

**MONTGOMERY  
COUNTY  
CONTINUUM  
OF CARE**

**TEN YEAR PLAN  
TO END  
HOMELESSNESS**

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# Montgomery County: Continuum of Care Ten Year Plan to End Homelessness

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# Montgomery County: Continuum of Care Ten Year Plan to End Homelessness

## Plan Development Overview

In the Spring of 2012, The Montgomery County Continuum of Care (CoC) began the process of reviewing and updating the community's 10 Year Plan to prevent and end homelessness. Efforts were led by the CoC Strategic Planning Committee which was comprised of public and private organizations from the CoC including the Montgomery County Department of Health and Human Services, Montgomery County Department of Housing and Community Affairs, Bethesda Cares, Helping Hands, Housing Opportunities Commission, Interfaith Works and Montgomery County Coalition for the Homeless.

The Committee developed a draft 10 Year Plan to End Homelessness in Montgomery County that is aligned with the Federal plan to end homelessness, *Opening Doors*, which was developed by the U.S. Interagency Council to End Homelessness. Two work sessions were held to solicit feedback on the plan from a broad array of CoC stakeholders, to validate the plan goals and strategies, and to develop action steps. Additional input was also solicited from persons who have experienced homelessness, which helped to further inform the plan. The Plan was then distributed to the full membership of the Montgomery County CoC for input and final approval.

## About Montgomery County

Montgomery County Maryland, with a population of 1,016,677, is a place of contrasts and diversity. At one end of the economic ladder the county is one of the wealthiest in the country with among the most educated residents and a median household income of \$96,985. At the same time, in the midst of affluence, 6.5% of residents live below the poverty level (U.S. Census Quick Facts 2012).

Among county residents, 31.8% are foreign born. The largest racial groups among residents include 63.2% white alone, 18.3% black, 14.7% Asian alone, and 3.1% two or more races. Ethnically, the population is 17.9% Hispanic or Latino and 47.8% of residents identify themselves as white alone, not Hispanic or Latino. (U.S. Census Quick Facts 2012).

Montgomery County continues to experience high housing costs. According to the National Low Income Housing Coalition, a family living in Montgomery County would need to earn a housing wage of \$28.25 per hour or \$58,760 annually in order to afford the fair market rent on a two-bedroom apartment of \$1,469 per month. In contrast an extremely very low income household earning \$32,100 annually can afford to pay no more than \$803 in rent (National Low Income Housing Coalition, 2014). This disparity between housing costs and earned income of households in Montgomery County leaves many households cost burdened in the community. Among owners with a mortgage, 32 percent are paying more than 30% of their monthly income for their housing, and among renters, that number is even higher, at 50 percent of households (American Community Survey, 2012).

## Homelessness in Montgomery County

Montgomery County's annual one-day census of persons experiencing homelessness was conducted on January 30, 2014. A total of 891 persons experiencing homelessness were counted, of whom 68% were individuals and 32% were persons in families. Eighty-nine percent of persons counted were living in emergency or transitional housing while 11% were unsheltered.

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Among individuals experiencing homelessness, 63% percent reported chronic substance abuse, serious mental health issues, or co-occurring disorders while 42% reported a chronic health condition and/or physical disability. Twenty-nine percent met the criteria for chronic homelessness defined a person who has a disabling condition and who has been homeless for at least 12 months or had four episodes of homelessness in three years. Looking at family households, 21% of adults in families reported chronic substance abuse, serious mental illness, or co-occurring disorders while 9% reported a chronic health condition and/or physical disability. Nineteen percent of households with children reported that domestic violence contributed to their homelessness.

The table below provides a comparison of the past 3 years.

**TABLE 31: MONTGOMERY COUNTY'S HOMELESS COUNT BY CATEGORY**

Category	2014	2013	2012	Percent Change 2012 to 2014	Percent Change 2013 to 2014
<b>Total Number Counted</b>	891	1004	982	-9%	-11%
<b>Total Individuals</b>	603	638	600	0%	-5
<b>Total Number of Families</b>	91	117	126	-28%	-22%
<b>Total Persons in Families</b>	288	366	381	-24%	-21%
<b>Total Adults in Families</b>	100	137	152	-34%	-27%
<b>Total Children in Families</b>	188	229	229	-18%	-18%

## Homelessness Response in Montgomery County

In 2002, Montgomery County became one of the first localities nationally to develop a ten year plan to end homelessness. Developed as part of a community-wide planning process that included a broad array of nonprofit and government stakeholders, the plan proposed strategies to end homelessness on three fronts: 1) *Closing the Front Door* through efforts to prevent people from entering homelessness, 2) *Opening the Back Door* by rapidly moving people out of homelessness into permanent housing, and 3) *Building a Foundation* to assure that people have access to employment, treatment and other supports that they need to be successful members of our community.

Over the past decade, guided by the plan, the Montgomery County Continuum of Care has implemented a "Housing First" model that provides a range of housing services to persons experiencing or at-risk of homelessness, including outreach and engagement, emergency and transitional housing, safe havens, rapid re-housing, and permanent supportive housing. Case management is provided at all levels of the continuum with an emphasis on removing housing barriers and connecting homeless persons with housing, employment, disability entitlements and other behavioral health services. The continuum also utilizes a range of homelessness prevention strategies including emergency financial assistance, shallow rent subsidies, and energy assistance designed to prevent the loss of permanent housing.

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Despite a decade during which rising housing costs far out-paced increases in income and the extended economic downturn of the past few years stretched the resources of many residents, the community has made great strides since 2002 in meeting our goals to end homelessness including:

- Reducing the number of homeless persons living on the streets by sixty percent (from 240 people to 95 people).
- Increasing permanent supportive housing for formerly homeless persons six-fold (from 308 beds to 1,886 beds).
- Expanding resources to prevent loss of housing including emergency financial assistance, utility assistance and rental assistance.
- Increasing community outreach to identify and link homeless residents to services including healthcare and housing.
- Implementing a coordinated assessment system to quickly identify needs and prioritize persons experiencing homelessness for housing.
- Creating the Montgomery County Interagency Commission on Homelessness to better coordinate community-wide efforts to prevent and end homelessness.

### **Ending Homelessness in Montgomery County: Ten Year Plan to End Homelessness**

Finish the job of ending chronic homelessness in 3 years.

Prevent and end homelessness among Veterans in 2 years.

Prevent and end homelessness for families, youth, and children in 5 years.

Set a path to ending all types of homelessness.

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## Objective One: Provide and Promote Collaborative Leadership

**Strategy:** Educate and engage the public about homelessness and the need to take action.

**Action Steps:**

1. Engage Montgomery County Interagency Commission on Homelessness educate the community about homelessness, best practices, resources needed reduce homelessness, and long term savings achieved by providing permanent stable housing.
2. Create an advocacy committee within the Continuum of Care (CoC) to develop a tool kit of engagement resources to present to local leaders, home owners associations, civic associations, labor and business associations and other groups.
3. Develop an engagement schedule to present at meetings with local leaders, home owners associations, civic associations, faith-based organizations, to educate the community about homelessness, about how to create housing, and the need to increase resources.
4. Develop and deliver training sessions that educate newly elected city, county and State officials on the Continuum of Care.
5. Develop a document that identifies the cost savings and impact of investing in strategies to prevent and end homelessness.
6. Develop a strategy for community outreach including a list of meaningful volunteer activities that residents can undertake.

## Objective Two: Strengthen the Capacity of Organizations by Increasing Knowledge about Collaboration, Homelessness, Best Practice

**Strategy:** Collaborate and compile research to ensure that information about best practices is more readily available.

**Action Steps:**

1. Develop a process to centralize the information gathered at local and National conferences.
2. Identify groups to take the lead on compiling the best practices in areas of focus for specific target populations – veterans, criminal justice involved, chronically homeless and families and children.

**Strategy:** Create common data standards and uniform performance measures across targeted programs to allow for better understanding of homelessness in Montgomery County and success of strategies.

**Action Steps:**

1. Develop a process and tools that assists all homeless providers to review their current outcomes and develop commonalities and agreements leading to common benchmarks.
2. Reactivate and expand the CoC performance committee to evaluate the existing programs to establish who is doing well and address barriers and gaps. The performance committee would review current existing data to identify gaps in information and make recommendations regarding the collection of needed information.

**Strategy:** Continue to increase use of the Homeless Management Information System (HMIS) by programs targeting homelessness.

**Action Steps:**

1. Develop and deliver training and create ongoing resources for providers to ensure a standard use of HMIS and increase awareness of how to view existing records, address client needs more efficiently and increase use of system for effective case management and reporting.
2. Create a quality HMIS newsletter for the web that shows how programs address goals of increasing income, move to permanent housing, etc.

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## Objective Three: Increase Access to Housing Options

**Strategy:** Support rental subsidies through federal, state and private resources targeted to those experiencing or most at risk of homelessness.

**Action Steps:**

1. Explore new sources of public and private funding, not only for rental subsidies but for all aspects of support necessary for stable affordable housing.
2. Develop an education campaign/marketing strategy with targeted approaches for the different funders.
3. Convene/develop multiple groups: corporate; faith-based; foundations to identify and seek federal state/local/philanthropic funding, cultivate political leaders to maximize our connections with the US Department of Housing and Urban Development and other relevant local, state and federal agencies.

**Strategy:** Preserve and expand supply of affordable rental homes where they are most needed through federal, state, local efforts.

**Action Steps:**

1. Explore opportunities to leverage funding (eg. State Bond Program).
2. Identify additional funding sources to reduce housing development costs in order to facilitate the development of rental units affordable to lower income households with an emphasis on those with the lowest incomes (e.g. at or below 30% of area median income).
3. Increase advocacy regarding affordable housing priority in the zoning code re-write; partner with the Affordable Housing Conference and the Nonprofit Roundtable for new housing development.
4. Research best practice models for house sharing and analyze the HOC “Operation Match” program for ‘lessons learned’.

**Strategy:** Improve access to federal, state and locally funded housing assistance by eliminating administrative barriers and encouraging prioritization of people experiencing or most at risk of homelessness.

**Action Steps:**

1. Focus specifically on the under-25-homeless-parent as a group with unique needs and review what is currently in place in the CoC that works for or doesn’t work for this group – develop a specific strategy for this growing population of homeless. (determine where this is most appropriate).
2. Advocate for the Housing Opportunities Commission to develop a prioritization for access to units/vouchers, building on what was done to support the 100k Homes campaign.
3. Develop a program to assist clients in expunging criminal records as allowed by existing laws and procedures.

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4. Review barriers, like criminal background/ poor credit history, to clarify who has imposed the barrier (federal, local or landlord) and then focus on what can be done with the client to overcome the barrier (e.g. integrate financial literacy education into the MCPS curriculum; expunge criminal records if possible) and continue to educate/address landlords' concerns

**Strategy:** Increase service-enriched housing by co-locating or connecting services with affordable housing.

**Action Steps:**

1. Increase effective partnering with Montgomery County Public Schools to build a better connection with housing and support.
2. Identify service gaps and look for assistance in addressing them (eg. partner with Wells Fargo for financial literacy or Adventist around special needs of homeless/formerly homeless seniors)

**Strategy:** Create protocols and incentives to help people who achieve stability in supportive housing – who no longer need ongoing supports – to move into affordable housing to free up Permanent Supportive Housing units

**Action Steps:**

1. Provide security deposits and first month's rent to support individuals and families who are able to move from supportive housing.
2. Analyze the Family Self-Sufficiency Model and Two Generation Poverty Strategies to assess their use in the supportive housing model.
3. Analyze best practices for supporting people to work without jeopardizing benefits (e.g. "Ticket to Work" program).

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## Objective Four: Improve Access to Education and Training and Increase Employment

**Strategy:** Improve coordination and integrate employment programs with homelessness and prevention programs including those serving veterans, victims of domestic violence and youth.

**Action Steps:**

1. Conduct an annual Community Needs Assessment regarding education and training, job readiness and vocational needs.
2. Identify best practices working elsewhere and determine what can be brought to Montgomery County CoC. Use information to determine whether existing programs need to be redesigned or new service models are needed.
3. Develop partnerships with programs serving homeless and low income populations, employers and the Department of Economic Development to address needs including basic literacy skills, socialization skills, English language skills.
4. Identify and engage community partners such as Montgomery College and other educational providers with expertise in education and training programs to design/develop training and educational opportunities including a two track basic education system: 1) GED track as a base to move toward other employment/training programs; 2) Track for those unable to attain GED – training program for low-skilled workers.
5. Develop strategies that offer ongoing support, once employed to assist with job retention.

**Strategy:** Improve access to and retention in high quality educational and child-care programs.

**Action Steps:**

1. Advocate with Montgomery County Public Schools to adopt the best practice of individual placement and support (IPS) countywide.
2. Determine best assessment tools for individuals to identify undiagnosed substance abuse and/or mental health issues that may impact access and retention.

**Strategy:** Collaborate with economic recovery and jobs programs to ensure that job development and training strategies focus attention on people who are experiencing or are most at risk of homelessness.

**Action Steps:**

1. Develop mechanism for people who apply for utility assistance, rental assistance or other financial support to assess, refer and connect them to appropriate services prior to falling into homelessness.

## Objective Five: Improve Access to “Mainstream” Programs/Services in order to Reduce Financial Vulnerability

**Strategy:** Create clear pathways, by removing barriers and promoting best practice, for greater financial independence.

**Action Steps:**

1. Improve the mechanism for linking persons at risk or experiencing homelessness to pre-vocational structured workshop with emphasis on soft skills including communication, problem solving, conflict management, and teamwork.
2. Identify opportunities to engage private employers in creating job training and work opportunities.
3. Create a no wrong door approach to services – if come in for stop gap measures, use opportunity to address what other benefits/resources may be needed/helpful.
4. Review eligibility requirements for existing programs – are we trapping people in poverty? E.g. if an individual earns 25¢ more per hour but loses child care subsidy, we are not doing the family a service.
5. Explore best practices for connecting veterans to mainstream services.
6. Advocate for living wage, affordable housing and education as an approach to addressing poverty in Montgomery County.
7. Integrate credit counseling and financial literacy into the current delivery system.

## Objective Six: Integrate Primary and Behavioral Health Services with Homeless Assistance and Housing Programs

**Strategy:** Increase availability of behavioral health services, including community mental health centers, to people experiencing or at risk of homelessness.

**Action Steps:**

1. Assess population to determine who is at risk, identify availability of services and understand barriers to services.
2. Engage service providers in developing creative strategies (e.g. providing space for psychiatrist to see Medicaid clients).
3. Work with service providers to develop a protocol to identify risk factors.

**Strategy:** Encourage partnerships between housing providers and health and behavioral health care providers to co-locate and/or coordinate health, behavioral health, safety and wellness services with housing and create better resources for providers to connect people to housing resources.

**Action Steps:**

1. Improve/strengthen partnerships between agencies (whole agencies versus individuals).
2. Address barriers for special populations: criminal background, sex offenders, clients with combative behavior, undocumented.

**Strategy:** Improve access to child and family services that improve early child development, educational stability, youth development, and quality of life for families – including expectant families, children, and youth experiencing or most at risk of homelessness.

**Action Steps:**

1. Engage child and family services providers to identify resources they can provide to homeless/at risk families.
2. Work with MCPS to assess the potential to expand in-school homelessness prevention efforts.

**Strategy:** Build successful in-home service delivery models to provide services in the homes of people who have experienced homelessness including using Medicaid-funded Assertive Community Treatment Teams for those with behavioral health needs.

**Action Steps:**

1. Advocate for expansion of in-home services – educate Managed Care Organizations about the importance of integrating behavioral health with somatic health services.
2. Identify resources to expand ACT Teams.

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**Strategy:** Establish medical respite programs to expand options for people experiencing homelessness with complex medical needs who are being discharged from hospitals.

**Action Steps:**

1. Collaborate with Skilled Nursing Facilities to develop service models and resources.
2. Research national best practices for medical respite care.

## Objective Seven: Advance Health and Housing Stability for People Experiencing Homelessness with Frequent Contact with Hospitals, Criminal Justice, and for Unaccompanied and Youth Aging Out of Public Systems

**Strategy:** Improve discharge planning from hospitals, VA medical centers, psychiatric facilities, jails and prisons to connect people to housing, health support, income and work supports and health coverage prior to discharge.

**Action Steps:**

1. Establish a formal process for regular communication regarding high users among mental health, somatic health and housing providers to promote planning and services.
2. Expand relationships with hospitals and jails to promote planning and services.
3. Create a process to track high users for diversion to the appropriate services.

**Strategy:** Improve discharge planning from foster care, juvenile justice and other systems to connect youth to education, housing benefits and health care prior to discharge.

**Action Steps:**

1. Develop a protocol that a full range of entities in the discharge planning use: court officials (judges) Job Corp, DJS, HHS, Montgomery College, MCPS, GED resources, Crisis Center ACCESS, Corrections, Police, Health Care System.
2. Develop a discharge planning team with consistent membership to coordinate across services as needed to achieve independence for youth.
3. Develop a treatment triage and evaluation plan that provides temporary housing on a time limited basis to young adults.
4. Provide outreach for youth about organizations that provide stable addresses.
5. Develop community based resources in home communities for youth/young adults.

**Strategy:** Promote targeted outreach strategies to identify people experiencing homelessness most likely to end up in emergency room, jail, hospital, or prison, and connect them to the housing and support they need.

**Action Steps:**

1. Improve HMIS to interface with other data systems to track clients and capture accurate client histories.
2. Create assessment tool to evaluate risk factors of clients experiencing homelessness.

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**Strategy:** Review federal program policies, procedures and regulations to identify administrative or regulatory mechanisms that could be used to remove barriers and improve access to stable health care, housing, and housing supports for youth.

**Action Steps:**

1. Identify resources and funding from all levels (federal, state and local) and best practices for providing outreach, permanent housing and triage.
2. Research opportunities to increase affordable housing for youth/young adults.
3. Research opportunities for increased vocational and employment opportunities for youth/young adults.
4. Provide outreach to young adults who have been discharged from the foster care system about opportunities for health insurance and health care.
5. Research opportunities to engage LGBTQ and support them in housing.

**Strategy:** Promote targeted outreach strategies to identify youth experiencing homelessness who are most likely to end up in an emergency room, hospital, jail, or prison, and connect them to the housing and support they need.

**Action Steps:**

1. Research other effective national models for outreach, triage and permanent housing for youth and youth adults.
2. Partner with universities to research youth homelessness in Montgomery County to give us an opportunity to know needs of homeless youth in County.
3. Develop and conduct a public relations campaign to raise awareness around homeless youth and need for resources to be offered in County.
4. Identify gaps in services for youth who are homeless and determine ways to fill the gaps.
5. Conduct specific outreach to identify youth who are homeless in hospitals, jails or prisons to have a specific point of contact to assist in referring youth.
6. Connect DJS/DHR on cases. Distinguish to two different populations.

## Objective Eight: Continue to Retool Crisis Response System to Prevent and End Homelessness

**Strategy:** Develop and promote best practices in crisis response programs.

**Action Steps:**

1. Develop CoC policies and procedures to determine prioritization for emergency shelter and transitional housing.
2. Review coordinated assessment system for adults and explore aligning system with family system.
3. Identify groups underserved by crisis response system and identify ways to increase access (e.g. youth, elderly with medical needs, LGBTQ persons).
4. Determine ways to incorporate trauma informed care into the service system.
5. Develop diversion program for single adult system.

**Strategy:** Continue to utilize mainstream resources to provide housing stabilization assistance to clients who are homeless or at high risk of homelessness.

**Action Steps:**

1. Increase strategies such as prevention case management for households (families and singles) at highest risk of homelessness to stabilize housing and prevent future emergencies.
2. Review and strengthen public/private partnerships (e.g. Emergency Assistance Coalition) providing emergency assistance to at-risk households.
3. Continue to train CoC providers on available mainstream resources and how to access services.
4. Explore strategies for increased role of housing locators to prevent entry to homelessness and facilitate rapid exit from homelessness.

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