



INTERAGENCY COMMISSION ON HOMELESSNESS

Housing for all = A Stronger Montgomery

www.montgomerycountymd.gov/homelessness

HousingForAll@montgomerycountymd.gov

Virtual Zoom Webinar Meeting Minutes

Wednesday, February 2, 2022 | 3-5p

Present or represented

Bohorquez, Margarita (representing Ruschelle Reuben)	Hall, Courtney	Lewis, Robin
Chesney, Amanda	Harris, Amanda	London, Sharan
Crowel, Raymond	Hegel, Connor	Nigam, Aseem
Dickersin-Prokopp, Christopher	Hidalgo, Manny	Seidel, Stan
Goldman, Jeff (Chair)	Hill, Terence	Sheth, Karishma
Habte, Asmara	Johnson, Ebony (Vice Chair)	Sinclair-Smith, Susie
	Kelly, Kathryn	Tally, Angela

WELCOME | INTRODUCTIONS | REMARKS – Jeff Goldman, Co-chair

- Jeff Goldman convened the meeting with welcome and introductions.
- There are seven new commissioners. The ICH membership is now 20.

New Commissioners:

Chris Dickersin-Prokopp, Capital One, Community Finance Team
 Courtney Hall, Executive Director, Interfaith Works
 Manny Hidalgo, Executive Director, Shepherds Table
 Terence Hill, Person with Lived Experience
 Dr. Kathryn Kelly, Internal Medicine Physician, Holy Cross Hospital
 Captain Robin Lewis, Montgomery County Sheriff’s Office
 Karishma Sheth, Chief Program Officer, EveryMind

REVIEW AND APPROVAL OF THE SEPTEMBER 29, 2021, MEETING NOTES – Ebony Johnson, Co-chair

Stan Seidel motioned to approve the minutes. *Amanda Harris* seconded the motion. Minutes were approved as written.

COVID UPDATE – AMANDA HARRIS, CHIEF, SERVICES TO END AND PREVENT HOMELESSNESS

Amanda Harris updated that the Omicron surge hit hard and was challenging in December and January affecting 158 clients and 91 staff members. There have been 7 COVID-related deaths among those experiencing homelessness since the start of COVID April 2020 (1 additional person passed away during the Omicron surge).

Things are improving with only 12 people quarantined in hotels at this time. At the peak of the Omicron surge, there were 131 people isolating in hotels.

Testing Update:

- PCR testing is being administered weekly at our transitional housing and family shelters.
- Rapid Testing is being given at the larger facilities twice a week.
- Rapid Testing has been increased at the congregate settings from monthly to every other week.

Vaccination Update:

- Vaccination clinics are now open with additional nursing staff scheduled bi-monthly at large sites

- As of last month (January 2022), 40% of our shelter guests are vaccinated up from 10% at the start of the vaccination effort. Interest in getting vaccinated has grown and many are expressing interest in the booster.

➤ **Shelter Provider Experience – MCCH, Susie Sinclair-Smith, Executive Director**

Susie Sinclair-Smith reported that December and January were difficult months for Montgomery County Coalition for the Homeless (MCCH) shelter residents and staff. Prior to the Omicron surge, lab testing was done weekly by the Public Health Services and SEPH teams. Results were returned in 48-72 hours. When there were positive results, the client was isolated at a motel, the shelter was cleaned with bleach and the positive clients returned to shelter after 10 days.

When Omicron surged, 40% of MCCH residents (16 men) tested positive at one time. Taft Court and the recreations centers were all placed on lockdown. Several men choose to leave the shelter and stay with family or friends. During this time, staff members also tested positive for COVID.

Observations and lesson Learned:

- We learned the importance of rapid testing when entering the shelter.
- It is important to understand staff needs and limitations:
 - Staffing the motels, where positive cases were isolated, was difficult because staff initially did not receive hazard pay and were reluctant to report for work.
 - MCCH contracted with a staffing agency to provide workers at the motels.
 - In time, hazard pay was approved, and staff members resumed staffing at the motels. County staff also worked at the motels.
 - Spanish-speaking staff is a must to assist with the language challenges.
- We learned that it is important to remain flexible and adaptable when working together.
- Partnership with the County was essential. The County provided:
 - Uber transportation to get our clients to the motels, when needed.
 - Connection with nursing staff assistance for isolated clients at hotels was essential

➤ **Shelter Provider Experience – Interfaith Works, Courtney Hall, Executive Director**

Courtney Hall reiterated that Interfaith Works' (IW) staff members were remarkable in how they navigated and adapted to the Omicron surge. Also, partnership with the County was appreciated.

Staff implemented quick and nimble thinking and were flexible. Even though members of the staff were infected, leaving the remaining staff overwhelmed; shelters, hotels, and permanent supportive housing (PSH) facilities were covered. At one point, there were 130 clients in one setting, staff were on hand to care for their needs. This meant at times pulling staff from other programs and the IW leadership team helping.

Observations and lessons learned:

- Switching from the PCR tests to rapid testing was wise in helping to identify and isolate infected clients quickly
- Testing clients at the hotels was essential
- Doubling up clients at hotels was not ideal, but necessary due to shortage of rooms
- Appreciated the efforts of Amanda Harris and Raymond Crowel to meet the medical staffing needs
- Planning for shortages in medical staffing would be helpful in the future.
- Hazard pay was helpful. A lesson learned was the consideration of deploying hazard pay to PSH sites giving the nuances of these programs which differ from congregate settings.
- The change in the return-to-work policy and allowing providers the flexibility of implementing the policy, according to the conditions on the ground, proved helpful with staffing issues.

Comments:

Amanda Harris expressed appreciation to Courtney and Susie for the work of the IW and MCCH staff and their tremendous efforts during this difficult period. Our focus had to shift from preventing people getting infected, to maintaining our basic shelter operations to ensure people had a warm place to sleep. It required stretching out efforts and figuring things out as they were happening. Maintaining enough staff at the facilities was challenging. There is a need to work together to come up with a contingency plan, so we are prepared in the future.

Jeff Goldman expressed his thanks for the passion and compassion of the homeless providers and county staff. Jeff stressed that we need to develop a contingency plan for the next possible variant and/or surge. The experience with Omicron showed how quickly a pandemic can spread and overwhelm.

Susie expressed that a basic contingency need is supplies (N95, KN95 masks and rapid tests).

Courtney expressed the priorities that we as a continuum have put in place because of COVID should not go away. For example, the practice of not maximizing the square footage in our buildings to create social distancing spacing to reduce exposure and transmittal. Critics may consider stockpiling of supplies, having staff readily available and social distancing a “waste.” We must figure out how much “waste” we are willing to sustain with the tradeoff of being prepared for the next outbreak.

Raymond Crowel stressed the need to go slow and be cautious about relaxing mandates and standards because the pandemic is not over. He also shared that we are not alone in this effort because:

- The County plans to stockpile KN95 and N95 masks in preparation for future outbreaks. Masks and other supplies will be rotated due to expiration dates and shelf life.
- The Office of Emergency Management and Homeland Security, DHHS and other departments will continue to monitor what comes next to prepare for future variants and outbreaks.
- Shelters also need to plan for the time with COVID will be endemic or a regular event like flu season and then treated by monitoring and vaccines.

Amanda Chesney of Catholic Charities reiterated the importance of the staff stating that none of the work is possible without the “people on the ground.” Supporting staff with hazard pay was essential because staff made the hard decisions to keep coming back, putting themselves and their families at risk. Also important, ensuring staff rotation so workers had rest periods. Amanda stressed that the chief goal should be to move people quickly out of shelter into permanent housing to reduce exposure of infections when sheltering in congregate settings.

➤ **Bethesda Cares | COVID-19 Vaccine Participation Project 2021 – John Mendez, Executive Director**

John Mendez, Executive Director of Bethesda Cares, shared an overview of the efforts and strategies Bethesda Cares used to get PSH and Rapid Rehousing (RRH) clients vaccinated. Bethesda Cares knew it would be challenging due to the hesitancy and misinformation. Strategies used were as follows:

- Intentional efforts by staff to educate clients on the science, data, and the importance of getting the COVID vaccine to save lives.
- Targeted the 46 clients living in scattered site locations
- Provided transportation to appointments through taxi services
- Tracked appointments, vaccination status, followed up and maintained engagement
- Created a color-code spreadsheet to track eligibility, willingness to vaccinate, medical conditions, etc. (John offered to provide a copy of the spreadsheet template)
- Vaccination participation milestones by July 31, 2021, 27 out of the 46 were vaccinated (59%)

Questions and Comments:

Manny Hidalgo asked where is the CoC in requiring vaccinations for all staff and volunteers?

Raymond responded that the County currently requires staff to present proof of vaccination or submit to bi-weekly testing to ensure that they are not positive when working in county buildings. All new hires are required to have proof of vaccination which is negotiated with the unions. Raymond added that each agency must make the business decision for themselves, and many have already done so.

Susie added that MCCH held raffles to encourage staff to get vaccinated. MCCH took the position of respecting individuals right to choose while providing education on why the vaccine is beneficial.

Courtney shared that IW also held a raffle and provided intentional education to staff on the importance of the vaccine. IW currently has 85% of the staff vaccinated. Courtney also added that mandating vaccinations when the salaries and benefits are not competitive, could result in losing qualified staff. He shared that when the Biden administration mandated vaccines for all large employers, IW was willing to mandate vaccinations because it was required for all. Now that the Federal mandate is not in place, the loss of staff is a concern. Staffing shortages is a challenge especially during crises like the Omicron variant surge.

Raymond expressed concern about the paying of hazard pay to staff who choose not to vaccinate. Their choice puts them at an elevated risk of exposure to the virus and others at risk of contracting the disease from them. How can this contradiction be addressed?

Courtney responded that he agreed with Raymond's point but emphasized that the purpose of the hazard pay is in recognition of staff working in a difficult environment where a communicable disease such as COVID is actively spreading.

- *Amanda Harris* shared these final highlights, observations and lessons learned:
 - Getting people vaccinated is the best way to protect them
 - Our goal is to maintain a safe shelter system by continuing social distancing as a permanent change
 - The Continuum discontinued the hypothermia shelters and increased year-round capacity
 - The CoC has utilized the Federal, State, and local resources by
 - Increasing beds from 140 to 400
 - Enhanced case management and temporarily added primary care and behavioral health services
 - Administrated the Covid Rent Relief Program
 - Expanded our Rapid Rehousing using temporary funds
 - Maintained the goal of getting people housed by
 - The COVID Rent Relief Program provided 311 households with short-term housing subsidy from May 2022 – November 2021 (only 14% have returned)
 - Utilizing centralized intake and diversion of adult households
 - The Exit Bonus program (providing \$5000 in direct cash assistance to exit homelessness) has served 113 households (76% have been successful and not returned)
 - Need to plan for dealing with eviction prevention in the future
 - Federal dollars have been used to prevent 9,000 evictions spending \$69 million
 - Our pre-pandemic annual budget for evictions prevention is \$4 million

HIGHLIGHTS FROM THE ANNUAL REPORT – AMANDA HARRIS

- *Veteran Homelessness – Do we need to advocate for a new “functional zero”?*
 - Since January 2015, 219 veterans have been housed ending veteran homelessness
 - Functional Zero for Montgomery County is 6 and we have on a monthly 11 veterans experiencing homelessness

After a lengthy conversation, the decision to wait and see how the numbers may change post-Covid. Covid has been a factor in the difficulty to house veterans particularly seniors and veterans exiting prisons. Lack of documentation is a huge issue when applying for HUD vouchers.

- *Vulnerable Adult Only Households – Should we adjust our goals and specifically name vulnerable adults*

as a subpopulation?

- In 2019, the CoC stopped prioritizing chronic homelessness for PSH and instead focused on vulnerable adults using our own home-grown vulnerable scale.
- There are 100 PSH slots and 76 people on average are scoring for those slots
- During the last 2 years of the pandemic, we housed 209 vulnerable adults
- We received 118 emergency vouchers and we are expanding our ACIS Medicaid Pilot for supportive services

➤ Families with Children

- The number of family experiencing homelessness are on the rise.
- Due to our diversion efforts, the families left being served have more challenges resulting in the length of stay increasing for families at shelters.

The Continuum is working on the following goals:

- Family with children – which for the first time in many years our homeless shelters are full
- Youth homelessness is very far behind and needs a lot of work
 - Margarite Bohorquez reported that there are 952 students experiencing homelessness enrolled in MCPS, but this does not account for everyone
- Senior homelessness

Recommendations:

- *Amanda Harris* -- Consider revising the Strategic Plan to End Homelessness refocusing on priorities and incorporating the lesson learned during COVID

SYSTEM PERFORMANCE GOALS UPDATE – ASHLEY RICHARDS, DATA AND RESEARCH MANAGER, SEPH

Ashley shared recap of the last ICH meeting’s System Performance Goals as requested by ICH members to review where the data from FY21. Ashley expressed appreciation to the homeless providers for their efforts in improving data quality and entry. (Review System Performance Slides Here).

Goal 1: The average length of stay (LOS) of homelessness	LOS decreased by 33 days (FY21 108 LOS days; FY22 projection 141; FY22 Target 120)
Goal 2: Maintain the % of households who return to homelessness with 2 years	Closely met goal by maintaining 18% (FY21 projection 15%; FY22 target is 13% a difference of 3%)
Goal 3: Decrease the number of people experiencing homelessness on any given night (PIT)	Unsheltered count PIT Jan 2022 was 70 (FY21 total was 68; FY22 projection was 61)
Goal 4: Increase the number of adults who increased their total cash income while in permanent housing	FY22 target 40% (FY21 data 37%; FY21 projection 38% a difference of -1%)
Goal 5: Decrease the number of first time homeless	FY22 target 1170 (-10%) (FY21 data 1258; FY21 projection 1300; a difference of -2%)
Goal 6: Increase the number of households placed in permanent housing	FY22 target 55% (FY21 data 610 households 45%; FY21 projection 48%; a difference of -3%)

Jeff Goldman closed the meeting with the following announcements for next meeting’s discussion will:

- Table Q&A regarding the Systems Performance Goals
- Table until next meeting: NOFO Close out discussion and Committee Updates

Adjournment and Next meeting: ICH Full Commission meeting Wednesday, April 6, at 3-5p on Zoom Webinar platform.