



GAPS ANALYSIS

MONTGOMERY COUNTY HOMELESS CONTINUUM OF CARE

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This report was commissioned by the Montgomery County Interagency Commission on Homelessness (MC ICH)

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The Operations Committee of the MC ICH served as the local, lead convening group that discussed the findings of the report, identified the gaps presented and finalized the goals and objectives herein.

The lead researcher and writer was Darlene Mathews, Darlene Mathews, Incorporated.

There were many community stakeholders that informed the development of this gaps analysis. The Montgomery County Continuum of Care would like to thank all the service providers who participated in surveys, contributed to system mapping discussions and attended Operations Committee meetings for their willingness to give of their time and talent in this gaps analysis process. Their experience and expertise were invaluable. Special thanks to all the individuals and families with lived experience who participated in focus groups. Their honesty, bravery and perspective identified opportunities for improvement and areas of success.



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LETTER FROM AMANDA HARRIS

CHIEF OF SPECIAL NEEDS HOUSING

Dear Montgomery County Residents,

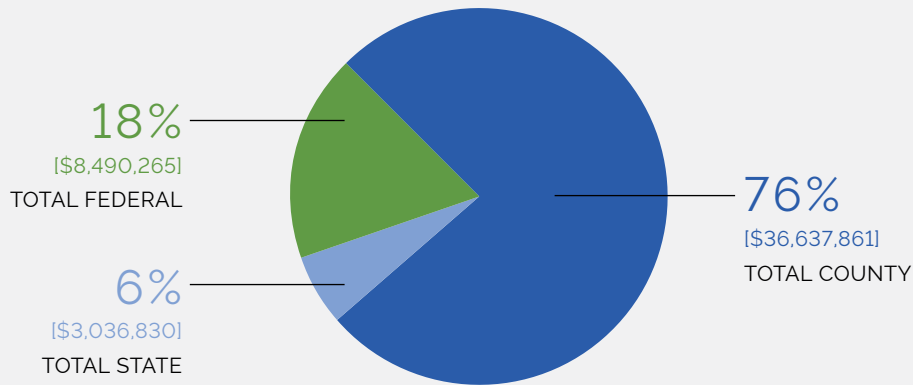
This report is the culmination of the hard work of our Continuum of Care, service providers, people with lived experience and county staff who have thoughtfully worked together to identify gaps in our homeless service system. Our Continuum of Care in Montgomery County is strong and vibrant. We were one of the first communities in the country to take on the national goal of ending veteran's homelessness and succeeded. We are now poised to be one of only a handful of communities to effectively end chronic homelessness in 2017 through our Inside (Not Outside) campaign. After achieving this goal, we will work to end all forms of homelessness in our community by 2020 through our Housing for All - A Stronger Montgomery County campaign. These two initiatives are not just strategies for ending homelessness, these campaigns embody the guiding principles and shared values of our County and Continuum of Care. They demonstrate our fidelity to Housing First principles, our commitment to designing service strategies that adequately meet the needs of those whom we serve and most importantly, the fundamental belief that homeless is solvable for everyone.

Achieving these audacious goals is never done alone. It is in partnership with strong service providers who work on the front lines to tirelessly serve the vulnerable individuals and families that are in need of help. It is through the guidance of people with lived experience who have articulated areas where we must improve in order to serve our homeless neighbors more effectively. It is through County management that provides the infrastructure necessary to coordinate funding and it is with the leadership of our local Montgomery County Interagency Commission on Homelessness. This leadership body sets the bold policy and vision that is required to continue to make our County a thriving place to live for all citizens, even its most marginalized.

Our community has a history and culture of equity and respect. This is embodied through the County's investment in ending homelessness. Our County is one of only a handful in the nation that funds a local affordable housing program called the Rental Assistance Program (RAP) that helps homeless people return to housing quickly. The County also funds a local permanent supportive housing program called the Housing Initiative Program that is critical to ending homelessness for our neighbors with the most severe disabling conditions through its Housing First design and implementation. As federal budgets for social service programs shrink, our County investment remains strong at 76 percent of the total homeless budget and is in fact the cornerstone of our effective Continuum of Care.

■ FY17 SPECIAL NEEDS HOUSING CONTINUUM OF CARE BUDGET

TOTAL BUDGET: \$47,117,128



However, our Continuum of Care is not satisfied with simply being very good at what we do. Our community is focused on achieving the goals of Inside (not Outside) and in order to do that, we must shift from very good to great. Refining the way in which we do things can be difficult. Identifying gaps in our system and areas of improvement can be challenging. However, we know that these difficult exercises guide our work and will make us stronger and better. This gaps analysis will kick off a strategic planning exercise that will focus on implementation of the philosophical and operational changes that we have committed to in this report. Change will happen collaboratively and it will happen over time. Paramount areas where we will focus our efforts include:

- 1. Creating a true Person Centric System of Care with Housing First Principles.** This means that the essential function of our system is housing and that we must focus on that goal with immediacy for every consumer we serve.
- 2. Strengthening our Crisis Response System.** This means that we will create a robust Coordinated Entry System, engage mainstream partners more strategically and meaningfully in our work and re-tool our service intervention at emergency shelters based on the unique needs of our population.
- 3. Expand what we do well.** This means that we will look for ways to strategically expand programs that have performed well and have promising outcomes such as our Housing Initiative Program for our chronically homeless and most vulnerable neighbors, Rapid Re-housing for families and singles and the Rental Assistance Program (our local affordable housing program) for homeless families.

This is an exciting time in Montgomery County and we look forward to working with our entire community in implementing Inside (Not Outside) and Housing for All = A Stronger Montgomery to make homelessness rare and brief in our great community.

Sincerely

Amanda Harris
Chief of Special Needs Housing
Montgomery County

INTRODUCTION

This is a comprehensive report compiled by the Operations Committee of the Interagency Commission on Homelessness for Montgomery County. The report seeks to identify trends in data, document consumer needs, quantify the County's investment in ending homelessness and understand the costs attributed to achieving positive outcomes. The report also identifies gaps in the homeless service system, recommends program re-design and scaling strategies and highlights opportunities for strengthening and expanding existing programs. Finally, this report serves as a roadmap on how the Continuum of Care (CoC) will implement Housing for All - A Stronger Montgomery, a dynamic and locally driven plan to end homelessness in all forms by informing local investment decisions, improving planning and shaping policy.

In 2009, The Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act was signed into law. This piece of legislation transformed federal homeless policy by shifting communities to focus on data driven decision making, system performance and comprehensive homeless planning. Since its passage, specific homeless policy has focused communities on achieving measurable reductions in their homeless population, implementing community wide coordinated entry and developing comprehensive crisis response systems.¹

This report provides the Montgomery County CoC with a detailed and current evaluation of its program and system level data, documentation of consumer needs and analysis of the homeless budget. This information can be used locally as a framework to decide on ways to reshape investments based on data and reorganize programs based on best practice evidence and consumer need. The report also creates a baseline from which the community can set targets and benchmarks to document success at achieving outcomes, provide direction for setting new system level objectives and highlights community driven problem solving.

METHODOLOGY

The Operations Committee of the ICH focused on a holistic approach to identifying ways to strengthen the County's approach to ending homelessness.

1. SERVICE PROVIDER SURVEYS - County service providers participated in a survey to identify areas of improvement, current gaps and primary foci for the Continuum of Care.

2. FOCUS GROUPS WITH INDIVIDUALS AND FAMILIES WITH LIVED EXPERIENCE - Key subpopulations in the family and singles system participated in discussions on ways to strengthen the Continuum of Care for future consumers. These individuals and families spoke passionately about their experiences in homeless programs and their needs.

3. HOMELESS MANAGEMENT INFORMATION SYSTEM - All quantitative data was extracted from the County's Homeless Management Information System (HMIS). Utilization of federal reports specifically the Annual Point in Time Report, the Annual Homeless Assessment Report and the Annual Progress Report were also generated through the system. Additionally, customized reports on employment and recidivism were derived from the HMIS.

4. BEST PRACTICE EVALUATION TOOLS - The Homeless Evaluator Tool which is available online through the Center for Capacity Building at the National Alliance to End Homelessness was utilized to document outcome and performance information. This tool helps communities measure their progress at preventing and ending homelessness based on data from their system. Specifically, this tool helps determine whether a community's homeless assistance system moves people into permanent housing quickly, and generates positive outcomes cost-effectively. ²

The National Interagency Council on Homelessness's Supportive Housing Opportunities Planner (SHOP Tool) was used to derive target information necessary to end chronic homelessness by the end of 2017. ³

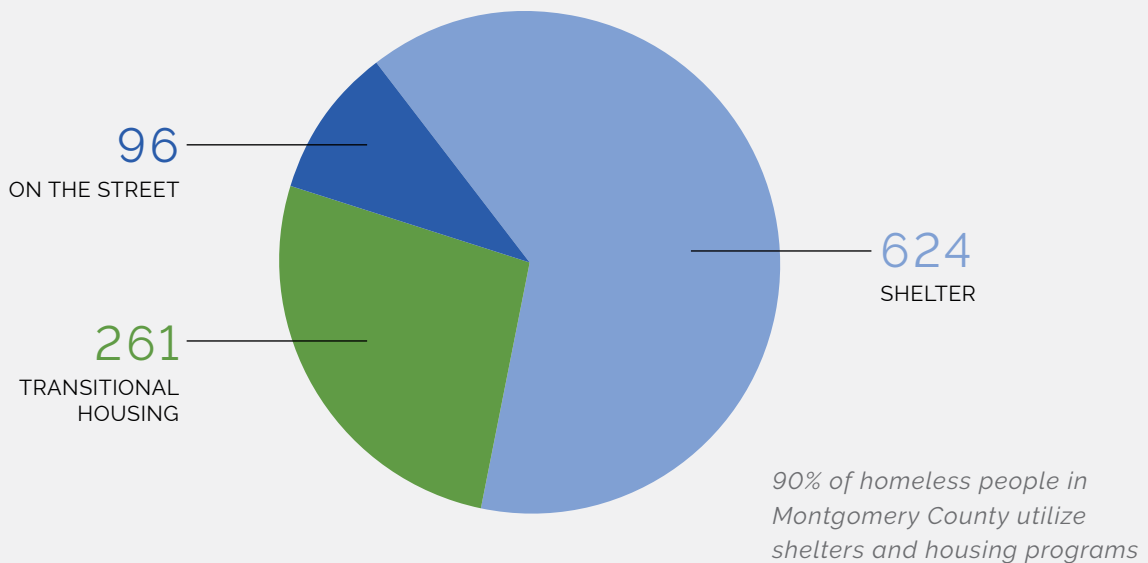
HMIS data populated both these tools.

5. COUNTY SOURCE DATA - County budgets for local, state and federal funding for homelessness were provided to inform the costing analysis. ⁴

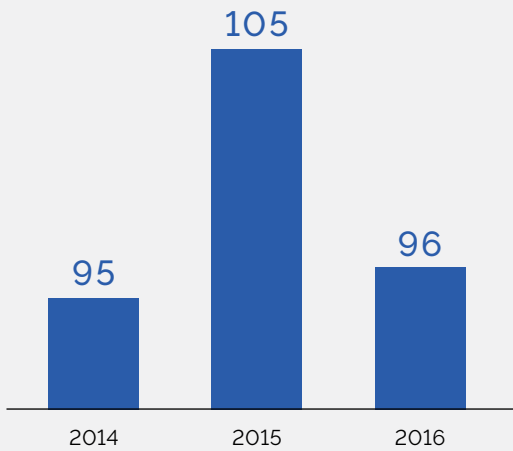
A. HOMELESSNESS IN MONTGOMERY COUNTY

The number of homeless people in Montgomery County has remained fairly steady for both families and singles populations. The three-year population tables are derived from Annual Point in Time results from 2014-2016. Point in Time is the annual count of homeless people that occurs in January and required by the Department of Housing and Urban Development. Point in Time provides a snapshot of what homelessness looks like on any given day within a community. According to the 2016 Point in Time report there were 981 persons were homeless in the County. This is an 11% decrease in the population counted in 2015.

■ WHERE WERE HOMELESS PEOPLE FOUND?

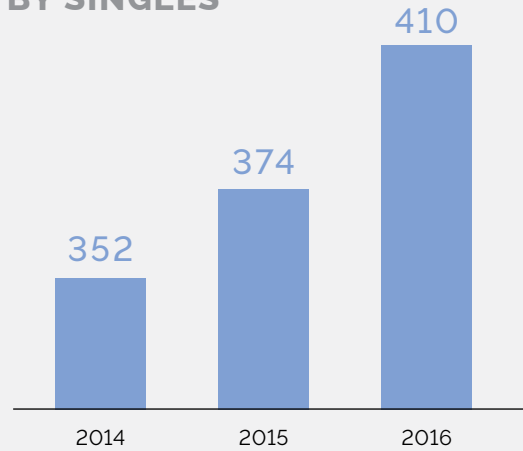


■ UNSHELTERED POPULATION



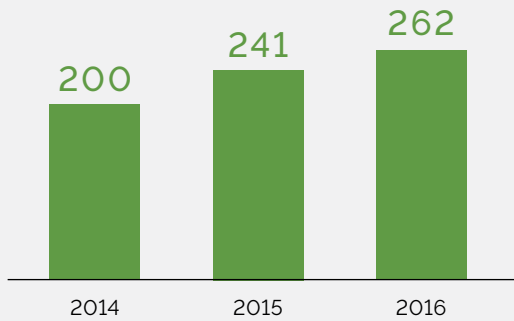
Unsheltered individuals are found living on the street or in places not meant for human habitation. Most if not all of these individuals are chronically homeless and very vulnerable.

■ EMERGENCY SHELTER USE BY SINGLES



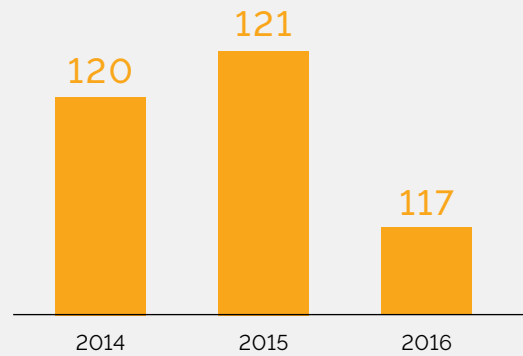
Emergency shelters provide safe, temporary housing for people experiencing crises. Emergency shelters serve the majority of homeless people in Montgomery County.

■ EMPLOYED SINGLES IN SHELTER



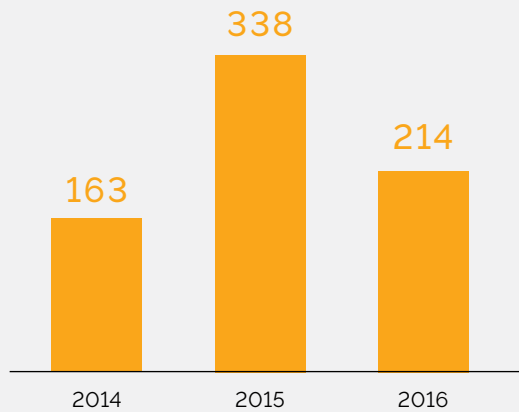
Montgomery County has a large population of working people who utilize shelters throughout the year.

■ TRANSITIONAL HOUSING USE BY SINGLES



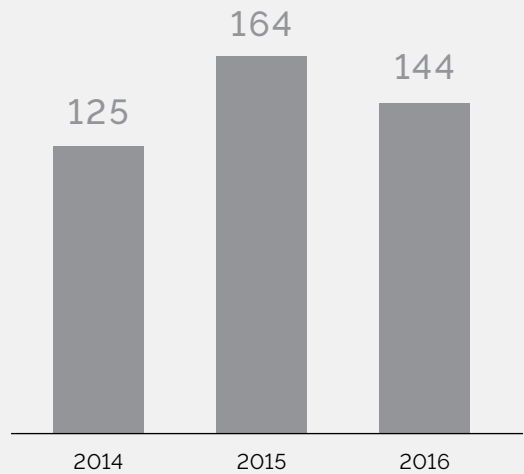
Montgomery County serves homeless families using single site emergency shelters and motels. The Point in Time count of persons in families fell by 37% from 2015 to 2016

■ EMERGENCY SHELTER USE BY FAMILIES



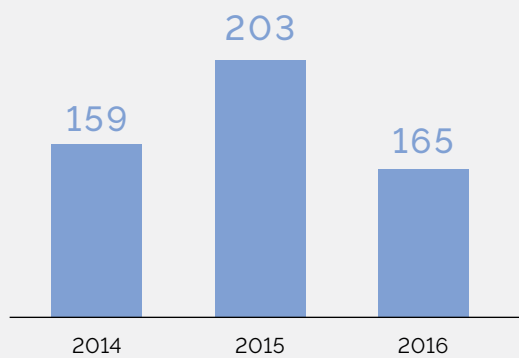
Montgomery County serves homeless families using single site emergency shelters and motels. The Point in Time count of persons in families fell by 37% from 2015 to 2016

■ TRANSITIONAL HOUSING USE BY FAMILIES



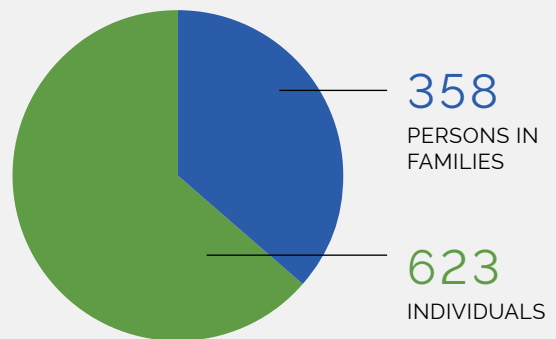
Transitional Housing provides in depth case management and temporary housing for homeless people.

■ EMPLOYED HEADS OF HOUSEHOLD IN FAMILY SHELTERS



Montgomery County has a large population of working heads of household utilizing family shelters.

■ WHO IS HOMELESS IN MONTGOMERY COUNTY?



The majority of homeless people in Montgomery County are single individuals. They make up 64% of the total shelter population

1. CRITICAL MISSING ELEMENTS OF THE SYSTEM

In order for Montgomery County's homeless system to be in a position to track performance and redeploy resources to prevent and end homelessness, it must include all housing and service components in analysis. These critical components of the system are not tracked in HMIS. They should be added to the system for more comprehensive system analysis.

- Prevention programs
- Diversion programs
- Family system meetings
- Consumers who request shelter but ultimately do not enter the system or disappear
- Rental Assistance Program recipients

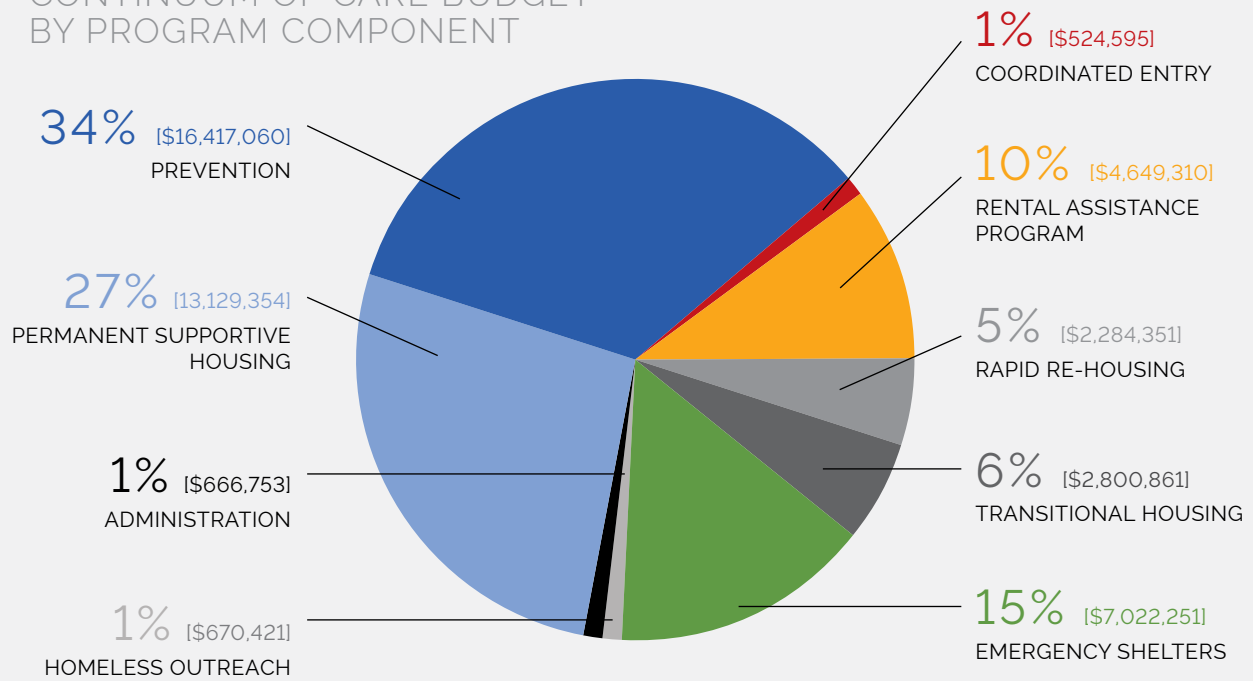
2. THE LOCAL COMMITMENT TO ENDING HOMELESSNESS

The Montgomery County Continuum of Care is employing many effective strategies to end homelessness. The CoC under the management of the County and the leadership of the local Interagency Commission on Homelessness is piloting family diversion and rapid re-housing programs to exit families from the CoC. The Montgomery County CoC is also one of only a handful in the country, to have access to a locally funded and County designed affordable housing rental subsidy program called the Rental Assistance Program (RAP) that is used as a homeless prevention tool and as an exit strategy for families leaving shelter. The County has also demonstrated its commitment to ending homelessness by funding a locally designed permanent supportive housing program called the Housing Initiative Program that targets chronically homeless individuals.

Resources and programs are also well coordinated. Montgomery County was one of the first Continuums of Care in the country to end veteran's homelessness and is well on its way to become one of the first CoCs to end chronic homelessness by the end of 2017. The CoC manages a by-name-list of chronically homeless consumers and the community works methodically to review, update and house individuals from this list on a weekly basis. Additionally, the County infrastructure has instituted aspects of Coordinated Entry System (CES) for families and the tools are available to fully launch CES for singles in short order. These accomplishments can only be achieved with good and trusted leadership, strong management mechanisms and active and engaged participation by service providers.

The largest program component in the Montgomery County homeless budget are prevention programs (34%). While prevention programs such as diversion is an evidence based best practice, the County funds different kinds of prevention programs with diverse objectives, eligible funding activity and level of service provision. Prevention grant information is not in the HMIS so client level outcomes for this component type could not be determined. If Montgomery County wants to continue to fund prevention programs at a high level, they must track client level outcome information to determine the effectiveness of this investment. The second highest funding source in the budget is permanent supportive housing at (27%). Montgomery County will have to increase its investment in PSH in order to meet the goals of Housing for All = A Stronger

■ FY17 SPECIAL NEEDS HOUSING
CONTINUUM OF CARE BUDGET
BY PROGRAM COMPONENT



Montgomery County. Many studies support funding PSH as a top priority for Continuums of Care because it is the only long term strategy for ending homelessness for chronic populations.

The CoC's commitment to its crisis system is also evident in a robustly funded shelter budget (15%). This report has identified ways that the commitment to a robust crisis response system can and should continue while also funding strategies and services to expand the effectiveness of this part of the CoC. Finally, based on analysis of the client data set, the Montgomery County CoC serves many working poor families and singles. The needs of working poor people in the shelter system are discussed later in this report. However, Rapid Re-housing is a cost-effective, evidence-based strategy with tremendous success at serving this homeless subpopulation. The CoC must consider increasing its investment and enlist additional public partners to support a larger Rapid Re-housing program.

3. BUDGET OBSERVATIONS

The CoC's budget is its financial roadmap and demonstrates its priorities. The CoC budget can also be a very effective management tool. Comparing the homeless system's performance to the budget helps highlight if the CoC is on track to meet goals.** Having a strong budget in place can also have considerable long-term benefits by leveraging other resource streams. If the CoC can quantify the return on investment

** Continuum of Care 101 – HUD Exchange <https://www.hudexchange.info/resources/documents/coc101.pdf> June 2009

by tracking the outcomes associated with certain program components, the County and homeless service providers will be able to lead conversations about how private funding streams or other public funding streams could be used to bolster outcomes and make financial investments in homeless services go farther.

An extremely effective way of tracking system functioning and progress towards community goals is through performance based contracts or performance based incentives structures. Adopting a performance based contracting system is an oversight strategy Montgomery County may want to consider.

In general, performance based contracts emphasize tracking:

- Services provided
- Quality of those services
- Consumer Outcomes ⁵

Communities like Columbus, Ohio use performance based contracts as a tool to articulate expectations, scope of services and to encourage a high level of performance by providers. In Columbus, performance based contracts have been used as an effective strategy to increase capacity across the CoC.⁶ Typically, base monthly payments are made based on established eligible funding requirements and additional performance payments are made that are linked to successful agreed upon outcomes.

Similarly, the Department of Homeless Services in New York uses a Performance Incentive Program based on three sets of performance targets which are: Recidivism or consumers returning to the homeless system, positive program placements which are locally defined and overall contract performance tracked through a local tool. Bonus funding beyond the general terms of the contract are awarded on a scaled structure based on performance in the targeted areas.⁷

In Continuums of Care, performance based contracts can look at a variety of factors such as

- Rate of expenditures
- Data Quality
- Participation in Coordinated Entry
- Percentage of vacancies
- Exits to permanent housing and
- Length of Stay

When incorporating performance based expectations in the contracting process, Montgomery County should consider the following:⁸

- Identifying a small number of clear outcome indicators; these may be customized for certain component types but they should be easy to track and universally understood;
- Working collaboratively with service providers to develop performance contracts so that expectations are realistic and funding is appropriate;
- Thinking through a feasible implementation timeline; it may be appropriate to phase in performance into contracting or to pilot it in pivotal new areas of the crisis response system such as Coordinated Entry or Rapid Re-housing;
- Acknowledging that funding strategies may look different and be implemented differently from how they have historically been managed so training and support up front may be necessary;
- Maintaining communication with service providers and allowing for mid-course corrections.

B. CREATING A PERSON CENTRIC CONTINUUM OF CARE

There are many issues that may contribute to an individual or family becoming homeless. However, when a community operates a person centric system there is acknowledgement that the most critical issue impacting a person's homelessness is housing. Research has shown that long periods of homelessness often have very negative impact on adults and children and the longer the duration of the homeless episode, the greater the difficulty in exiting to housing.⁹ Therefore the cornerstone of a person centric system is the immediacy with which housing issues must be addressed. Housing becomes the essential function of the Continuum of Care and creating the most immediate connection to housing resources and the right corresponding service intervention becomes the primary focus of the entire system.¹⁰

Person centric systems also focus on reducing artificial barriers within homeless programs like removing onerous documentation or eliminating artificial hoops for consumers to jump through before housing referrals can be made. In traditional Continuums of Care, an individual or family would have to address many issues first and become housing ready before exiting homelessness. In a person centric system, the concept of housing readiness is no longer paramount. There is a practical shift in the way in which homeless people are served by universally acknowledging that contributing factors to homelessness are important, but they should be addressed once the consumer is stabilized in the right housing intervention.¹¹

It is important to note that in any social service system change can be difficult. Transitioning the CoC to a person centric system is a big and bold philosophical shift that is supported by evidence based research.¹² A complete operational transition to a person centric system takes more time. It often involves changes at every part of the Continuum of Care so planning strategically and carefully to incorporate change is important. Training and education are also critical at ensuring that service providers are given the right tools to make organizational shifts when asked and also given the right support to make changes to internal workflow strategies. Piloting different interventions and tracking consumer results to determine which ones work well for Montgomery County is a very positive strategy to follow. Finally, bringing in mainstream partners such as child welfare, hospitals, detox centers, and juvenile and criminal justice should be engaged early and often on service provision, funding, in-reach strategies and discharge planning practices that prevent homelessness.¹³

In community system mapping discussions, in ICH operations committee meetings and at the ICH quarterly meeting, community members expressed an interest and commitment to designing a person centric homeless system for homeless consumers.

1. CREATING A PERSON CENTRIC COORDINATED ENTRY SYSTEM

The foundation for a person centric system is Coordinated Entry. Coordinated Entry is an evidence based strategy that focuses on housing and service coordination to link homeless consumers to the most appropriate housing solution based on their needs. The Department of Housing and Urban Development (HUD) requires all Continuums of Care to have a Coordinated Entry Systems in place by January 2018.¹⁴ Montgomery County is well on its way to fully complying with this requirement. However, there are some mid-course corrections that can be made now to ensure Coordinated Entry is an effective tool for assessment, coordination of services and housing referral and placement.

The goals of an effective Coordinated Entry system are to quickly identify homeless consumers, to prevent homelessness whenever possible, to appropriately assess the needs of consumers that request help and to connect them to housing and services quickly.¹⁵ Core components of Coordinated Entry as defined by HUD include:¹⁶

- **Prioritization** – having a way to prioritize people who are most vulnerable
- **Low Barrier** – process does not screen people out for assistance because of perceived barriers to housing or services, including, but not limited to, lack of employment or income, drug or alcohol use, or having a criminal record
- **Housing First orientation** – people are housed quickly without preconditions or service participation requirements
- **Person-Centered** – incorporates participant choice, in things such as location and type of housing, level of services, and other options about which households can participate in decisions
- **Fair and Equal Access** – All people in the CoC's geographic area have fair and equal access to the coordinated entry process, regardless of where or how they present for services
- **Emergency Services** – Coordinated Entry will not impeded access emergency shelter
- **Standardized Access and Assessment** – All coordinated entry locations offer the same assessment approach and referrals using uniform decision-making processes. A person presenting at a particular coordinated entry location is not steered towards any particular program or provider simply because they present at a particular location.

2. SINGLES SYSTEM

Montgomery County has worked hard to eliminate redundancies in the intake process to ensure that the assessment phase of Coordinated Entry only collects information necessary to determine the level of need and eligibility for housing and is grounded in determining the risk of a consumer becoming homeless or remaining homeless.¹⁷

One of the primary needs expressed by individuals in the shelter system was the desire for a more comprehensive screening of their employment needs and corresponding housing barriers. Working to identify the appropriate housing screening tools and employment assessments will be critical for Montgomery County to fully capture the needs of the working homeless population in the shelter system. Montgomery County has been working diligently to explore existing assessment tools, pilot them and is close to implementing more person centric assessment models based on subpopulation needs.

A coordinated referral process must also be put in place in which identifying the appropriate housing solution based on consumer need is a primary focus. Critical design elements should include onsite prevention programs, diversion services and rapid re-housing placement. Montgomery County must also consider how mainstream employment services can be incorporated into Coordinated Entry and the crisis response system more broadly. Co-location of mainstream services is also very helpful for individuals to quickly exit the homeless system. Mainstream services that could be essential to Coordinated Entry for singles include public benefits, employment services and behavioral health.¹⁸

Presently Montgomery County is exploring what access strategy would be most appropriate for their singles population. Access strategies may include breaking out an initial triage strategy at multiple entry points and then managing a more customized assessments and housing eligibility screenings at key locations. Given the high utilization of emergency shelters, it makes sense to co-locate more robust employment services and housing placement services at emergency shelters with high utilization to meet the needs of the highest volume of individuals that present with housing crises.

3. FAMILY SYSTEM

Montgomery County already has some aspects of Coordinated Entry for families in place. Its access point sites are well published, located throughout the county and easily accessible. However, according to families that participated in the focus groups, the intake process felt onerous and difficult to navigate. This appeared to be an unintended consequence on the part of the County to be thorough and diligent in collecting information. Presently, the primary focus of the Coordinated Entry System for families is eligibility determination. Moving forward, the CoC may want to examine if it is helpful to break up assessment into multiple phases.¹⁹ The concept of triage in Coordinated Entry is that families requesting help are in crisis so efforts must be made to focus on the immediate and most important issue first which is the housing crisis. Triage can also be critical for prioritizing families that are most in need so that families who are literally unsheltered get an immediate placement. For example, a triage phase could include collection of basic family information, homeless eligibility, diversion and prevention screening and possibly crisis placement (only if housing was an immediate need). If shelter placement did occur, then, within a five to seven-day timeframe a more comprehensive housing assessment and referral process could follow in motels. This may make intake feel less onerous for families and improve consumer satisfaction with this process. Below is a workflow strategy developed by Org Code Consulting that was discussed during local System Mapping meetings and adapted to document community dialogue. It breaks out and sequences the Assessment process. De-centralizing assessment into a multi phased approach was highlighted during family system mapping exercises as a way to focus on the immediate crisis and assessment at appropriate intervals.

The family Coordinated Entry system already has diversion and prevention services co-located at access points. These two interventions are critical tools that are necessary to ensure that limited housing resources are focused on families with the greatest needs. The CoC may want to consider the merits of broadening eligibility requirements for these prevention and diversion programs to avoid undue entries to the system and to ensure that emergency shelter placements remain a resource of last resort. Another option for the CoC to consider is managing some Rapid Re-housing resources directly from Coordinated Entry. By immediately placing families that qualify in an expanded Rapid Re-housing program, this may reduce their stays in expensive motels/shelters. It may also reduce the CoC's overall reliance on motels.

Service providers participating in system mapping exercises identified important mainstream connections, critical to all families applying for shelter, that should be added. These connections include direct connections to childcare subsidies, employment services and Temporary Assistance for Needy Families (TANF). Thinking through ways to co-locate these mainstream services would be most advantageous to give families the tools they need to quickly exit the CoC or avoid entry all together.

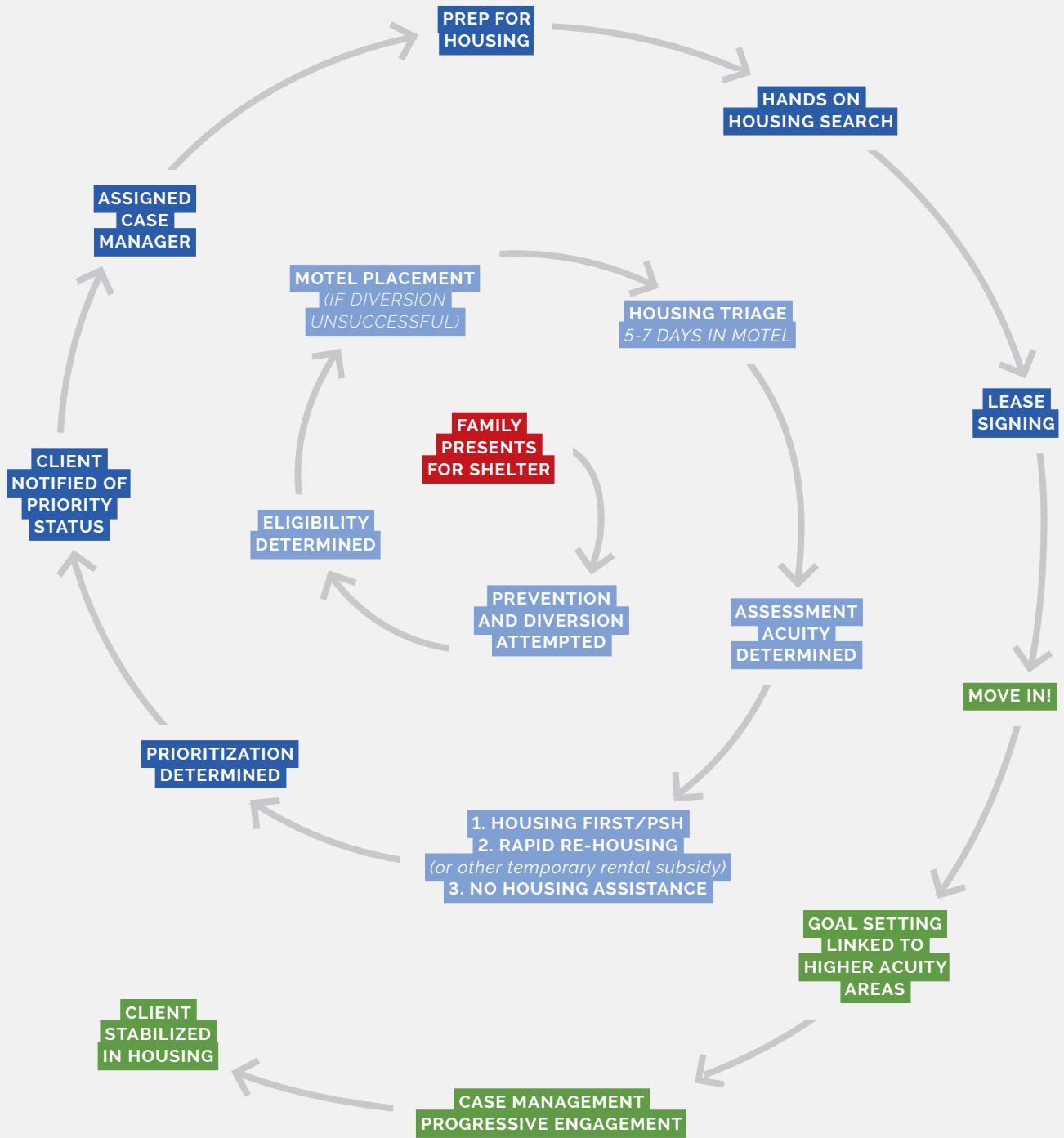
Finally, Coordinated Entry for families must remove the zip code criteria for access to Coordinated Entry in order to comply with the HUD Coordinated Entry Notice.

4. INVESTING IN HUMAN CAPITAL

Making changes to the way in which CoCs operate take time and resources. The entire service provider community must be actively engaged in these changes. Investing not only in new programs or new engagement strategies, but in personnel running them is critical to achieve success. Targeted ongoing training on case management techniques (e.g. motivational interviewing and progressive engagement) are necessary to support a strong CoC. Community agencies often undergo frequent staff turnover, so repeated training related to basic requirements and understanding should be built in as well.

The CoC should consider developing a comprehensive training calendar for local homeless service providers on a variety of evidence based service interventions. Additionally providing continuing education credits and identifying opportunities to attend national conferences which offer the latest information on innovative approaches to homeless service delivery are critical to expanding expertise and acumen across the Continuum of Care.

■ **SYSTEM MAPPING COORDINATED ENTRY FOR FAMILIES:
PATHWAYS TO HOUSING**



C. STRENGTHENING THE CRISIS RESPONSE SYSTEM

An effective Crisis Response System provides immediate and easy access to safe and decent shelter to anyone that needs it and aims to re-house people as quickly as possible.²⁰ Shelter plays a critical role in any community's response to homelessness because there will always be a need for safe places for people to go when they experience a housing crisis.

The part of the CoC that serves the most individuals and families in Montgomery County is the emergency shelter system and like many other communities, this component of the CoC also struggles with the highest volume of unknown outcomes. The effectiveness of emergency shelter greatly impacts a CoC's overall performance because of the volume of people served at this critical juncture. Important system performance indicators such as average length of stay, exits to permanent housing and recidivism are all greatly influenced by the performance of emergency shelters.²¹

1. EMERGENCY SHELTER FOR SINGLES

Shelters for singles in Montgomery County serve two large populations with very different needs. One subpopulation are chronically homeless individuals with a prevalence of behavioral health issues that need higher levels of case management support and engagement techniques that require training and specialization.²² To serve this chronic and vulnerable population more effectively, a documented gap was the need for crisis beds with no barriers. These beds would be controlled by outreach programs or Coordinated Entry so that extremely vulnerable chronically homeless people high on the prioritization list can wait for their housing or be taken there to be assessed. Crisis beds could be developed quite easily by reorganizing an existing program.

Extended periods of crisis have been documented to have serious long-term effects on chronically homeless individuals living on the streets or in shelters. Identifying the right service intervention is important to reduce the ongoing psychological trauma to the person in crisis and to effectively and productively engage them.²³ Both inside shelters and on the street, there was a documented need for more Assertive Community Treatment (ACT) teams to engage chronically homeless individuals on the street and connect them to housing. ACT is an Evidence-Based Practice Model designed to provide treatment and support services to individuals with severe mental illness who are unwilling or unable to engage in

traditional behavioral health services.²⁴ The ACT service model is so effective with vulnerable populations that it is often used to provide home based case management services in supportive housing.²⁵ Expanding ACT service models for chronically homeless people living in permanent supportive housing is needed in order to continue to expand the Housing First strategy in Montgomery County.

Montgomery County also has a high rate of individuals who access emergency shelters who are not chronically homeless. Twenty four percent (24%) of individuals in shelter in 2016 were employed. Analysis of three years' worth of employment data shows that the volume of working people is fairly consistent. Anecdotally, service providers also described an even larger share of clients who are also employable and have long work histories. Many consumers who access emergency shelter and are the working poor do not possess the income to obtain and maintain rental housing given their mostly low wage salaries. These consumers require a different range of services than the chronically homeless people accessing shelters. Many consumers who participated in focus groups identified the need for more comprehensive employment services than those presently offered at shelters and more intensive housing support. Affordability issues are compounded because the self-sufficiency wage in Montgomery County is very high. Given the real affordability challenges experienced in the County and the prevalence of low wage-earning consumers, traditional employment services offered in shelters may not be successful.

MONTHLY COSTS	1 ADULT
Housing	\$1,511
Child Care	\$0
Food	\$294
Transportation	\$180
Health Care	\$179
Miscellaneous	\$216
Taxes	\$770
Earned Income Tax Credit (-)	\$0
Child Care Tax Credit (-)	\$0
Child Tax Credit (-)	\$0
SELF-SUFFICIENT WAGE	
Hourly	\$17.90
Monthly	\$3,151

The Montgomery County Self Sufficiency Standard for a single adult

The CoC will need to bring in partners to help design thoughtful employment programs to serve individuals who are underemployed or employable. Montgomery County should look at engaging mainstream employment agencies or service providers with employment expertise to design an employment track(s) for those consumers who are able and interested in employment services.²⁶ Successful employment models from around the country include SWEAT Equity programs specifically in construction industries, social enterprise models specifically in hospitality and restaurant industries and sectoral training programs and earn and learn programs in registered apprenticeships.²⁷ Additionally, pairing more tailored employment strategies with more intensive and hands on housing support that may include more shared housing options, more direct housing search assistance, consumer advocacy with landlords, mediation to return to family and friends and exploring locations outside of the County may help consumers find housing more quickly.

It may make sense that some of the larger shelters will operate two different service models in which consumers may engage based on the results of their assessment. Or shelters might specialize and cross-refer consumers for employment support. One service pathway could connect those non-chronic consumers with work histories to tailored employment services and corresponding rapid re-housing and exit assistance. An equally robust service and engagement model for chronic vulnerable individuals could utilize ACT service and treatment models and bridge housing until permanent support housing is available.

2. EMERGENCY SHELTER FOR FAMILIES

Presently, the family emergency system utilizes motels as crisis placement until space is available at family shelters. Motel use came out of a real need to provide more shelter to families and a lack of space within the Continuum of Care. In virtually every community that utilizes motels they are difficult to place a monetary value upon, track outcomes and quantify need because their necessity is generally born out of a limited supply of emergency beds that in many communities is an ongoing deficit. Montgomery County has been judicious in trying to limit its reliance on motels to a discreet quantity and has not employed easy or short sited strategies such as simply expanding motel availability at will.

Montgomery County utilizes five motels that are clean, well run and located near public transportation. However, the operation of motels as a component type that straddles both Coordinated Entry and Emergency Family Shelter is difficult and complex. The Motels do not fully function as a part of Coordinated Entry and its location and operation makes it difficult to truly be managed as a traditional emergency shelter. Further motels are expensive given the short duration of stays and the per night cost. Therefore, it mostly appears to be an expensive holding area with limited services where families stay while waiting to be placed in shelter. Montgomery County may continue to need motels, however attempting to reduce the reliance on this intervention is a worthy consideration. Presently, few housing supports are provided to families in motels. Montgomery County should consider providing more intensive and on-site housing assistance and case management to families at motels with a focus on connecting working families to interventions such as Rapid Re-housing quickly to reduce the duration of stays within this component.

Families participating in focus groups also talked at length about the need for more hands-on housing assistance. While families were often required to spend portions of each week looking for housing, many

felt they lacked the tools and skills to navigate the housing market independently, fill out applications comprehensively or negotiate rental costs for themselves. Many families were also working and found the housing search requirements onerous to complete independently. Exploring changes to work flow and program design such as evening housing support services, help with transportation to apartment buildings and hands on help with negotiating with landlords could help families exit emergency shelters in shorter time frames.

Families in motels and emergency shelters are the working poor; 49 percent of families in the shelter system are employed and trend data show that these numbers have been consistent. Affordability issues for families living in Montgomery County are quite staggering. Therefore, like on the singles side, tailored employment services are critical to help families stabilize as they exit the homeless system. Providing access to these services early in crisis intervention will help vulnerable families stabilize.

Affordability challenges for homeless families are compounded by limited access to affordable childcare options. Communities like San Francisco and Seattle provide childcare subsidies and education services to families in city run shelters with at least one child under the age of five.²⁸ Additionally engaging local head start programs could be beneficial at helping homeless families access those subsidies with more regularity.

3. EXPANSION OF MAINSTREAM PARTNERS

Engaging mainstream services in the Continuum of Care is a critical component to strengthening the crisis response system and making homelessness rare and brief. County departments and State agencies often have resources that may be brought to bear to support the Montgomery County CoC and should not be overlooked. In many CoCs, Temporary Assistance for Needy Families (TANF) funds are used to support family shelters and rapid re-housing programs. In expansion states like Maryland, Behavioral Health departments have used Medicaid to fund supportive services for chronically homeless people in permanent supportive housing. Towards this end, the Montgomery County CoC has been working hard to develop the Assistance in Community Integration Services (ACIS) which is a community health pilot designed to use Medicaid resources to develop cost effective services that target the significant, complex health needs of individuals enrolled in Medicaid including chronically homeless individuals. The goal of this pilot is to

- improve health outcomes for targeted populations
- improve community integration for at-risk Medicaid beneficiaries and
- reduce unnecessary/inappropriate utilization of emergency health services.²⁹

Like other expansion states, one of the most useful parts of this pilot is the access to tenancy based case management and housing support. Implementation of this pilot will happen over the next year. Tracking the success of ACIS and advocating for its utilization beyond the pilot phase will be instrumental to the CoC's effectiveness at meeting the goals of Housing for All - A Stronger Montgomery. Dedicated supportive services funding through Medicaid will greatly impact the expansion and cost effectiveness of permanent supportive housing which is one of the most critical resources required to end homelessness in all forms in Montgomery County.

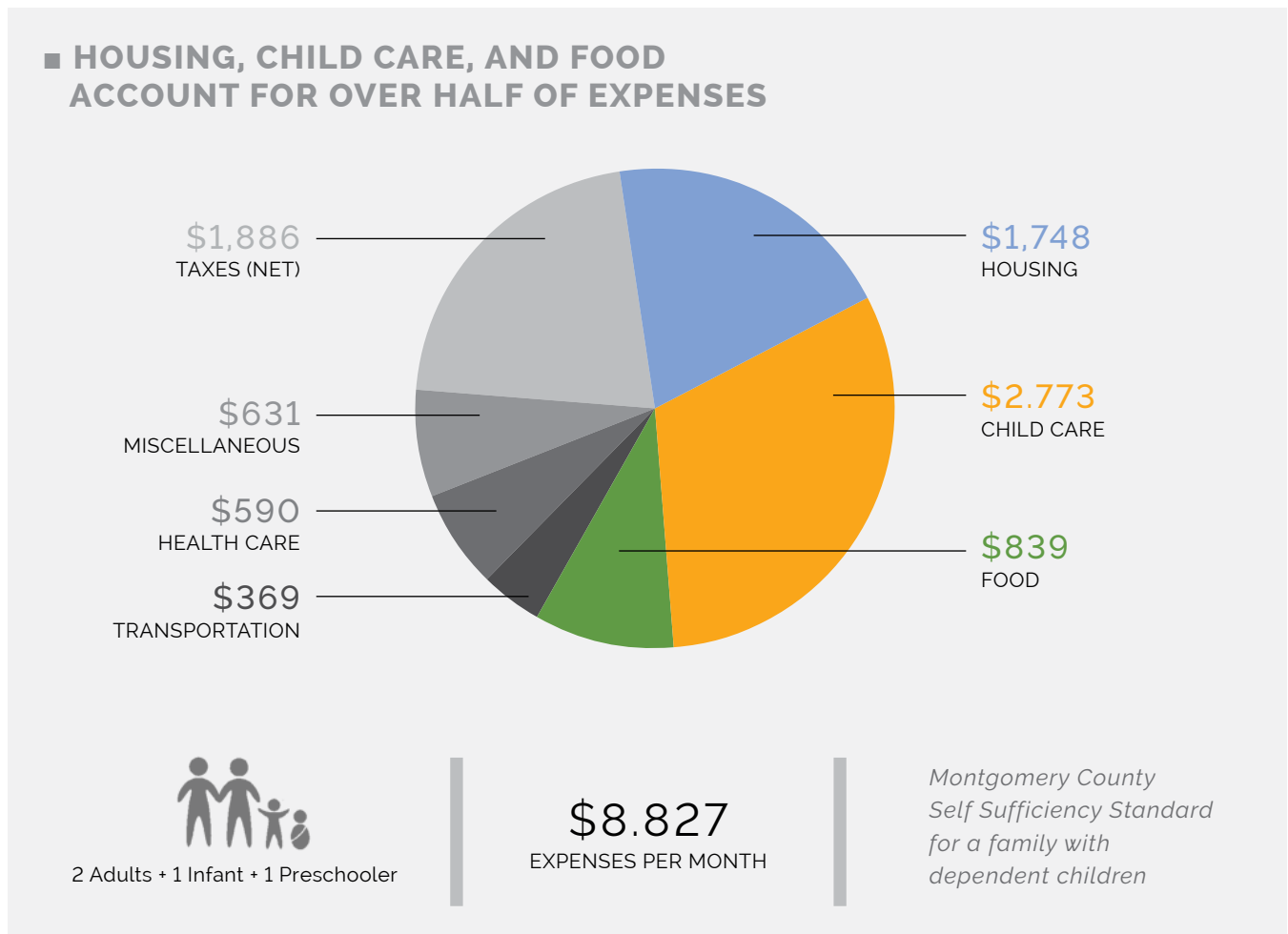
The Montgomery County ICH has been an instrumental advocate in supporting the development of the ACIS pilot. Moving forward the Montgomery County ICH may want to consider a targeted strategy to engage other mainstream partners at the local and state level in the CoC. The mainstream agencies/ programs that should be prioritized include:

SINGLES

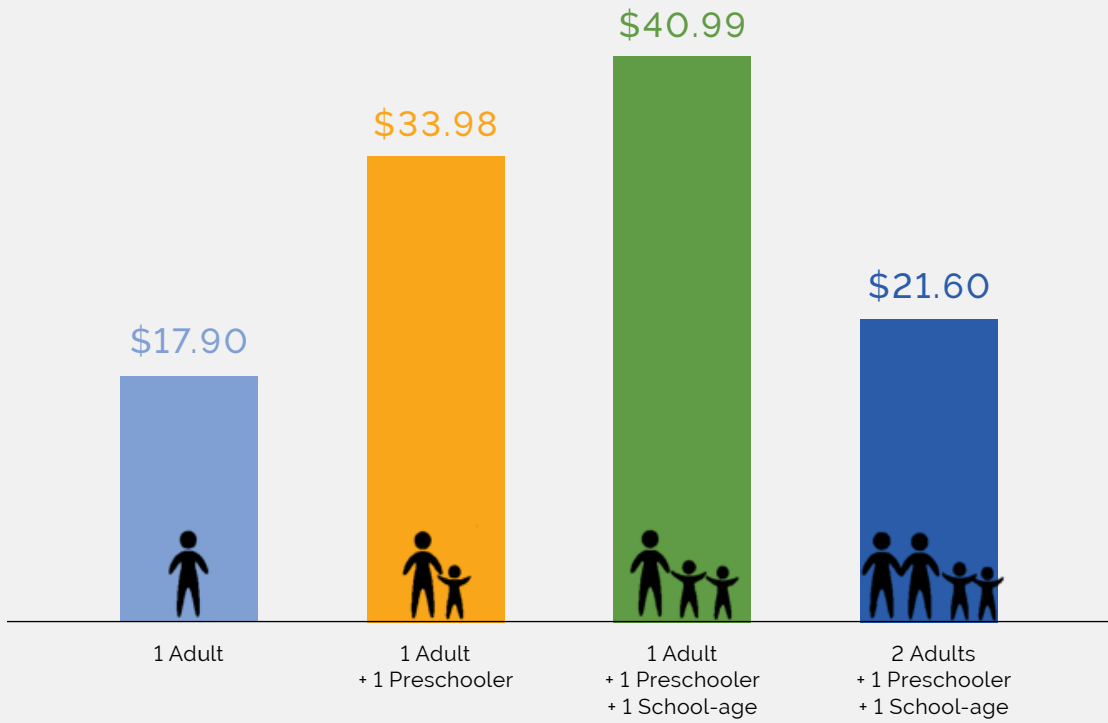
- Behavioral Health
- Employment Services
- Housing Opportunities Commission

FAMILIES

- Temporary Assistance for Needy Families (TANF)
- Behavioral Health
- Employment Services
- Child Care Subsidies
- Department of Social Services
- Housing Opportunities Commission



■ HOURLY WAGE TO BE SELF-SUFFICIENT VARIES BY FAMILY TYPE



D. EXPANDING WHAT WE DO WELL

1. SCALE RAPID RE-HOUSING

Over the last three years, Montgomery County has had high rates of working homeless people across the CoC. On the family side, 49 percent of families have employed heads of household and on the singles side 24 percent are employed. Based on three years' worth of trend analysis on employment, Montgomery County could expand its Rapid Re-housing program by 450 units over the next three years to help working individuals and families exit the system. However, in order to maximize this option, Montgomery County must design a comprehensive service strategy utilizing evidence based interventions such as critical time intervention to shorten lengths of stay and place people into this solution at the onset of homelessness. An expanded Rapid Re-housing program should consider scaling the rent subsidy provided based on need, identifying person focused time frames for providing assistance instead of standard time frames, reducing length of stay and exploring the option of placing individuals outside of the County.

2. REFINE DIVERSION & PREVENTION PROGRAMS

Anecdotally, the County has demonstrated acumen in diverting homelessness in the family system. Evidence is emerging on the success of diversion programs at helping vulnerable families at risk of homelessness avoid entry into the system. The County should consider expanding these programs for families and piloting them at CES for singles. However, this information must be put into the HMIS to track outcomes.

Presently, Montgomery County uses its local affordable housing Rent Subsidy Program (RAP) on a limited basis as a prevention tool to help families that are employed to maintain their housing and avoid entry to the system. Its limitations are primarily due to funding constraints. If this program were to be expanded, it could be a powerful and meaningful prevention tool for families that need only financial support to alleviate a housing crisis.

3. EXPAND HOUSING FIRST PERMANENT SUPPORTIVE HOUSING

The national Supportive Housing Opportunities Planning Tool was completed at the beginning of 2017 to help the CoC identify the housing goal required to end chronic homelessness in Montgomery County. The tool identified the need for 193 units to meet the goal of ending chronic homelessness. This number was validated by a summer blitz campaign that helped fine tune the by name list from which homeless people were housed. Over the year, Montgomery County has identified funding for 193 units of housing and is well on its way to meeting this benchmark and ending chronic homelessness by the end of 2017. However, in order to continue to maintain functional zero, more permanent supportive housing is needed. Montgomery County has developed a comprehensive Move Up program with the Housing Opportunities Commission which utilizes a locally adapted Acuity Scale to determine consumers' ability to transition out of PSH and into a traditional housing choice voucher placements. This Move Up program should be thoughtfully expanded based on the progress of consumers served in the program. This resource will be necessary to create ongoing flow in the system.

The second priority group for the Continuum of Care are placing high utilizers of the County's public systems (jails, hospitals and ambulances) into permanent supportive housing. The Continuum of Care is working collaboratively with other County departments to help identify these high utilizers. As permanent supportive housing resources continue to expand and be well utilized, the County is working to develop standard supportive service rates for serving clients while in stable housing. This standard fee structure will help the CoC be clear about the intensity of service intervention, the kinds of engagement strategies that can be offered and housing support expectations. Adding some structure to the service approach while systematically monitoring client outcomes should help the CoC estimate how many individuals can transition into Move Up programs and create real flow into permanent supportive housing.

Expanding the relationship with the Housing Opportunities Commission will be necessary to end other kinds of homelessness such as high utilizers of public systems and seniors who have been documented as an emerging population with high needs. Other subsidies that have been critical to the success of CoCs at housing special populations are Section 202 vouchers that serve vulnerable senior populations and Section 811 vouchers that serve persons with disabilities.³⁰ The CoC should engage its strong Housing Opportunities Commission partner to discuss opportunities for collaboration around utilization of these vouchers to meet common objectives.

4. EXPAND THE RENTAL ASSISTANCE PROGRAM SHALLOW SUBSIDY PROGRAM

Montgomery County uses the RAP program shallow subsidy to primarily exit families from Rapid Re-housing and in some cases as a prevention tool. The RAP program is an innovative locally developed tool that supports vulnerable County residents. Expanding the use of RAP for homeless people will be critical to reducing the population of working poor families and individuals in the shelters.

Another consideration for use of this subsidy is to "move" its placement and availability to Coordinated Entry for both singles and families. For example, many communities that have similar programs use an assessment completed at Coordinated Entry to determine whether there are families who only need a partial subsidy to successfully exit the homeless system. Montgomery County could consider making the Rental Assistance Program a resource available for placement at Coordinated Entry for these working poor families who will need a rental subsidy for an extended period of time. This would allow the County to free up space in rapid re-housing for more families.

5. HOUSING INITIATIVE PROGRAM

Another innovative program that was developed locally is the Housing Initiative Program (HIP). The County has been especially thoughtful and innovative in trying to ensure that the right service model is created to effectively support chronically homeless people who are housed through this program. HIP could easily serve more people and be expanded if it was tied to some kind of public housing voucher. If HIP were to be tied to existing vouchers, funding could be focused on only providing services thereby freeing up rent subsidy costs to serve more people.

CONCLUSION

The MC ICH leadership have demonstrated a real commitment to ending homelessness which is embodied in the bold goals articulated in the Inside (Not Outside) campaign. The County Special Needs Housing Department works tirelessly to be effective stewards of public funds and provides the necessary framework required to launch new approaches. There is passion and ingenuity in talented service providers who are willing to think creatively and embrace evidence based approaches to making homelessness rare and brief. The collective energy, commitment and trust amongst stakeholders are the true building blocks for successful CoCs to achieve real success and ending homelessness in all forms.

APPENDIX A

Montgomery County Data Report

National Alliance to End Homelessness Homeless Evaluator Tool-Baseline Results

■ SINGLES SYSTEM OUTCOMES AND RETURN ON INVESTMENT

Singles System	Emergency Shelter	Transitional Housing	Description
Inventory	267	138	<i>This is the total amount of beds in the Continuum of Care (CoC) inventory broken out by component type</i>
Total people served in 1 year	1495	242	<i>Total Clients Served in the Period from HMIS</i>
Average Length of Stay	41	306	
Total Exits to Temporary or Unknown Destinations	90% (1,029)	42% (55)	<i>Total exits by program component that were not identified as positive outcomes or permanent destinations</i>
Positive Exits to Permanent Housing	10% (113)	58% (75)	<i>Total exits by program component that were to Permanent Housing solutions</i>
Cost per bed	\$14,016	\$18,537	<i>The annual cost to provide the bed by component type</i>
Cost per POSITIVE PH Exit	\$33,118	\$38,340	<i>The return on investment organized by component type. This calculates the investment in the system that the community makes from the perspective of how many positive outcomes can be achieved during the period. The more positive outcomes during the year, the greater the rate of return and the lower the cost of the intervention.</i>
Analysis	<p>It is important to note that the CoC's overflow shelters were included in the analysis of the emergency system. Limited information is tracked at overflow sites so positive exit information was skewed lower by at least 17% or perhaps more.</p> <p>Additionally exits to transitional housing are counted as temporary destinations. Service providers thought this may also skew the amount of positive exits that were eventually achieved through a stay in permanent housing</p> <p>Transitional Housing is the most expensive component type with the longest lengths of stay.</p>		

■ FAMILY SYSTEM OUTCOMES AND RETURN ON INVESTMENT

Families	Motel and Emergency Shelter	Transitional Housing	Rapid Re-housing	Description
Inventory	181	146	130	<i>This is the total amount of beds in the CoC inventory broken out by component type</i>
Total Served in 1 Year	1,086 people	204 people	279 people	<i>Total Clients Served (people) in the Period from HHS</i>
Average LOS	51	473	346	<i>Average time in the CoC for everyone who exited during the year</i>
Total Exits to Temporary or Unknown Destinations.	531 (57%)	26 people (25%)	17 people (16%)	<i>Total exits by program component that were not identified as positive outcomes</i>
Positive Exits to Permanent Housing	405 people (43%)	77 people (75%)	90 people (84%)	<i>Total exits by program component that were to Permanent Housing solutions</i>
Cost per bed	\$22,099	\$15,171	\$5,784	<i>The annual cost to provide the bed by component type</i>
Cost per POSITIVE PH Exit	\$9,220	\$28,766	\$12,710	<i>The return on investment organized by component type. This calculates the investment in the system that the community makes from the perspective of how many positive outcomes can be achieved during the period. The more positive outcomes during the year, the greater the rate of return and the lower the cost of the intervention.</i>
Analysis	<p>Outcomes and costs derived are per person. The average family size is 3.2 persons. Montgomery County is relatively new to the Rapid Re-housing program and the outcomes derived are from the pilot program. Transitional Housing is the most expensive intervention and with the longest average length of stay. The emergency family system has the lowest cost per exit but the highest cost per bed because the intervention is so expensive. If the Rapid Re-housing program could reduce the average length of stay it would be both the most cost efficient outcome and the most affordable per bed.</p>			

UNITED STATES INTERAGENCY COUNCIL ON HOMELESSNESS SUPPORTIVE HOUSING OPPORTUNITIES PLANNER PERMANENT SUPPORTIVE HOUSING GOAL

PERMANENT SUPPORTIVE HOUSING NEEDED TO ACHIEVE FUNCTIONAL ZERO	PSH UNITS NEEDED TO END CHRONIC HOMELESSNESS IN 2017	193
PERMANENT SUPPORTIVE HOUSING STABILITY	96%	

Permanent housing costs between family and singles programs could not be disaggregated at this time because the Montgomery County budget is not designed to break out these costs by families and singles.

APPENDIX B

SERVICE PROVIDERS WHO PARTICIPATED IN SURVEY AND SYSTEM MAPPING

BETHESDA CRISIS CENTER
CATHOLIC CHARITIES
EVERYMIND
GREENTREE SHELTER
HOUSE OF DIVINE GUIDANCE
INTERFAITH WORKS
THE NATIONAL CENTER FOR CHILDREN AND FAMILIES
MONTGOMERY COUNTY HEALTH AND HUMAN SERVICES STAFF
MONTGOMERY COUNTY COALITION FOR THE HOMELESS
MONTGOMERY COUNTY CRISIS CENTERS
MONTGOMERY COUNTY HOUSING OPPORTUNITIES COMMISSION
RAINBOW
SHEPHERDS TABLE
SILVER SPRING CRISIS SERVICES
VETERANS SAFE HAVENS

FOCUS GROUP HOSTS

MONTGOMERY COUNTY DEPARTMENT OF HUMAN SERVICES – MOTELS
MONTGOMERY COUNTY COALITION FOR THE HOMELESS – EMERGENCY SHELTER FOR SINGLES,
SAFE HAVEN, PERMANENT SUPPORTIVE HOUSING – FAMILIES & SINGLES
STEPPING STONES – EMERGENCY SHELTER FOR FAMILIES

APPENDIX C

MONTGOMERY COUNTY ICH OPERATIONS COMMITTEE MEMBERS

Anderson, Christopher

Chief, Neighborhood Revitalization Section
Department of Housing and Community Affairs

Arroyo-Lefebvre, Paloma

Case Manager, Veterans Services Division
Friendship Place

Ball, Kim

Administrator, Homeless Services, Special Needs
Housing (SNH)
Dept. of Health and Human Services (DHHS)

Black, Sara

Administrator, Housing Stabilization Services Special
Needs Housing (SNH)
Dept. of Health and Human Services (DHHS)

Blasco, Anna

Technical Assistance Specialist
National Alliance to End Homelessness

Bowman, Betsy

Director, Adult & Community Services
EveryMind

Carey, Vania

Program Director
Catholic Charities

Cho, Cari

President
Cornerstone Montgomery

Brissett Chapman, Sheryl

Executive Director
National Center for Children and Families

Chapman, Ann

Director
Helping Hands Shelter

Chesney, Amanda

Director, Housing and Homeless Services
Catholic Charities

Childress-Harvell, Aneise

Supervisor, Family Homeless Shelters
Special Needs Housing (SNH)
Dept. of Health and Human Services (DHHS)

Fox-Morrill, Priscilla

Director of Homeless/Housing Services
Interfaith Works

Frazier-Bey, Jimmy

Director of Homeless Services
City of Gaithersburg

Gandell, Miriam

Executive Director
Dwelling Place

Harris, Amanda (Chair)

Chief, Special Needs Housing (SNH)
Dept. of Health and Human Services (DHHS)

Hong, Christine

Deputy Director, Homeless Services
Interfaith Works

Horton-Newell, Amy

Director, American Bar Association
Commission on Homelessness and Poverty
Director, ABA Coordinating Committee on Veterans
Benefits and Services

Kamara, Fatmata

U.S. Department of Veteran Affairs

Kelly, LaSonya

Program Manager, Health Care for the Homeless
Special Needs Housing (SNH)
Dept. of Health and Human Services (DHHS)

Kirk, Susan

Executive Director
Bethesda Cares

McMillan, Linda

Senior Legislative Analyst
Montgomery County Council

Megan O'Connell

Director of Housing
Community Ministries of Rockville

Schiller, Jennifer

Chief Programs Officer
Montgomery County Coalition for the Homeless

Sierra-Koscinski, Sharon

Program Manager, Special Needs Housing (SNH)
Dept. of Health and Human Services (DHHS)

Schuchman, Abe M.

Chief Executive Officer
Housing Unlimited, Inc.

Sinclair-Smith, Susie

Executive Director
Montgomery County Coalition for the Homeless

Soni, Nili

Continuum of Care Coordinator
Special Needs Housing (SNH)
Dept. of Health and Human Services (DHHS)

Spencer, Eugene

Assistant Director of Resident Services
Housing Opportunities Commission

Swan, Fred

Director of Resident Services
Housing Opportunities Commission

Todd, Chapman

Campaign Manager
Inside (Not Outside)

Wellington, Janice

Program Director
National Center for Children and Families

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