M E M O R A N D U M

February 6, 2023

TO: Health and Human Services Committee

FROM: Tara Clemons Johnson, Legislative Analyst

SUBJECT: Shelter Services for Individuals Experiencing Homelessness

PURPOSE: Update and Discussion

Expected for this session:
Amanda Harris, Chief, Services to End and Prevent Homelessness, DHHS
Ilana Branda, Deputy Chief, Services to End and Prevent Homelessness, DHHS
Terence Hill, Commissioner and Representative of the People's Committee, Interagency
Commission on Homelessness (ICH)

At this worksession, the HHS committees will have an overview presentation from DHHS on shelter services provided for homeless in the County. A memo from Councilmember Sayles is attached at © 15, highlighting questions and concerns on coordination between DHHS and homeless community providers, the COVID-19 rent relief program and any gaps within the homeless system.

Today's meeting will be a discussion of the strategies, data and efforts DHHS utilizes toward ending homelessness and achieving population specific goals. By creating systems and processes that engage all partners, the Montgomery County Continuum of Care can support a comprehensive response structure that ensures homelessness is prevented. This staff report highlights the homeless continuum including programs and services, budget, the work of the Interagency Commission on Homelessness and regional efforts in coordination with the Council of Governments.

Background of Shelter Services in Montgomery County

The County's goal is to ensure that everyone in the County has access to safe and affordable housing. The mission of Services to End and Prevent Homelessness (SEPH) is to make homelessness rare, brief, and non-recurring event by implementing a Housing First model.
To achieve this goal, the County will do the following
- end homelessness among Veterans.
- end homelessness among chronically homeless individuals.

1

- end homelessness among families with children.
- end homelessness among unaccompanied youth.
- end homelessness among seniors; and
- end homelessness among all individuals in the County.

DHHS supports the Montgomery County Continuum of Care (CoC), a public-private partnership that includes state/local government agencies, non-profit service providers, landlords and community stakeholders who have a role in preventing and ending homelessness. The CoC provides a full continuum of housing services and programs to homeless persons including
- emergency and transitional shelter
- rapid re-housing - for individuals and families who are experiencing homelessness and need temporary assistance to obtain and retain stable, affordable housing.
- permanent supportive housing
- prevention and diversion strategies; and
- outreach and engagement

The Montgomery County Continuum of Care Governance Charter provides additional details on the structure of the program, [CoC Charter](#).   Planning and operating activities included in the CoC charter are below-

The CoC uses a Coordinated Entry System (CES) to link homeless people with the housing services best suited to their needs. All CoC partners refer clients using the same process, regardless of how a client first accesses the system. Case management is provided with an emphasis on removing housing barriers and connecting people with housing, employment, disability entitlements and other services. The programs are supported by US Department of Housing and Urban Development (HUD) and County funding.

The CoC manages the Homeless Management Information System (HMIS), which is a standardized data system to collect and analyze client, service, and housing data for people that are homeless or at risk of homelessness. HMIS allows partners to coordinate the prioritization of residents needing homeless services and maintain the required data needed to report to HUD.

A detailed description of the DHHS administered homeless prevention and housing stabilization programs are below
- Rental Assistance program (RAP) – provides a permanent shallow subsidy for residents with disabilities and adults over 55 years old exiting homelessness or at imminent risk of losing their home. Eligible residents can receive from $100 up to $503 per month towards their rental costs. Federal regulations prohibit the receipt of RAP by households who receive assistance under a Housing Choice Voucher or live in a Public Housing unit.
- Homeless Prevention Program - for individuals and families who are currently in housing but are at-risk of becoming homeless and need temporary rent, utility assistance, or other eligible assistance to prevent them from becoming homeless or to provide assistance with a move to another unit.

- Permanent Supportive Housing (PSH) - provides long term rent assistance, combined with case management services to people with disabilities. The services are designed to support independent living and connect people with community-based health care, treatment and employment services.
- Rapid Re-housing and Short-term Housing Resolution Program (SHaRP) - provides temporary rent assistance, combined with services, for individuals and families exiting homelessness. Rapid re-housing units are intended for people with a temporary need for rent assistance and case management services
    - The ICH reported that in FY22, the program had less than a 20% rate of return to homelessness with households of color returning at a rate lower or proportionate to overall demographics of the program.

Emergency Services. The current emergency shelter capacity is as follows:
- Year-round beds for Adult Only ~350
- Year-round beds for Families ~43
- For Adult Only Shelter and Hotel – 893, number of clients served - 926
- Families Shelter and Hotel HH - 127, number of clients served – 424. The family size has increased to 3.3 per HH

Budget and FY23 Updates

	FY23 Budget (County funding)
Administrative - SEPH	$860,872
Coordinated Entry	$1,268,743
Healthcare for the Homeless	$1,983,566
Homeless Services for Families	$3,341,888
Homeless Services for Single Adults	$12,549,040
Housing Initiative Program	$297,441
Interagency Commission on Homelessness	$4,000
Permanent Supportive Housing	$5,426,912
Prevention	$8,441,630
Rapid Re-housing	$3,142,840
Rental Assistance Program	$7,991,878
Total	$45,308,810

In FY23, Council approved several budget items related to sustaining and growing services for homeless residents. DHHS has provided the following update on the new funding

Shelter Diversion Hotline

SEPH will be contracting with EveryMind to implement the shelter hotline as well as in-person diversion and problem-solving services. The contract is currently working its way through Procurement and should be issued in the upcoming weeks.

	Shelter Hotline Positions	**FTE**
EveryMind	Program Director	1.0 FTE
	Diversion Specialist (to expand the Homeless Information Line staff)	3.0 FTE
	Diversion Case Managers (to provide intensive support services to resolve their housing emergency)	3.0 FTE
SEPH	Administrator	.25 FTE
	Social Workers	2.0 FTE
	3-5 Diversion Case Managers	3 – 5.0 FTE

Crisis Center phone system updates ($50k). The updates have not occurred yet. DHHS is discussing the contractual needs with the vendor.

COVID-19 Rent Relief Program (CRRP). The program provided first month's rent, security deposit and an add additional 4-6 months of rent subsidy for eligible County residents. To date, DHHS has approved assistance for approximately 1,400 households and has processed more than 3,200 applications for phase four of the program.

The fourth phase of Montgomery County's CRRP closed to new applications on Jan.13, 2023. The program closed as the number of potentially eligible residents exceeds the remaining funding. Funding for the fourth phase was provided by the U.S. Treasury Department's Emergency Rental Assistance funds in direct allocations to the County and, as a sub-grantee, to the State of Maryland. In total, the CRRP has approved $94.7 million in payments for 12,087 households. Demographic and programmatic updates are produced weekly and are available via the DHHS Pulse report, a link to the website is here, https://www.montgomerycountymd.gov/covid19/news/pulse-reports.html
- Race/ethnicity of tenants – 45% Black, 23% Hispanic, 10% Multiple races, 8% white and 2% Asian/Pacific Islander.
- The highest number of applications (350+) recieved are from zip codes 20910, 20902, 20904, 20906, 20850, 20874 and 20877.

Year-Round Shelter Services. DHHS provided the following update on the year-round emergency shelter service

Prior to the pandemic, the County's emergency shelter system increased its capacity during hypothermia season (Nov 1 to Mar 31) and then reduced capacity during the warmer months. This meant that some people were not able to access shelter in spring, summer, and fall if the year-round beds were full. COVID-19 required the County to make sure people had shelter with

appropriate space and health measures to help prevent the spread of the disease. In 2022, the County decided to maintain the policy of a year-round shelter for individuals and families. Over the last year, the number of permanent year-round beds have expanded by 100 beds for women and 217 for men. Family shelters do not have a capacity limit as DHHS utilizes hotels as emergency overflow.

DHHS and the homeless continuum of care are continually reviewing policies and operations in all programs. Recently, the CoC learned that services needed to be enhanced due to the increase in beds. DHHS is currently contracting for psychiatric care, peer support, employment services and increased primary care in shelters. In addition, DHHS reports the shelter vendors have received additional funding to increase both staff and security. There is an increased need for additional security in part because there are simply more people but also because there is more prevalence of mental health challenges and substance use.

Rapid Re-housing and Short-term Housing Resolution Program (SHaRP). An additional $2.5 million was approved by Council for FY23 to sustain programs started during COVID-19. Through this funding, the CoC met its goal of expanding the number of rapid re-housing (RRH) units by 350. The SHaRP program, which began during COVID-19, supports the growing population of people experiencing homelessness for the first time with minimal need for ongoing support services. It provides a six-month housing subsidy for households exiting homelessness. Calendar Year (CY) 2022 data showed 81% of SHaRP participants maintained their housing. Beginning CY 2023, the SHaRP housing subsidy is extended to 12 months and includes voluntary housing stability services. A demographic profile from the 2022 ICH report of the RRH and SHaRP recipients is at ©1-2.

Interagency Commission on Homeless (ICH)

Built for Zero (BfZ)
In November 2022, the ICH voted to recommit to the goal of ending homelessness for all populations by the end of 2025. BfZ defines ending homelessness for all by reaching "functional zero" for all subpopulations. The 2022 ICH annual report identifies functional zero as the number of households actively experiencing homelessness must be less than or equal to the monthly rate at which households achieve stable housing.

In implementing the strategies of the ICH strategic plan to end homelessness, the commission will establish committees and work groups to manage the action plans developed for each subpopulation (youth, families, Veterans, vulnerable adults, and seniors). The action plan will be reviewed every 6 months to evaluate goals, objectives, and milestones. The goals to be by achieved by June 2023 are:
- Veterans: No more than 7 Veterans experiencing homelessness (down from 10)
- Youth: A fully operational Coordinated Entry System specific for youth
- Families: An average length of time from identification to move-in of 45 days
- Seniors: Decrease the number of seniors entering homelessness by 50% (from 6 to 3)
- Vulnerable Adults: An average length of time from assigned to house of 45 days

▪ Other Adult-Only Households: Housed 350 individuals

The ICH identified the following gaps in the CoC, 1) insufficient care coordination with other systems of care, 2) lack of access to affordable and market rate housing, 3) lack of services to meet the needs of a growing aging population in permanent housing programs and 4) the shortage of affordable housing and housing vouchers for extremely low-income homeless individuals and families (i.e., households at or below 30% of the area medium income). The suggested legislative or regulatory changes include

- Support "just cause" eviction legislation at the state level
- Advocate that Housing Opportunity Commission (HOC) review eligibility criteria on criminal backgrounds and rental history
- Develop an independent pathway to investigate housing discrimination and illegal practices at housing complexes that is not client driven
- To increase the availability of affordable housing, the ICH encourages the commitment of dedicated, set aside units or a local homeless preference in multifamily housing developments using federal, state, or local financing and public housing authorities.

Community Data

The ICH published the FY22 Montgomery County Interagency Commission on Homelessness report in December 2022. The report is accessible at the following link 2022 ICH Annual Report. The ICH held a CoC community wide event in December 2022 and shared extensive data on the program. Highlights of the data are summarized below.

Key Accomplishments identified in the 2022 ICH report include-
- During COVID-19, the CoC housed 100 people in ~45 days
- Family – reduced family homelessness by over 50%
- Veterans – in 2015, Montgomery County ended Veteran homelessness. Functional zero for Veterans in the County is having no more than 6 Veterans in the homeless system and that they are housed within 30 days.
- Chronic
  o The actively homeless count went down to 4
  o 125 chronic housing placements were made in 3 months
  o Through the Inside Not Outside initiative → housed over 450 chronically homeless individuals

Actively Homeless as of 12/13/22

	# of Clients
Adult only Households	394
Adult Child Households (Families)	68
Youth	31
Seniors 62+*	49
Vulnerable Adults*	117
Veterans*	10

*reflects subpopulation data, HH is also included in adult or family household's numbers

Below is a summarized chart of the inflow/outflow of homeless clients within the CoC

Subpopulation	Average Inflow	Average Outcome	Growth or Decline/ Month
Singles	54	39	+16
Families	13	10	+3
Seniors	9	5	+4
Youth	4	2	+2
Vulnerable	12	7	+5

A demographic profile is at ©3-8 including household/clients served, gender, race/ethnicity of HOH and age group. Data on subpopulations entering permanent/temporary housing is at ©9-14.

Regional Coordination – Council of Governments
    Point in Time Count. Each year during January, the County conducts the Point in Time (PIT) count. The PIT provides an unduplicated count on a single night of people in the community, sheltered and unsheltered, who are experiencing homelessness. The count is important because it establishes the magnitude of the problem of homelessness, identifies strengths/gaps and helps the County plan services and program to address the need within the CoC. The 2023 PIT count recently occurred and will not be available until spring 2023 from the Council of Governments (COG). This table below captures the results of the past five years

CATEGORY	2017	2018	2019	2020	2021	2022	Percent Change 2018-2022	Percent Change 2021-2022
Total Number Counted	894	840	647	670	577	581	-31%	0%
Total Individuals	616	568	441	487	480	408	-28%	-15%
Total Number of Families	86	85	61	61	29	56	-34%	93%
Total Persons in Families	278	272	206	183	97	173	-36%	78%
Total Adults in Families	107	92	76	70	34	70	-24%	106%
Total Children in Families	171	280	130	113	63	103	-63%	63%

Table header: Household and Individuals Experiencing Homelessness Identified During the Point in Time Count

In the last five years, there has been a 28% decrease in adult only households, 34% decrease in the number of unaccompanied youth and a 36% decrease in the number of people in families. In 2018, DHHS implemented a centralized shelter intake and homeless diversion program for families resulting in more than two-thirds of families resolving their housing crisis without needed to enter the homeless continuum.

At the January 2023 COG Board of Director's meeting, members were briefed by the COG Homeless Services committee on efforts to improve cross-jurisdictional collaboration and share data on the racial equity systems analysis. The committee is waiting to receive the comprehensive data on disparities. Highlights and recommendations of the Homeless Services committee include

- Montgomery County data indicates that White-Hispanic clients were able to secure housing but were also the first to return to being homeless.
- Regionally 73% of homeless people were African Americans (African Americans take at least two weeks longer to get housed compared to other races).
- Data sharing and reporting regionally will enhance and improve care coordination and outcomes for homeless adults and families.
- Recommendation - sustain and increase regional investments in permanent housing, e.g., support and outreach to landlords with quality units.
- Recommendation - sustain and increase regional investments in adequate shelter facilities.

Potential Discussion Items

1. What are the actions the County can take to support the regional homeless efforts discussed at COG?
2. The Council has sustained previously ARPA funded homeless programming or increases by appropriating General Funds in FY22 and FY23. The committee may want to ask what ARPA funding is remaining and what programs or initiatives are being supported?
3. The committee may want to request DHHS provide an update on any programmatic adjustments or additional resources that have occurred during FY23 to support shelter services providers.
4. Does the plan for a fully operational coordinated entry system for youth include support services such as workforce training and mental health services? How will the program partner with MCPS?

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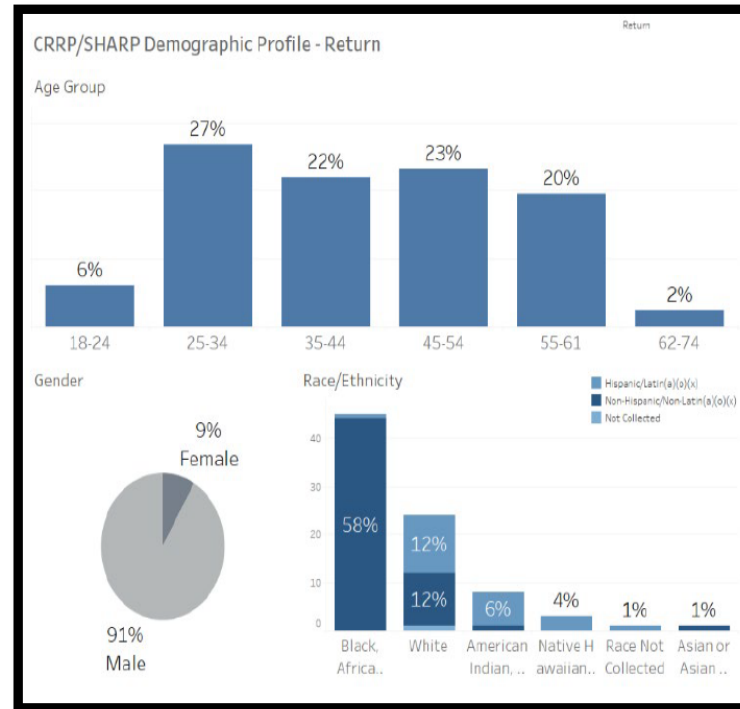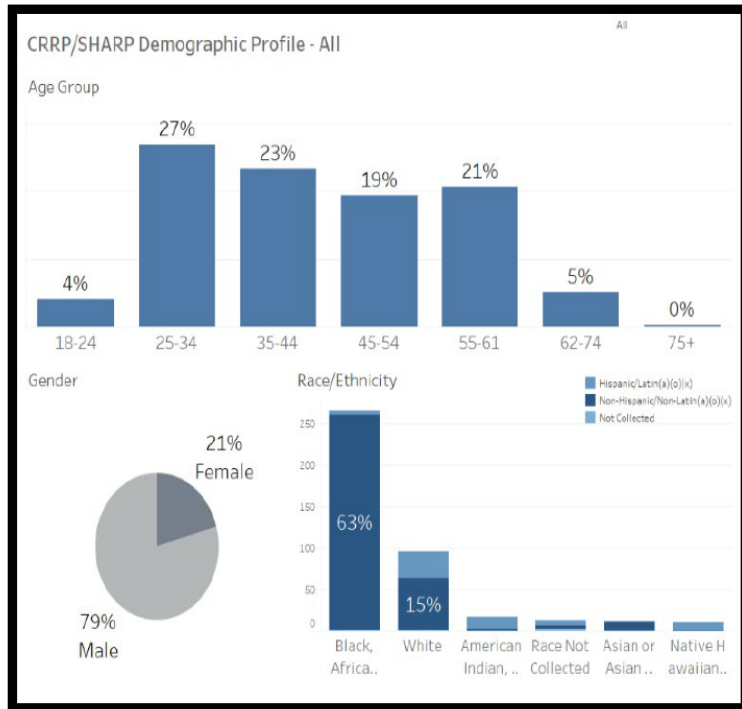
2022 ICH Annual Report

Rapid Re-Housing Data

The chart below demonstrates that families where the head of household is between 35 and 44 years of age disproportionately return to homelessness whereas older families are less likely to return. For individuals, people under 35 years old are more likely to return to homelessness.

When reviewing race/ethnicity of RRH participants, white non-Hispanic individuals and families return to homelessness at a disproportionately higher rate. White Hispanic and Black/African American families are less likely to return to homelessness. This data is unexpected given national research on how homelessness impacts people of color and warrants further exploration.
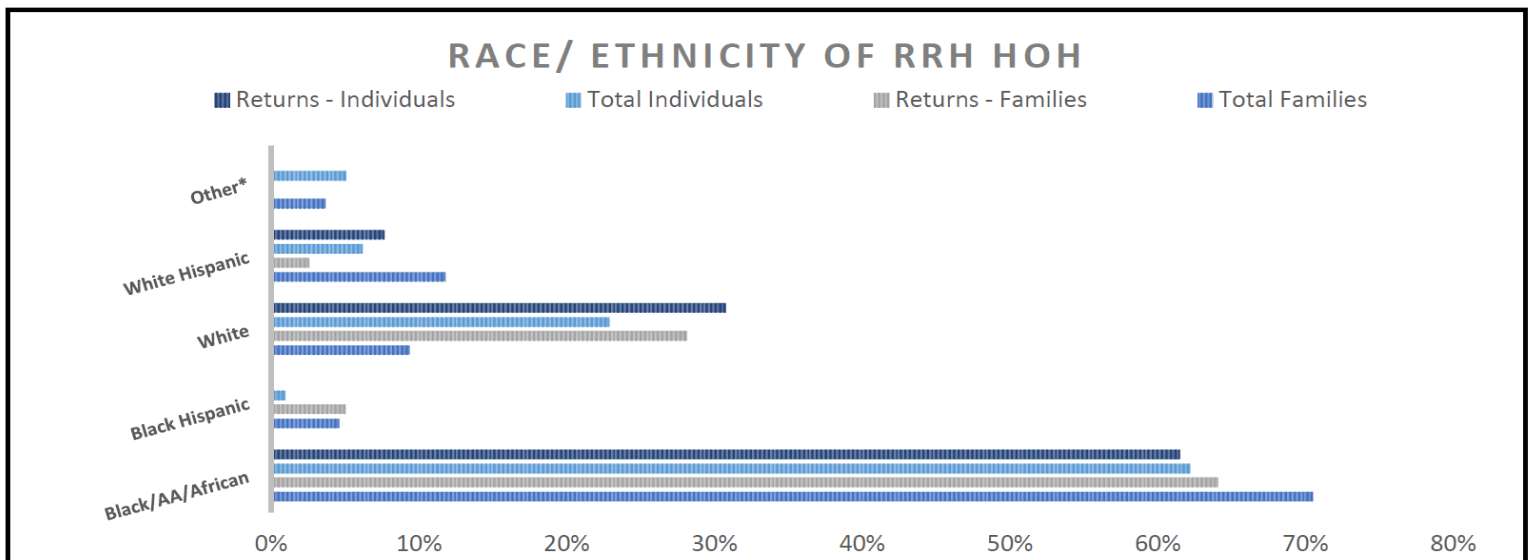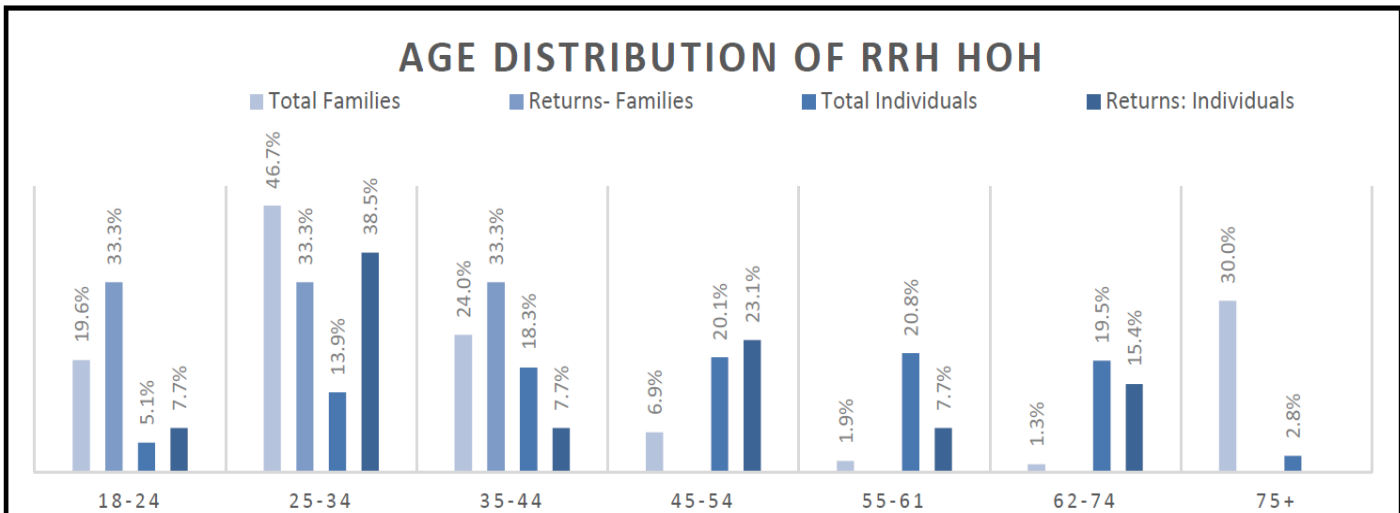
Short-Term Housing Resolution Program (SHaRP) - Demographics

The charts below detail the demographics of who has been served through SHaRP and whose who returned to homelessness after receiving the benefit.
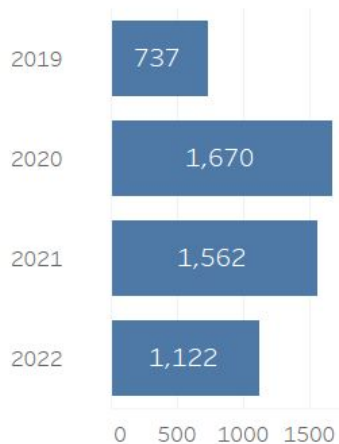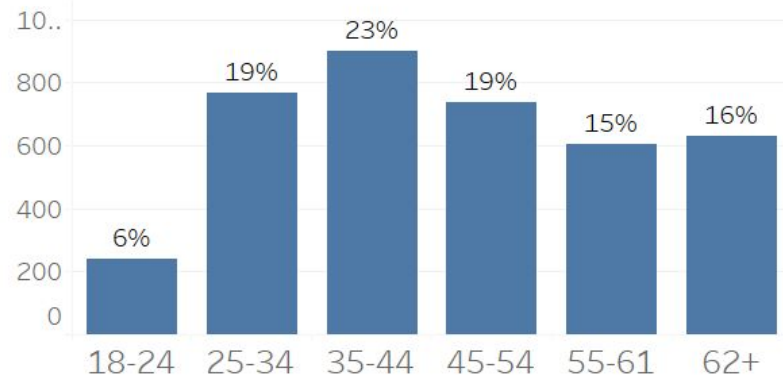

CRRP/SHARP Demographic Profile - All

Age Group: 18-24: 4%, 25-34: 27%, 35-44: 23%, 45-54: 19%, 55-61: 21%, 62-74: 5%, 75+: 0%

Gender: 21% Female, 79% Male

Race/Ethnicity: Black, Africa.. 63%, White 15%, American Indian, Race Not Collected, Asian or Asian, Native Hawaiian..

Legend: Hispanic/Latin(a)(o)(x), Non-Hispanic/Non-Latin(a)(o)(x), Not Collected

CRRP/SHARP Demographic Profile - Return

Age Group: 18-24: 6%, 25-34: 27%, 35-44: 22%, 45-54: 23%, 55-61: 20%, 62-74: 2%

Gender: 9% Female, 91% Male

Race/Ethnicity: Black, Africa.. 58%, White 12%, American Indian 12%, Native Hawaiian 6%, Race Not Collected 4%, Asian or Asian 1%, 1%

Legend: Hispanic/Latin(a)(o)(x), Non-Hispanic/Non-Latin(a)(o)(x), Not Collected

(2)

Singles

Program Demographic Profile - Adult Only Households (Households w/o Minor Children)

Households Served

3,978

Adult Only Households (Households w/o Minor Children) served in Emergency Services 1/1/2020-12/1/2022
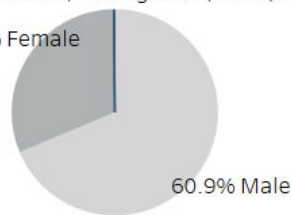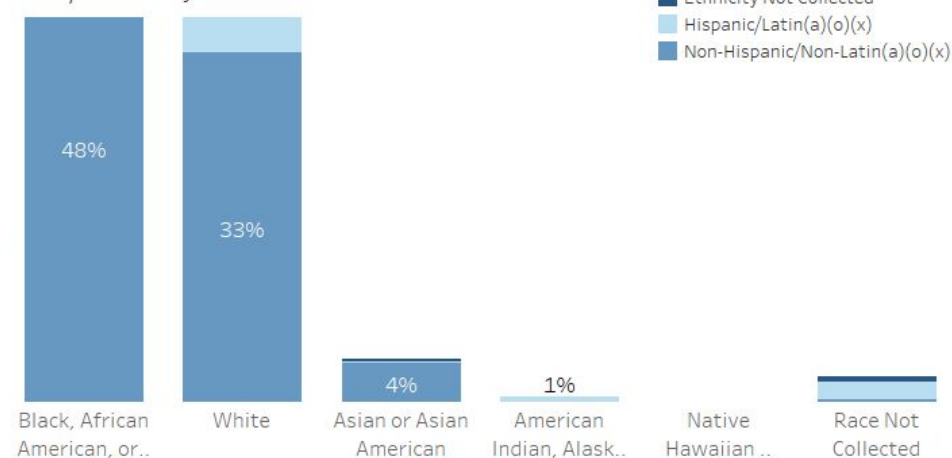
Year	Count
2019	737
2020	1,670
2021	1,562
2022	1,122

Age Group

18-24	25-34	35-44	45-54	55-61	62+
6%	19%	23%	19%	15%	16%

Gender

0.3% Female, Transgender, Male, T
38.3% Female
60.9% Male

Male
Female
Female, Transgender, Male, Transgen..
Data Not Collected
Questioning

Race/Ethnicity HoH

- Ethnicity Not Collected
- Hispanic/Latin(a)(o)(x)
- Non-Hispanic/Non-Latin(a)(o)(x)

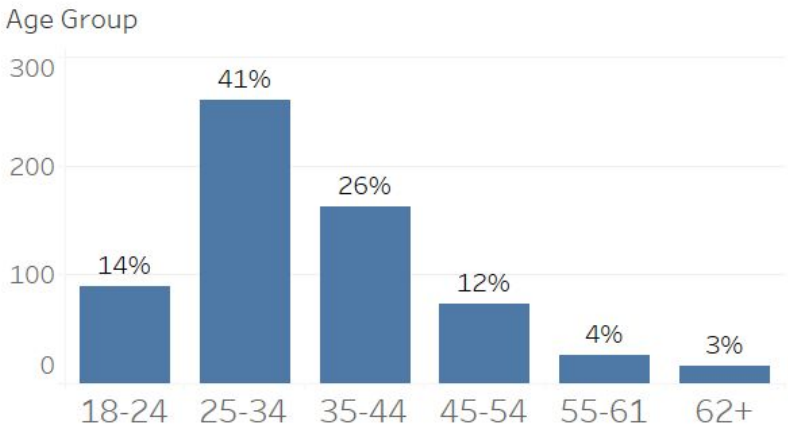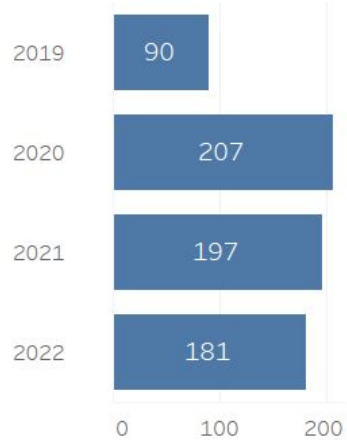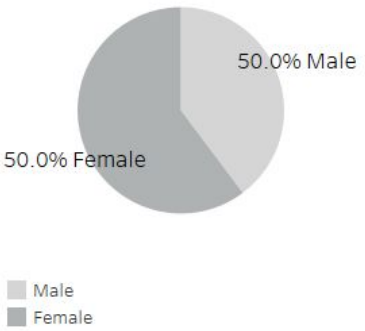| Black, African American, or..	White	Asian or Asian American	American Indian, Alask..	Native Hawaiian ..	Race Not Collected
48%	33%	4%	1%		

(3)

Program Demographic Profile - Adult+Child Households (Households with Minor Children)

Families

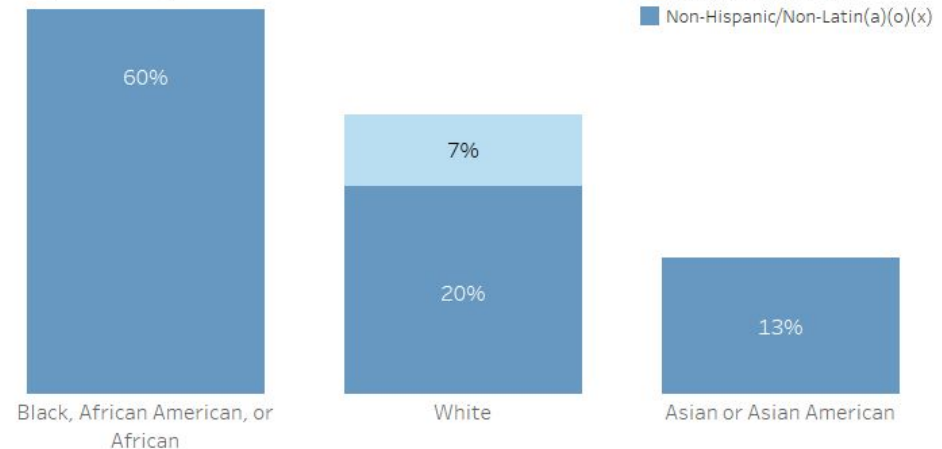**Households Served**
773

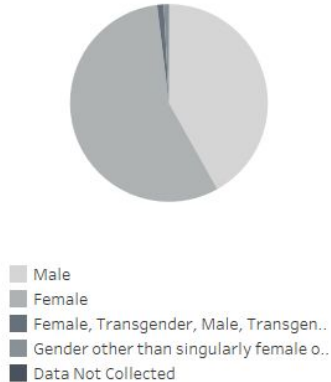Adult+Child Households (Households with Minor Children) served in Emergency Services 1/1/2020-12/1/20..

2019: 90
2020: 207
2021: 197
2022: 181

Age Group

18-24: 14%
25-34: 41%
35-44: 26%
45-54: 12%
55-61: 4%
62+: 3%

Gender

50.0% Male
50.0% Female

Male
Female

Race/Ethnicity HoH

Hispanic/Latin(a)(o)(x)
Non-Hispanic/Non-Latin(a)(o)(x)

Black, African American, or African: 60%
White: 7% / 20%
Asian or Asian American: 13%

(4)

Youth

Program Demographic Profile - Youth (18-24)

Clients Served By Program and Year

Clients Served

411

Youth 18-24 served in
Emergency Services
1/1/2020-12/1/2022

2020 2021 2022

■ Emergency S.. ■ PH - CRRP/SH.. ■ PH - Exit Bonus ■ PH - PSH ■ PH - Rapid Re-.. ■ Services Only ■ Transitional h..

Gender

Race/Ethnicity HoH

■ Ethnicity Not Collected
■ Hispanic/Latin(a)(o)(x)
■ Non-Hispanic/Non-Latin(a)(o)(x)

61%

13%

10%

Black, African   White   Asian or Asian   American   Native   Race Not
American, or   American   Indian, Alaska   Hawaiian or   Collected
African   Native, or   Pacific Islander
                                         Indigenous

Male
Female
Female, Transgender, Male, Transgen..
Gender other than singularly female o..
Data Not Collected

(5)

Seniors

Program Demographic Profile - Seniors (62+)

Clients Served By Program and Year

Clients Served

652

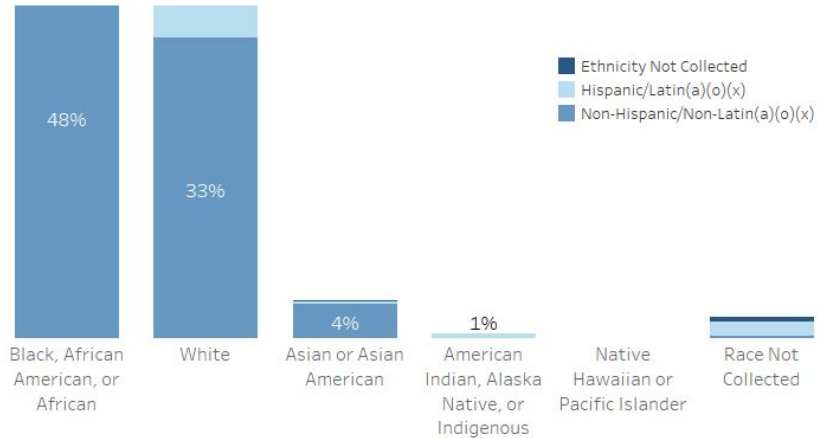Seniors 62+ served in
Emergency Services
1/1/2020-12/1/2022
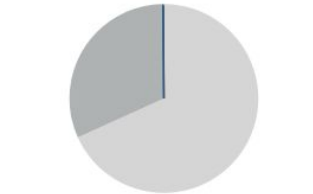
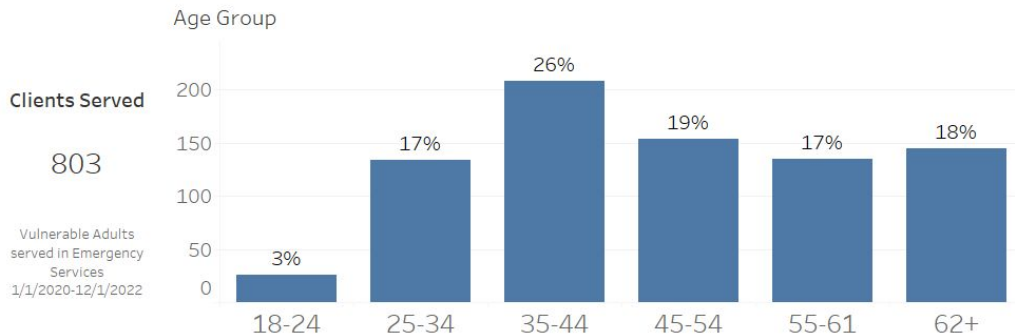2020   2021   2022

Emergency Sh.. PH - CRRP/SHa.. PH - Exit Bonus PH - PSH PH - Rapid Re-.. Services Only Transitiona

Gender

Race/Ethnicity HoH

Ethnicity Not Collected
Hispanic/Latin(a)(o)(x)
Non-Hispanic/Non-Latin(a)(o)(x)

48%   33%

4%   1%

Male
Female
Female, Transgender, Male, Transgen..
Data Not Collected
Questioning

Black, African   White   Asian or Asian   American   Native   Race Not
American, or   American   Indian, Alaska   Hawaiian or   Collected
African   Native, or   Pacific Islander
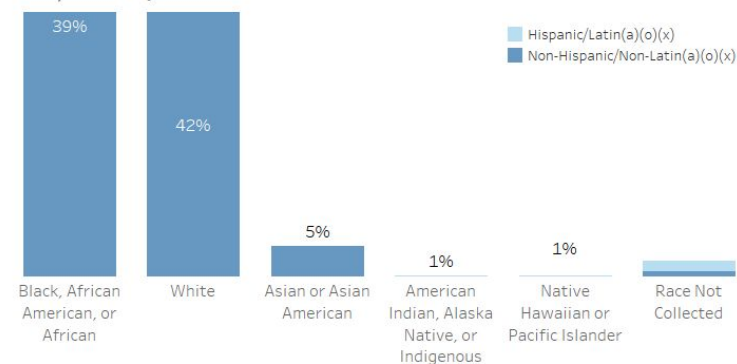   Indigenous

(6)

Vulnerable Adults - Scoring PSH

Program Demographic Profile - Vulnerable Adults

(7)
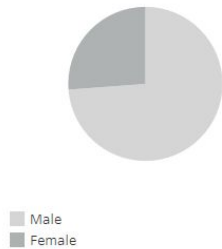
Veterans

Program Demographic Profile - Veterans

Clients Served

191
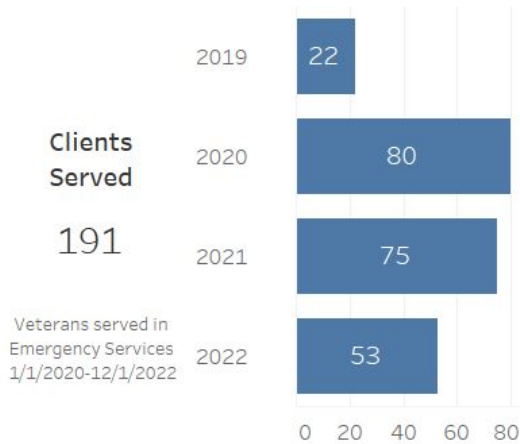
Veterans served in Emergency Services 1/1/2020-12/1/2022

Clients Served by Year:
- 2019: 22
- 2020: 80
- 2021: 75
- 2022: 53

Age Group
- 18-24: 2%
- 25-34: 8%
- 35-44: 16%
- 45-54: 21%
- 55-61: 18%
- 62+: 35%

Gender
- 10.4% Female
- 89.6% Male
- Male
- Female

Race/Ethnicity HoH
- Black, African American, or African: 51%
- White: 44%
- Race Not Collected: 3%
- Ethnicity Not Collected
- Non-Hispanic/Non-Latin(a)(o)(x)

(8)
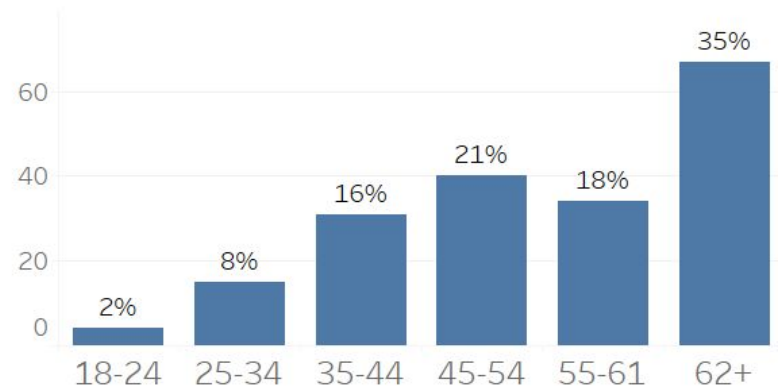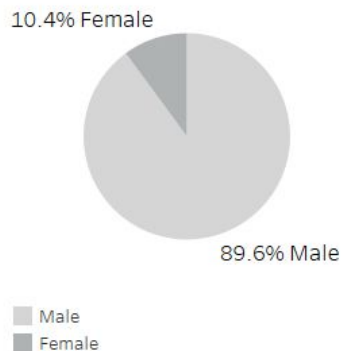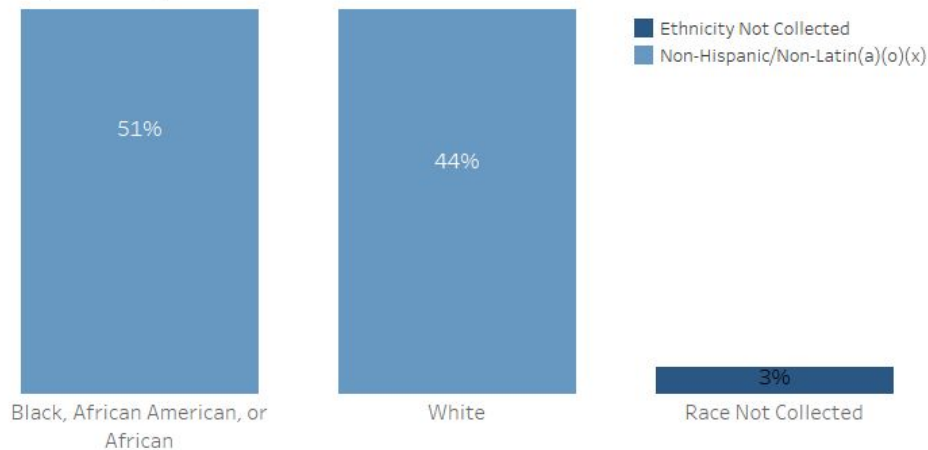
Singles

Housed - Adult HH w/o Minor Children

Legend: ■ Permanent Destination ■ Temporary Destination

Year	Temporary Destination	Permanent Destination
2019	26.6%	88.3%
2020	27.4%	93.2%
2021	25.0%	95.9%
2022	22.6%	96.9%

(9)
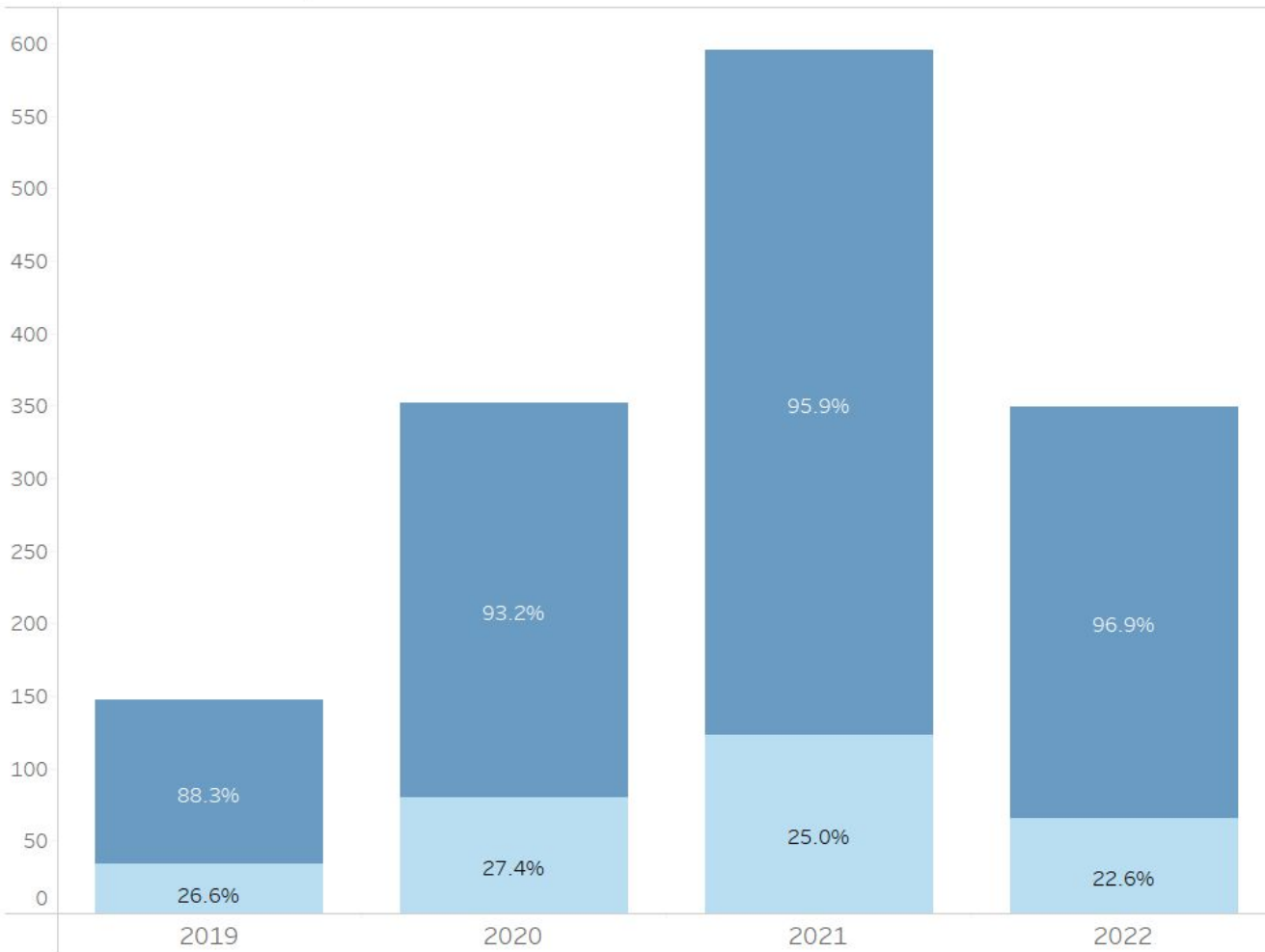
Families

Housed - HH with Minor Children (Fam)

Year	Permanent Destination	Temporary Destination
2019	95.3%	31.4%
2020	98.9%	30.9%
2021	92.6%	34.3%
2022	97.2%	31.5%

(10)
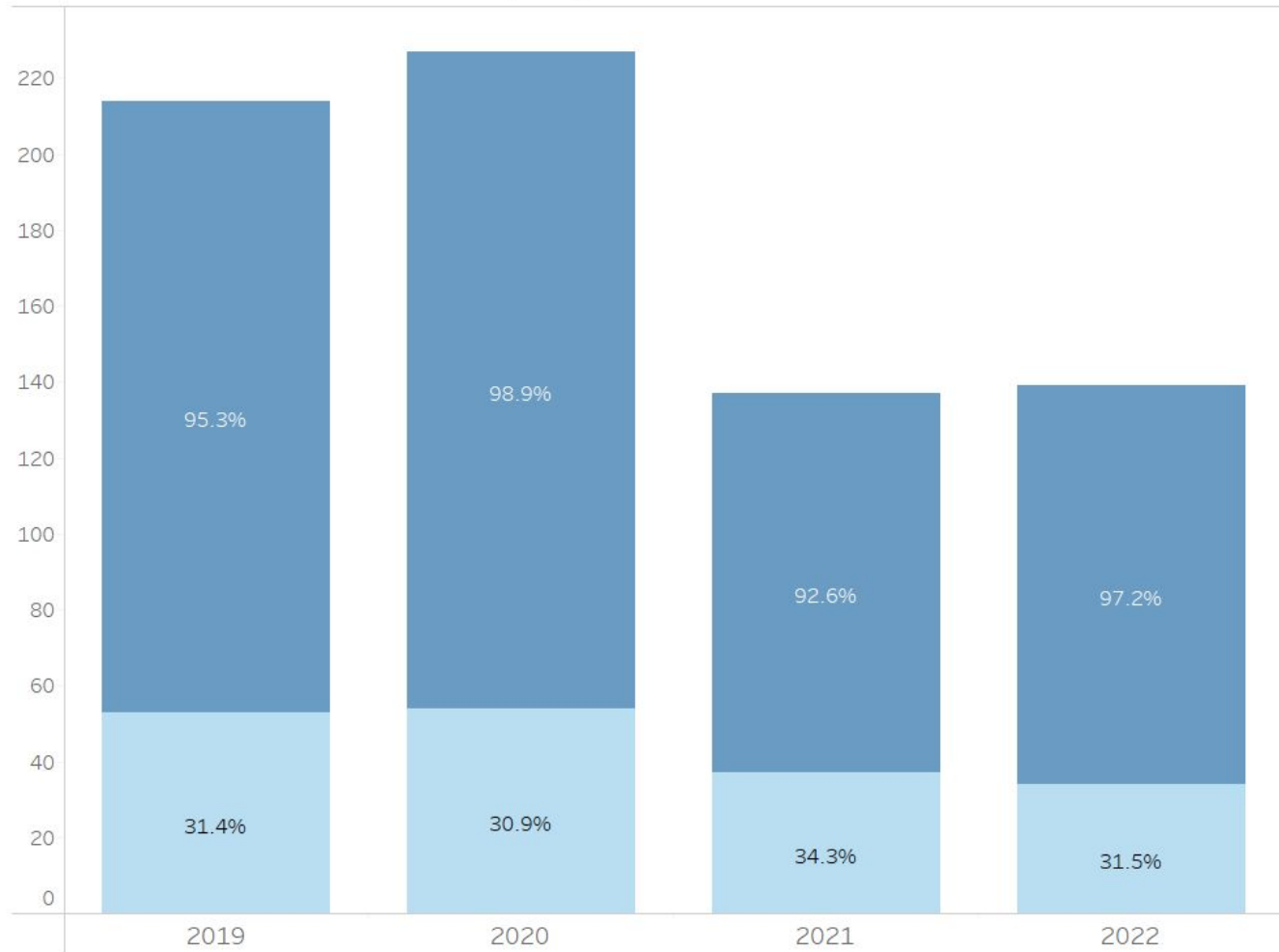
Youth 18-24

Housed - Youth 18-24

Permanent Destination   Temporary Destination

2019: 95.9%, 24.5%
2020: 100.0%, 33.3%
2021: 91.5%, 34.0%
2022: 98.0%, 34.0%

(11)
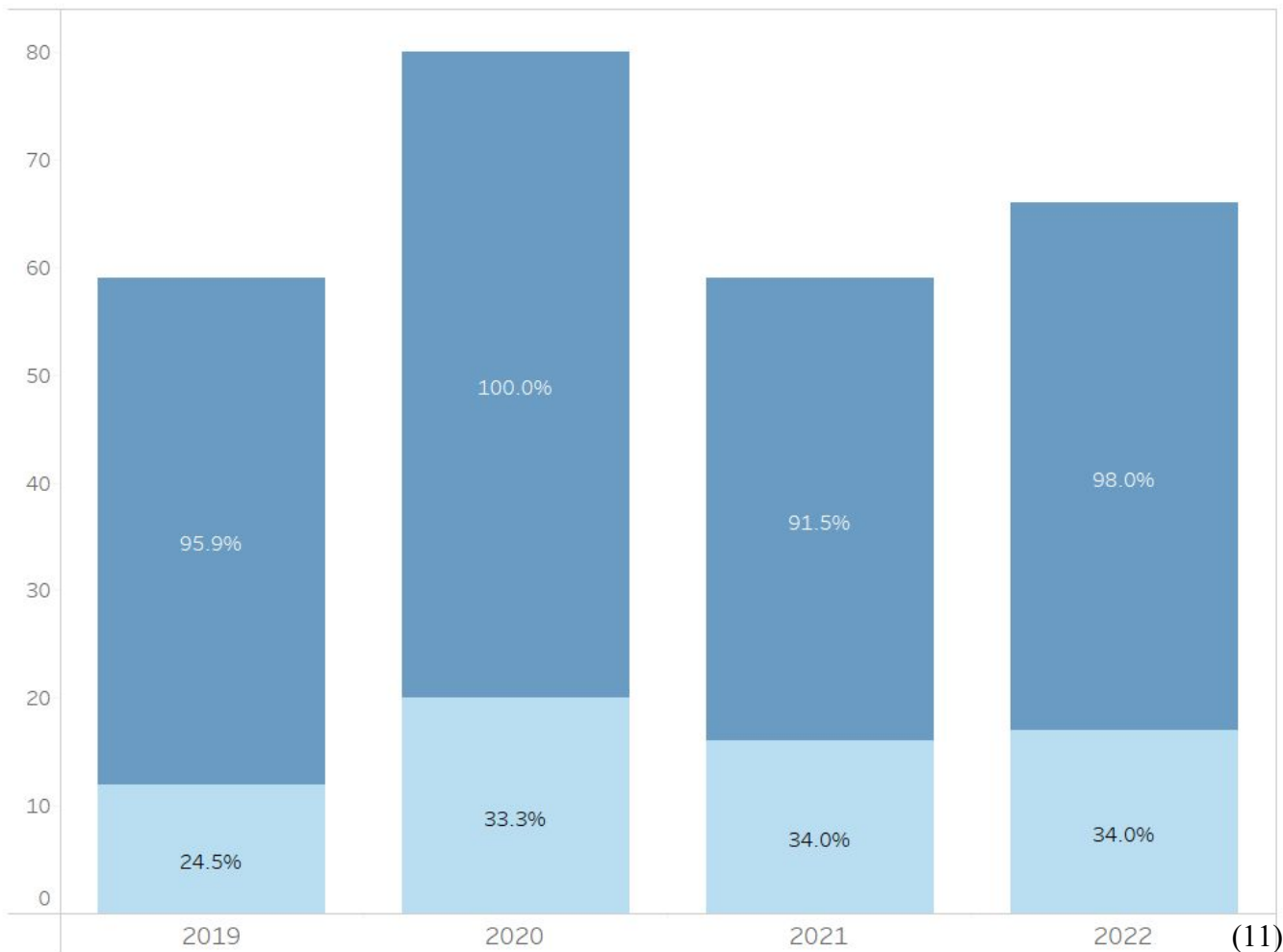
Seniors (62+)

Housed - Seniors 62+

Permanent Destination   Temporary Destination

	2019	2020	2021	2022
Permanent Destination	93.5%	94.9%	96.6%	98.2%
Temporary Destination	9.7%	10.2%	13.8%	10.7%

(12)
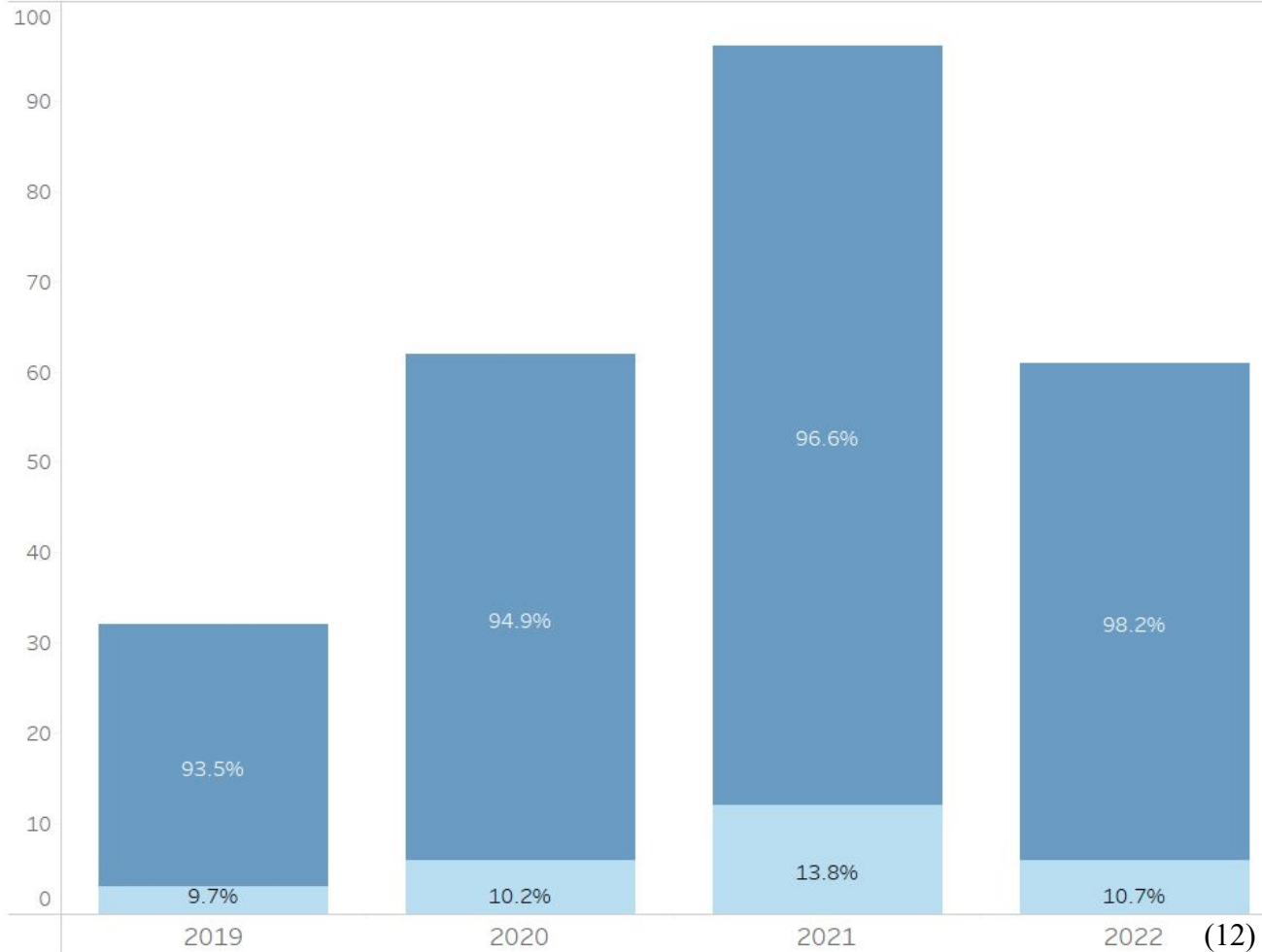
Vulnerable Individuals

Housed - Vulnerable HoH | ■ Permanent Destination | ■ Temporary Destination

	2019	2020	2021	2022
Permanent Destination	90.2%	95.8%	94.6%	95.8%
Temporary Destination	26.8%	28.1%	34.2%	36.1%

(13)
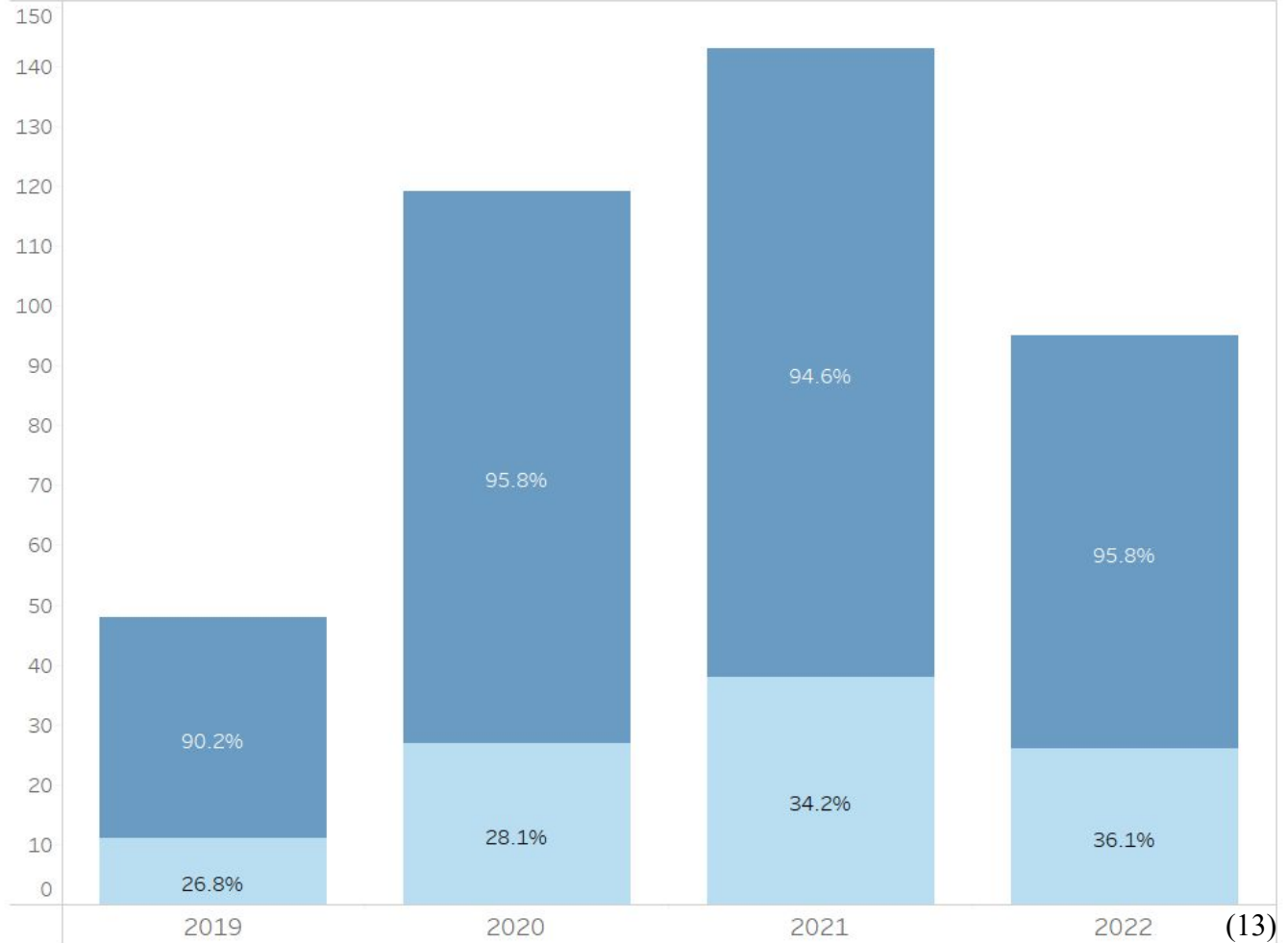
Veterans

Housed - Veterans
■ Permanent Destination ■ Temporary Destination

(14)
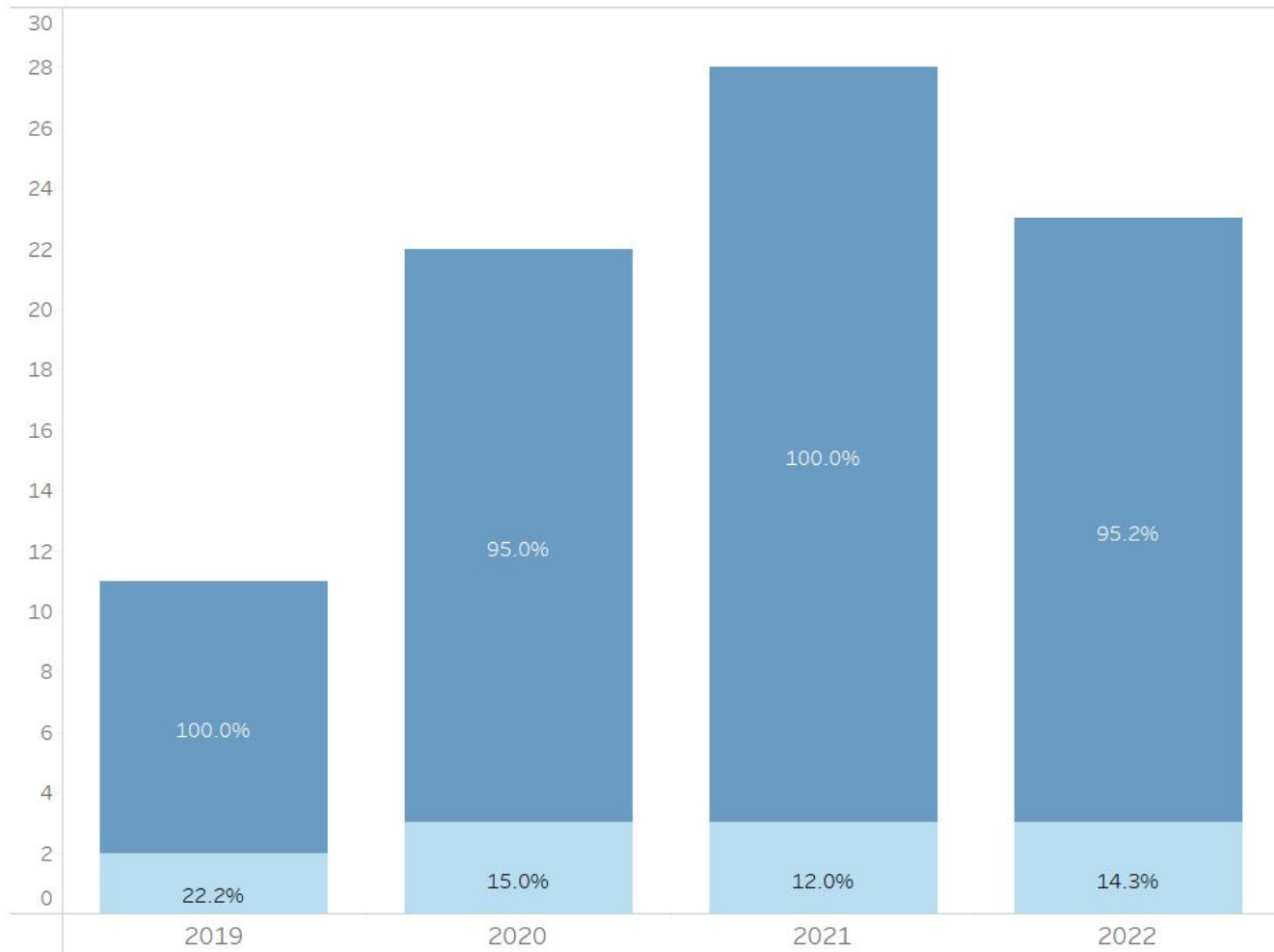
COUNCILMEMBER LAURIE-ANNE SAYLES   **ECONOMIC DEVELOPMENT**

AT LARGE   **HEALTH AND HUMAN SERVICES**

December 29th, 2022

TO: Evan Glass, Council President

   Gabe Albornoz, Health & Human Services Chair

FROM: Laurie-Anne Sayles, Councilmember

SUBJECT: Briefing Request

Montgomery County has long sought to end the plight of homelessness within its borders. Given the housing issues that many residents are facing in our county, and the many concerning emails I have received from my constituents, I am requesting a briefing on the following information:

- How we are working with DHHS to rehouse individuals and families.
- How long it takes an individual/family to be rehoused starting from the day they've contacted DHHS.
- How many individuals/families are currently being housed in a hotel or shelter, how long they've been there, and what services are being provided to them while they are there.
- An overview of how funds are being allocated in this program.
- Areas where DHHS staff have run into issues, and how the council can help address them so we can strengthen these programs.
- How DHHS and HOC work together to prevent homelessness.
- Relevant statistics from our nonprofits that receive tax dollars to address homelessness.
- An overview of our rental relief program to include; current number of applicants, individuals/families awaiting assistance, individuals/families currently facing eviction, how long it takes for rental relief funds to be distributed to an individual/family starting from the day they've contacted the county for assistance.

Although some of these answers are available in reports, having a public conversation about them at once would be invaluable. I look forward to hearing from you regarding this request.

1. Please provide a brief overview of DHHS homeless services that have been delivered in FY23, including service descriptions, budget/expenditures and any outcomes data

See attached. For outcomes, please refer to the 2022 ICH Annual Report

2. What is the status/progression of implementing the year-round emergency shelter services? Has there been a review or change to the year-round model such as operational experience gained?

We have had year-round emergency shelter for adult households more than a decade and family year-round since the 1980s. Historically from November 1 to March 31 (hypothermia season), shelter capacity expanded by approximately 275 beds for individuals. Family shelters do not have a capacity limit as we use hotels as emergency overflow. At the beginning of the pandemic, a decision was made not to close the hypothermia shelters. Over the last year, the number of permanent year-round beds have expanded by 100 beds for women and 217 for men.

SEPH and the homeless continuum of care are always reviewing policies and operations in all programs. We have learned that services needed to be enhanced due to the increase in beds. SEPH is currently contracting for psychiatric care, peer support, employment services, and increased primary care in shelters. In addition, the shelter vendors have received additional funding to increase both staff and security. We have seen an increased need for additional security in part because there are simply more people but more prevalence of mental health challenges and substance use.

3. Please provide an update on the shelter diversion hotline including the new staff.

SEPH will be contracting with EveryMind to implement the shelter hotline as well as in-person diversion/ problem-solving services. The contract is currently working its way through Procurement and should be issued in the next few weeks. See staffing plan below.

EveryMind Staffing

- One full-time program director
- 3 Diversion Specialists to expand the Homeless Information Line staff
- 3 Diversion Case Managers to provide intensive support services to resolve their housing emergency

SEPH Staffing

- .25 FTE Administrator
- 2 Social Workers
- 3-5 Diversion Case Managers

4. Have the FY23 updates of the Crisis Center phone system been completed ($50k)?

No, the phone system is not yet complete but discussions with the vendor are underway.

5. Please provide an update on the emergency shelter capacity and use in FY23 to date.

Year-round beds for Adult Only~350

Year round beds for Families ~43

For Adult Only Shelter+Hotel - HH= 893 #Clients= 926

For Families Shelter+Hotel - HH= 127 #Clients= 424. Family size getting bigger (3.3 people per HH)

6. Council has received grievances regarding the hotels used for DHHS emergency shelter services. Please provide detail on the management of facilities used for emergency shelter – hotels, etc. Who is responsible for the condition of the facilities and how does DHHS provide oversight? Are COVID-19 restrictions in place for clients in hotels?

SEPH contracts will hotels through an open solicitation at a established rate. Oversight of the conditions of the hotel fall under Licensure and Regulatory Services. It is a requirement of the contract that all hotels are licensed. Security at the hotels is paid for by SEPH. One of the hotels also is used for quarantine/isolation when individuals or people in families test positive for COVID-19. Anyone in quarantine is subject to the restrictions outlined in the CDC guidance for homeless services as well as the state Department of Health.

7. Please provide an update on the status of the COVID-19 rental relief program.

Please see the latest Pulse Report. The application portal is closed as the number of potentially eligible applicants exceeds the remaining funding.

8. How does DHHS – SEPH plan to manage the transition/change of programs with the reduction of ARPA funding?

The APRA funding used for Rapid Rehousing has been replaced by General Funds. SEPH has $3.4M remaining in APRA funds to be used for eviction prevention in FY23 and part of FY24. Additionally, $3.5 million of the excess recordation funds will be used in FY24 for eviction/homeless prevention.

9. What alternative or additional capacity for respite and/or overnight shelter space is needed, if any, and what steps is DHHS taking to address any gaps or needs?"

Our current system allows for overflow in hotels to place households when a shelter bed is not available. It is important to note that shelter is only a temporary placement and very costly. SEPH would promote a deeper investment in permanent solutions to homelessness like permanent supportive housing, rapid rehousing, and subsidy only programs.