

Montgomery County Interagency Commission on Homelessness

February 2, 2022

AGENDA

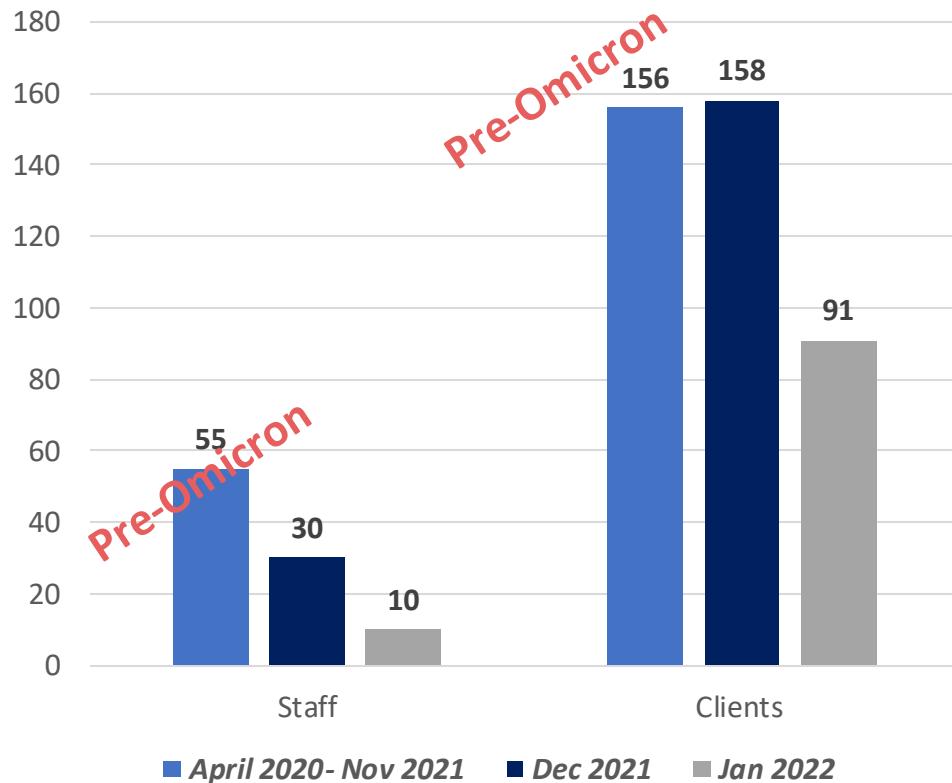
- Welcome and Introductions of New Commissioners
- Review and Approve September Minutes
- COVID Update
- Highlights from the Annual Report
- Committee Updates
 - Outcomes and Improvement Committee
 - Allocation Committee
- Next Meeting: Wednesday, April 6, 2022, 3:00-5:00 pm

COVID UPDATE

COVID cases amongst the homeless population, mass testing, and vaccinations

COVID POSITIVES in the Homeless Continuum

COVID Trends



- Total of 405 Clients contracted COVID-19
- 95 Homeless Services Staff tested positive
- 7 COVID related deaths

Testing and Vaccinations

Onsite testing at all congregate facilities continues

- Weekly PCR at transitional housing programs and family shelter
- Every other week testing at congregate permanent supportive housing programs
- Twice weekly rapid tests at large emergency shelters

Vaccinations

- Bi-Monthly at large sites
- About 40% shelter guests are vaccinated

Shelter Provider Experience



COVID-19 Vaccine Participation Project

2021

1. Target PSH & RRH clients with vaccine education and information. ~ 46 clients living in scattered site locations
2. Coordinate essential supports, such as transportation (Contract Barwood / Regency for door-to-door transportation to vaccine appointments.)
3. Tracking of appointments and date each client received vaccine.
4. Revisit the participant list regularly. Maintain engagement with vaccine resistant clients.

	A	B	C	D	E	F	G	H	I	J	K	L	M			
1	Priority group	Client ID	Client First Name	Client Last Name	DOB	Case manager	Employment status and Medical conditions	Agree to vaccinate?	Preregistered?	Appointment date 1	Appointment date 2	Fully Vaccinate	Vaccine			
2	1B - Tier 1				8/7/1945	Stephani Schaper										
3	1B - Tier 1				8/13/1940	Stephani Schaper			missed appointment							
4																
5																
6	1B - Tier 2															
7	1B - Tier 2							3/6/1968	Nick Heynen	grocery store employee, hypertension, smoking						
8																
9	1C - Tier 1							7/8/1951	Stephani Schaper							
10	1C - Tier 1							10/10/1952	Stephani Schaper							
11	1C - Tier 1							12/4/1954	Deborah Taylor							
12	1C - Tier 1							8/18/1955	Claire Cohen							
13	1C - Tier 1							8/6/1955	Stephani Schaper							
14	1C - Tier 1							4/17/1955	Stephani Schaper							
15	1C - Tier 1							5/22/1954	Stephani Schaper							
16																
17	1C - Tier 2							11/10/1963	Claire Cohen	asthma						
18	1C - Tier 2							3/27/1968	Claire Cohen	brain injury, heart condition	skeptical					
19	1C - Tier 2							1/2/1973	Stephani Schaper	smokes			received	11-Apr		?
20	1C - Tier 2							3/1/1989	Mark Babiak	congestive heart failure, kidney disease, sarcoidosis						
21	1C - Tier 2							3/9/1957	Nick Heynen	COPD, arthritis, hypertension, smoking,						
22	1C - Tier 2							6/20/1968	Claire Cohen	liver condition			received	?		Moderna
23	1C - Tier 2							3/14/1962	Mark Babiak	severe heart problems, asthma, autism						
24	1C - Tier 2							6/27/1957	Nick Heynen	hypertension, smoking						
25	1C - Tier 2							5/12/1977	Debra Taylor	hepatic steatosis, bipolar disorder,			21-Mar	13-Apr		Pfizer
26	1C - Tier 2							4/19/1977	Stephani Schaper	previous cancer, bipolar	more research					
27	1C - Tier 2							1/23/1976	Claire Cohen	smokes						
28	1C - Tier 2							9/17/1976	Nick Heynen	diabetes, pancreatitis			received			?
29	1C - Tier 2							8/23/1961	Stephani Schaper	neuropathy and spinal stenosis, in						
30	1C - Tier 2							8/20/1963	Nick Heynen	diabetes, hypertension, PTSD,						
31	1C - Tier 2							1/30/1960	Nick Heynen	congestive heart failure, COPD, asthma, emphysema, smoking, obesity						
32	1C - Tier 2							1/3/1967	Nick Heynen	smoking, obesity, congestive heart						
33	1C - Tier 2				12/20/1979	Nick Heynen	arthritis, schizoaffective disorder, depression, smoking									
34	1C - Tier 2				4/2/1967	Stephani Schaper	brain tumor, seizures									
35	1C - Tier 2				12/14/1957	Mark Babiak	ischemic heart disease, affective mood									
36	1C - Tier 2				7/1/1956	Nick Heynen	smoking									
37																
38	2A				8/29/1959	Stephani Schaper	depression									
39	2A				6/2/1956	Stephani Schaper	hearing impaired									
40	2A				6/9/1957	Stephani Schaper										
41	2A				1/17/1961	Stephani Schaper	unspecified disability									
42																
43	3				9/8/1968	Stephani Schaper	denies mental health problems									
44	3				6/13/1963	Stephani Schaper	mental, physical, developmental?									
45	3				2/25/1968	Stephani Schaper										
46	3				3/28/1961	Stephani Schaper	bipolar, schizophrenia									

Vaccine Participation – Tracking Milestones

April 8, 2021

9 of 46 clients = 19%

May 10, 2021

21 of 46 clients = 46%

July 31, 2021

27 of 46 clients = 59%



	A	B	C	D	E	F	G	H	I
1	Client ID	Client First Name	Client Last Name		Agree to vaccinate?	Appointment date 1	Appointment date 2	Fully Vaccinate	Vaccine
2				Case manager					
3				Stephani Schaper					
4				Stephani Schaper					
5				Stephani Schaper					
6				Stephani Schaper					
7				Claire Cohen	skeptical				
8				Stephani Schaper					
9				Stephani Schaper					
10				Stephani Schaper	not sure				
11				Claire Cohen	skeptical				
12				Stephani Schaper		14-Mar	11-Apr		Moderna
13				Stephani Schaper		31-Mar	23-Apr		Pfizer
14				Stephani Schaper		28-Apr	19-May		Pfizer
15				Mark Babiak		February	March		Moderna
16				Mark Babiak		April	5-May		?
17				Stephani Schaper		8-Apr	7-May		Moderna
18				Nick Heynen		26-Apr	24-May		Moderna
19				Stephani Schaper					
20				Nick Heynen		2-Apr	23-Apr		Pfizer
21				Claire Cohen					
22				Claire Cohen		received	23-Apr		Moderna
23				Claire Cohen		9-Apr	n/a		J&J
24				Stephani Schaper		12-Apr	n/a		J&J
25				Mark Babiak					
26				Stephani Schaper		March	n/a		J&J
27				Claire Cohen		received	n/a		J&J
28				Nick Heynen		22-Jun			
29				Stephani Schaper	wait longer				
30				Nick Heynen					
31				Stephani Schaper		8-Apr	?		
32				Debra Taylor		21-Mar	13-Apr		Pfizer
33				Stephani Schaper	more research				
34				Stephani Schaper		1-Apr	?		Pfizer
35				Claire Cohen	wait longer				
36				Stephani Schaper					
37				Nick Heynen		15-Feb	25-May		J&J
38				Stephani Schaper		8-Apr	n/a		J&J
39				Nick Heynen					
40				Nick Heynen					
41				Nick Heynen					
42				Nick Heynen		3-Jun	24-Jun		Pfizer
43				Stephani Schaper		16-Apr	7-May		Pfizer
44				Stephani Schaper		12-Apr	n/a		J&J
45				Stephani Schaper		14-May	4-Jun		Pfizer
46				Mark Babiak		18-Mar	15-Apr		Moderna
47				Mark Babiak		10-May	?		
48				Nick Heynen		26-Apr	24-May		Moderna

2021 Vaccine Participation Project
Bethesda Cares Team Members

Deborah Taylor – Programs Director
Stefani Schaper – HIP Service Coordinator
Claire Cohen – HIP Service Coordinator
Mark Babiak – Critical Time Intervention Specialist
Nick Heynen – Veterans Supportive Housing Specialist
Curtis Barton – Volunteer
John Mendez – Executive Director

CoC Response to COVID

Short and Long-Term Program and Policy Changes and
Recommendations

Permanent Changes to Shelter



- New 200-Bed Men's Shelter
- All shelters will accommodate the need for social distancing
- Enhanced case management support
- Year-round bed capacity increases from 140 to 400

New Approaches to Housing

Expansion of Rapid Rehousing

- Temporary ESG-CV funding added approximately 240 slots
- Included employment services

COVID Rent Relief Program – Rapid Resolution

- Provides short-term housing subsidy with no case management
- 311 households served from May 2020 – November 2021
- 14% Rate of Return to Homelessness

Emergency Housing Vouchers

- 118 Permanent Housing Vouchers – non-transferrable
- 20 dedicated to vulnerable adults experiencing homelessness
- 98 dedicated to Move-Up from permanent supportive housing and/or exit from rapid rehousing

Exit Bonus Program

- Provides \$5000 in direct cash assistance to exit homelessness
- 113 households served
- 24% Rate of Return to Homelessness

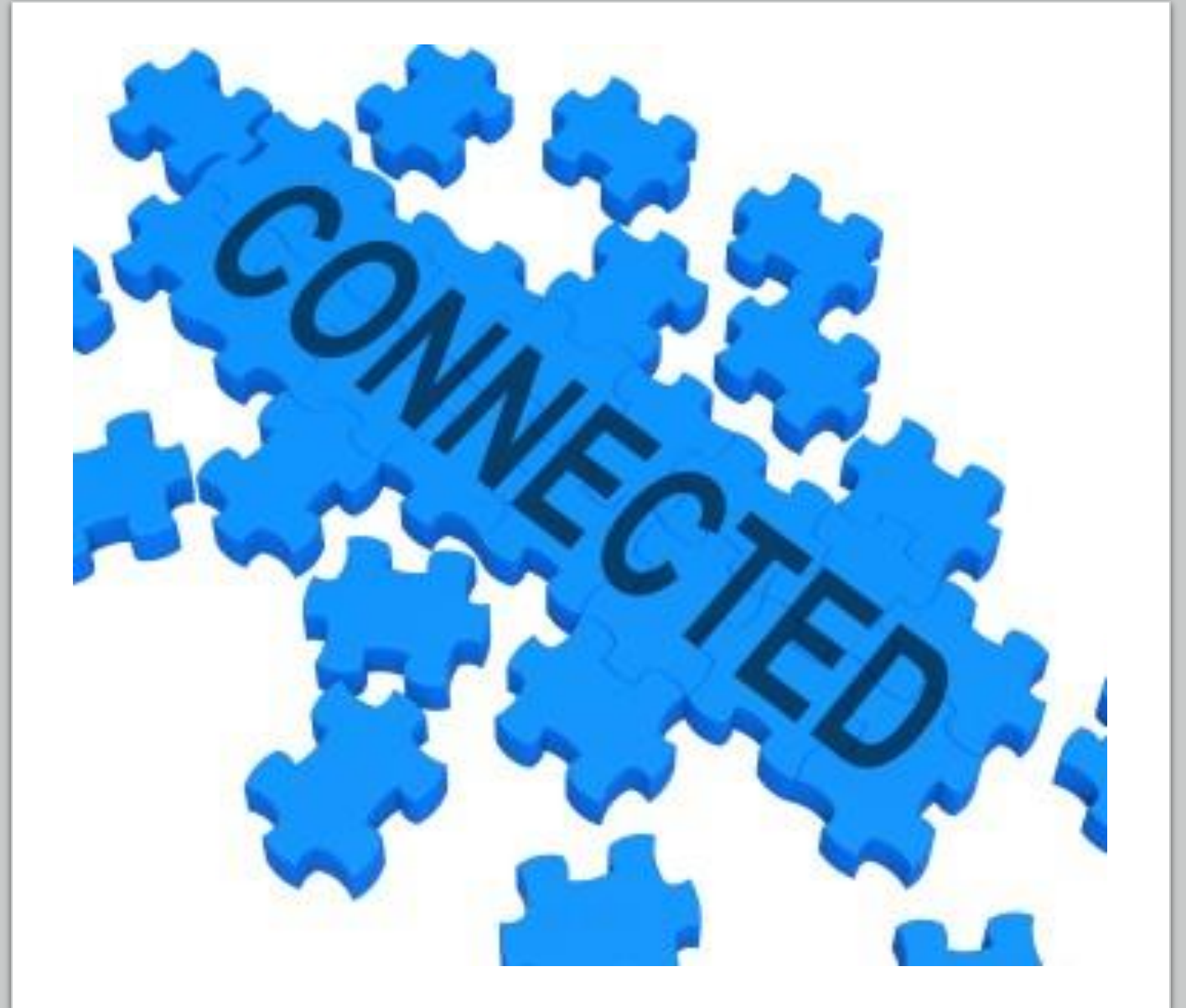
Improved Access to Services

Increased Access to Behavioral Health and Primary Care Services

- Funding through a one-time state grant
- Increased primary care services in shelter and through street outreach
- Added Peer Support in shelters
- Contracted with community psychiatrist to provide onsite services at shelter and through street outreach



A Stronger Montgomery



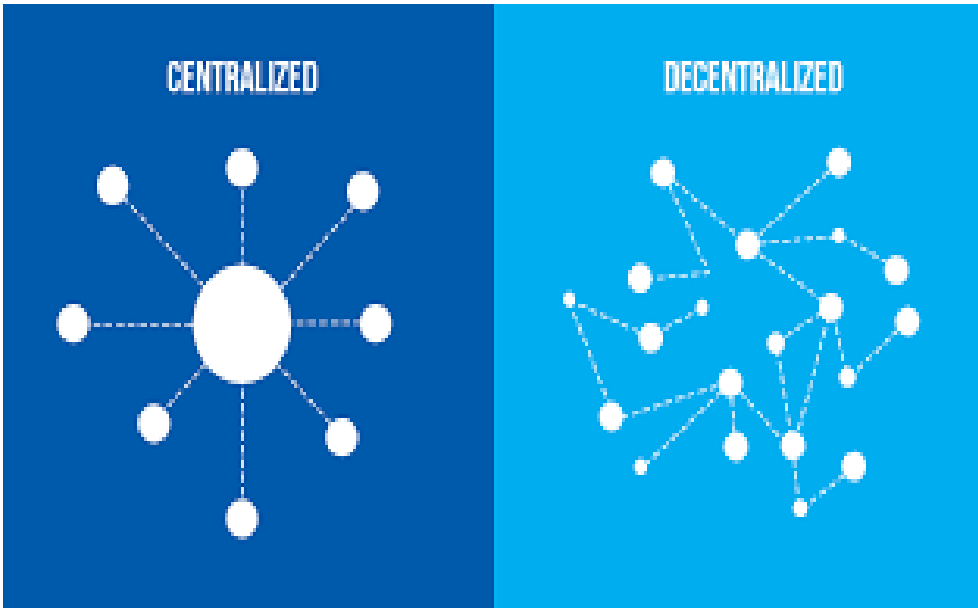
Centralized Intake and Homeless Diversion

Implemented Centralized Intake and Diversion for Adult Only households

- Used combination of temporary funding from federal and private grants
- Responded to 500 requests for shelter
- Provided \$300K in diversion grants

Limitations

- Not able to provide 24/7 access
- Inadequate staffing to provide continuing case management
- Need a single hotline for households seeking services



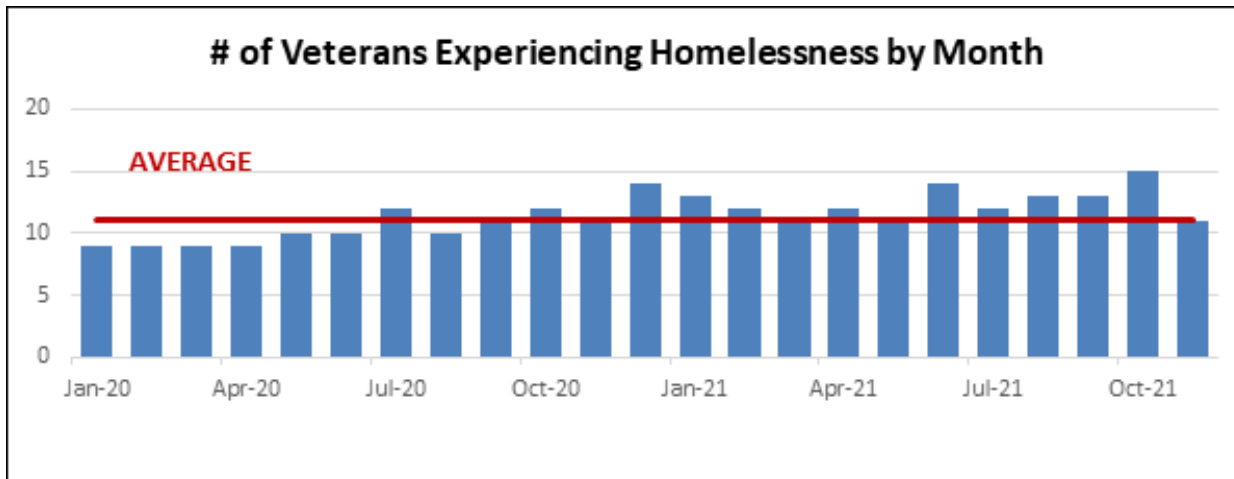
Medium and Long-Term Challenges

Secure funding to continue COVID expansion of services

Develop a new approach to Eviction Prevention when federal funding is no longer available. The pre-pandemic annual budget for eviction prevention is \$4 million. To date, over \$69 million has been used to prevent more than 9000 evictions.

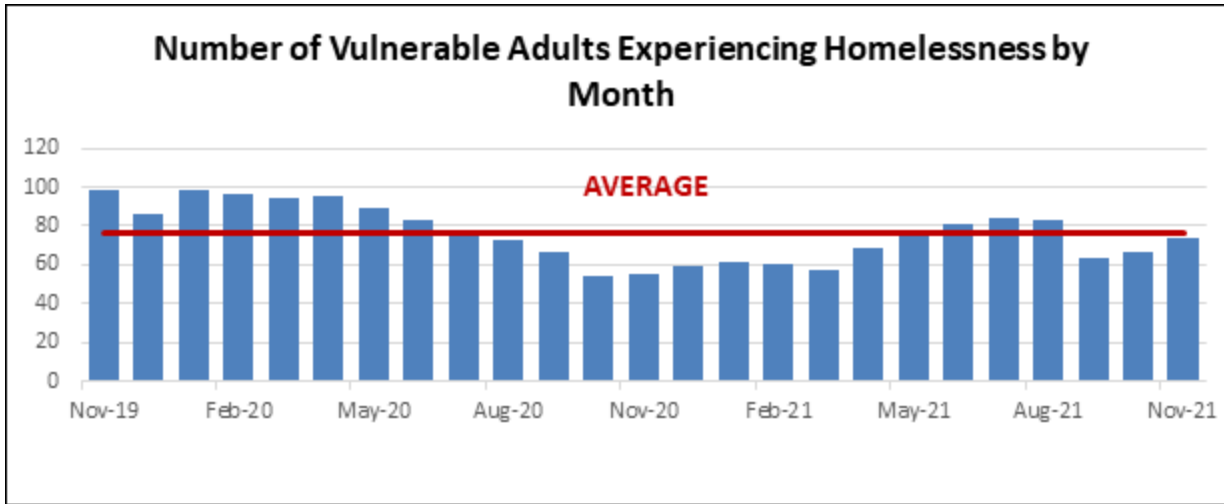
Highlights from the 2021 Annual Report

Veteran Homelessness



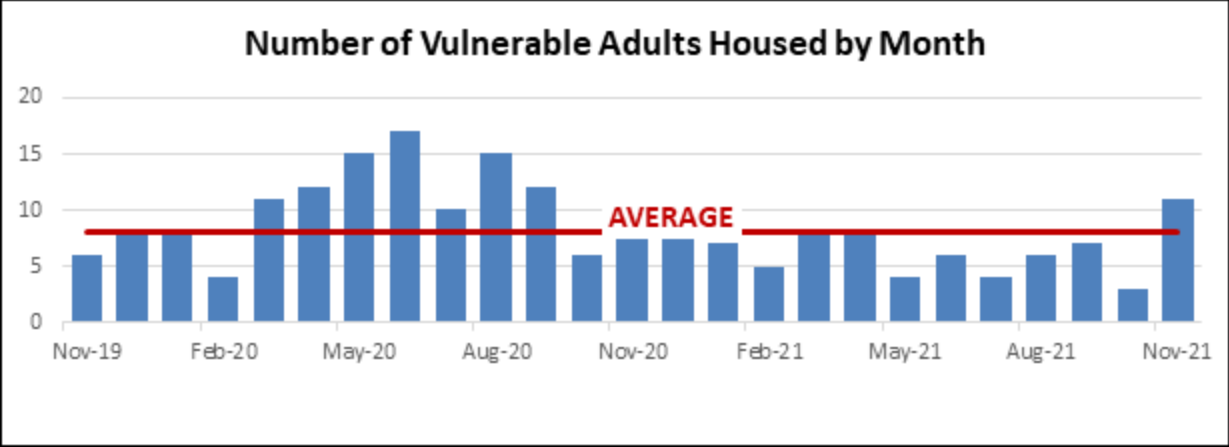
- Since January 2015, we have ended homelessness for 219 Veterans
- Functional zero is 6 Veterans, average # of Veterans experiencing homelessness each month is 11
- Discussion: Do we need to advocate for a new “functional zero”?

Vulnerable Adult Only Households



209 Vulnerable Adults Housed in the Last 2 Years

Monthly Average of 76 Vulnerable Adults



Changes in Vulnerability

Medical Conditions

- 23% have untreated or under treated medical conditions (23% decrease from FY21)
- 4% have serious medical condition with no or sporadic treatment (75% decrease for FY21)

Mental Health

- 37% have untreated or under treated mental health challenges (14% decrease from FY21)
- 14% have serious mental illness that is not being treated or only sporadic treatment (52% decrease from FY21)

Substance Use

- 22% have untreated or under treated substance use disorders (15% decrease from FY21)
- 5% have untreated serious substance use disorders (55% decrease from FY21)

Cognitive Deficits

- 10% have untreated or under treated cognitive disorders (28% decrease from FY21)
- 2% have serious cognitive disorders with no or sporadic treatment (50% decrease from FY21)

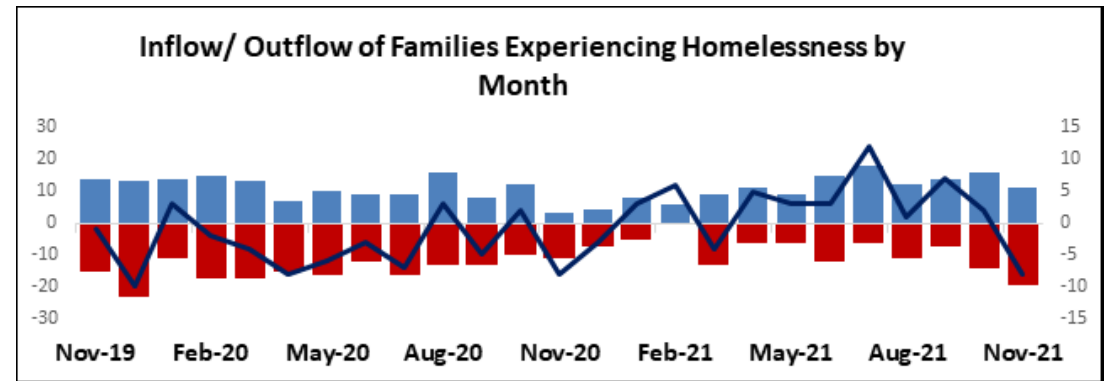
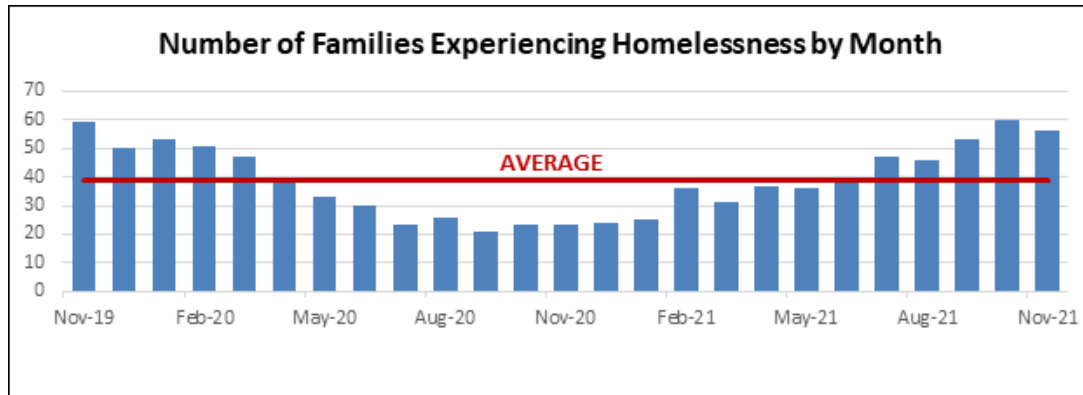
Opportunities for Ending Homelessness for Vulnerable Adults

98 Permanent Supportive Housing slots available due to the EHV Move-Up program

Possible expansion of ACIS Medicaid pilot for supportive services

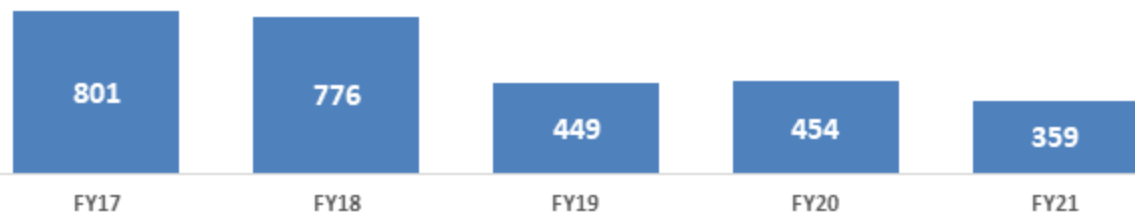
Discussion: Should we adjust our goals and specifically name vulnerable adults as a subpopulation?

Families with Children



Families with Children

of People in Families Entering Homelessness for the First Time



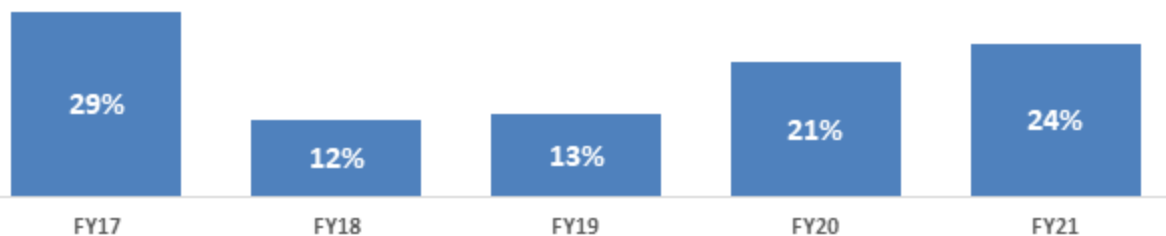
5-Year Trend: 55% Decrease

Length of Stay in Shelter in Days



5-Year Trend: 56% Increase

% of Families Returning to Homelessness after 24 Months



5-Year Trend: 17% Decrease

Funding and Legislative Priorities

Funding Priorities

- More Affordable Housing and Dedicated Units
- \$3m for County Rental Assistance Program
- \$2.4 m for Rapid Rehousing and employment services
- Development of deeply affordable living quarters

Legislative and Regulatory Changes

- Eviction Protections
- Resources for Human Rights Commission to investigate Fair Housing violations
- Changes to state commitment laws



DISCUSSION

We can totally end homelessness for all but by when?

What are the lessons learned from COVID and what do we want to keep doing?

Is it time to revisit the Strategic Plan to End Homelessness?



System Performance Goals

Goal 1: Decrease the average length of homelessness

FY 21 Data	FY 21 Projection	Difference	FY 22 Target
108	141	-33	120

Goal 2: Maintain the % of households who return to homelessness within two years

FY 21 Data	FY 21 Projection	Difference	FY 22 Target
18%	15%	3%	13%

Goal 3: Decrease the number of people experiencing homelessness on any given night (Point in Time)

	FY 21 Data	FY 21 Projection	Difference	FY 22 Target
Sheltered	509	509 (-10%)	0	433 (-15%)
Unsheltered	68	68 (-34%)	0	61 (-10%)

Goal 4: Increase the number of adults who increase their total cash income while in permanent housing

FY 21 Data	FY 21 Projection	Difference	FY 22 Target
37%	38%	-1%	40%

Goal 5: Decrease the number of first-time homeless

FY 21 Data	FY 21 Projection	Difference	FY 22 Target
1258	1300 (-1%)	-2%	1170 (-10%)

Goal 6: Increase the number of households placed in permanent housing

FY 21 Data	FY 21 Projection	Difference	FY 22 Target
610 (45%)	48%	-3%	55%

Data Quality

	All ES, SH		All TH		All PSH, OPH		All RRH		All SO	
	FY2020	FY2021	FY2020	FY2021	FY2020	FY2021	FY2020	FY2021	FY2020	FY2021
Unduplicated Persons Served	2199	2035	144	154	2426	2440	712	899	416	321
Total Leavers	1752	1562	97	99	219	204	216	369	257	189
Destination of Don't Know, Refused, or Missing	324	49	6	0	4	0	3	0	55	52
Destination Error Rate	18.49 %	3.14%	6.19%	0%	1.83%	0%	1.39%	0%	21.40%	27.51%

HMIS APR Data reported as of December 2021

Allocation Committee Report

Overview

- Held organizational level feedback sessions with each applicant
 - Shared detailed feedback that impacted rankings
 - Opportunity for two-way feedback
 - Applicants highly engaged and feedback was well received
- Emphasis on NOFO Rankings vs performance scorecard
 - The goal is to rank programs for the purpose of allocating funding
 - Scoring must have differentiation; not everyone can be #1
 - The rank is a reflection of the application; not a report card on performance

High Level Summary

- All programs had strengths
 - High bed utilization and clean audit reports were common
- Pandemic created challenges that impacted costs and efficiency
- Three main areas for rankings
 - HMIS Data – continues to be incomplete or inaccurate in many cases
 - Application – very little differentiation
 - Housing First and COVID addendums – high variation in detail of responses
 - Integration of resident experience in planning/programming
 - Details on support of housing first
 - Details on COVID response
- May be more opportunity in the future to differentiate scoring for RRH vs PSH
 - RRH may have been disproportionately impacted in the rankings by the pandemic
- Noted differences to the mean on demographics of populations served
 - No one was penalized, but the committee did note where demographics were skewed

Takeaways for Next Year

- Emphasize from the start the purpose for the rankings and why differentiation is critical to that process
 - Applicants impact their rankings by the thoroughness of their responses
- Encourage applicants to make sure their data is complete and accurate in HMIS
- Consider revising the scoring methodology to more accurately reflect evolving strategies and ensure rankings reflect funding priorities
- Consider revising the scoring methodology to make sure that program differences are accurately captured
- Continue to conduct feedback sessions