



# Services to End and Prevent Homelessness

## APPROVED FY24 BUDGET

\$59,372,899

## FULL TIME EQUIVALENTS

119.40

JAMES BRIDGERS PH.D., MBA, DIRECTOR

## FUNCTION

The programs of Services to End and Prevent Homelessness (SEPH) have a common vision: access by all people to safe, affordable housing, and opportunities to improve quality of life. The mission of SEPH is to make homelessness a rare, brief, and non-recurring event by operating from a Housing First philosophy. Housing First recognizes that people are most successful when they have a choice in housing and seeks to eliminate barriers such as sobriety requirements or treatment compliance. SEPH provides a full continuum of services including housing stabilization, homeless diversion, and permanent housing; and employs evidence-based and promising practices. SEPH programs collaborate with public and private partners through the Interagency Commission on Homelessness. Special needs populations include: veterans; both individuals and families; persons with behavioral health challenges; individuals with developmental disabilities; transitioning youth; and seniors with disabilities experiencing or at risk of homelessness.

## PROGRAM CONTACTS

Contact Christine Hong of the HHS - Services to End and Prevent Homelessness at 240.777.1179 or Deborah Lambert of the Office of Management and Budget at 240.777.2794 for more information regarding this department's operating budget.

## PROGRAM DESCRIPTIONS

### Admin - Services to End and Prevent Homelessness

This program provides leadership and direction for the administration of Services to End and Prevent Homelessness and advises the Interagency Commission on Homelessness (ICH) and Montgomery County Continuum of Care (CoC).

FY24 Approved Changes	Expenditures	FTEs
<b>FY23 Approved</b>	<b>860,872</b>	<b>6.00</b>
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	101,466	0.00
<b>FY24 Approved</b>	<b>962,338</b>	<b>6.00</b>

### Coordinated Entry

Coordinated entry is a process developed to ensure that all people experiencing a housing crisis have fair and equal access to

remedies and are quickly identified, assessed for, referred, and connected to housing and assistance based on their strengths and needs. Within a Coordinated Entry System, each person is prioritized for housing based on vulnerability using a data-driven, real-time process. Montgomery County's Coordinated Entry System embraces Housing First principles of low barrier access, consumer choice, community integration, and housing orientation.

Program Performance Measures	Actual FY21	Actual FY22	Estimated FY23	Target FY24	Target FY25
Number of homeless individuals with a completed vulnerability assessment (Using the VI-SPDAT) to determine housing placement <sup>1</sup>	1,061	1,222	1,300	1,300	1,300
Coordinated Entry - Days from housing program assignment to housed <sup>2</sup>	33	116	90	75	60
Percent of homeless individuals with a completed vulnerability assessment (using the VI-SPDAT) to determine housing placement	89%	86%	91%	93%	95%

<sup>1</sup> Projected goals for FY23 onward are impacted by previous years' actual values, so projected values are based on pre-FY20 values. In FY20-FY21, the COVID pandemic limited contact between case managers and clients resulting in an abnormally low number of clients with a completed VI-SPDAT.

<sup>2</sup> Changes in housing inventory have caused longer than average wait times to move clients into housing.

FY24 Approved Changes	Expenditures	FTEs
<b>FY23 Approved</b>	<b>1,268,743</b>	<b>6.90</b>
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	403,059	2.00
<b>FY24 Approved</b>	<b>1,671,802</b>	<b>8.90</b>

## Healthcare for the Homeless

Healthcare for the Homeless provides medical and dental services to individuals experiencing homelessness in emergency shelters, street outreach, and transitional housing. Medical services are also provided to individuals and families served in permanent supportive housing programs. Healthcare for the Homeless is committed to reducing the health disparities for people experiencing homelessness by providing low barrier access to services and reducing re-admissions to hospitals.

Program Performance Measures	Actual FY21	Actual FY22	Estimated FY23	Target FY24	Target FY25
Number of individuals receiving primary care services through Healthcare 4 the Homeless (Mobile Med) <sup>1</sup>	180	202	220	240	260
Number of hospital transfers from year-round shelters (based on 911 emergency calls) <sup>2</sup>	427	395	350	300	250

<sup>1</sup> This measure tracks new patients served.

<sup>2</sup> FY21-FY22 actual numbers show a decrease in the number of hospital transfers. With the implementation of medical respite and improvements in service coordination, SEPH anticipates hospital transfers to continue to decrease.

FY24 Approved Changes	Expenditures	FTEs
<b>FY23 Approved</b>	<b>1,983,566</b>	<b>5.00</b>
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	75,510	0.00
<b>FY24 Approved</b>	<b>2,059,076</b>	<b>5.00</b>

## Homeless Services for Families

Homeless Services for Families provides emergency shelter and transitional housing to families with children. Services include intake and assessment, case management, and housing location to link families experiencing homelessness to housing, behavioral health, financial, and legal programs. All services are housing focused with a goal of connecting families with permanent housing as

quickly as possible and removing systemic barriers to accessing housing and services.

Program Performance Measures	Actual FY21	Actual FY22	Estimated FY23	Target FY24	Target FY25
Number of individuals as part of a family unit experiencing homelessness for the first time	426	304	300	300	300
Average length of stay in days by homeless families in emergency shelter <sup>1</sup>	54	75	60	50	40
Percent of households returning to homelessness	10%	5%	5%	5%	5%

<sup>1</sup> During FY21 and through FY22, the Continuum of Care (CoC) saw an increase in the number of Households with minor children as well as an increase in household size. This created difficulties in getting families housed and out of shelter, resulting in an increase in length-of-time (LOT) in shelter for families.

FY24 Approved Changes	Expenditures	FTEs
<b>FY23 Approved</b>	<b>3,341,888</b>	<b>3.00</b>
Increase Cost: Overflow Sheltering in Hotels	1,511,606	0.00
Add: COVID Sheltering in Hotels for Isolation of COVID Positive or Exposed People who are Experiencing Homelessness (one-time)	770,000	0.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	130,213	0.00
<b>FY24 Approved</b>	<b>5,753,707</b>	<b>3.00</b>

## ☀ Homeless Services for Single Adults

Homeless Services for Single Adults provides emergency shelter, street outreach, and transitional housing to adults experiencing homelessness. All services are housing focused with a goal of connecting adults with permanent housing as quickly as possible by removing barriers such as poor credit, criminal history, limited or no access to behavioral and somatic healthcare, and low or no income. Homeless services include centralized shelter intake and diversion, comprehensive case management, assertive engagement, housing location, employment training and job development, legal services, and assistance with entitlements like Food Stamps and Medicaid.

Program Performance Measures	Actual FY21	Actual FY22	Estimated FY23	Target FY24	Target FY25
Number of homeless single adults counted during Annual Point in Time Count	480	478	470	465	460
Length of time homeless in days for adults in emergency shelter, outreach, or transitional housing <sup>1</sup>	119	84	75	60	45
Percent of positive exits to permanent housing from street outreach, emergency shelter, or transitional shelter	41%	38%	40%	40%	40%

<sup>1</sup> In FY22, length-of-time (LOT) in shelter, outreach, or transitional housing has returned to pre-FY21 levels and, with more widespread implementation of diversion and rapid exit programs, SEPH expects the trend to continue towards our Built for Zero goal of 45 days.

FY24 Approved Changes	Expenditures	FTEs
<b>FY23 Approved</b>	<b>12,549,040</b>	<b>2.00</b>
Enhance: Security Funding for Interfaith Works Emergency Shelters	388,702	0.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	447,095	0.00
<b>FY24 Approved</b>	<b>13,384,837</b>	<b>2.00</b>

## ☀ Housing Initiative Program

The Housing Initiative Program is a Housing First permanent supportive housing program serving individuals and families with disabilities. Program participants are quickly connected to permanent scattered site units without any preconditions and offered

intensive wraparound support services. The rental assistance is provided by the Department of Health and Human Services staff and services are offered via contracts with non-profit partners. This program also acts as the lead entity for the 1115 Medicaid Waiver Assistance in Community Integration Services through the State Department of Health.

Program Performance Measures	Actual FY21	Actual FY22	Estimated FY23	Target FY24	Target FY25
Housing Initiative Program: Number of clients served	902	927	1,000	1,100	1,200
Housing Initiative Program: Days from housing program assignment (to accepted) to housed <sup>1</sup>	192	406	365	180	90
Percent of households who retain permanent housing after 12 months	95%	99%	99%	99%	99%
Percent decrease in acuity score, measuring the severity of presenting issues impacting housing stability	36%	36%	45%	55%	60%

<sup>1</sup> Projected values are based on desired improvements using a baseline of 406 from FY22. The goal is to bring the number of days from assigned to housed closer to 45, but previous years' values will impact future projections.

FY24 Approved Changes	Expenditures	FTEs
<b>FY23 Approved</b>	<b>297,441</b>	<b>2.00</b>
Increase Cost: Rent Subsidy Funding to Keep Up with Rent Increases for Housing Initiative Program	1,700,000	0.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	121,285	0.00
<b>FY24 Approved</b>	<b>2,118,726</b>	<b>2.00</b>

## Interagency Commission on Homelessness

The Montgomery County Continuum of Care (CoC) coordinates the community's policies, strategies, and implementation of a housing and services system to prevent and end homelessness through a collaboration of public and private sector groups. Responsibilities include promoting a community-wide commitment to ending homelessness, providing funding for efforts to promote community-wide planning and strategic use of resources to address homelessness, and improving coordination and integration with mainstream resources and other programs targeted to people experiencing homelessness. The Interagency Commission on Homelessness is a group of appointed leaders of the CoC who have authority to make decisions on behalf of the CoC.

Program Performance Measures	Actual FY21	Actual FY22	Estimated FY23	Target FY24	Target FY25
Dollars brought into the continuum from non-County funds <sup>1</sup>	\$106,316,327	\$8,747,358	\$6,321,446	\$2,882,571	\$2,882,571
Number of individuals with lived experience participating as ICH Commissioner or on committees	15	8	15	16	17
Number of total homeless individuals counted during the Annual Point in Time Count	577	581	525	473	425

<sup>1</sup> The increase in grants in FY21 is due to COVID-19, with \$105,501,792.90 being specifically for COVID-19. These grants have been extended and cover multiple fiscal years to spend down. Funding received during COVID was not renewable, resulting in a decrease in non-county funds brought into the county. Projected values reflect renewable funding with one-time funding amounts (i.e., COVID grants) omitted.

FY24 Approved Changes	Expenditures	FTEs
<b>FY23 Approved</b>	<b>4,000</b>	<b>0.00</b>
<b>FY24 Approved</b>	<b>4,000</b>	<b>0.00</b>

## Permanent Supportive Housing

Permanent Supportive Housing is an evidence-based practice that provides immediate access to a permanent housing subsidy and

long-term, wraparound support services to households with disabilities. All programs use a Housing First approach that offers housing without preconditions such as sobriety, treatment compliance, or participation in services.

Program Performance Measures	Actual FY21	Actual FY22	Estimated FY23	Target FY24	Target FY25
Permanent Supportive Housing: Number of clients served <sup>1</sup>	2,153	2,177	2,200	2,250	2,300
Permanent Supportive Housing: Days from housing program assignment (to accepted) to housed <sup>2</sup>	154	266	200	150	100
Percent of households who retain permanent housing after 12 months	92%	99%	99%	99%	99%
Percent of clients retaining permanent housing	97%	98%	99%	99%	99%
Percent of people that graduate from the program	7%	13%	15%	17%	19%

<sup>1</sup> Many permanent supportive housing options were available to clients beginning in FY21 due to the increase in COVID funding and other related legislation changes. Additionally, SEPH aims to increase the number of individuals served in Permanent Supportive Housing (PSH) each year by utilizing state-funded programs such as the Housing Initiative Program's Assistance in Community Integration Services Pilot (HIP ACIS) and filling additional PSH slots made available as a result of move-ups via the Emergency Housing Voucher Program (EHV).

<sup>2</sup> Lack of affordable and available housing units within the County and the court process for landlords have slowed down unit availability (COVID-related from FY21 to FY22). Additionally, many of our providers and the County have experienced staff turnover, which has impacted services and resulted in an increase in days from housing assignment to housed from FY21 to FY22. Using FY22 as the new baseline, FY23-FY25 projections reflect continued challenges in housing clients. SEPH will work to reduce the backlog and decrease the length of time from assigned to housed through FY23-FY25.

FY24 Approved Changes	Expenditures	FTEs
<b>FY23 Approved</b>	<b>5,426,912</b>	<b>2.00</b>
Increase Cost: Rent Subsidy Funding to Keep Up with Rent Increases for Permanent Supportive Housing Program	300,000	0.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	(6,943)	0.00
<b>FY24 Approved</b>	<b>5,719,969</b>	<b>2.00</b>

## Prevention

Prevention provides conflict resolution, mediation, financial assistance, housing location, and case management to County residents at risk of or experiencing homelessness. The program's focus is to partner with families and individuals to resolve their housing emergency through creative problem-solving. State and County grants are provided to prevent evictions and utility cut offs or secure new housing. Short-term case management services are provided to help at-risk households develop and implement plans to prevent a future housing crisis.

Program Performance Measures	Actual FY21	Actual FY22	Estimated FY23	Target FY24	Target FY25
Households receiving emergency grants to prevent eviction/homelessness (County and State funds) <sup>1</sup>	5,127	10,247	11,000	11,000	11,000
Percent of households who received prevention assistance and within 12 months enter the homeless continuum <sup>2</sup>	5%	2%	5%	5%	5%

<sup>1</sup> The increase from FY21 to FY22 was due to COVID funding, on which SEPH received an extension, so prevention clients are still being served from funds issued in FY21. SEPH can spend down these grants over multiple fiscal years and, thus, projections for FY23-FY25 are higher than the FY21 actual.

<sup>2</sup> This measure, by definition, has a one-year lag. FY22 is therefore based on cases initiated in FY21.

FY24 Approved Changes	Expenditures	FTEs
<b>FY23 Approved</b>	<b>8,441,630</b>	<b>55.10</b>
Replace: Eviction Prevention Previously Funded by ARPA Continued with General Funds	1,719,438	0.00

FY24 Approved Changes	Expenditures	FTEs
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	720,861	1.90
<b>FY24 Approved</b>	<b>10,881,929</b>	<b>57.00</b>

## Rapid Rehousing

Rapid Rehousing (RRH) is an intervention program designed to help individuals and families to quickly exit homelessness, return to housing in the community, and not become homeless again in the near term. The core components of a rapid rehousing program are housing identification, move-in and rent assistance, and rapid rehousing case management and services. The goal of the program is to help people quickly obtain housing, increase income, and support self-sufficiency to stay housed. Rapid re-housing is offered without any preconditions, such as employment, income, absence of criminal record, or sobriety.

Program Performance Measures	Actual FY21	Actual FY22	Estimated FY23	Target FY24	Target FY25
Rapid Rehousing - Number of clients served <sup>1</sup>	812	964	1,000	1,100	1,200
Cost per positive exit <sup>2</sup>	\$8,680	\$18,480	\$15,000	\$13,000	\$11,000
Percent of households with increased income since entering rapid rehousing <sup>3</sup>	32%	24%	30%	35%	40%
Percent of exits to permanent housing	78%	83%	85%	85%	90%

<sup>1</sup> COVID-related funds increased the number served.

<sup>2</sup> Increase in cost per positive exit from FY21 to FY22 can be attributed to property owners increasingly requiring double security deposits to lease to higher risk Rapid Rehousing (RRH) clients as well as a shortage of housing options making it take longer to house clients, which has resulted in a lower rate of housing in RRH.

<sup>3</sup> Households have experienced challenges in increasing their income due to changes in the work environment, including not returning to work due to lack of telework options because of the nature of their jobs and the inability to obtain increased compensation in existing employment.

FY24 Approved Changes	Expenditures	FTEs
<b>FY23 Approved</b>	<b>3,142,840</b>	<b>0.00</b>
Replace: Rapid Rehousing Program General Funds with Housing Initiative Funds	(1,238,396)	0.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	14,548	0.00
<b>FY24 Approved</b>	<b>1,918,992</b>	<b>0.00</b>

## Rental Assistance Program

The Rental Assistance Program (RAP) provides a shallow subsidy to individuals and families at risk of or currently experiencing homelessness. The target populations for this program are seniors, people with disabilities, and others on a fixed income.

Program Performance Measures	Actual FY21	Actual FY22	Estimated FY23	Target FY24	Target FY25
Number of unique households with an active rental subsidy during the year <sup>1</sup>	882	900	950	1000	1050
Percent of clients who utilized housing stabilization services (HSS) within a year after receiving rental assistance (RAP) <sup>2</sup>	18%	35%	25%	20%	15%

<sup>1</sup> Despite increased funding from the Recordation Tax Premium (RTP) of approximately \$1,000,000, Rental Assistance Program (RAP) enrollment has slowed due to clients no longer being able to self-refer and the narrowed pool of eligible clients due to the updated eligibility criteria at the beginning of FY22.

<sup>2</sup> This measure, by definition, has a one year lag. FY22 is therefore based on cases initiated in FY21. RAP was expanded to allow residents exiting from the Sustainable Housing Rental Assistance Program (SHARP), Exit Bonus, or RRH qualify for the benefit. Many of these clients exited with minimal or no supportive services with the aforementioned programs, which lasted 12 months at most. This likely impacted the percent of clients who needed support after one year in the FY22 reporting period.

<b>FY24 Approved Changes</b>	<b>Expenditures</b>	<b>FTEs</b>
<b>FY23 Approved</b>	<b>7,991,878</b>	<b>5.50</b>
Enhance: Emergency Rental Assistance Grant	14,016,832	28.00
Replace: Funding for Rental Assistance Program from ARPA to DHHS General Fund	(3,438,875)	0.00
Replace: Rental Assistance Program General Funds with Housing Initiative Funds	(3,761,604)	0.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	89,292	0.00
<b>FY24 Approved</b>	<b>14,897,523</b>	<b>33.50</b>

## PROGRAM SUMMARY

<b>Program Name</b>	<b>FY23 APPR Expenditures</b>	<b>FY23 APPR FTEs</b>	<b>FY24 APPR Expenditures</b>	<b>FY24 APPR FTEs</b>
Admin - Services to End and Prevent Homelessness	860,872	6.00	962,338	6.00
Coordinated Entry	1,268,743	6.90	1,671,802	8.90
Healthcare for the Homeless	1,983,566	5.00	2,059,076	5.00
Homeless Services for Families	3,341,888	3.00	5,753,707	3.00
Homeless Services for Single Adults	12,549,040	2.00	13,384,837	2.00
Housing Initiative Program	297,441	2.00	2,118,726	2.00
Interagency Commission on Homelessness	4,000	0.00	4,000	0.00
Permanent Supportive Housing	5,426,912	2.00	5,719,969	2.00
Prevention	8,441,630	55.10	10,881,929	57.00
Rapid Rehousing	3,142,840	0.00	1,918,992	0.00
Rental Assistance Program	7,991,878	5.50	14,897,523	33.50
<b>Total</b>	<b>45,308,810</b>	<b>87.50</b>	<b>59,372,899</b>	<b>119.40</b>

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