

**MEMORANDUM**

April 9, 2013

TO: Health and Human Services Committee  
FROM: Linda McMillan, Senior Legislative Analyst   
SUBJECT: **100,000 Homes Campaign**

At this session, Linda Kaufman of the 100,000 Homes Campaign will provide the Committee with an overview presentation of 100,000 Homes including the mission, training, survey, and tracking and evaluation components of the program. Following the presentation from Ms. Kaufman, the Committee will hear comments from Dimitrios Cavathas of People Encouraging People and Susie Sinclair-Smith of the Montgomery County Coalition for the Homeless on their experiences with the 100,000 Homes Campaign in other jurisdictions. Susan Kirk and John Mendez of Bethesda Cares will provide comments on Bethesda Cares participation in the 100,000 Homes Campaign. Nadim Khan, Chief of Special Needs Housing for the Department of Health and Human Services, and Susie Sinclair-Smith will provide information on the Montgomery County Continuum of Care and Uma Ahluwalia, Director of the Department of Health and Human Services will provide comments regarding Montgomery County's Housing First efforts.

Here are the four parts of the manifesto of 100,000 Homes:

**1. Housing First**

The only lasting solution to homelessness is permanent housing. Far too often, however, we attempt to treat the symptoms of homelessness instead of its root cause.

**2. Know Who's Out There**

We cannot end homelessness in America until every homeless person on our streets is known by name by someone who has carefully assessed their health and housing needs.

### **3. Track Your Progress**

We cannot end homelessness until every community rigorously tracks and measures its program on a monthly basis and makes calculated adjustments to improve performance.

### **4. Improve Local Systems**

We cannot end homelessness without building efficient local systems that target resources to the most vulnerable individuals and families quickly and predictably.

**The 100,000 Homes website provides the following information for communities wanting to participate in 100,000 Homes:**

If you are a community ready to find homes for your most vulnerable homeless neighbors by implementing and further refining the world's best housing process, enroll in the Campaign by completing our Community Enrollment Form.

If you represent a state or territory, please read the Campaign state/territory enrollment guidelines and use our State/Territory Enrollment Form.

**Here's what you can expect from 100,000 Homes upon enrolling:**

- Your community's primary liaison will be contacted by someone on the 100,000 Homes Campaign staff who will answer your immediate questions about the campaign.
- You will be assigned to the next learning series – a 4 week webinar series with a group of peer communities, in which expert faculty from across the country will walk you through the basics of implementing the campaign innovations in your community.
- You will be invited to attend the next Registry Week Boot Camp to experience first-hand and learn all the tools for implementing your registry week.
- Strategize and collaborate with campaign communities that have faced similar challenges through our innovations calls, cohort series and online tools.
- Receive national recognition for your work through our blog, social media tools, and national WebEx conference calls.

**Here's what 100,000 Homes will expect from you:**

- Organize a local leadership team that will take responsibility for implementing the campaign interventions that resonate with your community.
- Based on the resources and aspirations in your community, set a housing placement goal to be achieved over the course of your involvement with the campaign.
- Share what you're learning with other like-minded communities on our monthly innovation calls and through our social media tools.
- Report out monthly on housing placements and retention of your most long-term and vulnerable people so that you can receive recognition for your hard work and so that we can – as a team – find and house 100,000 of the most long-term and vulnerable homeless people in America.

Attached at ©1-6 is a commentary from the Journal of Health Care for the Poor and Underserved titled, “An End to Chronic Homelessness: An Introduction to the 100,000 Homes Campaign.”

Attached at ©7-12 are excerpts from the Council of Government's 2012 Homeless Enumeration on Chronic Homelessness, Subpopulations, and Montgomery County.

## **An End to Chronic Homelessness: An Introduction to the 100,000 Homes Campaign**

Rebecca Kanis, MS  
Joe McCannon, BS  
Catherine Craig, MPA, MSW  
Kara A. Mergl, MSSP, MSW

*Abstract:* Across the nation communities are rapidly identifying and housing their most vulnerable people experiencing homelessness. Building on these examples, Community Solutions and the Institute for Healthcare Improvement have launched the 100,000 Homes Campaign, an historic effort to eliminate chronic homelessness by July 2014.

*Key words:* Homelessness, health care, vulnerability, housing.

**I**t is time to do away with the commonly held belief that the problem of American homelessness is an intractable one. Across the nation, even in a time of unprecedented economic distress, communities are rapidly identifying and sustainably housing their most vulnerable, refusing to accept the continuous and unnecessary suffering of their neighbors. Building on these examples, Community Solutions, the Institute for Healthcare Improvement, and a host of national and local partners have launched the 100,000 Homes Campaign, a historic effort to all but eliminate chronic homelessness by July 2014.

### **Background**

Nearly 405,000 individuals live on our nation's streets and shelters each year.<sup>1</sup> Of these, an estimated 174,000 have health conditions associated in the research with a high mortality risk. These people are at the heart of the effort we describe here.

For them, life on the street or in the shelters is not merely uncomfortable and dangerous: it is often lethal. Multiple studies have shown that homeless individuals are three to four times more likely to die prematurely than the general population.<sup>2</sup> To date as part of the 100,000 Homes Campaign, over 19,000 Vulnerability Index surveys have been administered to people living on the streets and in shelters in 50 communities across the United States. Forty-three percent of the respondents report at least one health condition associated with a high mortality risk. Experiencing homelessness for

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*REBECCA KANIS is the Director of Community Solutions' 100,000 Homes Campaign. JOE MCCANNON, CATHERINE CRAIG, and KARA A. MERGL were instrumental in the launch of the 100,000 Homes Campaign.*

an average of 4.7 years, their situation is exacerbated by mental illness (46%), addiction (59%), dual-diagnosis (33%), and serious chronic health conditions (46%).

In recent decades, many well-meaning initiatives have focused on opening seasonal shelters and other emergency accommodation. Yet for those without a home, without a good job, or without family or social supports to fall back on, these temporary arrangements can become part of their continuing rootlessness. In contrast, efforts that reconnect people who are homeless long-term with stable housing have been enormously successful; among 100,000 Homes Campaign communities tracking housing retention, over 88% of tenants have maintained their housing for a year or longer. Efforts to close the gap between what is known to work (housing with appropriate social supports) and what is too often offered instead (simple shelter) have progressed slowly. Explanations for this science-to-practice gap (e.g., bureaucratic complexity) are plentiful but unsatisfying, and damaging myths (e.g., that homelessness is a natural by-product of a market system, that the homeless prefer to remain so) persist.

### **Financial Burdens**

In addition to the strong moral and clinical rationale for action, there are compelling financial reasons to house those living on the streets. Recent evidence suggests that just 5% of Medicaid beneficiaries account for nearly 50% of Medicaid expenditures, with the top 1% spending 25% of total costs.<sup>4</sup> Further evidence reveals that nearly two-thirds of high-cost Medicaid enrollees are homeless or unstably housed.<sup>5</sup> Dr. Jeffrey Brenner in Camden, N.J. collected hospital utilization data that reveal that 20% of patients generated 90% of costs, with \$3.5 million in costs attributed to the top most costly person; many of the top 1% of hospital visitors were homeless.<sup>6</sup> Across the nation, these frequent hospital visitors who are experiencing homelessness place significant resource burdens on already overwhelmed hospital emergency departments. The cost of allowing homelessness to persist only increases when incarcerations are factored in; 67% of Vulnerability Index survey respondents reported having been in jail and 30% reported having been in prison.<sup>3</sup> Regardless of whether the public costs of homelessness are absorbed by the health care or criminal justice system, multiple studies have demonstrated that the net public costs of providing supportive housing to people with mental illness and/or addictions is about the same or less than the costly institutional circuit.<sup>7,8,9</sup>

### **Reasons for Hope**

In view of these sobering facts, several communities across the nation have taken decisive action with striking results. In New York's Times Square, the efforts of the Street to Home Initiative of Common Ground and its partners nearly eliminated street homelessness (from an average of 55 people sleeping outside in the winter on a regular basis to one person as of April 2010),<sup>10</sup> and in Washington, D.C., more than 1,000 individuals were housed in a 20-month period. Denver and Boston have reported that they have fewer than 200 chronically homeless remaining, and cities such as New Orleans are taking on the goal of ending street homelessness with similar ambition.

Crucially, those getting housing are staying housed: in none of these cities have more than 12% of those placed returned to the streets.

Of equal interest, these communities have realized positive effects on their bottom line. In Los Angeles County and City, for instance, where local stakeholders quickly placed into supportive housing 50 of the most vulnerable people found sleeping on Skid Row, county public hospital and jail hospital in-patient stays dropped for those housed from 205 to 55 compared with the previous year (with an estimated cost reduction of \$677,000) and emergency department visits dropped from 133 to 39 (with an estimated cost reduction of \$185,000). Similarly, days in jail dropped to from 754 days to 142 compared with the previous year.<sup>11</sup>

Every local context requires customization, and each of these communities is doing something that sets it apart. To start, they mobilized local stakeholders from every sector of the community around a shared and specific housing placement goal for those identified as the most vulnerable. Most campaign teams include the Public Housing Authority, leadership from the city and county elected officials, the faith community, the business community, the emergency responders (police, EMT, fire), student groups, the Veterans Administration (15% of respondents are Veterans), private landlords, the public hospital, and the community health clinics, in addition to the groups that traditionally address homelessness: the Continuum of Care, the 10-Year Plan, the human service agencies, and supportive housing providers.

Second, they adhered to a core approach to understanding the housing and services needs that builds on the seminal work of Drs. Stephen Hwang, James O'Connell, and their colleagues in greater Boston.<sup>12</sup> These communities mobilized hundreds of volunteers to canvass in the city in one intensive Registry Week and surveyed all known homeless individuals to determine their health risks and identify by name those with conditions associated with a high mortality risk using the Vulnerability Index survey. The result of this process is a shared, community-wide registry of those in need, prioritized according to criteria which predict their likelihood for severe harm and mortality, including time on the streets, chronic health, mental health and substance abuse patterns, traumatic injuries, and utilization of health care services.<sup>13</sup> Specifically, *vulnerability* is defined purely in terms of mortality risk, with one point for each of eight risk-factors: HIV+/AIDS, end-stage renal disease, liver disease, history of cold or wet weather injury, age greater than 60 years old, more than three emergency room visits in the past three months, more than three emergency room visits or inpatient hospitalizations in the past year, or "tri-morbidity" (which means the simultaneous co-occurrence of any mental health disorder, any substance abuse disorder, and any significant chronic health condition such as diabetes, heart disease, or cancer). At the conclusion of a Registry Week, the participating community receives a standard briefing on the findings and a by-name prioritization list is generated. At the briefing, volunteers are asked to continue to be involved in the housing placement process, through the donation of furniture, money to assist with move-in costs, and home visits.

Next, they demonstrated remarkable creativity in securing and targeting scarce resources, including preferences for mainstream subsidized housing, HUD-VASH vouchers, and funding for wrap-around case management services. Significant steps have been taken to harness additional resources and streamline the housing placement

process in several cities; for example, Project 50 in Los Angeles County and City, the campaign team in Washington, D.C., and Project H3 in Phoenix each were able to move someone from the streets into supported housing in an average of 10 days. Several communities have negotiated local limited preference with their Public Housing Authorities for people identified as vulnerable through the Vulnerability Index. In Albuquerque, the Apartment Association of New Mexico has arranged for participating landlords to donate completely free of charge 25 apartments to their 100,000 Homes Campaign effort.

Careful thought is put into what combination of housing subsidy and services will best support the new tenant in maintain their housing, improve their health, and integrate into the community. In collaboration with the tenant, decisions are made about which housing options might work best, including congregate and scattered-site apartments, and neighborhood, honoring tenant preferences as much as possible. In some cases, the person is so severely disabled that a admission to a skilled nursing facility is arranged. Supportive services are cobbled together from a variety of funding sources and typically include assistance in maintaining their tenancy, improving their independent living skills, and navigating mainstream health and behavioral health care systems. If the tenant fails to thrive in the initial supportive housing environment, communities typically arrange for an alternative arrangement.

### **The 100,000 Homes Campaign**

By capitalizing on the momentum and learning from these remarkable communities and by engaging others whose stories are less well known, we seek to house the nation's 100,000 most vulnerable by July 2014.

How will we make this vision a reality? The 100,000 Homes Campaign, sponsored by Bank of America, the Jacob and Valeria Langeloth Foundation, Oak Foundation, Conrad N. Hilton Foundation, the United Way of Greater Los Angeles, the Weingart Foundation, and the Corporation for Supportive Housing, formally launched in July 2010 at the National Alliance to End Homelessness Conference. It is managed by eight full-time employees who serve as both catalyst and resource center to a growing network of change agents across the country. To date, a total of 112 communities have enrolled in the campaign, helping over 11,750 of the most long-term and vulnerable people experiencing homelessness move back into permanent housing. The campaign has been endorsed by many organizations at the federal and regional level, including National Alliance to End Homelessness, Corporation for Supportive Housing, Enterprise Community Partners, the United Way, Catholic Charities, National Association of Public Hospitals, National Association of Community Health Clinics, Health Care for the Homeless Conference, Center for Social Innovation, Iraq and Afghanistan Veterans of America, National Alliance on Mental Illness, the U.S. Conference of Mayors, National Law Center on Homelessness and Poverty, Invisible People TV, and Housing California.

The campaign will succeed by taking several key actions that will help change and support rapid dissemination of best practice. Newly enrolled communities participate in a four part webinar summarizing the model for change and highlighting best practices. The next step is to attend a Registry Week Boot Camp, a three-day intensive training on

how to conduct a Registry Week in the local community. Once campaign communities have helped the first dozen people return to permanent housing, they are invited to attend a Housing Placement Boot Camp, a two-day intensive training in which quality improvement experts coach inter-departmental teams through eliminating unnecessary steps in the housing placement process. To maintain progress, mentors in all areas of best practice are identified and volunteer to coach and support colleagues across the country in implementing the model. The community of change agents convenes monthly for an *All Hands on Deck* webinar to receive an update on outcomes, learn of new innovations in the field, and share emerging issues and concerns. The campaign provides participating communities with comparative data on a monthly basis to help them track their progress and most significantly, the rate at which they house their most vulnerable people. Currently, the average housing placement rate per enrolled community is five persons per month. If communities continue to enroll in the campaign at same existing rate, and gradually double their housing placement rate, the campaign will surpass the cumulative aim of 100,000 vulnerable people housed by July 2013.

The campaign staff works closely with national leaders, in organizations like the Department of Housing and Urban Development, Centers for Medicare and Medicaid Services, and the Department of Veterans Affairs, to make sure that policies and payment structures are best aligned to support housing and relevant social services. Campaign leadership intentionally creates bridges between the national partners and the local community teams. Finally, the campaign staff broadcasts the story to the public, through traditional and social media channels, changing the story about how it is possible to end homelessness and engaging change agents and volunteers to drive change in their local communities.

### Challenges and Opportunities

The vision sketched here is ambitious and possible pitfalls are many. Political will could falter, local divisions could undermine the housing process, and the sheer logistics of such a large-scale transformation could prove overwhelming. But cities such as New York, Washington, D.C., Los Angeles, New Orleans, Phoenix, and Denver show us what is possible, and the needs of the nation's most vulnerable demand urgent action. If successful, the 100,000 Homes Campaign will not only radically reduce homelessness, but in building across the nation local capacity to rapidly address acute social needs, forever transform expectations about the pace and scope of change.

What can you do? If a local 100,000 Homes Campaign team is already working in your community, contact the team leader (identified in the Results section of [www.100khomes.org](http://www.100khomes.org)) and ask how your expertise and resources can be put to use. If there is not yet a campaign team in your community, reach out to the 100,000 Homes Campaign to learn more about how you can get it started.

### Notes

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# CHRONIC HOMELESSNESS

As a result of federal policy, the nine COG jurisdictions that receive HUD Continuum of Care (CoC) grants are working to reduce the region's chronically homeless population. HUD defines an individual experiencing chronic homelessness as an unaccompanied adult with a disabling condition who has either been continuously homeless for a year or more or has had at least four episodes of homelessness in the past three years. HUD has expanded the definition to include families if the family has at least one adult, 18 or older, with a disabling condition and meets the same time period requirements as for an unaccompanied adult. Persons under the age of 18 are not counted as chronically homeless individuals, nor are other adults in the family who do not meet the HUD definition. However, all members of the family household are counted as persons in a chronically homeless family.

## *Chronically Homeless Single Adults*

Approximately 25 percent of the region's homeless individuals are chronically homeless. The total is an 11 percent decrease from last year. The decrease in chronically homeless single adults is attributable to permanent supportive housing placements. Arlington and Fairfax counties reported the largest increases in their chronically homeless single populations from last year. This is a huge change from last year when eight of the nine jurisdictions experienced increases in their chronically homeless single counts.

Table 7 provides the sheltered status breakdown of the chronically homeless single adults counted as part

of the 2012 Point-In-Time enumeration. Eliminating chronic homelessness is challenging; yet, it is a major goal for many of the region's Continuum of Care jurisdictions. Most chronically homeless residents suffer from severe physical health, mental health and domestic violence related impediments. Health impediments may include substance abuse and physical disabilities.

The problem is more acute when individuals suffer from multiple challenges. For example, to provide appropriate services for a person experiencing chronic homelessness, jurisdictions and service providers must ensure that individuals are adequately screened and diagnosed. Additionally, in many cases, people need medical assistance and/or other regimented methods of care and counseling. People may not immediately respond to the care they receive or their care may be required for the remainder of their lives. In such instances, proper case management services are essential. Challenges to caring for people experiencing chronic homelessness are heightened because many do not have permanent places to live.

## *Chronically Homeless Families*

Chronically homeless families – across the region – resided in emergency and/or winter shelters. There were 133 chronically homeless families counted in the region. The District of Columbia houses the largest number (131) of these families. Both Fairfax and Prince William counties counted one chronically homeless family. None of these families were unsheltered.



<b>TABLE 6: CHRONICALLY HOMELESS SINGLES BY JURISDICTION, 2008 - 2012</b>					
<b>Jurisdiction</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>
Alexandria	75	90	80	109	60
Arlington County	156	138	113	154	175
District of Columbia	2,184	1,923	2,097	2,093	1,870
Fairfax County	402	297	242	258	353
Frederick County	55	66	54	88	95
Loudoun County	21	19	21	22	18
Montgomery County	208	152	180	344	199
Prince George's County	216	107	124	134	102
Prince William County	58	71	61	87	55
<b>All COG CoCs</b>	<b>3,375</b>	<b>2,863</b>	<b>2,972</b>	<b>3,289</b>	<b>2,927</b>

*\* This table represents the number of chronically homeless single adults in the region.*

<b>TABLE 7: 2012 SHELTER STATUS OF CHRONICALLY HOMELESS SINGLE ADULTS</b>			
<b>Jurisdiction</b>	<b>Total Chronically Homeless Single Adults</b>	<b>Number of Unsheltered Chronically Homeless Single Adults</b>	<b>Number of Sheltered* Chronically Homeless Single Adults</b>
Alexandria	60	20	40
Arlington County	175	93	82
District of Columbia	1,870	542	1,328
Fairfax County	353	128	225
Frederick County	95	57	38
Loudoun County	18	11	7
Montgomery County	199	61	138
Prince George's County	102	91	11
Prince William County	55	39	16
<b>All COG CoCs</b>	<b>2,927</b>	<b>1,042</b>	<b>1,885</b>

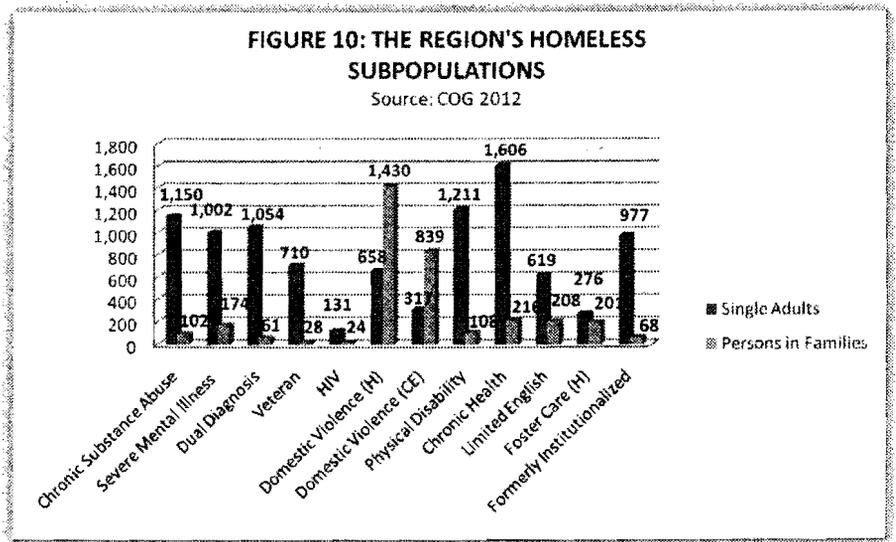
*\* This table represents chronically homeless persons residing in Emergency and Winter shelters and Safe Havens*

# SUBPOPULATIONS

According to the 2012 enumeration, the majority of the region's homeless population suffers from domestic violence, chronic health problems, physical disabilities, substance abuse, and severe mental illness. More than two-thirds (69 percent) of Montgomery County homeless households without children reported chronic substance abuse, serious mental illness, or co-occurring disorders, which is consistent with 2011. In addition, more than one-third (37 percent) reported chronic health problems and/or a physical disability. In Fairfax County, 64 percent of the jurisdiction's homeless single individuals were reported as chronic substance abusers, seriously mentally ill, or both, a four percent increase from 2011.

For 2012, HUD requested data on persons who had a history of domestic violence. Historically, the Regional Enumeration has reported on persons whose current episode of homelessness was due to domestic violence. In order to maintain base data for trend comparison, both elements were collected and are shown in the Subpopulations figure below. As expected, the number of persons with a history of domestic violence at any time (DV-H) is higher than the number for whom domestic violence is the reason for the current episode of homelessness (DV-CE). Regionally, the number of single adults who became homeless as a result of domestic violence dropped from 418 in 2011 to 317 in 2012, a

decrease of 24 percent; however, more than twice this number of single adults (658) were identified as having a history of domestic violence at any time. There was a similar pattern for persons in families, though less pronounced. The numbers of persons in families who became homeless as a result of domestic violence dropped from 1,052 in 2011 to 839 in 2012, a 20 percent decrease, but 1,430 persons in families were identified as have a history of domestic violence at any



time. Domestic violence continues to be the largest subpopulation category for persons in families.

Homeless people whose limited ability to communicate in English is another subpopulation captured in the 2012 enumeration. This language barrier presents problems for these households to access services and housing.



The need for PSH was reported for 14 single adults and 3 families this year. The Continuum of Care recognizes the need for additional supportive housing resources dedicated to the homeless population; however the high cost of providing PSH units presents a great challenge to public and private agencies in an economic climate where funding resources are scarce.

The need for additional PSH housing units has been identified as a key affordable housing strategy in the draft Ten Year Plan to End Homelessness. Access to affordable housing is limited in Loudoun. The federally funded Housing Choice Voucher (HCV) Program currently serves 715 households, and it provides the largest amount of housing affordable to households

with extremely low income in the County. Three of ten "homeless set-aside" HCV vouchers are currently in use. The HCV wait list is closed at the present time, and there 1084 households on the wait list. Three small subsidized senior housing projects also exist, serving persons aged 60 and over. The Affordable Dwelling Unit (ADU) rental program provides reduced rent to those who qualify at income levels between 30 and 50 percent of Area Median Income (AMI). The majority of Loudoun's homeless have income levels at 0 to 30 percent of AMI, a level too low to qualify for the ADU rental program. The Loudoun CoC continues to advocate for and to explore funding sources for, the development of housing options affordable to persons with extremely low incomes.



## Montgomery County, Maryland

### DESCRIPTION OF HOMELESS SERVICES

The Montgomery County Homeless Continuum of Care (CoC) is a public-private partnership that includes state and local government agencies, non-profit service providers, landlords, and other stakeholders who have a role in eliminating homelessness. As the lead agency, the Montgomery County Department of Health and Human Services (DHHS) manages the homeless intake and assessment process as well as the County's Homeless Management Information System (HMIS). The County continues to provide a full continuum of housing services to homeless persons including outreach and engagement, emergency and transitional shelter, safe havens, and permanent supportive housing programs. 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 initiatives including emergency financial as-

sistance, shallow rent subsidies, and energy assistance designed to prevent the loss of permanent housing.

During 2011, Montgomery County held a "Homeless Resource Day" as a way reach out to residents experiencing homelessness and connect them with needed community resources and supports. More than 300 people attended this highly successful event and were able to receive health screenings, registration for mainstream benefits, legal assistance, employment, haircuts and more. The CoC plans to hold this event annually in the future.

TABLE 33: MONTGOMERY COUNTY'S YEAR-ROUND AND WINTER BED INVENTORY

	Beds for Individuals	Beds\Units for Persons in Families	All Year-Round Beds	Winter Beds
Hypothermia/Overflow/Other (Additional winter Capacity)	270	97/33	0	367
Emergency Shelter Beds	128	138/42	266	0
Transitional / Safe Haven Beds	170	193/60	363	0
<b>TOTALS</b>	568	428/135	629	376

In addition, there has been a concerted effort to identify and engage homeless veterans living in Montgomery County including the creation of one-stop center in collaboration with the Veterans Administration where veterans can apply for benefits, get linked to housing and receive case management.

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The County continues to provide emergency shelter to households with children through three family shelters with the capacity to serve 27 families, in addition to motels, which are utilized for overflow when shelters are at capacity. Thirty-three (33) families were in overflow motel during this year's enumeration. An additional 15 families can be served through the County's domestic violence shelter.

Category	2012	2011	2010	% Change 2010 to 2012	% Change 2011 to 2012
Total Number Counted	981	1132	1064	-7.8%	-13.3%
Total Individuals	600	758	692	-13.3%	-20.8%
Total Number of Families	126	125	124	1.6%	0.8%
Total Persons in Families	381	374	372	2.4%	0.2%
Total Adults in Families	152	143	138	10.1%	6.2%
Total Children in Families	229	231	234	-2.1%	-0.9%

Emergency shelter for adults without children expands from a capacity of 128 beds during the warm weather months to accommodate all those in need of shelter during November through March. On the day of the 2012 enumeration, there were 328 emergency shelter beds occupied, 204 of which were designated as temporary or hypothermia beds.

Transitional housing including Safe Havens provides 170 beds for households without children. The number of transitional housing beds for households with

included one (1) household with only children. This is a 13.3 percent decrease over 2011 and continues a downward trend that was interrupted last year when the number of homeless persons increased for the first time since 2005. This decrease can primarily be attributed to an increase in permanent supportive housing that enabled persons to exit homelessness.

Households without children (formerly referred to as homeless single adults) experienced a 20.8 percent

decrease from 758 in 2011 to 600 in 2012. Unsheltered persons decreased by over 42 percent in 2012 due to an increase in the availability of housing as well as increased case management efforts to engage and stabilize persons. It should be noted that the severe

	Individual Adults	Adults in Families	Children in Families	TOTAL
Chronic Substance Abuser (CSA)	108	7	N/A	115
Severe Mental Illness (SMI)	170	22	N/A	199
Dually Diagnosed (CSA & SMI)	138	11	N/A	149
Chronic Health Problem	133	9	N/A	142
Living With HIV/AIDS	6	0	N/A	6
Physical Disability	86	9	N/A	95
Domestic Violence Victim (CE)	25	34*	58	117
Limited English (new)	92	14	N/A	106
U.S. Veterans	37	0	N/A	37

\*Domestic Violence included household count (adults and children) whose current episode of homelessness was due to domestic violence.

children decreased to 193 beds in 2012 from 230 in 2011 due to the conversion transitional beds to permanent supportive housing by one non-profit provider and a reduction in beds when another non-profit provider ceased operations.

### HOMELESS POINT-IN-TIME RESULTS

Montgomery County's homeless point in time survey was conducted on January 25, 2012. A total of 982 homeless persons were counted that day, which

weather storm that affected the region during the 2011 enumeration may have contributed to data collection challenges that led to over reporting of homeless persons last year.

Overall, the total number of households with children (formerly homeless families) remained almost unchanged from the 2011 enumeration. However, the number households with children in emergency shelter increased 25.5 percent from 55 in the 2011



enumeration to 69 in 2012. This increase can be attributed to several factors, including a lack of housing that is affordable to low-wage working families and the economic downturn that has exhausted the financial resources and social networks of homeless households who can provide temporary housing.

Table 34 provides a comparison of the past 3 years.

The total number of formerly homeless persons residing in permanent supportive housing increased 13.7 percent from 2011 and 17.2 percent since 2010. The increase reflects the continued commitment of Montgomery County to increasing the supply of permanent housing.

### SUBPOPULATIONS

More than two-thirds (69%) of Montgomery County homeless households without children reported chronic substance abuse, serious mental health issues, or co-occurring disorders, consistent with previous year. In addition, more than one-third (37%) reported chronic health problems and/or a physical disability.

Thirty-three percent of the County's households without children were considered chronically homeless. This represents a decline from 45 percent in 2011 is a result of an increase in the number of vouchers available in 2012 and the opening of two permanent supportive housing programs.

Fifteen percent of households without children report limited English skills as a barrier to securing housing. Six percent of households without children reported veteran status

The enumeration demonstrated a 24 percent decrease in households with children experiencing a current episode of homelessness due to domestic violence down from 36 percent in 2011. Twenty-six (26) percent of adults in families report problems with substance abuse, serious mental health issues, or co-occurring disorders. Chronic health and physical disability was reported by approximately 12 percent of the adults in households with children. Nine (9) percent of the adults reported that "Limited English" was a barrier to

the household maintaining housing. In 2011, HUD expanded the chronically homeless definition to include families with children and required that they be counted in the enumeration. In 2012 there were no chronically homeless families identified compared to one percent (two families) identified in 2011.

### EMPLOYMENT AND PRIMARY SOURCE OF INCOME

Employment – General employment decreased for households without children in 2012 to sixteen percent from 20 percent in 2011. Employment also declined among adults in households with children to 46 percent in 2012 from 49 percent in 2011.

Source of Income – Sixty three (63) percent of individuals without children reported having some type of income. Of homeless individuals reporting income, 24 percent reported employment as their primary income source and 36 percent reported disability income (SSI/SSDI) as their primary income source. The remaining individuals reporting income, reported a primary source of income as follows: 13 percent from TDAP/Public Assistance, 26 percent reported "other," and 2 percent Social Security/Retirement benefits.

Seventy nine (79) percent of the adults in homeless families reported some type of income. Of those adults reporting income, 55 percent reported employment as their primary source followed by 29 percent with TANF/Public Assistance, 10 percent reporting "other," and 6 percent reporting disability as their primary source of income.

Monthly Income – The largest income range reported by homeless individuals without children who reported income was \$501 - \$1,000 with 45 percent; 20 percent had incomes ranging from \$151 - \$250; 15 percent ranging from \$251 - \$500; nine (9) percent had incomes ranging from \$1,001 - \$1,500; seven (7) percent \$1 - \$150; and the remaining four (4) percent was income greater than \$1,501.

The largest income range reported by homeless adults in households with children who reported income was \$501-\$1,000 with 44 percent; 19 percent had



incomes ranging from \$251-\$500; 17 percent had incomes ranging from \$1,001-\$1,500; 11 percent had incomes from \$1,501 to \$2,000; five (5) percent had incomes over \$2,000 and the remaining three (3) percent had incomes from \$151-\$250.

### PERMANENT SUPPORTIVE HOUSING

Despite funding challenges caused by the current economic downturn, Montgomery County has continued its commitment to its Housing First Model by increasing the number of permanent supportive housing beds. Over the past year, the local Public Housing Authority opened a 12-unit permanent supportive housing program for formerly homeless adults, one non-profit provider, in conjunction with the Department of Consumer Affairs, developed 6 permanent supportive units for formerly homeless adults and a new program for six chronically homeless families opened. Additionally, the County received 25 VASH vouchers in 2010 and an additional 25 in 2011. Finally, one non-profit provider began the conversion of 17 transitional housing units that, when complete, will provide 51 additional beds for families that have significant challenges to obtaining and maintaining housing.

In 2012, Montgomery County had 1,640 formerly homeless persons living in permanent supportive housing compared to 1,442 in 2011 and 1,399 in 2010. This represents a 17 percent increase over a three-year period. While the total number of persons residing in permanent supportive housing increased over last year, there were some differences based on household composition. There were 598 single individuals living in permanent supportive housing in 2012, an 18.4 percent increase over 2011 and a 35 percent increase since 2010. There was an increase in the number of persons in households with children

by 11 percent from 937 in 2011 to 1042 in 2012. Consequently, the number families also increased by 11 percent to 310 from 278 in 2011.

## Prince George's County, Maryland

### DESCRIPTION OF HOMELESS SERVICES

The County's Continuum of Care is coordinated through the Homeless Services Partnership (HSP). The HSP is an umbrella organization designed to foster an inclusive strategy aimed at effectively addressing issues of homelessness in Prince George's County through on-going planning, coordination, collaboration, cooperation and communication. Membership includes public and private non-profit agencies, faith-based organizations, service providers, mainstream programs, consumers, and concerned citizens.

The Homeless Services Partnership continues to set all strategic priorities, approves decisions by vote, oversees the development and implementation of strategic goals, and serves as the Homeless Advisory Board to the County Executive and the County Council. The HSP was awarded a grant to hire a Consultant to help implement the County's Continuum of Care 2010 Strategic Plan. Working in collaboration with the Homeless Services Partnership and technical assistance from the National Alliance to End Homelessness, the Consultant has developed a Ten Year Plan to End Homelessness in the county.

Over fifty-two organizations including a diverse group of stakeholders from public and private non-profit agencies have worked diligently over the past 12 months to develop the plan. The plan's creation marks the beginning of a homeless services system change,

and provides comprehensive strategies to move forward in the reduction of homelessness in the county. The Homeless

TABLE 36: PRINCE GEORGE'S COUNTY'S YEAR-ROUND AND WINTER BED INVENTORY

	Beds for Individuals	Beds/Units for Persons in Families	All Year-Round Beds	Winter Beds
Hypothermia/Overflow/Other (Additional Winter Capacity)	39	11	0	50
Emergency Shelter Beds	44	142/27	186	0
Transitional Housing Beds	44	194/62	238	0