



Services to End and Prevent Homelessness

RECOMMENDED FY25 BUDGET

\$49,415,716

FULL TIME EQUIVALENTS

117.40

JAMES BRIDGERS PH.D., MBA, DIRECTOR

FUNCTION

The programs of Services to End and Prevent Homelessness (SEPH) have a common vision: access by all people to safe, affordable housing, and opportunities to improve quality of life. The mission of SEPH is to make homelessness a rare, brief, and non-recurring event by operating from a Housing First philosophy. Housing First recognizes that people are most successful when they have a choice in housing and seeks to eliminate barriers such as sobriety requirements or treatment compliance. SEPH provides a full continuum of services including housing stabilization, homeless diversion, and permanent housing; and employs evidence-based and promising practices. SEPH programs collaborate with public and private partners through the Interagency Commission on Homelessness. Special needs populations include: veterans; both individuals and families; persons with behavioral health challenges; individuals with developmental disabilities; transitioning youth; and seniors with disabilities experiencing or at risk of homelessness.

PROGRAM CONTACTS

Contact Christine Hong of the HHS - Services to End and Prevent Homelessness at 240.777.1179 or Deborah Lambert of the Office of Management and Budget at 240.777.2794 for more information regarding this department's operating budget.

PROGRAM DESCRIPTIONS

Admin - Services to End and Prevent Homelessness

This program provides leadership and direction for the administration of Services to End and Prevent Homelessness and advises the Interagency Commission on Homelessness (ICH) and Montgomery County Continuum of Care (CoC).

FY25 Recommended Changes	Expenditures	FTEs
FY24 Approved	962,338	6.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	1,510	0.00
FY25 Recommended	963,848	6.00

Coordinated Entry

Coordinated entry is a process developed to ensure that all people experiencing a housing crisis have fair and equal access to

remedies and are quickly identified, assessed for, referred, and connected to housing and assistance based on their strengths and needs. Within a Coordinated Entry System, each person is prioritized for housing based on vulnerability using a data-driven, real-time process. Montgomery County's Coordinated Entry System embraces Housing First principles of low barrier access, consumer choice, community integration, and housing orientation.

Program Performance Measures	Actual FY22	Actual FY23	Estimated FY24	Target FY25	Target FY26
Number of homeless individuals with a completed vulnerability assessment (Using the VI-SPDAT) to determine housing placement ¹	1,028	982	1,004	970	932
Coordinated Entry: Days from housing program assignment to housed ²	93	119	106	90	76
Percent of homeless households with a completed vulnerability assessment (using the VI-SPDAT) to determine housing placement ³	67%	79%	72%	78%	85%

¹ The number of individuals with completed assessments decreased in FY23 because of less client engagement due to staff turnovers in emergency shelters.

² The housing rental market increased which made it harder to find affordable units. Coordinated entry is looking at both permanent supportive housing and rapid rehousing clients. In addition, rental application requirements were more restrictive in accepting program clients as tenants. The program projects these two conditions will continue into FY24 and is working to strengthen landlord relationships, recruit new landlords, and ensure the housing locator team is equipped with necessary trainings.

³ In FY23, homeless services staff pushed for the completion of up-to-date assessments for clients, resulting in an uptick of assessments completed. There were also more households exiting emergency shelters, which allowed the program to assign incoming households to case managers. In the coming fiscal years, a newly hired social worker will be conducting regular assessment training to ensure all case managers are equipped to complete timely and accurate assessments.

FY25 Recommended Changes	Expenditures	FTEs
FY24 Approved	1,671,802	8.90
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	(205,709)	1.00
FY25 Recommended	1,466,093	9.90

Healthcare for the Homeless

Healthcare for the Homeless provides medical and dental services to individuals experiencing homelessness in emergency shelters, street outreach, and transitional housing. Medical services are also provided to individuals and families served in permanent supportive housing programs. Healthcare for the Homeless is committed to reducing the health disparities for people experiencing homelessness by providing low barrier access to services and reducing re-admissions to hospitals.

Program Performance Measures	Actual FY22	Actual FY23	Estimated FY24	Target FY25	Target FY26
Number of individuals receiving primary care services through Healthcare 4 the Homeless (Key Collaborative Medicine) ¹	202	403	463	486	510
Number of hospital transfers from year-round shelters (based on 911 emergency calls) ²	395	689	586	557	529

¹ In FY23, the program saw an increase in the number of homeless individuals, most of whom have significant medical and psychiatric conditions. There has also been an increase in the number of uninsured clients with chronic issues and terminal illnesses that require specialists.

² The increase in the number of clients in FY23 brought a greater number of individuals with psychiatric conditions and an increased number of emergency petitions. There has been an increase in overdoses. The program anticipates that numbers will decrease as it places greater focus on education and training on emergency services and works closely with shelter staff to utilize primary care on site more efficiently.

FY25 Recommended Changes	Expenditures	FTEs
FY24 Approved	2,059,076	5.00
Replace: Psychiatric Services in Shelters Previously Funded by Grant	300,025	0.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	204,100	0.00

FY25 Recommended Changes	Expenditures	FTEs
FY25 Recommended	2,563,201	5.00

☀ Homeless Services for Families

Homeless Services for Families provides emergency shelter and transitional housing to families with children. Services include intake and assessment, case management, and housing location to link families experiencing homelessness to housing, behavioral health, financial, and legal programs. All services are housing focused with a goal of connecting families with permanent housing as quickly as possible and removing systemic barriers to accessing housing and services.

Program Performance Measures	Actual FY22	Actual FY23	Estimated FY24	Target FY25	Target FY26
Number of individuals as part of a family unit experiencing homelessness for the first time ¹	428	473	563	473	433
Average length of stay in days by homeless families in emergency shelter ²	50	66	91	79	67
Percent of households returning to homelessness ³	13%	9%	13%	10%	7%

¹ The increase in families experiencing homelessness is due to an increase in evictions and limited Rapid Rehousing capacity. Families are losing access to housing without access to additional financial resources that were made available during the public health emergency, so the number of individuals in need of Family Emergency Shelter is expected to increase in FY24. In FY25 and FY26, the program expects to have greater capacity to house clients and expand prevention work to gradually decrease family inflow.

² The program experienced an increase in evictions and put-outs alongside very limited Rapid Rehousing (RRH) capacity. Families are losing housing without access to additional financial resources made available during Covid, so the number of individuals in need of Family Emergency Shelter is expected to increase in FY24. In FY25 and FY26, the program anticipates greater capacity to house clients and further prevention efforts to gradually decrease family inflow.

³ FY23 performance improved due to the continuous supportive services provided by Permanent Supportive Housing programs and other innovative permanent housing options to ensure clients remain housed. The availability of federal eviction prevention funding associated with the COVID public health emergency also helped people maintain housing and prevent return to homelessness.

FY25 Recommended Changes	Expenditures	FTEs
FY24 Approved	5,753,707	3.00
Restore: Continue Overflow Sheltering In Motels - One Time Only	2,594,416	0.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	(1,790,617)	0.00
FY25 Recommended	6,557,506	3.00

☀ Homeless Services for Single Adults

Homeless Services for Single Adults provides emergency shelter, street outreach, and transitional housing to adults experiencing homelessness. All services are housing focused with a goal of connecting adults with permanent housing as quickly as possible by removing barriers such as poor credit, criminal history, limited or no access to behavioral and somatic healthcare, and low or no income. Homeless services include centralized shelter intake and diversion, comprehensive case management, assertive engagement, housing location, employment training and job development, legal services, and assistance with entitlements like Food Stamps and Medicaid.

Program Performance Measures	Actual FY22	Actual FY23	Estimated FY24	Target FY25	Target FY26
Number of homeless single adults counted during Annual Point in Time Count ¹	408	625	590	531	478
Length of time homeless in days for adults in emergency shelter, outreach, or transitional housing ²	164	215	194	174	157
Percent of positive exits to permanent housing from street outreach, emergency shelter, or transitional shelter ³	47%	48%	52%	56%	60%

¹ Several factors contributed to the increase in FY23: the end of the pandemic-related moratorium on evictions; high-income requirements imposed by landlords; and high rents alongside client barriers such as no income, poor credit, and/or criminal history. The program projects a decreasing trend in coming fiscal years due to a new grant from the U.S. Department of Housing and Urban Development to house unsheltered persons and a partnership with the State to get more permanent supportive housing slots.

² The increase in length of time is likely due to high-income requirements imposed by landlords and high rents alongside client barriers such as no income, poor credit, and/or criminal history. Performance is also affected by turnover among staff for direct service providers and inadequate access to behavioral health services.

³ The increase in the percent of positive exits in FY23 is due to increased housing options including rapid rehousing, up to 12-month rental assistance subsidy, light-touch case management, and other rental assistance programs.

FY25 Recommended Changes	Expenditures	FTEs
FY24 Approved	13,384,837	2.00
Enhance: Emergency Shelter Capacity, Hypothermia Overflow, and Security Services	2,865,686	0.00
Enhance: Add Three Peer Support Specialists at Interfaith Works to Address Behavioral Health Needs at Progress Place	207,950	0.00
Eliminate: Ending of Emergency Housing Program (EHP) Grant	(2,665,260)	0.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	266,405	1.00
FY25 Recommended	14,059,618	3.00

Housing Initiative Program

The Housing Initiative Program is a Housing First permanent supportive housing program serving individuals and families with disabilities. Program participants are quickly connected to permanent scattered site units without any preconditions and offered intensive wraparound support services. The rental assistance is provided by the Department of Health and Human Services staff and services are offered via contracts with non-profit partners. This program also acts as the lead entity for the 1115 Medicaid Waiver Assistance in Community Integration Services through the State Department of Health.

Program Performance Measures	Actual FY22	Actual FY23	Estimated FY24	Target FY25	Target FY26
Housing Initiative Program: Number of clients served ¹	923	936	963	983	1000
Housing Initiative Program: Days from housing program assignment (to accepted) to housed ²	123	103	220	90	60
Percent of households who retain permanent housing after 12 months ³	74%	71%	73%	77%	80%
Percent decrease in acuity score, measuring the severity of presenting issues impacting housing stability ⁴	27%	27%	31%	29%	33%

¹ Program capacity is gradually increasing with additional Housing Initiative Program subsidies.

² FY23 performance improved due to the continued efforts of the Housing Initiative Program staff to house clients and ensure that clients have all the necessary documentation prior to searching for housing units. The program anticipates in coming fiscal years increased rents and more restrictive rental application requirements will contribute to a growing wait in transition from assignment to housed. SEPH programs are working to strengthen landlord relationships, recruit new landlords, and ensure the housing locator team is equipped with the necessary trainings to house clients.

³ Performance decreased alongside landlords' more restrictive policies around lease violations. Clients need a more intensive supportive survey to remain housed. Rents also increased more than expected due to inflation, with amounts above county's allowable rent payment standards. As a result, the Housing Initiative Program had to relocate some clients.

⁴ The program had a minor expansion in the beginning of FY23 that will have a positive effect on acuity, but anticipates it will take approximately a year to see its effects. Due to the expansion, HIP providers hired more direct service staff. The program also hired a social worker who will conduct regular assessment training to ensure all case managers are equipped to complete timely and accurate assessments.

FY25 Recommended Changes	Expenditures	FTEs
FY24 Approved	2,118,726	2.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	240,489	3.00

FY25 Recommended Changes	Expenditures	FTEs
FY25 Recommended	2,359,215	5.00

☀ Interagency Commission on Homelessness

The Montgomery County Continuum of Care (CoC) coordinates the community's policies, strategies, and implementation of a housing and services system to prevent and end homelessness through a collaboration of public and private sector groups. Responsibilities include promoting a community-wide commitment to ending homelessness, providing funding for efforts to promote community-wide planning and strategic use of resources to address homelessness, and improving coordination and integration with mainstream resources and other programs targeted to people experiencing homelessness. The Interagency Commission on Homelessness is a group of appointed leaders of the CoC who have authority to make decisions on behalf of the CoC.

Program Performance Measures	Actual FY22	Actual FY23	Estimated FY24	Target FY25	Target FY26
Dollars brought into the continuum from non-County funds ¹	\$35,017,603	\$8,130,512	\$5,766,676	\$4,791,667	\$4,791,667
Number of individuals with lived experience participating as ICH Commissioner or on committees ²	8	5	11	11	11
Number of total homeless individuals counted during the Annual Point in Time Count ³	581	894	819	753	693

¹ There was no additional Covid grant funding in FY23.

² The current 5 committee members are actively recruiting additional members to get the committee membership to 11 in FY24. The Interagency Committee on Homelessness (ICH) full commission has two terms (3 years each, a total of 6 years), but the ICH committees do not have a set term of service. In FY23, the committee had multiple recruiting events but was not successful in getting consistent membership due to several barriers both the committee members and people with lived experiences face.

³ In FY23, homelessness increased due to many factors, including: fewer housing vacancies, higher rents, continued denials due to criminal and/or credit background issues, increased evictions, growing ineligibility for federal Emergency Rental Assistance Program funds, and increasing usage of County shelters by clients from neighboring jurisdictions.

FY25 Recommended Changes	Expenditures	FTEs
FY24 Approved	4,000	0.00
FY25 Recommended	4,000	0.00

☀ Permanent Supportive Housing

Permanent Supportive Housing is an evidence-based practice that provides immediate access to a permanent housing subsidy and long-term, wraparound support services to households with disabilities. All programs use a Housing First approach that offers housing without preconditions such as sobriety, treatment compliance, or participation in services.

Program Performance Measures	Actual FY22	Actual FY23	Estimated FY24	Target FY25	Target FY26
Permanent Supportive Housing: Number of clients served ¹	2,262	2,300	2,420	2,540	2,660
Permanent Supportive Housing: Days from housing program assignment (to accepted) to housed ²	266	107	187	247	307
Percent of households who retain permanent housing after 12 months ³	99%	98%	98%	98%	98%
Percent of clients retaining permanent housing	98%	98%	98%	98%	98%
Percent of people that graduate from the program ⁴	19%	14%	10%	12%	13%

¹ Permanent supportive housing programs expanded in FY23, increasing the number of clients served. Programs are balancing meeting full capacity with current staff capacity. The stable increase in coming fiscal years accounts for new permanent supportive housing units becoming

available and full staffing, as well as accounting for the rate of matriculation. New programs and their units take months to years to become fully functioning once approved.

² FY23 performance improved due to the continued efforts of the permanent supportive housing (PSH) staff to house clients and ensure that clients have all the necessary documentation prior to searching for housing units. The improvement is also because of the more thorough data clean-up efforts carried out by the HMIS team and the PSH providers to enter the housing move-in date correctly. The program anticipates an increase in time until housed due to continued challenges housing individuals with any criminal-related barriers to housing.

³ The program expects continued high rates of permanent housing retention due to the supportive services provided that assist clients in maintaining housing by proactively resolving issues that arise. Higher levels of evictions and higher rent do not affect Permanent Supportive Housing (PSH) as much as other programs. PSH staff have relationships with PSH landlords; thus, any issues that arise are solved through mediation and evictions are not necessary. Also, the continued supportive services unique to PSH prevent these issues from occurring.

⁴ Numbers are expected to remain low unless more Move On vouchers or low income housing programs become available.

FY25 Recommended Changes	Expenditures	FTEs
FY24 Approved	5,719,969	2.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	(690,855)	0.00
FY25 Recommended	5,029,114	2.00

Prevention

Prevention provides conflict resolution, mediation, financial assistance, housing location, and case management to County residents at risk of or experiencing homelessness. The program's focus is to partner with families and individuals to resolve their housing emergency through creative problem-solving. State and County grants are provided to prevent evictions and utility cut offs or secure new housing. Short-term case management services are provided to help at-risk households develop and implement plans to prevent a future housing crisis.

Program Performance Measures	Actual FY22	Actual FY23	Estimated FY24	Target FY25	Target FY26
Households receiving emergency grants to prevent eviction/homelessness (County and State funds) ¹	6,632	3,700	6,600	5,600	4,600
Percent of households who received prevention assistance and within 12 months enter the homeless continuum ²	2.0%	2.7%	3.5%	2.5%	2.5%

¹ The number of households decreased in FY23 due to more restrictive Covid rent relief criteria. The program expects the number of households to increase in FY24 with the expansion of Covid rent relief eligibility and an increase in evictions.

² The increase in FY23 is due to an increase in evictions and changes to the eligibility requirements for Covid rent relief which, in turn, decreased the number of households receiving support to prevent them from entering the homeless continuum.

FY25 Recommended Changes	Expenditures	FTEs
FY24 Approved	10,881,929	57.00
Enhance: Prevention Services due to Discontinuation of Federal Emergency Rental Assistance Program (eRAP)	841,966	8.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	1,719,405	4.79
FY25 Recommended	13,443,300	69.79

Rapid Rehousing

Rapid Rehousing (RRH) is an intervention program designed to help individuals and families to quickly exit homelessness, return to housing in the community, and not become homeless again in the near term. The core components of a rapid rehousing program are housing identification, move-in and rent assistance, and rapid rehousing case management and services. The goal of the program is to help people quickly obtain housing, increase income, and support self-sufficiency to stay housed. Rapid re-housing is offered

without any preconditions, such as employment, income, absence of criminal record, or sobriety.

Program Performance Measures	Actual FY22	Actual FY23	Estimated FY24	Target FY25	Target FY26
Rapid Rehousing: Number of clients served ¹	966	833	858	884	911
Cost per positive exit ²	\$18,480	\$4,785	\$6,700	\$7,000	\$7,300
Percent of households with increased income since entering rapid rehousing ³	24%	31%	33%	35%	36%
Percent of exits to permanent housing ⁴	83%	79%	80%	82%	83%

¹ The program anticipates an increase in the number of clients served due to increased staff and full development of new programs. While certain RRH programs are funded, they are still in their infancy and finalizing logistics. Once finalized, programs will be able to serve more clients.

² In FY23, the program exited fewer clients than in the past due to decreased capacity and staff.

³ Career Catchers are working with rapid rehousing providers and hope the employment landscape will soon expand for entry-level workers. Additionally, case managers should have more access to SOAR certification in order to help clients gain social security benefits.

⁴ Performance has remained relatively stable. The program anticipates Rapid Rehousing providers will become fully staffed such that clients will become more self-sufficient and integrated into the community.

FY25 Recommended Changes	Expenditures	FTEs
FY24 Approved	1,918,992	0.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	162,855	6.00
FY25 Recommended	2,081,847	6.00

Rental Assistance Program

The Rental Assistance Program (RAP) provides a shallow subsidy to individuals and families at risk of or currently experiencing homelessness. The target populations for this program are seniors, people with disabilities, and others on a fixed income.

Program Performance Measures	Actual FY22	Actual FY23	Estimated FY24	Target FY25	Target FY26
Number of unique households with an active rental subsidy during the year ¹	911	806	943	1,071	1,200
Percent of clients who utilized housing stabilization services (HSS) within a year after receiving rental assistance (RAP) ²	45%	27%	27%	26%	25%

¹ Despite having funding, RAP enrollment continues to slow down due to clients no longer meeting RAP eligibility criteria. Although referral numbers continue to rise, current participants that are being reviewed during recertification are no longer eligible. For FY24, the updated eligibility requirements have allowed for additional referrals along with the expansion of other housing benefits.

² FY23 is based on cases initiated in FY22 due to a one-year lag in the metric. The decrease in FY23 is likely due to clients relying on available Covid funding rather than HSS. Additional appropriate housing options and resources were also carefully considered at move in which allowed clients to maintain housing stability. Program projects similar performance in FY24 as FY23 since there are no major programmatic changes and the same financial resources.

FY25 Recommended Changes	Expenditures	FTEs
FY24 Approved	14,897,523	33.50
Eliminate: Ending of Emergency Rental Assistance Program (ERAP) Grant	(14,016,832)	(28.00)
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	7,283	2.21
FY25 Recommended	887,974	7.71

PROGRAM SUMMARY

Program Name	FY24 APPR Expenditures	FY24 APPR FTEs	FY25 REC Expenditures	FY25 REC FTEs
Admin - Services to End and Prevent Homelessness	962,338	6.00	963,848	6.00

PROGRAM SUMMARY

Program Name	FY24 APPR Expenditures	FY24 APPR FTEs	FY25 REC Expenditures	FY25 REC FTEs
Coordinated Entry	1,671,802	8.90	1,466,093	9.90
Healthcare for the Homeless	2,059,076	5.00	2,563,201	5.00
Homeless Services for Families	5,753,707	3.00	6,557,506	3.00
Homeless Services for Single Adults	13,384,837	2.00	14,059,618	3.00
Housing Initiative Program	2,118,726	2.00	2,359,215	5.00
Interagency Commission on Homelessness	4,000	0.00	4,000	0.00
Permanent Supportive Housing	5,719,969	2.00	5,029,114	2.00
Prevention	10,881,929	57.00	13,443,300	69.79
Rapid Rehousing	1,918,992	0.00	2,081,847	6.00
Rental Assistance Program	14,897,523	33.50	887,974	7.71
Total	59,372,899	119.40	49,415,716	117.40