



INTERAGENCY COMMISSION ON HOMELESSNESS

Housing for all = A Stronger Montgomery

www.montgomerycountymd.gov/homelessness

HousingForAll@montgomerycountymd.gov

Virtual Zoom Webinar Meeting Minutes

Wednesday, September 30, 2020 | 3-5p

Members (Present or Represented)

Bohorquez, Margarita
(representing Ruschelle Reuben)
Chesney, Amanda
Crowel, Raymond
Glass, Evan
Goldman, Jeff (Chair)
Habte, Asmara G.
Harris, Amanda

Johnson, Ebony (Vice Chair)
London, Sharan
Nigam, Aseem
Roynestad, Brian
Seidel, Stan
Sinclair-Smith, Susie
Williams, Riley
(representing Senator Craig Zucker)

Members (Absent)

Kauffman, Louise
Spann, Stacy

Presenters:

Ball, Kim
Branda, Ilana
Hill, Dorne
Kelly, LaSonya

There were 57 guests attending this meeting.

WELCOME | REMARKS | Approval of Minutes – Jeff Goldman

Jeff Goldman convened the meeting, panelists introductions, and the July 22, 2020 meeting minutes were approved as written.

COVID Response Updates:

1. COVID-19 Testing Process – Kim Ball, Services to End and Prevent Homelessness (SEPH) Shelter Services Administration and LaSonya Kelly, Healthcare for the Homeless (SEPH)

Kim Ball reported that the COVID-19 testing process began in May and currently a universal nasal swab testing is being done in coordination with the Public Health Service Area and a laboratory group call CIAN Lab. Nasal swab testing has increased the percentage of clients and staff willing to take the test. Public Health nurses, homeless providers and Healthcare for the Homeless staff administer testing on a weekly basis in all emergency shelters (domestic violence, family, and single adults). In addition, testing is being done at transitional housing, hotels, and congregate supportive housing programs. Test results are coming back in 3-4 days (including Saturdays). When test results are positive, staff at sites are notified and the client is moved to designated quarantined and/or isolation hotel, if necessary.

LaSonya Kelly reported 1,450 clients have received testing with 45 testing positive (1.9% positive rating). There have been 1 death, 1 probable death, and 1 death of client recently associated with the Continuum of Care (CoC). Currently, there are 26 positives (23 Clients and 3 Staff members). SEPH has created a Test Results Dashboard with statistics on gender, age, race, and ethnicity. Kim shared that clients are asked to fill out a volunteer form that supplies the information for the Test Result Dashboard. Most client decline or do not complete the form.

Demographic observations:

- The tests results do not reflect tests administered before universal testing began.
- The number of men is higher than women because women tend to be more reluctant to take the test.
- A higher number of Blacks are noted because this reflects the demographic of the entire homeless system.
- There is an increase of persons identifying as Hispanic/Latinos that are testing positive.

- Trends of positive cases have been sporadic. Shelter clients testing positive were low from June-August and when things began to open, there was a spike. Efforts to remind clients to wear masks, practice social distancing and wash their hands has resulted in the numbers of positives decreasing.

2. COVID Rent Relief Program Phase 2 – Ilana Branda, Deputy Chief, SEPH

Homeless Prevention Index

Ilana Branda reported that SEPH worked to develop a homeless prevention index by reviewing best practices to determine what are the indicators that lead to homelessness. The goal is to look farther up the line to try to stem those who may end up in the continuum and to target our resources in a more effective way.

SEPH staff, including Data Manager Ashley Richards, and the Planning Accountability and Customer Services (PACS) reviewed national best practices, consulted with community leaders, and looked at local data to develop a homeless prevention strategy. PowerPoint Slide 11 is the Homeless Prevention Index showing the pandemic's impact on positive COVID cases and COVID unemployment risks. PowerPoint Slide 13 illustrates that we can target our resources in an effective way to help those who are most vulnerable in our County. PowerPoint Slide 14 shows the locations of the High Need Tract on the County map based on the Homeless Prevention Index.

COVID Rent Relief Program – Phase 2

As of this morning, there are 2,200 residents applying for the COVID Rent Relief Program (CRRP) – Phase 2 (\$20 million of CARES Act Funds that must be spent by 12/30/20).

- The ethnicity of the applicates is split equally between non-Hispanic/Latinx and Hispanic/Latinx residents.
- The average reported arrearages are \$2,800, which is encouraging, because the maximum grant of \$4,000 would be helpful to these residents.
- Fifty percent of the applicates are from the Target Areas.
- SEPH estimates that we can serve 4,000-5,000 households.

Key Program Features:

- Maximum grant \$4,000 per households
- Open to households with both formal and informal leases
- No Social Security or birth certificate required
- Limited documents (Minimum requirements are Photo ID and rent ledgers)
- Application is self-certifying
- Targeted to census tracts identifies as most at risk of homelessness

General Program Eligibility:

- COVID related loss of income
 - The applicates are required to self-certify that the loss of income is COVID related, explain how their lost was COVID related, and must certify that the information is correct or you will be asked to refund the monies.
- Income from previous 30 days is below 60% of area median income (~\$72,000 for a family of four)
- Must be paying more than 50% of income towards rent
- Resident of Montgomery County since at least February 2020
- Currently, behind in rent.
- If eligible, must have applied for unemployment benefits and any other eligible benefits
- Prioritization provided to targeted census tracts.

Other resources and services for rent relief:

- Ilana reported that
 - If there is a pending eviction, SEPH is working to clear that amount or help resident relocate to alternative housing
 - If there is a balance at this point, after the COVID Rent Relief Fund the resident will be provided with a letter and connection to other resources such as payment plan and budgeting negotiation and with the landlord.
 - DHCA has expanded their contract with housing counseling agencies to help people through this process.
 - SEPH continues to work with Emergency Assisted Coalition to match clients up where appropriate
- Aseem Nigam, Director of the Department of Housing and Community Affairs, shared that
 - The County is looking for other financing sources to get additional help with rent subsidy from the State and the Federal Government.
 - This Friday, DHCA is applying to the State for a possible \$15 million for rent relief. The application is a competitive process with no maximum amount but will be based on the need. Money will be administered by DHHS.
 - HUD considers MC as an entitlement community and the County could receive another \$4.2 million from the CBBG Cares Act for rental assistance.
 - There is a need for \$52 million in the County to pay for a portion of the rent to keep people in their homes.
- Stan Siegel suggested that SEPH explore the Maryland Veterans Trust Fund to provide rent relief for eligible Veterans.

3. Shelter Strategy – Amanda Harris, Chief of SEPH

Amanda Harris shared that COVID necessitated that that the CoC mobilize quickly to spread shelter residents out to maintain social distancing. To achieve that goal, we are utilizing temporary shelter spaces (i.e. recreation centers and 6 Taft Court on loan from the city of Rockville). See Presentation Slides 22-32 for details. Some of the highlights were:

- Pre-COVID bed capacity for individuals experiencing homelessness (households without children) was **390 beds** including overflow beds.
- Once the temporary shelters are returned, we will be reduced to **93 beds** because of the on-going need to social distance.
- A new reality—according to Public Health Services, even when vaccine is available, maintaining social distancing will still be required in shelter settings
- Other Data Points to Consider
 - Homelessness and shelter needs is anticipated to increase by 40-45%
 - Average utilization of shelter facilities and hotels remains steady at 300 adults.
 - Annually, Montgomery County CoC serves 1,300 adults
- Where are people coming from (Presentation Slide #26 for complete list)
 - Most single adults are entering system from Family and Friends (40%)
- Potential strategies to increase outflow and reduce inflow
 - Expansion of Rapid-rehousing using ESG-CV funds (a little of \$6 million)
 - Expansion of ACIS Medicaid Waiver Pilot (housing initiative program with more State slots)
 - Focus on Diversion (Work to connect back with family and friends) by providing:
 - Financial Resources, Conflict Resolution, hiring two diversion special and providing a Centralized intake system

- Shelter Program Requirements:
 - 3 “P” – partners, pets, and possessions
 - Location, Scale (minimum of 40 up to ~120) and Square Feet (45 sq. ft. to 120 sq. ft. per person increase, plus ~100 sq. ft. for ancillary/circulation space per person)
 - Non-congregate setting for those with complex medical conditions (62 years of age or older and unsheltered)
- Shelter costs have increased 207% due to pandemic (including hotels increase 338%)
 - Pre-COVID Costs (Shelter Only): \$2,759,264
 - Current total costs for shelters and hotels: \$12,697,637
 - Contributing factors to increase
 - Hazards pay for staff
 - Meals and laundry
 - Increase cleaning costs
 - Security at recreation centers
 - Outdoor bathroom rentals (Cost about \$1 million)
 - Additional 7 months of base operating cost-hypothermia shelters never closed
- Advantage of larger facilities
 - Bed costs significantly increase with smaller shelter facility.
 - A facility with 70 beds has an average nightly bed cost of \$39.06 vs \$95.39 nightly bed cost for a facility with 26 beds
- Options for the future
 - Increased investment in permanent housing (See Presentation Slide 32 for details)
 - Expansion of Rapid Rehousing (58% of shelters residents match for RRH)
 - Expansion of Rental Assistance Program (goal to increase RAP from \$200 to \$400)
 - Development of Deeply affordable units (People pay \$400-\$500 a month)
 - Permanent supportive housing (to serve an additional 50 households)
 - Secure additional shelter facilities to increase capacity to avoid an increase in people sleeping outside (only 93 socially distance beds)
- Recommendations:
 - Continue to operate all temporary facilities through FY21
 - Continue to operate rented hotel space for vulnerable adults through FY21
 - Secure additional shelter facility space for 200 year-round beds. Two large facilities are preferable to several shelters.
 - Contact the Policy makers and Councilmembers as a collaborative body to request funding.

Mobile Crisis Team Update – Dorne Hill, Acting Administrator for Crisis and Trauma Services

Dorne provided an update on the new and approved Mobile Crisis Outreach Teams. Three new positions will be added to the clinicians in the Crisis Centers. There will be 3 teams (1 stationed in Rockville and 2 in the community) providing outreach 24/7 from 7a-11p and 1 team overnight. There will be a triage system to determine when the team will be accompanied by the Police on scene. Training will be provided for the Mobile Crisis Outreach Team, DHHS staff and community partners who provide outreach services. The goal is to ensure the clients get the same information and same outreach.

HUD Equal Access Rule – Sharan London, Commissioner

What is the Equal access rule?

HUD’s original Rule, released in 2012, was the “equal access to housing in HUD programs regardless of Sexual orientation or gender identity” rule and was developed to ensure that its housing programs are available and

accessible to all eligible individuals and families regardless of sexual orientation, gender identity, or marital status. However, the 2012 rule did not address how transgender people should be accommodated in single-sex shelters or facilities. In 2016, HUD amended the rule, referred to as the equal access rule, and expanded it to clarify that the equal access extends to specifically address discrimination on the basis of gender identity in HUD Community Planning and Development (CPD) programs, which includes housing and shelter.

This year, HUD announced proposed changes in the existing rule to roll back protections. This proposed rule change would weaken protections for transgender individuals experiencing homelessness and seeking emergency shelter, allowing shelter providers to deny admission or access to services consistent with an individual's gender identity.

According to the National Alliance to End Homelessness, many transgender people already face challenges like discrimination, rejection, and legal battles and physical and behavioral battles as well. We do not have exact numbers of transgender people experiencing homelessness, but we do know that more transgender people unsheltered as compared to cis gender. We know the numbers are increasing and we know that safety is a huge issue. As a system, we understand this and have aligned our programs to ensure equal access.

To confirm community commitment, ICH members were asked to support the statement (distributed in the packet) that the Commissioners received (drafted by Jen Schiller, MCCH). To provide additional time for review, the vote on the HUD Equal Access Statement was tabled giving ICH members an opportunity to read and vote by email later.

Committee Updates

Strategy and Planning Committee Sharan London reported that their main project is working with other committee chairs to look at their action plan for the strategies so that we can see if there is any alignment. The committee will report to full ICH when they have compiled the action plans strategies from the other committees.

System Coordination Committee Susie Sinclair-Smith reported that the committee is focused on behavioral health services because data shows that 40% of single adults experiencing homelessness scoring a high equity have behavioral health issues. The committee has drafted 2 letters (one to the State and the other for local level). The State letter is asking that the State prioritize and increase residential rehab placement (RRP) program placements and provide deep support for individuals with significant challenges. The local letter is a consolidation of all the various COVID recovery groups and our recommendations from opening crisis beds to residential rehab. The committee wants to ensure that homeless providers and behavioral health providers are all on the same page when it comes to best practices, housing first, trauma informed care and harm reduction. Next step is to meet with groups to collaborate on how to execute the recommendations.

Communications Committee Ilana Branda reported that the committee is working to develop a virtual homeless memorial and aiming toward December. Please forward any ideas. The memorial will include a location for people to visit on their own to avoid having a large crowd. The committee is also looking into a dedicated memorial location for people experienced homelessness in our community.

Partnership and Funding Committee Sharan London reported that the committee is working on the housing is healthcare fund. The committee has meet with community foundation and another foundation. Sharan reported that the committee in a couple of weeks will identify a supporting agency to hold funds and work out the logistics.

People's Committee Amanda Harris reported that the group has finalized their recommendations on the shelter contracts and is meeting with the contract managers. Then there will be a joint meeting shelter provider to talk about shared ideas on how to improve the contracts and facilities.

Racial Equity Sub-committee Ralph Belk, the chair of the Racial Equity Sub-Committee of the ICH Planning and Strategy Committee reported that they are working on Strategy 1 of the 3 Year Strategic Plan to end homelessness in Montgomery County. Strategy 1 consist of racial equity training and the committee has decided on a train the trainer model. The committee is soliciting recommended trainers (staff) from the CoC agencies and partners to train their colleagues. Please forward any recommendations to Ralph at rbelk@nccf-cares.org.

Next meeting: ICH Full Commission meeting December 9, 2020 from 3-5p via Zoom webinar.

Adjournment