Welcome | Introductions | Approval of September 16 meeting notes

The September 16 meeting notes were approved.

Election of Vice-Chair

Brian Tracey was approved as the new Vice-Chair of the Interagency Agency commission. The Commission unanimously voted to approve Amy Horton-Newell to continue to serve as Chair of Interagency Commission on Homeless. The chair & vice chair will be reviewed for approval by the County Executive.

ICH Annual Report

Amy Horton-Newell highlighted the mission of the ICH, which is to promote a community-wide goal to end homelessness, develop a strategic plan, educate the community about homelessness, and promote partnerships to improve the County’s ability to prevent and reduce homelessness. As the Governing Board of the County’s Homeless Continuum of Care, the ICH is also tasked with monitoring programs that are components of the Continuum of Care and to make recommendations to the County Executive and County Council to improve the Continuum of Care.

In October, 2014 the ICH approved a Ten-Year Pan to End Homelessness after an extensive, community-wide planning process. The resulting plan is aligned with the Federal plan to end
homelessness, Opening Doors, which was developed by U.S Interagency Council to End Homelessness. To further the goals of the strategic plan, the ICH has developed a one-year action plan to guide its work, which is reviewed and updated annually. Priorities include increasing housing options; improving access to education and training; increasing employment; educating the community; increasing knowledge about best practices; and increasing collaboration and partnerships. The Interagency Commission on Homelessness engaged in a variety of activities in FY15 in support of the CoC strategic plan, including the following:

- Adopted Continuum of Care Governance Charter designating the Interagency Commission on Homelessness as the CoC Governing Board.
- Approved Continuum of Care Ten Year Strategic Plan and developed a Year One Action Plan.
- Joined the Zero: 2016 Initiative, a follow-on to the 100,000 Homes Campaign designed to help the communities to end Veterans homelessness by December 2015 and chronic homelessness by 2017. CoC housing providers have agreed to prioritize vacancies in their existing programs for Veterans and those experiencing chronic homelessness.
- Implemented consistent definition of Veteran to enable all CoC providers to more quickly identify Veterans and link them to housing.
- Adopted written standards for its coordinated assessment system to standardize referrals to housing programs and assure that homeless individuals and families most in need are prioritized for housing.
- Created Resource Development Committee to explore ways to increase housing options that are affordable to low income persons and identify alternate funding sources.

The ICH annual report can be found on ICH website.

Zero: 2016 Veteran Homelessness Update

Nadim Khan announced that the County’s goal of functional zero was achieved as of December 15, 2015. The work on Veterans homelessness in the County has been driven by a coalition made up of the County government, social service providers, staff of the Washington D.C. Veterans Medical Center, the Housing Opportunities Commission (HOC), and numerous other local stakeholders. The efforts have been assisted by the County’s engagement with two national campaigns focused on providing support and sharing of best practice methods, which are the Mayors Challenge to End Veteran Homelessness as well as the Zero:2016 Campaign.

The County committed to ending homelessness for veterans by setting a goal to move 58 veterans experiencing homelessness into permanent housing by December 31, 2015. So far this year, the County has provided housing for 54 veterans. By the end of the calendar year, 58 veteran households will have housing or a permanent housing plan.

Nili Soni and Chapman Todd, shared that the target for the Zero: 2016 work in the County has been to create a homeless services system which provides permanent housing for Veterans and which operates at “functional zero.” It is important to note that this goal is to make sure that any period of homelessness is brief, not that no Veteran will ever become homeless in the County. For a system that operates at functional zero, the number of Veterans experiencing sheltered and unsheltered homelessness will be no greater than the current monthly housing placement rate for Veterans experiencing homelessness.

This goal has included a commitment to a “Housing First” model, which means that the priority is based on getting the individual or family housed quickly with no or very minimal barriers, and then providing services as necessary. In an effective Housing First system, housing is not contingent on
compliance with services — instead, participants must comply with a standard lease agreement and are provided with the services and supports that are necessary to help them do so successfully.

Average lengths of homelessness for Veterans:

- For vets entering before 2015: 1042 days
- For vets entering Jan-May 2015: 189 days
- For vets entering June-December: 47 days
- From before 2015 to the second half of 2015, there was a 95% reduction in average length of homelessness.

As part of Montgomery County’s Fiscal Year 2016 Budget, an appropriation in the amount of $500,000 was approved to provide housing and supportive services to homeless Veterans in the County through two new programs:

- Operation Homecoming- contract with Montgomery County Coalition for the Homeless
- Veterans Rapid Rehousing Program- contract with Bethesda Cares

There are three basic types of housing placements made through this effort:

- **Permanent Supportive Housing (PSH) Programs** – provide long-term rental assistance, through vouchers, for the individual or family. The programs include a connection to ongoing social service supports. The PSH model is primarily provided through two separate programs:

  1) Veterans Affairs Supportive Housing (VASH) program, which is federally funded, an administered locally through the VA Medical Center Homeless Services staff with the HOC.

  2) Operation Homecoming, a new program for up to 15 individuals and 5 families that officially kicked off in October 2015, which is funded by Montgomery County government and contracted to the Montgomery County Coalition for the Homeless (MCCH). This permanent supportive housing program is not time-limited and is targeted to persons and families who need both ongoing rental assistance and case management to maintain housing stability. HOC has provided 10 rental subsidy vouchers for this program, 5 of which are dedicated for families and 5 for single adults, and also identified a specific point of contact within the agency to assist on this program. The remaining 10 rental subsidy vouchers for individuals are provided through the Department of Health and Human Services (HHS) contract.

- **Rapid Rehousing (RRH) Programs** – provide time-limited financial support for the individual or family to assist in gaining or regaining stability in housing; may include some supportive services. The RRH model is also primarily provided through two separate programs:

  1) Supportive Services for Veteran Families (SSVF), which is a federally funded program available for both individuals and families. The SSVF programs are operated in Montgomery County by four non-profit agencies that work regionally, under contract to the VA.

  2) The Veterans Rapid Rehousing Program (VRRP), a new program for up to 15 Veterans that officially kicked off in October 2015, which is funded by Montgomery County government and contracted to the Bethesda Cares. The VRRP provides housing relocation and stabilization services to help homeless veterans (both individuals and families) move into permanent housing. This is a “time limited” 12-month program that provides housing locator assistance, case management, and financial assistance to help homeless veterans rapidly exit homelessness.
Self-Resolution – cases in which the client is able to quickly leave homelessness by obtaining housing on their own, with limited or no assistance from the government or service providers. This may involve reunification with family members, rental or purchase of market-rate housing, or other outcomes driven by the client’s circumstances.

The priority is to connect with federally funded programs wherever possible, so if the recommendation is for a PSH or RRH placement, the team will make a referral to the VASH and SSVF programs if the client is eligible for these VA funded programs. If the VA funded programs are not appropriate, either for capacity reasons or because of benefits eligibility issues, referral will be made the County-funded programs which have less stringent eligibility requirements. For clients that are deemed to be able to self-resolve, the team will work with the original referring entity to make any outside referrals as necessary.

Susie Sinclair-Smith and Susan Kirk shared about the lessons learned and thanked the County Executive and County Council’s unanimous commitment to the initiative to end veteran homelessness according to the federal goal by the end of 2015, including for those veterans not eligible for VA resources. They discussed the invaluable role that the County agencies - including DHHS, DHCA, HOC and Commission on Veterans Affairs – played in prioritizing veterans and creating permanent systemic change to ensure that our community remains at functional zero. They also acknowledged the important role of our local VA DC Medical Center.

Lessons Learned
1. Systems for quickly sharing information can significantly reduce the amount of time that a person remains homeless -

Beginning in the spring of 2015, a targeted monthly meeting was established between service providers and the VA to coordinate efforts in identifying and then developing a service plan for all Veterans in the homeless services system. An initial challenge was that the existing standard “Release of Information” form that all clients are asked to sign did not include sharing of information between the County and the VA. Once this form was updated, County and VA were able to quickly confirm a Veteran’s status, case history, and expedite a housing plan. As the year progressed, the ability to quickly share information and collaborate on case planning significantly cut down the length of time from a Veterans first connection with the homelessness system to a housing placement.

2. Strong relationships between service providers and landlords are crucial to getting Veterans into permanent housing placements and then creating a foundation for long-term housing stability –

MCCH and Bethesda Cares both leveraged existing relationships with landlords as well as developed new connections to educate property owners on the supportive housing programs being implemented with this Veterans effort. At the outset, MCCH and Bethesda Cares worked with landlords to minimize barriers on credit history and background checks that might have delayed or prevented clients being housed. And since Housing First models are most successful when there’s a strong and ongoing support system in place to ensure the tenant’s stability in the permanent housing placement, MCCH and Bethesda Cares have also educated landlords on the importance of early coordination with the service providers in case any issues may arise.

3. Use of a data-driven assessment and tracking process can efficiently target the appropriate level and type of assistance to be provided –

For an assessment of a client’s needs, the VI-SPDAT has provided a consistent method of quickly predicting the level of assistance needed. Since the VI-SPDAT form is being utilized across the
country to target housing placements, the Veterans effort in Montgomery County has benefited from knowledge sharing and exposure to best practice methods throughout the year. While the VI-SPDAT is still being improved and is not a perfect assessment tool at this point, the use of the form by all referring agencies has provided a consistent framework for objectively evaluating needs and prioritizing housing placement plans.

For tracking progress throughout the year, use of the By-Name list as the central place for keeping information on all homeless Veterans in the County has resulted in a relatively streamlined method for managing a lot of client information. The By-Name list also serves as the source of information for measuring success towards the overall housing placement goals.

4. Collaborations with community groups is key to leveraging necessary resources and also helps to ensure housing stability –

Both MCCH and Bethesda Cares have used existing and new relationships with business and faith-based groups to gather furnishings and household items for Veterans moving into housing during the course of 2015. A number of these groups have also participated in move-ins, often on extremely short notice. These volunteer efforts have enabled contract funding resources to be prioritized toward the core services components that in place to support the long-term housing stability for the Veterans.

**Homeless Resource Day Update**

Nadim Khan updated the Commission that Montgomery County in partnership with the City of Gaithersburg held its fifth annual “Homeless Resource Day” on November 19, 2015 as a way to reach out to residents experiencing homelessness and connect them with needed community resources and supports. More than 373 people attended this highly successful event and were able to receive health screenings, registration for mainstream benefits, legal assistance, employment, haircuts and more. A total of 270 volunteers participated and 77 vendors provided services.

**Pay for Success Opportunities**

Uma Ahluwalia updated the commission on Pay for Success (PFS) models. PFS is an innovative financial tool that enables government agencies to pay for programs that deliver results. In a PFS agreement, the government sets a specific measure outcome that it wants achieved in a population and promises to pay an external organization—sometimes called an intermediary— if and only if the organization accomplishes the outcome.

PFS is a potentially powerful tool for policymakers to use resources more efficiently and improve services for disadvantaged populations, even in the face of shrinking public budgets.

Social Impact Bonds (SIBS) are most appropriate for areas in which:

1) Outcomes can be clearly defined and historical data are available
2) Preventive interventions exist that cost less to administer than remedial services
3) Some interventions with high levels of evidence already exist
4) Political will for traditional direct funding can be difficult to sustain.

Examples of such areas include jail recidivism, homelessness, workforce development, preventive health care, and early childhood and home-visiting programs, among others

**Next Meeting**

Wednesday, March 16 | 3:30-5:30 p.m. Location TBD