providers and individuals  
2 concerned about the growing number of people  
3 experiencing homelessness in our community. And  
4 we are now a very reputable and effective  
5 nonprofit partner working with county government,  
6 community organizations, and people with lived  
7 experience.

8 Our mission is to end homelessness by  
9 building a community where everybody has a safe,  
10 stable, and affordable place to call home. We  
11 accomplish this by providing solutions to the  
12 county to ensure that homelessness is rare, brief,  
13 and nonrecurring. So what we do today in addition  
14 to continuing our advocacy and improvement work,  
15 we operate three types of direct service  
16 programming; that's emergency shelter, rapid  
17 rehousing, and permanent supportive housing. Our  
18 housing stability rate hovers around 97 percent.  
19 We have around 600 households and about 300  
20 children that we serve. And we also have an  
21 affiliate coalition home which is a property  
22 management and property development company. This  
23 past fiscal year we served around 200  
24 individual -- 2000 individuals and families, and  
25 this is a significant increase for us from years

1 past.

2 Central to our work is the main men's  
3 emergency shelter of Montgomery County. We also  
4 operate an emergency shelter program for veterans,  
5 but you may know MCCH because of the men's  
6 emergency shelter. In 2022, we worked with the  
7 county to redesign a new facility and renovate it,  
8 and it's called the Nebel Street Emergency  
9 Shelter. Our capacity to serve people went from  
10 60 individuals to 200 individuals. And then in  
11 2023, we expanded beyond that to include in the  
12 winter months an additional 60 individuals. So  
13 we're getting ready. November 1st, we will open  
14 space for an additional 60 people. Some of the  
15 support services we have at the Nebel Street  
16 Emergency Shelter include case management, housing  
17 location services, medical services, psychiatric,  
18 dental care. We have employment, interpreters,  
19 translators, breakfast, lunch, and dinner,  
20 including if someone has a special dietary need.  
21 Bathroom, showers, laundry facilities. Obviously  
22 bed spaces and outdoor recreational spaces as  
23 well.

24 So a couple of quick statistics. We know  
25 that the pandemic and subsequent end of many of

1 the COVID safety net programs have had a real  
2 devastating effect on a number of people in our  
3 community that are experiencing homelessness. So  
4 there is something called the Point-In-Time count,  
5 which is an annual snapshot of all the people on a  
6 specific night experiencing homelessness. This  
7 past one in 2024 was on January 24th. And at that  
8 time, Montgomery County reported -- so on the  
9 night of the Point-In-Time count, there were 1,144  
10 individuals experiencing homelessness. That is  
11 69 percent increase from 2020, which marked the  
12 beginning of the pandemic. There were 396  
13 families experiencing homelessness on that day,  
14 and it was 116 percent increase from 2020.

15 And lastly -- and the group that I wanted  
16 to talk about in the two minutes I have left -- is  
17 a group that we talk about a lot, but there aren't  
18 a lot of dedicated specific services for youth  
19 ages 18 to 24. There were 39 youth experiencing  
20 homelessness on that night, which was -- which is  
21 a 26 percent increase from 2020 -- but we do know  
22 that this is a significant undercount because  
23 outreach efforts have limited success in  
24 connecting youth that are doubled-up with friends  
25 or in abandoned homes or whatnot throughout



1 Montgomery County. So we do know that that is  
2 significantly under.

3 This year MCCH has requested funding for  
4 CDBG for youth case management. And I know we  
5 will talk about that in the interview process at  
6 some point. But just to let you guys now, last  
7 fiscal year, the Nebel Street Emergency Shelter  
8 served 56 youth between the ages of 18 to 24 in an  
9 entire fiscal year. And in the first three months  
10 of this fiscal year starting July 1, we have  
11 served 26 individuals. So last fiscal year, 33  
12 reported a disability. And this year so far in  
13 the three months, 50 percent of the young people  
14 that we serve have a reported disability. We also  
15 for the first time ever from building the Nebel  
16 Street Emergency Shelter have dedicated youth beds  
17 in that facility, and we're certainly on track to  
18 serve more young people in our emergency shelter  
19 than we ever had before. And we definitely need  
20 dedicated staff to ensure that this population can  
21 connect with the supports they need to help end  
22 their homelessness.

23 So in the zero seconds I have left, I just  
24 want to tell you a true story about somebody whose  
25 name -- obviously changed up -- I am going to call

1 him Alex. So Alex came to the shelter during  
2 winter overflow last year. The staff noticed him  
3 right away because he looked really young, and he  
4 was sitting in our lobby, and he was very cold.  
5 And so they went over and talked to him. And it  
6 turns out he had just turned 18 and got kicked out  
7 of his house. He told them at the time that his  
8 goal was to finish his senior year of high school  
9 at Rockville High School. Since Nebel Street had  
10 dedicated youth beds, he was able to get in to one  
11 of those. And the staff helped him to ensure that  
12 the Montgomery County public school bus could pick  
13 him up at the shelter and drop him off at night.

14 Then one day our staff -- our frontline  
15 staff saw him sort of limping through the parking  
16 lot. They went up and talked to him, and he said  
17 that some other Rockville kids from the high  
18 school, they were gang members, and that they beat  
19 him up and that he was afraid to go back to  
20 school. So then MCCH had Alex take an Uber to  
21 school every day to avoid running into this gang.  
22 The case manager called the Montgomery County gang  
23 unit. They created a plan for Alex. The case  
24 manager then linked Alex and his Montgomery County  
25 public school teacher and the guidance counselor

1 together, and they developed a plan for how Alex  
2 was going to do his homework in the men's  
3 emergency shelter and be able to graduate on time.

4 Once Alex figured out that he was actually  
5 going to graduate and on time, he invited his  
6 family to gradation, no one came. So then he  
7 invited the shelter staff, and everyone showed up  
8 to graduation at Rockville High School.

9 Volunteers at MCCH helped to throw him a  
10 graduation party at the shelter. They purchased a  
11 new suit for him and shoes. And he commented to  
12 his case manager on the day of his graduation that  
13 it was the first time in his life that he ever had  
14 new shoes. And I'm very happy to report that Alex  
15 did graduate on time with his class, and he's now  
16 in the process of joining the United States Army.

17 So this is just one example of how -- you  
18 know, one young person, one story, one life, but  
19 there are countless more. And that's why we need  
20 more dedicated services and support for youth in  
21 our homeless service system.

22 Thank you for your invitation to speak and  
23 for your time, and I'm happy to take any  
24 questions.

25 MS. VASQUEZ: Thank you, Jennifer. Any

1 questions from the CDAC members?

2 MR. RITACCO: Yeah. I have a question if  
3 it's okay. Can you hear me?

4 MS. VASQUEZ: Sure. Yes.

5 MR. RITACCO: Thank you, Jennifer, for  
6 your work.

7 I have a question related to the -- sort  
8 of -- how you would categorize the homeless youth  
9 and maybe even categorize the increase. Is it  
10 primarily driven by mental health, increase in  
11 substance use, or other factors?

12 And how much -- you mention that  
13 psychiatric services are one of the wrap-around  
14 services that are provided. How much of an  
15 increase, or if you can comment generally, on how  
16 much of a need for mental health services exist  
17 now relative to the past or just in general.

18 MS. SCHILLER: Absolutely. So to answer  
19 your first question in terms of the increase in  
20 the number of youth experiencing homelessness, we  
21 know nationally that there's a 40 percent --  
22 between 40 to 60 percent more likelihood for LGBTQ  
23 youth to experience homelessness than their peers,  
24 and they are much more at a higher rate of suicide  
25 than their peers. So that's just a statistic

1 across the board.

2 For us, we have found that domestic  
3 violence has been a driver for young people to  
4 come into the shelter. You know, Mom has a new  
5 boyfriend; boyfriend does not like kid; kid turns  
6 18; 18, kid has to go kind of a thing. That's  
7 just anecdotal, but that has definitely happened.

8 Throughout the pandemic, we have seen that  
9 substance use has greatly increased. We have --  
10 we're a harm reduction agency, and we are a Narcan  
11 distributor; so we are fighting the good fight  
12 against fentanyl and overdoses, and we use it all  
13 of the time. We speak very openly especially to  
14 our young people in creating safety plans if they  
15 are using substances.

16 But I would say, you know, domestic  
17 violence is the number one driver of family  
18 homelessness. These young people are often  
19 initially attached to a family so that, you know,  
20 that -- that kind of correlates pretty well.

21 And then in terms of the need for mental  
22 health services, it's off the board. I can't  
23 even -- we need more help with mental health  
24 services for all of our -- for the entire  
25 population experiencing homelessness from -- I

1 think the oldest individual we had in our shelter  
2 was either 87 or 89. He was in his upper 80s.  
3 All the way down to an 18-year-old; right? So we  
4 serve everyone. And the need for mental health  
5 services is really great. We do have, through  
6 healthcare for the homeless, a psychiatrist. Her  
7 name is Dr. Burrows, who is there on-site. Well,  
8 she travels to all the different shelters across  
9 Montgomery County. She is wonderful. She's one  
10 person and can't possibly meet the need for the  
11 thousands of people experiencing homelessness in  
12 our community. You know, it's just not reality.

13 Did that answer your -- yeah. Okay.

14 MR. SMITH: Hi. My name is John. I want  
15 to thank you, Jennifer, for this service.

16 You know, a lot of people discount the  
17 needs of our youth. And to hear your story, I  
18 want to commend you, and I want to say thank you  
19 for your service. I don't have any specific  
20 questions other than I hope that your entity is  
21 also providing services to young female  
22 population, if you can give a couple lines about  
23 that. Again, thank you very much.

24 MS. SCHILLER: Sure. Thank you. Thank  
25 you. Sure.

1           So our -- we do not run the main women's  
2   shelter, but I -- our counterparts do. And we  
3   serve a lot of young women, especially young  
4   mothers in our housing programs, both in our rapid  
5   rehousing program and in our permanent supportive  
6   housing program with the 300 children that we  
7   have. And I can tell you, it is the -- it's sort  
8   of the same in terms of the lack of affordable  
9   housing. The -- I can tell you something that did  
10   happen at one point in one of our permanent  
11   supportive housing programs. We were sort of  
12   wondering what was going on. The mothers were  
13   actually -- you know, food is scarce; right? And  
14   we know that the food stamp or the SNAP benefits  
15   have gone down after COVID; so all of those  
16   supports then were reduced. And what has happened  
17   were people that maybe could go to Giant and buy  
18   meat for their children can't do that anymore  
19   because their food stamp money does not go far  
20   enough or their SNAP benefits do not go far  
21   enough. So we had women actually selling their  
22   bodies in exchange for meat to feed their  
23   children. So I can tell you that that need is  
24   significant and the need for food security is very  
25   real for a lot of people in our community in

1 addition to safe, viable housing.

2 MR. SMITH: Thank you very much.

3 MS. VASQUEZ: Thank you so much, Jennifer,  
4 for your presentation and for answering CDAC  
5 member questions. We appreciate your time.

6 MS. SCHILLER: Thank you.

7 MS. VASQUEZ: Thank you.

8 The next speaker we have on the agenda is  
9 Karen Torrico, housing counseling program manager  
10 at the Latino Economic Development Center.

11 MS. TORRICO: Hi, good evening, everyone.  
12 Yes. My name is Karen Torrico, and I am the  
13 housing counseling program manager in Maryland for  
14 the Latino Economic Development Center or LEDC.

15 LEDC was founded in 1991 in Washington,  
16 D.C., and since 2009, we have been offering  
17 professional multilingual services as a HUD  
18 approved housing counseling agency in Montgomery  
19 County. This was made possible when LEDC, along  
20 with two other agencies, was invited by DHCA's  
21 Latino liaison at the time, Ms. Miriam Torrico, to  
22 establish an office in the county. The goal was  
23 assist thousands of homeowners facing foreclosure  
24 during the mortgage and financial crisis triggered  
25 by the collapse of the housing market.



1           Widespread predatory mortgage practices,  
2           disproportionally impacted low- to moderate-income  
3           households, homeowners of color, and immigrant  
4           owners placing the county and nation in the midst  
5           of a foreclose crisis.

6           Montgomery County's DHCA initially  
7           provided funding to our agencies to bring on at  
8           least one bilingual English and Spanish speaking  
9           housing counselor. DHCA also successfully  
10          negotiated with Maryland DHCD for them to match  
11          this funding to support the housing counseling  
12          agencies in the county throughout -- through the  
13          joint hope grant.

14          In 2019, funding from DHCA unfortunately  
15          ceased for all agencies, while Maryland DHCD  
16          continued to fund this important work.

17          In the past year, we have provided housing  
18          education and counseling services to over 350  
19          households in Montgomery County. HUD-approved  
20          housing counseling agencies like LEDC were created  
21          to provide unbiased, accessible, and professional  
22          housing guidance especially for vulnerable and  
23          underserved populations like low- and  
24          moderate-income families, first time home buyers,  
25          minorities, immigrant populations, and those at

1 risk of foreclosure. LEDC counseling program  
2 offers an extensive array of education and  
3 counseling services on topics including financial  
4 capability, budget and credit management,  
5 pre-purchase and post-purchase, homeowner  
6 assistance, and foreclose prevention.

7 Our HUD certified housing counselors work  
8 closely with clients to evaluate their unique  
9 financial situations, develop customized action  
10 plans, and provide ongoing support to help them  
11 overcome challenges and achieve their housing and  
12 financial goals in order for them to obtain  
13 long-term economic stability and sustainable  
14 homeownership.

15 Today, housing counseling agencies remain  
16 essential for several reasons. For home buyers,  
17 despite mortgage interest rates dropping this  
18 year, housing prices have been consistently rising  
19 in Montgomery County since the mid-1990s. So the  
20 average home sold today is affordable to an even  
21 smaller and affluent set of households.

22 Counselors provide necessary education on the home  
23 buying process, budgeting, credit, mortgage  
24 readiness, financing options, and affordability to  
25 help individuals make informed decisions in this

1 complex housing market whenever they are ready to  
2 purchase.

3 In the face of affordable housing  
4 challenges, counselors guide clients through home  
5 buying assistance programs like down payment and  
6 closing costs assistance, available grants, and  
7 loan product comparisons.

8 Furthermore, they play a key role in  
9 promoting long-term financial stability, helping  
10 individuals maintain homeownership and avoid  
11 future crises.

12 As Montgomery County is taking on new  
13 initiatives that have a significant focus on  
14 addressing housing availability and affordability,  
15 there's even more of a need for county residents  
16 to be prepared and knowledgeable about their  
17 finances and housing options. For homeowners,  
18 foreclosure risks persist and HUD certified  
19 housing counselors offer crucial support with  
20 money management, requesting mortgage assistance,  
21 knowing the foreclosure legal process and  
22 timeline, understanding loss mitigation or home  
23 retention options such as loan modifications,  
24 providing legal referrals, and exploring  
25 refinancing options. Personalized housing

1 counseling for homeowners facing mortgage  
2 delinquency or default is essential as everyone's  
3 financial situation is unique.

4         Additionally, early intervention is  
5 critical. The sooner homeowners seek counseling,  
6 the more options are available to prevent  
7 foreclosure. Many marginalized communities  
8 continue to face barriers, some of which include  
9 high rent costs, stagnant incomes, limited  
10 financial resources, discriminatory lending, lack  
11 of information in their native languages, and a  
12 shortage of affordable housing. LEDC is committed  
13 to tackling these challenges by offering  
14 multilingual, culturally sensitive services that  
15 promote stable, equitable homeownership. Their  
16 personalized guidance and education will equip  
17 individuals and families with the tools to make  
18 informed financial decisions and navigate the  
19 complex housing landscape. Enhancing financial  
20 literacy is essential to closing socio-economic  
21 gaps, particularly for Black and Hispanic  
22 households who experience lower homeownership  
23 rates. Increasing homeownership among these  
24 groups fosters generational wealth building,  
25 reduces wealth disparities, and boosts economic

1 ability.

2           Additionally, financially capable  
3 individuals contribute to local economics through  
4 consumer spending, entrepreneurship, and job  
5 creation. Higher homeownership rates also  
6 stabilize property values, improve neighborhoods,  
7 and attract further investments creating a  
8 positive cycle of growth. Addressing these issues  
9 requires collaboration between nonprofit  
10 organizations, government entities, and private  
11 stakeholders to provide affordable housing  
12 options, promote fair lining practices, and  
13 support comprehensive financial education  
14 initiatives.

15           LEDC remains dedicated to meeting these  
16 challenges through our housing counseling program,  
17 financial education workshops, and advocacy for  
18 equitable housing policies. By leveraging  
19 community investments, we aim to foster a more  
20 inclusive and stable housing market in Maryland  
21 ensuring that all households have the opportunity  
22 to achieve homeownership and build a prosperous  
23 future.

24           In closing, the work of HUD-approved  
25 housing counseling agencies is essential in

1 ensuring that individuals and families have the  
2 tools and resources necessary to navigate the  
3 complex housing landscape, especially underserved  
4 communities.

5 Our agency does not only help prevent  
6 foreclosures and promote sustainable  
7 homeownership, but we also play a critical role in  
8 improving financial literacy, stabilizing  
9 communities, and fostering economic growth.

10 Continued funding is not just an  
11 investment in housing counseling services, it's an  
12 investment in the long-term stability and  
13 well-being of our communities. I urge the  
14 committee to recognize the immense value of our  
15 agencies -- that our agencies provide and to  
16 allocate the necessary funding to support and  
17 expand our vital work in the coming fiscal year.

18 Thank you for your time and for this  
19 invitation.

20 MS. VASQUEZ: Thank you so very much for  
21 your presentation. It's very much appreciated.  
22 Thank you, Karen, for your remarks.

23 Do we have any questions from the CDAC  
24 members?

25 MR. SMITH: Not a question, I just want to

1 say thank you. I heard the nerves in your voice.  
2 You did a good job.

3 MS. TORRICO: Yes. Thanks. I was a bit  
4 nervous.

5 MR. SMITH: Okay. Take care.

6 MS. VASQUEZ: Any other comments,  
7 questions for Karen?

8 Okay. Hearing none, we can move on.  
9 Thank you again for your presentation. We  
10 appreciate your time and your remarks.

11 Next person we have on our agenda is  
12 Robert Goldman, president of the Montgomery  
13 Housing Partnership.

14 MR. GOLDMAN: Can you hear me?

15 MS. VASQUEZ: Yeah.

16 MR. GOLDMAN: Okay. Great. Good evening.  
17 My name is Rob Goldman, and I am the president of  
18 MHP. I want to thank the committee for the work  
19 you're doing and the time you are volunteering to  
20 serve on this committee. I appreciate the  
21 opportunity to address the committee about, sort  
22 of, community needs in Montgomery County.

23 For those not familiar with MHP, our  
24 mission is to preserve and expand quality,  
25 affordable housing in Montgomery County. We own

1 over 2300 quality, affordable homes in Montgomery  
2 County, provide before and after school  
3 programming to more than 300 county children, and  
4 work directly with various commercial and  
5 residential neighborhoods to address quality of  
6 life issues that are holding them back from  
7 reaching their full potential.

8 While we are several years removed from  
9 the pandemic, the number of low-income households  
10 who are behind in their rent continues to remain  
11 well above historical norms. Before the pandemic,  
12 approximately five percent of MHP households were  
13 behind in rent in any given month. At some of our  
14 apartment complexes in Montgomery County, rental  
15 delinquencies remain as high as 20 percent. The  
16 rental delinquency situation is even more dire in  
17 the District of Columbia. There have been  
18 multiple articles published in The Washington Post  
19 in the last month highlighting the crisis that is  
20 threatening the solvency of individual affordable  
21 apartment communities as well as entire  
22 organizations that provide affordable housing in  
23 the district.

24 The situation in Montgomery County is not  
25 as gloomy as it is in the District, but affordable



1 housing providers operating in Montgomery County  
2 are not immune to the phenomenon of unpaid rent.  
3 At the same time, affordable housing providers are  
4 also contending with increasing costs of  
5 borrowing, rising costs to manage properties, and  
6 soaring insurance costs. Reducing and preserving  
7 affordable housing is never easy, but the  
8 environment has never been more challenging than  
9 it is right now.

10 Meanwhile, for residents, rental  
11 assistance -- I mean, things are tough. So rental  
12 assistance has dried up almost entirely. The  
13 county has tightened eligibility for emergency  
14 rental assistance down to households  
15 earning only -- households earning less than  
16 30 percent of the area needing income, which  
17 excludes most households. In addition, within the  
18 last two months, the county stopped accepting  
19 referrals for its shallow subsidy rental  
20 assistance program known as RAP, which provides --  
21 provided as much as \$500 per month to qualifying  
22 households. MHP staff was only able to send --  
23 you know, we have been working with DHHS on a  
24 referral system, but with these changes, we have  
25 only been able to send a handful of referrals to

1 DHHS before the program was put on pause due to  
2 budgetary reasons.

3 At the same time, low-income households  
4 continue to battle with inflation as there's  
5 increase in costs in nearly everything. And when  
6 faced with the question whether to pay the month's  
7 rent or other necessities, individuals with  
8 limited means are often making the choice not to  
9 pay rent. And, you know, these are all difficult  
10 situations that families are put in. The absence  
11 of additional rental assistance, there are fewer  
12 tools available for to us prevent evictions. As a  
13 result, we're seeing evictions in the county on  
14 the rise. There is data to suggest evictions have  
15 doubled in the last few months.

16 However, we are not powerless to help  
17 households who are struggle to pay their rent.  
18 One of the best tools we have to prevent  
19 unnecessary evictions is by devoting more  
20 resources to helping low-income individuals find  
21 better paying jobs. Many of the individuals who  
22 are having difficulty paying their rent have  
23 trouble finding steady employment which results in  
24 fluctuating income. Last year, for example, MHP  
25 was fortunate enough to receive a CDBG grant from

1     you guys which -- to support our career counseling  
2     and job search services. And we -- I want to  
3     express my gratitude for that, and we have had  
4     tremendous success with that.

5             And beyond employment, MHP is also working  
6     to connect our residents with other resources that  
7     can impact one's ability to pay their rent, mainly  
8     health care and food assistance. As you will hear  
9     from others, the need for food assistance has  
10    actually increased in the last few years. Last  
11    month, for example, we began a new food  
12    distribution at our Wheaton Apartment Community.  
13    And within 24 hours, we had 70 households  
14    registered. Unfortunately, a longstanding food  
15    distribution site at one of our apartment  
16    communities in the Long Branch neighborhood in  
17    Silver Spring had its last distribution in  
18    September due to local food pantries having to  
19    reallocate resources. We're still in the process  
20    of identifying a new provider to serve more than  
21    60 households that rely on this food resource.

22            And over the last several years, we have  
23    observed that many of the households that were  
24    most behind on their rent often had a member of  
25    their household experience a traumatic health

1 event which led to significant medical-related  
2 debt. In the last year, we launched a pilot  
3 program at our Wheaton Apartment Communities where  
4 we identified, trained, and hired two of our  
5 community residents to serve as community health  
6 workers. And for the last several months they  
7 have been dedicating themselves to helping their  
8 neighbors obtain health insurance and preventive  
9 care. Encouraged by the results so far and  
10 because medical debt is a huge driver of housing  
11 instability, we believe this is one more way we  
12 can help families be stably housed.

13 Lastly, MHP continues to support  
14 low-income children with educational programming.  
15 Locally, data shows that Black and Hispanic  
16 students suffered the greatest impacts with large  
17 declines -- during the pandemic with large  
18 declines with math and literacy proficiency.  
19 Students from low-income families receiving free  
20 and reduced meals. The types of families living  
21 at MHP's properties continue to lag behind their  
22 peers. Addressing the learning gaps will require  
23 all of us to know each student more intimately,  
24 know what their learning needs are and address  
25 them.

1           As a county, we are fortunate to have  
2       access to programs such as CDBG program which can  
3       help families escape poverty and build economic  
4       security. We must continue to find innovative  
5       ways to connect low-income residents to quality,  
6       affordable housing, impactful educational  
7       opportunities, and pathways to economic  
8       opportunity.

9           I welcome the opportunity to answer any  
10      questions you may have.

11          MS. VASQUEZ: Thank you so much, Robert.  
12      We appreciate your remarks.

13          Any questions from the CDAC committee  
14      members?

15          MR. RITACCO: Yeah. I have a question.  
16      Thank you, Robert, for the presentation.

17          So I don't know if you heard the -- two  
18      speakers ago, they talked about a sizable increase  
19      in youth homelessness. You made a comment that  
20      evictions -- I think you said evictions might be  
21      doubling or something in the last --

22          MR. GOLDMAN: Yeah. There's some data we  
23      received from, I think, one of the speakers, HIP,  
24      who indicated to us that evictions have -- looks  
25      like evictions have doubled in the last few

1 months. Yep.

2 MR. RITACCO: So certainly this is a -- in  
3 hearing about community needs, it certainly seems  
4 like we have a couple data points that suggest  
5 that those would be leading indicators of  
6 something else happening. That -- that, you know,  
7 more people are becoming homeless, more people are  
8 becoming evicted.

9 What do you attribute that to?

10 MR. GOLDMAN: Well, I mean, one thing I  
11 think we're seeing is that -- I mean, just cutting  
12 back in funding for rental assistance. And I  
13 think that, you know, we were fairly fortunate  
14 during the pandemic that there was a big flow of  
15 federal funding into the county -- and every  
16 county in the country. And, you know, that money  
17 has effectively ended. And -- and with that,  
18 people are, you know -- you know, lots of people  
19 are out of work now. People are coming back to  
20 work. But I think there's still that sort of --  
21 there's still a lag. Like we -- to you and I --  
22 you know, to the average person, it probably feels  
23 like the pandemic is over. But I think what we  
24 have seen is that there are still lagging issues  
25 and impacts on families so that it is not back to

1 normal for everyone. Either people lost hours or  
2 they lost jobs; they are having difficulty getting  
3 the job or staying in a job. And that's one of  
4 the reasons, for example, that we partnered with a  
5 career counseling group to help those that are  
6 facing that situation.

7           So I think there's still a need for  
8 tenants to have emergency rental assistance and  
9 the amount of funding for that has, you know,  
10 reduced because of budget cuts. So I guess, you  
11 know -- correlation does not necessarily mean  
12 causation, but I do see a correlation here at  
13 least between as the money has shrunk in the last  
14 few months and programs have gone from higher  
15 eligibility to lower eligibility, folks are  
16 struggling. You know, we are seeing an increase  
17 in evictions and issues. So, you know, that's --  
18 that's, to me at least, one aspect of it.

19           I couldn't tell you -- you know, I mean,  
20 obviously there are other issues like inflation  
21 and other things that are -- I mean, I think what  
22 I would say in terms of inflation, I mean  
23 post-pandemic, rents really skyrocketed. And so  
24 housing costs in general really skyrocketed. I  
25 mean, some -- you know, I think the average rent

1 in Montgomery County typically increases maybe two  
2 to three percent on average. And I think you were  
3 seeing ten -- I don't know what the average was.  
4 I want to say it was somewhere in the eight to  
5 ten percent post-pandemic; so there was a really  
6 high increase in housing costs. The increases  
7 have now come down a bit, but that's a heavy shot  
8 when, you know, salaries for many low-income  
9 families are not increasing at a commiserative  
10 (sic) rate.

11 MR. SMITH: Thank you, Robert.

12 I wanted to ask your opinion about -- I  
13 understand that prices go up and, you know, there  
14 is inflation. And we have seen a modest reduction  
15 in inflation; it's almost to the point of  
16 stabilization. I wonder how many of these  
17 individuals are effected by, you know, apartment  
18 dwelling -- dwellings charging excessively.  
19 Particularly minority and other targeted groups.

20 Do you have any thoughts about that?

21 MR. GOLDMAN: I'm no expert, and I think  
22 you have some housing counseling groups who  
23 probably have better information. What I would  
24 say is there definitely was instances of very high  
25 increases and not, you know, like -- and examples



1 of individual owners who were increasing rents far  
2 more dramatically, you know, like 20 percent,  
3 30 percent just totally outrageous levels. It did  
4 lead, you know, to the county to implement rent  
5 control and hopefully that, you know, stabilizes  
6 the situation in that regard. I will say --

7 MR. SMITH: That's a tough issue.

8 MR. GOLDMAN: I will also say -- I sort of  
9 see it from both sides. Because, you know, we  
10 provide housing -- so I'm a land -- in a sense,  
11 I'm a landlord. But I'm also mission driven and  
12 care deeply about the residents. I will say from  
13 the landlord perspective, there are serious  
14 inflationary issues in terms of property  
15 insurance, you know, the salaries, and a number of  
16 other aspects that are really driving housing  
17 costs. But at the same time, even with that, I  
18 would say that there were definitely individual  
19 abuses that far exceeded what even the  
20 inflationary impacts that landlords were facing.

21 MR. SMITH: Thank you.

22 MS. VASQUEZ: Thank you so much, Robert.

23 Any other questions?

24 MR. MENGISTU: Yeah. Hi, my name is  
25 Henok.

1           My question has to do -- you mentioned  
2           that you had a workforce development and career  
3           counseling in the past. And I was wondering how  
4           many participated in that program, and what does  
5           the success rate for that program looks like for  
6           you?

7           MR. GOLDMAN: Unfortunately, I don't have  
8           any statistics in front of me. I can get that and  
9           share that with DHCA to share with the rest of  
10          you. But we've had -- as I said -- we really felt  
11          like -- you know, so during the pandemic and since  
12          the pandemic, MHP really created -- I created an  
13          outreach team of folks to kind of work with  
14          resident who were struggling. And, you know, some  
15          of that was helping them sign up for emergency  
16          rental assistance; it was setting up food  
17          programs; it was helping people sign up for  
18          unemployment insurance. And I think as we got out  
19          of the pandemic, and -- you know, you hear these  
20          reports of people back at work -- you know,  
21          even -- people back at work -- even reports of you  
22          know, employers struggle to hire people. We were  
23          also seeing stories of residents who were really  
24          struggling to find employment. So we finally just  
25          found a nonprofit that we're paying ourselves to

1 help residents, you know -- and, again, we  
2 eventually got a grant from you guys, which is  
3 much appreciated, to really help residents in  
4 their -- to find a job and things like that. So  
5 we -- I will say there's a number of anecdotal  
6 success stories. The statistics I don't have on  
7 the top of my head, but I believe the group is  
8 drafting all that and can provide statistics.

9 MR. MENGISTU: Thank you.

10 MR. GOLDMAN: Yep.

11 MS. VASQUEZ: Any other questions for  
12 Robert?

13 Okay. Hearing none, we can invite  
14 Charlotte Jenkins.

15 Thank you so much for your presentation,  
16 Robert, and for answering the questions we had.

17 But at this time, can we have Charlotte  
18 Jenkins join us, the interim executive director of  
19 Mobile Medical Care.

20 MS. JENKINS: Good evening, everyone. Can  
21 you hear me okay?

22 MS. VASQUEZ: Yes.

23 MS. JENKINS: Okay. Perfect.

24 So I just want to first, as others have  
25 done, to thank CDAC, the members and volunteers,

1 for having this hearing. It's really a great  
2 opportunity for us as providers to be able to  
3 share what we see as the needs. And we have heard  
4 a lot of important things regarding housing, some  
5 on transportation, some mention of food.

6 I will switch gears a bit and say all  
7 those things are important to us but Mobile Med's  
8 primary mission is to provide primary health care  
9 to the residents of Montgomery County who  
10 otherwise can't get care. So a big part of our  
11 patient counts -- annually we have about 4500  
12 patients with a little over 16,000 visits, and  
13 that is both for physical health care and for  
14 behavioral health care, which we have really  
15 started getting much more into a few years before  
16 the pandemic. And certainly after the pandemic,  
17 it became even more important.

18 Mobile Med has three fixed site clinics:  
19 One in Rockville on Gude Drive with some of the  
20 other county offices there; at East County Service  
21 Center on Briggs Chaney, that's a part of the East  
22 Montgomery Service Center there; and then in  
23 Germantown on Germantown Road. We also have two  
24 mobile clinics, van clinics. One is in Aspen Hill  
25 and the other is in Gaithersburg. In both of

1 those van clinics are vans that park at churches  
2 and then everyone in the community is invited in  
3 to visit those clinics.

4 We have a couple of specialty clinics with  
5 Suburban and NIH because we find in our population  
6 it is really hard to get specialty care. We offer  
7 primary care, but we all know that sometimes  
8 specialists are needed. And we have several  
9 specialists that volunteer, but these are  
10 clinics -- one for cardiology, again, with  
11 Suburban and NIH, and the other is an endocrine  
12 clinic that is also very important in one of the  
13 key areas that we're looking into trying to help  
14 support, prevent, and manage diabetes. So that's  
15 a very important one for us as well.

16 We do have vans, as I mentioned. The two  
17 van clinics, during COVID, we shut down the vans  
18 because it was too close proximity for people to  
19 be able to get services there, and moved people  
20 into our fixed site clinics. So we just are  
21 looking at reinstating our van clinics at those  
22 locations. And then we also strategically are  
23 looking at how we can look at taking vans into  
24 communities that are not getting health care at  
25 all. That's one of our goals strategically is to

1 identify those communities. And they do still  
2 exist in Montgomery County where people maybe are  
3 a new immigrant, they don't feel comfortable going  
4 to a clinic that they don't know about or aren't  
5 familiar with. And we really want to focus on  
6 trying to provide care to anyone in the county who  
7 is not getting care that we can service.

8           The majority of our patients, as I said,  
9 are uninsured. About 80 percent are uninsured.  
10 Of that 80 percent, about 85 percent are  
11 minorities. So we focus a lot on not only  
12 minorities, but also on immigrants, to provide  
13 culturally appropriate care, to really try to  
14 understand the cultures to encourage people to get  
15 the healthcare they need, but also to have  
16 languages, interpreters to help communicate more  
17 effectively. We currently have patients from over  
18 25 countries that speak over a hundred different  
19 languages. We do our best. We clearly can't  
20 handle all 100 languages, but I think we do a good  
21 job at trying to make sure that people feel  
22 comfortable, they feel respected, and they're  
23 committed to taking care of themselves so that  
24 they can be healthy members of the community.

25           I think, you know, in terms of the

1 important role that the pandemic played in all of  
2 our lives, we had some good lessons learned as a  
3 part of that. We moved to telehealth during the  
4 pandemic for many things, but what we found is for  
5 behavioral health after the pandemic, that we --  
6 there was a lot more demand for behavioral health,  
7 but also people really preferred to do behavioral  
8 health via telehealth rather than coming in to an  
9 office. Some of that has to do with many people  
10 working multiple jobs and to, you know, have to  
11 fight traffic to get into a location to see  
12 someone meant that they often didn't do that. So  
13 we have seen a tremendous growth in our behavioral  
14 health demand as I think most of the other safety  
15 nets have as well. And we're constantly looking  
16 for how we can get more behavioral health  
17 providers and continue to offer those services.

18 So that integration of services between  
19 physical health and behavioral health grows  
20 further into how do we connect with others of you,  
21 including housing, transportation, food. We  
22 provide referrals for all of those things to try  
23 to help have a healthier community.

24 Some of the things that we're looking at  
25 and seeing now is there is definitely a higher

1 demand for Medicare population. I think someone  
2 mentioned that earlier. For particularly  
3 low-income Medicare population, it's really tough  
4 to find providers. So that's one of the areas  
5 that we are starting to focus more on. Many  
6 primary care providers in the county are charging  
7 concierge fees. So most of the lower-income  
8 Medicare people, not only can they not find a  
9 primary care provider, but if they do find one,  
10 they cannot pay this fee. So we're seeing that as  
11 a growing part of the population.

12 We also are focusing on chronic illness  
13 management. One of the grants, thanks to CDBG --  
14 we are in our third year of a grant for vision  
15 care, and we have had really high success in that.  
16 We were able to get a high resolution camera in  
17 our primary care clinics, in our fixed site  
18 clinics, that allow a person to get a retinopathy  
19 at the same time they were getting a physical  
20 exam. So many of our diabetes patients otherwise  
21 would not be getting those exams to try to help us  
22 manage the impact that may have on their vision.  
23 But basically, we can have that done through this  
24 high resolution camera now in our clinics and then  
25 we send the photos to an optometrist to actually



1 do the reading and tell us what they see and  
2 suggest treatment that we may need to suggest to  
3 our patients. So that was the support through  
4 CDBG grant. We're really happy with the outcomes  
5 from that, and it's really made a difference for  
6 our patients. So thank you all for that.

7 Other areas that we're looking into is  
8 women's health. Primarily screening, cancer  
9 screening. So we have several initiatives where  
10 we're trying to increase cancer screening.  
11 Obviously in terms of chronic illness, I mentioned  
12 diabetes, hypertension is another area. But the  
13 screening is becoming even more important. Often  
14 when patients come in to Mobile Med, they have  
15 many different illnesses. They have many  
16 different issues that need to be dealt with. So  
17 it's not someone coming in for one thing. So we  
18 have to look first at the overall health of the  
19 individual and then we look at how can we best  
20 help them, number one, with their overall health  
21 and then look at how we can set up preventive  
22 health so that we can prevent some of these  
23 chronic illnesses from happening.

24 And the last thing I will say quickly -- I  
25 see I just have a minute, and I want to have some

1 time for questions -- is Food For Health. That's  
2 such an important area. Because we're a federally  
3 qualified health center, 51 percent of Mobile  
4 Med's board has to be our patients. And we learn  
5 so much from talking to our patients and finding  
6 out what their needs are.

7 One of the things that we learned at our  
8 most recent strategic planning meeting is when  
9 patients come to this country, they often just  
10 completely stop the diet that they have been  
11 accustomed to from their own country and start  
12 eating American diet, which most of us know is not  
13 always the healthiest, particularly when many of  
14 our patients are working two or three jobs just to  
15 get by. You know, doing fast food or picking up  
16 something quickly is having an impact on their  
17 health. So one of our volunteer providers, who is  
18 part of this meeting, said she sees this so often.  
19 One of the first things she asks when someone  
20 comes in with some type of digestive issue is have  
21 they recently changed their diet. And we often  
22 actually recommend for people to go back on to the  
23 diet they are most accustomed to and try to come up  
24 with a plan to ease them off or at least keep some  
25 of the components of their original diet so that

1     their system can adjust more slowly and more  
2     appropriately. So Food For Health is a really big  
3     thing, and I think that's another area that we  
4     have been focusing on, and we will continue to  
5     focus on in the future.

6             So that's a quick overview. I'm happy to  
7     answer any questions.

8             MS. VASQUEZ: Thank you so much,  
9     Charlotte.

10            Does anybody have any questions?

11            MR. RITACCO: I have a question, and I  
12     don't want to keep going first; so if anybody else  
13     has a question. Pausing to make sure.

14            Thank you, Charlotte. I was wondering if  
15     you have had any interaction with or found an  
16     improvement with the admin of the 988-crisis  
17     hotline in deploying those mobile -- those mobile  
18     units you talked about.

19            MS. JENKINS: We really haven't. I mean,  
20     I think that's a great question. I am familiar  
21     with the hotline from some other things that I  
22     have done in the past with mental health, but I  
23     think that's a great question. I mean, we are  
24     certainly open to doing more with that, but we  
25     really haven't done anything with it to date.

1           MR. RITACCO: So what is like the intake,  
2 if that's the right word -- how do you get  
3 connected with patients and clients?

4           MS. JENKINS: Yes. Well, oftentimes, it's  
5 through a referral through Montgomery Cares. You  
6 know, if somebody comes in and they are looking at  
7 where they can get county resources, they will  
8 connect with county government, and Montgomery  
9 Cares is a big supporter, of course, of health  
10 care in Montgomery County, and we're one of their  
11 largest providers. So that's one way.

12           The other way is through word of mouth.  
13 So when we get someone that comes in, let's say  
14 that they got the referral through Montgomery  
15 Cares, they then go back out to their community to  
16 say this organization will see you. You don't  
17 have to worry about the payment. It's a sliding  
18 scale. If you can't afford to pay, you don't have  
19 to pay. So a lot of it is word of mouth when  
20 people came and find us, they share that with  
21 their community.

22           MR. RITACCO: Thank you.

23           MS. JENKINS: We do outreach as well. I  
24 mean, we go out into communities. That's another  
25 example of during COVID. So we were one of the

1 major providers of vaccinations. So we did go out  
2 into the community more then, wherever  
3 vaccinations were needed. So we went to some  
4 apartment complexes, for example, and provided  
5 vaccinations in those areas. We certainly did it  
6 through our own clinics. But we had more of an  
7 outreach effort during COVID to try to reach out  
8 to people as well.

9 And I think our outreach effort continues.  
10 We do a lot of outreach with churches; so people  
11 sometimes find us through that. But as I  
12 mentioned before, I think the Medicare population  
13 is certainly an area that is really growing of  
14 need in the county. So we're talking with some of  
15 the city governments, for example, that are  
16 interested in persuing some things in some of the  
17 housing communities; so we would be open to  
18 considering that in the future as well.

19 MR. RITACCO: Thank you.

20 MS. JENKINS: Thank you.

21 MS. VASQUEZ: Any other questions for  
22 Charlotte? Okay. All right. Hearing none, thank  
23 you so much, Charlotte, for your presentation, and  
24 we appreciate your remarks and answering our  
25 questions.

Transcript of CDBG Public Hearing  
Conducted on October 1, 2024

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1           Finally, we have guest testimony from Abe  
2 Schuchman, executive director from Housing  
3 Unlimited. He is unable to attend today; so I  
4 will read his testimony on his behalf.

5           Good evening, members of the Community  
6 Development Advisory Committee. My name is Abe  
7 Schuchman, and I am the CEO of the Housing  
8 Unlimited, Inc. I also serve on the Executive  
9 Committee of the Montgomery Housing Alliance. I  
10 thank you for the opportunity to submit testimony  
11 on the important role of the CDBG program as it  
12 pertains to community development needs for  
13 individuals with disabilities.

14           Housing Unlimited, Inc., a 501(c)(3),  
15 nonprofit corporation has over the past 30 years  
16 purchased 91 standard site homes and now serves  
17 250 low-income adults and mental health recovery  
18 in Montgomery County. Five out of ten new Housing  
19 Unlimited tenants come to us from Montgomery  
20 County homeless shelters and transitional mental  
21 health facilities. The median monthly income of  
22 our tenants is \$860 per month, and tenants  
23 contribute approximately one-third of their income  
24 towards their rent with us. The rent is inclusive  
25 of all utilities including a shared local fine

1 line. All of our homes are fully furnished,  
2 primarily with furniture donated by community  
3 members. Yet with over 200 individuals on our  
4 waiting list, we know we have much still to do.

5 Almost all of our homes are two-bedroom  
6 condos or three-bedroom townhouses. HUI believes  
7 strongly in a scattered site, community  
8 integration approach, and so our homes are located  
9 throughout the county from Potomac to Germantown  
10 to Silver Spring.

11 Our success is in no small part due to the  
12 extraordinary support that we have received from  
13 the Montgomery County government, including the  
14 county CDBG program. As a small nonprofit  
15 organization, the CDBG assistance has played an  
16 important role in enabling us to carefully and  
17 prudently acquire additional homes as well as  
18 preserve and modernize existing homes. The county  
19 has generally utilized close to \$80,000 in  
20 community development block grant funds to help us  
21 acquire two new homes. In addition, over the  
22 course of our 30 years of operations, the county  
23 has provided us over 2.3 million in CDBG funds to  
24 help us renovate and modernize 22 of our existing  
25 homes.

1 Council grant dollars help us leverage  
2 private work from the community. Over the past  
3 ten years, we have raised annually an average of  
4 \$500,000 in operating in capital donations from  
5 individuals, corporations, and foundations.  
6 Housing Unlimited represents the successful  
7 product of a true private public partnership.  
8 Montgomery County government has been a model  
9 partner in the quest to meet the critical  
10 supported housing needs of Montgomery County  
11 residents and mental health recovery.

12 And from our end, you can continue to  
13 count on us for the hard work of HUI's board of  
14 directors and staff as well as the county  
15 residents and local businesses that contribute  
16 their time, goods, services, and money, and  
17 support in HUI. Through our collective efforts,  
18 Montgomery County adults and mental health  
19 recovery will have the opportunity to live a life  
20 of independence and dignity. Thank you.

21 Do we have any questions for Housing  
22 Unlimited, Inc. that we can direct back to their  
23 organization from the remarks that I just shared?  
24 Any questions from the CDAC committee? Any  
25 questions from CDAC members? Okay. Hearing none,



1 this concludes the public hearing on Montgomery  
2 County community development needs.

3 Written testimony will be accepted by the  
4 committee until Friday, October 31, 2024, at 4:00  
5 p.m. Details about how to testify will be  
6 provided on screen after the meeting ends.

7 Thank you so much.

8 MS. MAHMUD: Thank you everyone for  
9 attending tonight.

10 MR. SMITH: Thank you.

11 MR. RITACCO: Thank you. Good night.

12 MS. MAHMUD: Good night, everyone.

13 MS. VASQUEZ: Thank you. Good night.

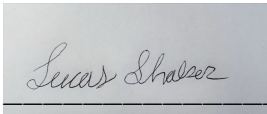
14 (Meeting adjourned.)  
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CERTIFICATE OF DIGITAL REPORTER-NOTARY PUBLIC

I, Lucas Shaker, the officer before whom the foregoing deposition was taken, do hereby certify that the foregoing transcript is a true and correct record of the testimony given; that said testimony was taken by me digitally; that reading and signing was requested; and that I am neither counsel for, related to, nor employed by any of the parties to this case and have no interest, financial or otherwise, in its outcome.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my notarial seal this 7th day of October, 2024.

My commission expires:



CERTIFICATE OF TRANSCRIBER

I, Natalie Steele, do hereby certify that the foregoing transcript is a true and correct record of the recorded proceedings; that said proceedings were transcribed to the best of my ability from the audio recording and supporting information; and that I am neither counsel for, related to, nor employed by any of the parties to this case and have no interest, financial or otherwise, in its outcome.



Natalie Steele, CSR

Date October 7, 2024

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Conducted on October 1, 2024

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