



INTERAGENCY COMMISSION ON HOMELESSNESS

Meeting Summary Notes (DRAFT)

Wednesday, December 15, 2016

Welcome | Introductions | Approval of September 14 meeting notes

Homeless Resource Day (HRD)

The 6th Annual HRD renamed the Nadim Khan Memorial Homeless Resource Day was another successful event. There were 367 households served. This year prescreening for housing was added to the services provided at HRD. There were 77 completed ViSPDAT surveys provided with 31 new persons experiencing homelessness identified. The Commission reviewed highlighters of the HRD final report and noted the increase in guests who reported as permanently housed. This trend will be studied next year.

Update on the Winter Overflow Shelter

The Silver Spring overflow shelter will support 70 clients.

2017 Point in Time (PIT) Count

- The 2016 PIT count is expected to increase because of the results of the Outreach Blitz
- Waitlist for the shelters has somewhat decreased
- The numbers for homeless individuals have remained the same
- 2017 PIT scheduled January 25th
 - Training will be provided the same evening of the count and on-line
 - Outreach will occur in teams for the entire county with the support of Outreach Programs
 - Teams will be outdoors counting approximately 9 p.m. – 1 a.m.
 - Commissions who are interested in volunteering and want more information, please email Kim Ball at Kim.Ball@montgomerycountymd.gov

Gaps in Chronic Homelessness | The current numbers:

160 people identified as chronically homeless (excluding veterans)

114 people at risk of being homeless (excluding veterans)

71 people housed who were chronically homeless

274 people experiencing homelessness on the by-name list

What can we do to collaboratively address the gaps?

Below are some of the strategies/programs that can help reduce the gaps in chronic homelessness:

- Move-Up strategy – CoC identifies households in Permanent Supportive Housing (PSH) that may be ready to move up. As a household volunteers, CoC makes referrals to Public Housing Agencies (PHA). PHA has preference in place for households moving up from PSH. PHA processes and places eligible households. CoC fills units made vacant with chronically homeless persons.
- Rapid Re-Housing program can help 174 chronically homeless people
- Workforce Montgomery – The coordination of public and private-sector policies and programs that provides individuals with the opportunity for a sustainable livelihood and helps organizations achieve exemplary goals, consistent with the societal context. The agency helps meet the needs of the underemployed and unemployed.
- Section 3 housing -- A means by which HUD fosters local economic development, neighborhood economic improvement, and individual self-sufficiency. Section 3 is the legal basis for providing jobs for residents and awarding contracts to businesses in areas receiving certain types of HUD financial assistance.

➔ **Action:** Amanda Harris asked that agencies to inform Special Needs Housing if they or other agencies provide employment, job development or vocational services for those experiencing homelessness. Not enough to provide permanent supportive housing (PSH). There is a need to increase income so that persons going into PSH can sustain their housing.

➔ **Action:** Increase membership of the Interagency Commission on Homelessness (ICH) to include Workforce Montgomery and other agencies that provide employment services.

- **How do we increase the stock of PSH units?**

- Repurpose unspent funds (some of our contracts have unspent money)
- Emergency Services funding
- Consider recordation tax revenue
- Use local subsidies funds through the move-up strategy. We can estimate without giving specific funding to house 90 people.
- Match funds – only for new clients

Estimated Annual Cost of PSH

Housing Voucher	Supportive Services – Case Management	Annual Total per client
\$14,000	\$8,000 (Medicaid Waiver would decrease number by half)	\$22,000

Uma Ahluwalia reported that there are indications that Federal Government will approve the Medicaid waiver will be approved but the locals must meet the match. The locals will pay the 50% match for case management. It is an open-ended entitlement as long as the local government can meet the match for case management. At the time the application was submitted, the County could afford to house 30 clients with unmatched, uncommitted, unrestricted funds. Once the application is approved we can house as many clients as we can match.

Partnership with Community Hospitals and Managed Care Organizations (MCOs)

- Medicaid cannot cover room and board but MCOs can pay for “value-added services” and “in lieu of services” which may include housing support services and outreach
- Health Homes could be used to supplement housing support services
- Maryland global budgeting waiver creates an incentive for hospitals to reduce costs for high utilizers. Housing First programs reduce the number of Emergency Room visits, thus reducing healthcare costs
- Purchase additional MPDUs targeted to those experiencing chronic homelessness at 30%
- Other New Housing Options?
 - o Targeted ask through the HUD SuperNOFA process,
 - o Realignment of existing programming in the County
 - o New programming or funding streams identified as part of the planning process

Social Services Considerations

People who are experiencing chronic homelessness:

- are connected with many programs (i.e. behavioral health, aging, disability and public services)
- need increased coordination with agencies to make the supportive services for tenants who were formerly chronically homeless more efficient
- need to provide a wider array of support services to these tenants

An example is the Assertive Community Treatment (ACT) that has been effective in providing the long-term intensive services needed to maintain housing stability. A Medical ACT team would serve this population well and is a self-sustaining model, as ACT is a Medicaid reimbursable service.

Other Components of the Strategy:

- Housing Coordinator will help strengthen relationships with landlords and housing developers to create more and better opportunities for affordable and sustainable housing placements for persons exiting chronic homelessness.
- HMIS Support Specialist will start in January 2017 and will use the HMIS data to determine the most efficient use of resources for chronically homeless individuals and families.
- An Outreach Coordinator will in January 2017, and will be responsible for coordinating street outreach efforts county-wide.
- The Landlord Engagement Committee is regularly meeting to craft both system-wide engagements with the landlords and developers as well as explore ways to create a risk mitigation fund for landlords who rent to chronically homeless individuals and families.
 - The Committee hosted a successful session for potential landlords in October, which resulted in connections with 40+ potential partners.

- There are currently 13 agencies and organizations participating in the Committee, including the City of Gaithersburg, DHCA, HHS, HOC, Interfaith Works, MCCH, NCCF, Friendship Place, Housing Counseling Services, US Vets, Department of Veteran Affairs, Every Mind and Stepping Stones.

Diversion / Prevention Programming – By assisting individuals with identifying alternative housing arrangements and connecting them with support, the County can divert them from entering in the community’s homeless assistance system.

Diversion prevents homelessness for people seeking shelter by helping them identify immediate alternate arrangements and, if necessary, connecting them with services and financial assistance to help them retain or return to housing. Diversion is not for persons who are at imminent risk of losing housing or for persons in shelter.

➔ **Action:** Mr. Leventhal asked to be briefed at a later time on the diversion and prevention programming strategy of identifying alternative housing arrangements. What does this mean for the County?

Announcements

Sue Kirk announced that the Wilkins Women’s Assessment Center is moving to 2 Taft Court and is renamed the Interfaith Works Women’s Center. The Center is a 70-bed emergency shelter serving approximately 300 women per year. Case managers work with women to facilitate recovery and stability, as well as connect them with housing, medical, mental health, and social services. Clients will move in early January. Services will be in the building Community Clinic, Inc. Health and Wellness and will provide dental services. Ribbon cutting will be January 5 at 10:30a.

Jeffrey Thames inquired about ways clients could apply or receive Metro Passes and bus fare. Many have expressed the desire to come from Silver Spring to the Rockville Shelter. Jennifer Schiller from MCCH will connect with Jeffrey regarding providing tokens.

Amy Horton asked if anyone knows how to help someone get or find their Social Security number and/or Birth Certificate. Uma suggested the preparation of an affidavit from the prison system or other agency verifying the individual’s identity so that the documents processed.

Next Meeting

Wednesday, March 8, 2017, | 3:30-5:30 p.m. Location Rockville Memorial Library, 21 Maryland Avenue, 1st Floor Conference Room.