



MONTGOMERY COUNTY HOMELESS SERVICES CONTINUUM OF CARE

INTERAGENCY COMMISSION ON HOMELESSNESS AND COMMUNITY-WIDE MEETING

Wednesday, March 16, 2016

3:00 – 5:00 pm

The County Council Office Building

Third Floor Hearing Room

100 Maryland Avenue, Rockville, Maryland 20850

Agenda

Welcome and Introductions

- Approval of December 16, 2015 Meeting Summary Notes

Amy Horton-Newell

New Initiatives

- Update on the Pay for Success Project
- Update on Medicaid

Uma S. Ahluwalia

Homeless Youth in Montgomery County

Uma S. Ahluwalia

Medical Respite Care

Kim Emerson
LaSonya Kelly

Resource Update

Susan Kirk
Susie Sinclair-Smith

Committee Updates

Sara Black

Announcements

All

Next Interagency Commission on Homelessness Meeting:

Wednesday, June 15, 2016 | 3:30-5:30 p.m.

Rockville Memorial Library | 21 Maryland Avenue, First Floor Conference Room, Rockville, Maryland



NEW INITIATIVES

Presenter: Uma S. Ahluwalia





Update on Pay for Success Project

HUD/DOJ PAY FOR SUCCESS APPLICATION

- Aimed at addressing housing and rehabilitation needs of homeless also experiencing incarceration and with a history of receiving costly services including somatic and behavioral health care
- Both jurisdictions have a strong history of working with incarcerated and homeless populations
- Montgomery County's work on developing a Return on Taxpayer Investment and Social Return on Investment model was very helpful in developing cost models for the grant application
- 100 clients to be served
- Purpose – attract investors, reduce chronic homelessness and recidivism in the 100 clients served, demonstrate cost savings and using COG for data analysis and create a peer learning network
- Application involved the following partners:
 - American Institute of Research – lead applicant
 - Third Sector – capital development partner
 - ICF – Research and evaluation partner
 - Prince George's and Montgomery Counties in Maryland



Update on Medicaid

CURRENT STATUS ON MEDICAID WAIVER ON HOMELESSNESS

- Successfully engaged Prince George's County and Baltimore City along with Montgomery County to hire the same consultant to do develop the Medicaid Waiver on Homelessness proposal to the State Department of Health and Mental Hygiene (DHMH)
- State is still fully engaged though the value of the Medicaid match must come from the locals according to the State.
- The proposal must be vetted and approved by DHMH in time for their public hearings for the 1,115 waiver renewal application by mid to late April 2016 for a January 1, 2017 approval by CMS
- Projected cost of support services \$8,000 without including the cost of the housing subsidy. The support services menu can be found in the next slide.

SUPPORTIVE HOUSING SERVICES PACKAGE

- Tenancy supports
- Outreach and Engagement
- Housing Search Assistance
- Collecting documents to apply for housing
- Completing housing applications
- Subsidy applications and re-certifications
- Advocacy with landlords to rent units
- Master-lease negotiations
- Acquiring furnishings
- Purchasing cleaning supplies, dishes, linens, etc.
- Moving assistance
- Tenancy rights and responsibilities education
- Eviction Prevention – paying rent on time, conflict resolution, utilities management, behavior compliance
- Landlord relationship maintenance
- Subsidy provider relationship maintenance
- House Case Management
- Service Plan Development
- Coordination with primary care and health homes
- Coordination with substance abuse treatment providers
- Coordination with mental health providers
- Coordination with vision and dental providers
- Coordination with Fire and Rescue and hospital emergency departments and urgent care centers
- Crisis intervention
- Motivational interviewing
- Trauma Informed care
- Transportation to appointment
- Entitlement Assistance
- Independent Living Skills
- Individual counseling and de-escalation
- Linkages to education, job skills training and employment
- Support Groups
- End of Life Planning
- Re-engagement

CURRENT QUESTIONS YET TO BE ANSWERED FOR DHMH

- Can local CoC match be used as Medicaid Match? Would it be considered double dipping?
- What would the new case management rate be under the waiver?
- Should there be a criteria for eligibility into the waiver that would include requirements such as high cost utilizers with 2-3 hospitalizations and/or incarcerations?
- Would case management services be wasted without a housing subsidy?
- Should there be a step down tier within the proposal to support sustainability when the waiver expires and to allow new clients to be admitted into the waiver?

With answers to these questions, DHMH will make the call to go or no go.



Homeless Youth In Montgomery County

Data Source: Montgomery County, Maryland Point in Time n Survey (2015).

HOMELESS YOUTH IN MONTGOMERY COUNTY

2015 Point-in-time Count

Youth Households

	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Total Number of Households	50	4	2	2	58
Number of parenting youth households	27	4	0	2	31
Number of unaccompanied youth households	23	0	2	2	27

HOMELESS YOUTH IN MONTGOMERY COUNTY

QUESTIONS

1. What issues/trends are you seeing amongst homeless youth?
2. What resources/partners currently exist?
3. What is else is needed?





Hospital and Jail Committee Medical Respite Care

Presenters: LaSonya Kelley and Kim Emerson

HOSPITAL AND JAIL COMMITTEE

- **Who's in the room?**
 - **Homeless Providers/Shelters:** Montgomery County Coalition for the Homeless (MCCH), Interfaith Works
 - **Montgomery County:** Special Needs Housing, HealthCare for the Homeless, Department of Corrections, Behavioral Health and Crisis Services
 - **Hospitals:** Adventist Healthcare, Suburban, Holy Cross

COMMITTEE'S OBJECTIVES

- Develop a medical respite care model for Montgomery County
- Coordinate appropriate resources to ensure safer discharges and releases
- Improve communication between hospitals, jails and other homeless services providers

MEDICAL RESPITE CARE

Acute and post-acute medical care for patients experiencing homelessness who are too ill or frail to recover from a physical illness or injury while living in shelter or on the streets, but who are not sick enough to be in a hospital.”

Respite Care Providers' Network, 2009

CHARACTERISTICS OF SUCCESSFUL MEDICAL RESPITE PROGRAMS

- On-site acute medical care and nurse case management
- Case management (benefits acquisition, housing placement, health education, etc.)
- Substance abuse and mental health treatment (sometimes off-site)
- Transportation to medical appointments
- Food
- Laundry
- Site management and security
- Coordination of care

IMPACT OF MEDICAL RESPITE

- **Closes the gap** between acute care provided in hospitals and the instability of caring for self in the shelter environment and on the street
- **Cost savings** by avoiding costly discharge delays and reducing admissions and readmissions
- **Research shows** that homeless people who participate in medical respite programs are 50% less likely to be readmitted to a hospital at 3 months post-discharge
 - American Journal of Public Health, 96(7), 1278 – 1281, July 2006
 - Journal of Prevention & Intervention in the Community, Volume 37, Issue 2, 129 - 142

MEDICAL RESPITE MODELS REVIEWED

- **Baltimore:** Health Care for the Homeless, Inc.
- **Arlington:** A-SPAN
- **Fredericksburg:** Micah
- **Richmond:** Daily Planet
- **Washington D.C.:** Christ House

MEDICAL RESPITE CARE MODELS

- Stand-alone facilities
- Joined with a shelter or existing homeless program
- Apartment/motel rooms
- Assisted living facilities/nursing homes
- Transitional housing settings (similar to a group home setting)

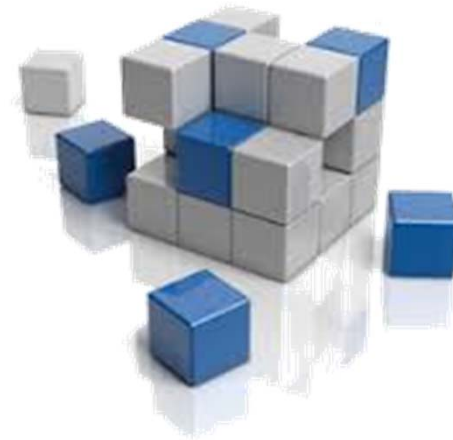
MEDICAL RESPITE CARE: FUNDING SOURCES

- County Contracts
- Grants
- Hospital Partnerships
- Private Donations
- Corporate Donations



CONSIDERATIONS FOR MEDICAL RESPITE DEVELOPMENT

- Scope of care and range of services
- Level of care
- Funding sources
- Prospective providers
- Location
- Licensure (defined by model chosen)
- Overcoming obstacles faced from past County medical respite program (mid 1990's)



CURRENT COUNTY PROGRAMS ADDRESSING HEALTH CARE NEEDS

- Primary care, nurse case management, and oral health care at shelter sites
- Nurse case management for formerly homeless patients now living in permanent supportive housing
- Nurse case management for homeless adults following hospital discharge to a “medical bed” in a shelter
- “Medical Beds”^{*} at year-round shelters:
 - **n=3** at Men’s Shelter at MCCH’s Home Builder’s Care Assessment Center (HBCAC), Rockville
 - **n=1** at Women’s Shelter at Interfaith Works’ Wilkins Avenue Women’s Assessment Center (WAWAC), Rockville



^{*}“Medical Beds” (typical shelter lower bunk/beds reserved for post-discharge patients by Healthcare for the Homeless) at year-round shelters

RECOMMENDED NEXT STEPS

- Developing specific protocols for discharge planning
- Medical Respite
 - Identify which medical respite care model works best for our County's needs and existing resources
 - Explore funding sources and partnerships
 - Identify key collaborators of the medical respite program
- Diversion Programs: Behavioral health, hospital and jail
- Improve communication within the system of care and sharing of information among providers
- Assess the structure of the Hospital and Jail Committee and Behavioral Health Committee, given similar objectives



RESOURCE UPDATE

INTERAGENCY COMMISSION ON HOMELESSNESS

Resource Committee

Future Activities

- Convene Funders Collaborative to educate them about homelessness in Montgomery County and introduce specific needs for funding. Possible attendees include:
 - Private Foundations
 - Foundations for Community Reinvestment Act banks
 - Community Development Financial Institutions
 - Real Estate Professionals

- Organize and hold an event to raise awareness of the use of New Markets tax credits to finance projects which address homelessness. Attendees should include:
 - Government Officials including State and County legislators representing the County,
 - Non-profit organizations serving the homeless
 - Community Development entities
 - Banks



COMMITTEE REPORTS

INTERAGENCY COMMISSION ON HOMELESSNESS

Behavioral Health Committee

Future Activities

- Design a more effective, collaborative approach—with an emphasis on better communication, discharge planning and diversion
- Secure more detailed data
- Map the current behavioral health system's, protocols, entry and exit points, key barriers/issues, etc.

INTERAGENCY COMMISSION ON HOMELESSNESS

Strategic Planning Committee

Future Activities

- Continue to Monitor Year 1 Action Plan Implementation
- Review strategic plan and develop priorities for Year 2 with input from CoC
- Support Committees to develop revised Action Plans

INTERAGENCY COMMISSION ON HOMELESSNESS

Outreach and Education Committee

Future Activities

- Finalize common form to be used by all CoC providers to document disability of person experiencing homelessness to assist shelter and housing providers to expedite linking persons to housing vacancies.
- Provide training on the new definition of chronic homelessness at the MCCH HOME Conference May, 2016.
- Continue discussions on educating staff and community partners on the issues of homelessness.

INTERAGENCY COMMISSION ON HOMELESSNESS

Performance Review Committee

Future Activities

- Finalize CoC-wide performance measures to be used by all emergency shelter, transitional housing, permanent supportive housing, rapid rehousing and Safe Haven programs. Proposed measures are aligned with HUD requirement and include:
 - Length of time homeless
 - Returns to homelessness from permanent housing
 - Bed utilization
 - Growth in Income and Employment
 - Successful placement from street outreach
 - Number of persons homeless
 - Number of persons experiencing homeless for the first time
- Train providers to enter HMIS data in uniform way to improve data quality
- Obtain baseline data using measures to set targets and track performance.
- Convene HMIS User group.

INTERAGENCY COMMISSION ON HOMELESSNESS

Operations Committee

Future Activities

- Identify resources and funding from all levels (Federal, State and Local) and best practices for providing outreach, permanent housing and triage of youth.
- Identify gaps in services for youth who are homeless and determine ways to fill the gaps.
- Develop CoC policies and procedures to determine prioritization for transitional housing.



ANNOUCEMENTS

