

**MEMORANDUM**

March 21, 2003

TO: County Council

FROM: Jennifer Kimball, Legislative Analyst *JK*  
Shveta S. Geddam, Research Assistant *SG*  
Office of Legislative Oversight

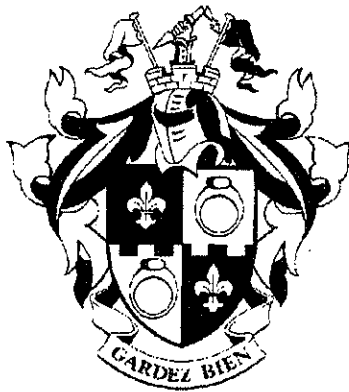
**SUBJECT: Office of Legislative Oversight (OLO) Report 2003-3:  
Overview of Services for People who are Homeless**

The Council agenda for Tuesday, March 25, 2003 includes the Council receipt and public release of the Office of Legislative Oversight (OLO) Report 2003-3: Overview of Services for People who are Homeless. Councilmembers received copies of the report under separate cover.

**Members of the public can obtain copies of the OLO report in the Legislative Information Services office (5<sup>th</sup> floor, Council Office Building) after the Council votes to release the report on Tuesday, March 25, 2003.**

A Health and Human Services Committee worksession to discuss the report is tentatively scheduled for Monday, March 31, 2003. Please contact Jennifer Kimball (7-7991) if you have any questions.

# **Overview of Services for People who are Homeless**



**Office of Legislative Oversight  
Report Number 2003-3  
March 25, 2003**

**Jennifer Kimball, Legislative Analyst  
Shveta S. Geddam, Research Assistant**

**OFFICE OF LEGISLATIVE OVERSIGHT REPORT 2003-3**

**Overview of Services for People who are Homeless**

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# OFFICE OF LEGISLATIVE OVERSIGHT REPORT 2003-3

## Overview of Services for People who are Homeless

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## Executive Summary

**Montgomery County operates a complex system of services for people who are homeless or at risk of becoming homeless. In FY 03, the County Council appropriated \$18.2 million for these services, of which about half (53%) represents County funds.** The balance consists of federal funds (33%), state funds (12%) and participant income (2%).

The Montgomery County Departments of Health and Human Services (DHHS), Housing and Community Affairs (DHCA), and Recreation, the Housing Opportunities Commission, and Montgomery County Public Schools receive funds to provide services to people who are homeless. In FY 03, the Council appropriated \$9.8 million (54% of the \$18.2 million total) to DHHS, and \$4.9 million (27%) to DHCA. The Housing Opportunities Commission received another \$3.1 million (17%) to provide services to people who are homeless.<sup>1</sup>

County departments/agencies and community-based organizations partner to provide a variety of services for people who are homeless or at risk of becoming homeless. Services provided include prevention, outreach, intake/assessment, emergency shelter, transitional housing, permanent housing, and supportive services. DHHS also operates mainstream supportive services (services available to anyone who qualifies), which people who are homeless frequently use.

Of the \$18.2 million appropriated in FY 03, 37% funds permanent housing programs. Another 21% of the total funds emergency shelter services, and 19% funds emergency financial assistance to prevent homelessness. Transitional housing, supportive services, intake/assessment and outreach make up the remaining 23% of the total funds.

In the course of compiling an inventory of services, OLO found that:

- Program staff report that people who are homeless today have more needs and are more difficult to serve than in previous years;
- The complex needs of people who are homeless highlight the need to provide housing and supportive services together; and
- The lack of affordable housing and permanent supportive housing in the County “clogs” the continuum of services for people who are homeless.

Because of their potential fiscal impact in FY 04, OLO identified five items for Council discussion during upcoming FY 04 budget worksessions:

1. Budgeted versus actual cost for placement of families in motels,
2. Budgeted versus actual cost of emergency financial assistance to prevent evictions,
3. The number of households waiting to participate in the Maryland Rental Allowance Program,
4. Impact of the McKinney-Vento Homeless Assistance Act on MCPS, and
5. Loss of federal funding for Silver Spring Community Vision and the Montgomery Avenue Women’s Day Center.

**OLO recommends that the Council use this report as a resource for future analysis of and decision making about services for people who are homeless.** In addition, OLO recommends two specific follow-up projects for the Council to consider.

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<sup>1</sup> References throughout this report to funds appropriated by the County Council include state and federal grant funds distributed directly to HOC.

## **I. Introduction**

### **A. Authority**

Council Resolution 14-1395, FY 2003 Work Program of the Office of Legislative Oversight, adopted July 30, 2002.

### **B. Scope**

This Office of Legislative Oversight (OLO) report presents an inventory of services for people who are homeless or at risk of becoming homeless in Montgomery County. It includes services for which the County Council appropriates funds, including County General Funds, and State and Federal grants awarded to County departments and agencies. It also includes Federal and State grants received directly by the Housing Opportunities Commission (HOC). References throughout this chapter to funds appropriated by the County Council include State and Federal grant funds distributed directly to HOC.

The report describes programs designed exclusively to serve people who are homeless. Programs designed to serve a larger portion of the population are not included. As an exception, the report does provide information about some of DHHS' "mainstream supportive services." Those services, for example public mental health services and child care assistance, are designed to serve the general population who is eligible. This report describes the mainstream supportive services most frequently used by people who are homeless.

The report limits the description of services for people who are homeless to those supported by Council-appropriated funds. For example, DHHS has a contract with Bethesda Cares to provide outreach to people who are homeless. While Bethesda Cares provides other services (e.g., assistance writing resumes, help obtaining prescriptions and eye glasses), this report only describes the services provided through the County's contract for outreach services.

### **C. Organization**

The report summarizes information about services for people who are homeless, including the:

- Agency or department that administers the service,
- FY 03 funding amounts, and
- FY 03 funding sources.

Detailed information about each individual program or service is included as attachments to the report. The detailed program information in the attachments is presented by the department/agency that receives the Council-appropriated dollars to support the program.

The report is organized as follows:

**II. Background** – The Background describes the characteristics of the people who are homeless in the Washington Metropolitan region and Montgomery County. The primary source of this information is the Council of Government’s January 2002 and January 2003 one day census of people who are homeless. DHHS staff also shared information about the characteristics of the people who are homeless that are served by DHHS programs.

Chapter II also introduces some factors that contribute to homelessness in Montgomery County. It provides context for learning about the services for which the Council appropriates funds, but is not intended to be a comprehensive analysis of the causes of homelessness.

**III. Plans and Initiatives Related to Homelessness in Montgomery County** – This part of the report describes some of the plans and initiatives that the County has prepared and implemented to address homelessness and the need for affordable housing. It also describes the documents that the County must prepare to receive federal funds. The items reviewed in Chapter III do not directly serve people who are homeless, but represent policy and planning level efforts to address the broad issues associated with the problem of homelessness.

**IV. Overview of Services for People who are Homeless** – OLO collected detailed information about the services provided with Council-appropriated funds. This overview summarizes and presents the detailed information on the services sorted in the following three ways:

- **By the administering department or agency** – Summarizes the programs administered by: the Department of Health and Human Services, Department of Housing and Community Affairs, Department of Recreation, Housing Opportunities Commission, and Montgomery County Public Schools.
- **By the type of service provided** – Summarizes the use of the Council-appropriated funds in terms of the following categories of services: prevention, outreach, intake/assessment, emergency shelter, transitional housing, permanent housing, supportive services, and mainstream supportive services.
- **By the funding sources and amounts** – Summarizes the source and amount of the Council-appropriated funds, including federal, state, and county sources.

**V. Findings** – This part of the report lists OLO’s findings related to the system of services for people who are homeless. The findings describe the roles of the County departments/agencies, the funding amounts, and funding sources. It also highlights important issues that arose during OLO’s research.

**VI. Recommendations** – This part of the report lists OLO’s recommendations. The recommendations suggest potential follow-up work in this service area, and issues that the Council should consider in future funding and policy decision making.

## **ATTACHMENTS**

**Attachment A, Department of Health and Human Services** – Attachment A describes in detail the programs administered by the Department of Health and Human Services (DHHS) and the dollars appropriated to DHHS for services for people who are homeless. Attachment A begins at ©1.

**Attachment B, Housing Opportunities Commission** – Attachment B describes in detail the programs administered by the Housing Opportunities Commission (HOC) and the dollars appropriated to HOC for services for people who are homeless. It includes federal and state funds distributed directly to HOC. Attachment B begins at © 34.

**Attachment C, Department of Housing and Community Affairs** – Attachment C describes in detail the programs administered by the Department of Housing and Community Affairs (DHCA) and the dollars appropriated to DHCA for services for people who are homeless. Attachment C begins at © 47.

**Attachment D, Montgomery County Public Schools** – Attachment D describes in detail the programs administered by the Montgomery County Public Schools (MCPS) and the dollars appropriated to MCPS for services for children who are homeless. Attachment D begins at © 55.

**Attachment E, Department of Recreation** – Attachment E describes in detail the program administered by the Department of Recreation for children that are homeless and the dollars appropriated to the Department of Recreation for the service. Attachment E begins at © 62.

## **D. Methodology**

Jennifer Kimball, Legislative Analyst and Shveta Geddam, Research Assistant, from the Office of Legislative Oversight (OLO) conducted this study. Other OLO staff provided support throughout the study. OLO gathered information through document reviews and interviews with staff in the Housing Opportunities Commission; Montgomery County Public Schools; the Montgomery County Departments of Housing and Community Affairs, Health and Human Services, and Recreation; and community-based service providers.



## **E. Acknowledgements**

OLO appreciates the cooperation provided by all who participated in this study. In particular, OLO thanks Corinne Stevens, Dudley Warner, Stephen Stahley, Alex Wertheim, Aneise Childress-Harvell, Diane Horning, Charlotte Taylor, Sandra Marshall and Adrian Barrow-Wallace in the Department of Health and Human Services.

OLO thanks Elizabeth Davison, Joe Giloley, Stephanie Killian, and Angela Dickens in the Department of Housing and Community Affairs; and Stephanie White in the Department of Recreation. OLO also thanks Scott Minton, Lillian Durham, Gina Vitale, Diana Bird, and Joy Flood in the Housing Opportunities Commission.

OLO also thanks community-based organizations that provided information for this study including Sharan London, Montgomery County Coalition for the Homeless; Renee Belisle and Charles Wattles, Interfaith Housing Coalition; Sara Cartmill, Silver Spring Interfaith Housing Coalition; Elaine Shire, Dwelling Place; Chantel Upshur-Myles and Megan Walsh, National Center for Children and Families; Sue Kirk, Bethesda Cares; and John Felt, Silver Spring Community Vision.

## II. Background

This part of the report provides data on the characteristics of people who are homeless in the nation, the Washington Metropolitan region, and Montgomery County. It also describes factors that contribute to homelessness.

### A. Characteristics of People who are Homeless

Homelessness Nationwide. Homelessness is a broad and multifaceted problem. A 2002 General Accounting Office (GAO) report notes that homelessness is a short-term event for many homeless families and some homeless single adults.<sup>1</sup> These households may only require short-term emergency shelter to help them through a difficult period. For others, however, chronic substance abuse and/or mental health problems coupled with homelessness result in a longer-term problem. That portion of the homeless population requires housing and intense, ongoing supportive services.

The 2002 GAO report cites the results of survey of homeless individuals across the nation by the Federal Interagency Council on the Homeless. The survey found that 85% of people who were homeless were single, predominately non-white males. The other 15% were families with, on average, two children. The Interagency Council on the Homeless also found that:

- 40% of those surveyed reported alcohol problems,
- 26% reported drug abuse problems, and
- 39% reported mental health problems.

When asked about their needs, about 42% of the homeless respondents cited finding a job as their top need, followed by a need for help finding affordable housing.

Homelessness in the Washington Metropolitan Region. The Metropolitan Washington Council of Governments' (COG) coordinates an annual one-day count of people who are homeless in the Washington Metropolitan region. Results of the one-day count performed in January 2002 found 13,982 homeless men, women and children, an 8.8% increase from the previous year. The 3,866 children identified made up approximately 28% of the total homeless population. Another one day count was completed in January 2003. The final results of that count for the Washington Metropolitan region are not available at this time.

Of the 13,982 individuals identified in 2002, 53% lived in the District and 47% lived in area suburbs. COG found that the suburbs experienced the largest increase in homelessness between 2001 and 2002. While homelessness increased 6% in the District during that period, it increased 15% in Montgomery County, 45% in Loudon County, 7% in Fairfax County/Falls Church, and 27% in Prince George's County.

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<sup>1</sup> General Accounting Office, *Homelessness: Improving Program Coordination and Client Access to Programs*, March 2002.

Homelessness in Montgomery County. The January 2003 one-day count identified a total of 1,208 people who were homeless, including:

- 738 single adults,
- 161 adults in families, and
- 309 children.

This is 42 fewer people than were identified in the January 2002 one-day count. The January 2002 count found 1,250 homeless people in Montgomery County, including 325 children.

The homeless population in Montgomery County is very diverse and complex. DHHS staff reports that the single adults who are currently homeless often suffer from mental illness, substance abuse, and/or another disability that impairs their ability to maintain employment and housing. DHHS staff reports that almost all of the single homeless women have severe chronic mental illness. The COG 2003 one-day count found that approximately 24% of the single adults who are homeless in Montgomery County self-reported having a drug or alcohol abuse problem and approximately 25% self-reported having a mental illness. Another 22% of the people identified self-reported suffering from both serious mental illness and chronic substance abuse (dually diagnosed).

DHHS staff also reports that young, single mothers with two or more children make up most of the homeless families in the County. Most of these heads of households grew up in very low income, single parent households. In addition to substance abuse and mental health issues, homeless families often have general behavioral problems and lack basic life skills needed to maintain employment and housing. Securing housing is particularly difficult for this population because they tend to have bad credit and rental history. Fewer families self-reported serious mental illness and chronic substance abuse in January 2003. Approximately 11% of families identified in the one-day count reported chronic substance abuse, 22% serious mental illness, and 13% dual diagnosis.

COG collected data from respondents on: services currently received; services client needs but is not receiving; services client does not need or is not applicable. In terms of single adults, common self-reported service needs were housing placement and job training. The most common service needs self-reported by families are housing placement and mental health treatment.

Data from the 2002 one day count shows that the primary reasons cited by survey participants for becoming homeless were:

- An inability to pay rent (31%),
- Family conflict (25%), and
- Eviction (24%).

Approximately 40% had been homeless for more than one year, and another 21% had been homeless for between six months and one year.

Low incomes or lack of incomes also drives the problem of homelessness in the County. The January 2002 COG one-day count found that:

- 24% of the people who were homeless were employed,
- 37% receive Social Security, Temporary Cash Assistance, or other financial assistance,
- 36% has no source of income at all, and
- 3% received child support.

In addition, DHHS staff reports that some individuals who are employed do not earn enough income to support the housing, child care, and other costs of living in Montgomery County.

## **B. Factors Contributing to Homelessness**

The factors that cause homelessness vary across households. In some cases, instability associated with mental illness, substance abuse, a disability, or limited life skills hinder individuals' and families' ability to maintain their housing. Keeping that portion of the homeless population housed is in part dependent on the quantity and effectiveness of the supportive services available, e.g., mental health care, substance abuse treatment, life skills and job training. Without these services some households with multiple needs cannot maintain enough stability to remain housed.

In other cases, households become homeless due to insufficient income to afford housing and other necessities such as food, child care, and clothing. For this portion of the population, an insufficient supply of affordable housing units contributes to homelessness. Low vacancy rates and high rents force low income households to live with relatives, double or triple up with family and friends, or enter the County's shelter system.

Vacancy Rates. According to the Council of Governments (COG), the number of households in the Washington Metropolitan region increased by 15% between 1990 and 2000. In contrast, housing production increased only 5.5% during the same ten year period. The difference between the number of households in the region and the housing production contributed to the region's low vacancy rates and rising housing costs.

Montgomery County experienced very low rental vacancy rates over the past several years.<sup>2</sup> Table 1 (© 8) shows the overall vacancy rates from 1998 to 2002. DHCA's examination of vacancy rates by rent range and unit size shows an even tighter rental market for less expensive and larger units. (An excerpt from DHCA 2002 Rental Apartment Vacancy Report is attached at © 63)

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<sup>2</sup> DHCA calculates annual vacancy rates in the County as the percent of reported unit vacancies as of April 1 of each year. DHCA's survey includes all multifamily rental facilities in the County with 12 or more rental units.

**Table 1: Rental Vacancy Rates in Montgomery County, 1998 – 2002**

| <b>Year</b> | <b>Rental Vacancy Rate (%)</b> |
|-------------|--------------------------------|
| 1998        | 3.9                            |
| 1999        | 3.0                            |
| 2000        | 2.4                            |
| 2001        | 1.8                            |
| 2002        | 3.7                            |

Rents. The Federal Government indicates that households should pay approximately 30% of their income for rent. According to the Council of Governments (COG), approximately 83% of all US households would need to spend more than 30% of their monthly income to purchase or rent a housing unit in the Washington Metropolitan region. COG also reports that households in the Washington Metropolitan region must earn \$3,023 per month in order to rent a two bedroom apartment based on the region's fair market rent of \$907 per month.<sup>3</sup>

Data on rents and wages in Montgomery County illustrate the difficulty low income earners face affording housing. The fair market rent for a two bedroom unsubsidized unit (excluding utilities) in Montgomery County is \$1,076. The National Low Income Housing Coalition reports that for an extremely low income family to keep their rent payments at 30% of their monthly income, they can only pay \$649 per month for rent.<sup>4</sup> Similarly, the Montgomery County Coalition for the Homeless reports that individuals must work for 40 hours per week at a wage of \$18.13 per hour in order to afford a two bedroom unit in the County. This "housing wage" is 352% of the current minimum wage.<sup>5</sup>

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<sup>3</sup> The Federal Department of Housing and Urban Development determines fair market rents based on the average rents of unsubsidized units in a region.

<sup>4</sup> Extremely low income is defined as earning 30% or less of the County's median income of \$86,500.

<sup>5</sup> Montgomery County Coalition for the Homeless; *Homelessness in Montgomery County: Beginning to End*, 2002, [www.mcch.net](http://www.mcch.net)

### **III. Plans and Initiatives Related to Homelessness in Montgomery County**

This chapter provides an overview of the County's planning and policy documents and a number of key initiatives designed to address the overall need for affordable housing in the County and the specific problem of homelessness. It includes brief descriptions of the following seven items:

- Montgomery County's Housing Policy,
- The Montgomery Housing Initiative Fund,
- The Affordable Housing Roundtable,
- The Special Needs Housing Assessment,
- The Consolidated Plan for Housing and Community Development,
- The County's Continuum of Care Application, and
- The Montgomery County Coalition for the Homeless' report: "Homelessness in Montgomery County: Beginning to End 2002-2012"

Although these items do not directly serve people who are homeless, they represent important tools in the County's efforts to address the problem of homelessness. Programs that serve people who are homeless are summarized in Chapter IV.

#### **A. Montgomery County's Housing Policy**

In July 2001, the County Council updated and adopted "Montgomery County- The Place to Call Home, A Housing Policy for Montgomery County, Maryland." As stated in the approved document, the purpose of the Housing Policy is "to guide the implementation of the County's housing program and policies, provide recommendations for improving them, and direct the allocation of resources."

The Housing Policy states that the vision for Montgomery County is *for all residents to have decent housing in sound neighborhoods*. The adopted vision includes:

- Everyone with a place to call home – no one homeless,
- Affordable housing for all who live and/or work in the County, regardless of age or position,
- Supportive services and housing opportunities for those who have developmental/emotional disabilities, mental illness, or sensory and mobility impairment,
- Housing that meets all building maintenance codes and are in good condition, and
- Ample living space within a housing unit for all its occupants.

The Housing Policy endorses seven main objectives for accomplishing the vision:

1. **Variety and choice in housing**, in various types of new and existing neighborhoods in conformance with the County's General Plan.
2. **Assistance for persons with diverse housing needs**, including housing for the elderly, persons with disabilities, persons with mental illness, and persons transitioning from homelessness.
3. **Safe, high-quality neighborhoods**.
4. **Communities with affordable housing**, throughout the County, especially for households at the median income level and below.
5. **Housing for all stages of life**, to serve the County's existing and planned employment and the changing needs of its residents.
6. **Equal opportunity housing**, to ensure that all residents have an opportunity to purchase, rent, finance, and occupy housing in the County.
7. **Sustainable communities** and environment sensitivity in housing, neighborhood design, and redevelopment.

In addition to the goal of preserving the existing affordable housing stock, the Housing Policy adopts an annual affordable housing production goal of 1,000 to 1,200 units per year.

### **B. Montgomery Housing Initiative Fund**

The Montgomery Housing Initiative Fund is administered by the Department of Housing and Community Affairs (DHCA). Established in 1988, the purpose of the Housing Initiative Fund is to maintain and expand the supply of affordable housing in the County. The Fund provides funding for the acquisition, construction, or rehabilitation of affordable multi-family housing projects.

The Housing Initiative Fund has leveraged other public and private financing at a ratio of seven dollars for every Housing Initiative Fund dollar spent. Since the Fund's inception, DHCA has approved 91 loans from the Housing Initiative Fund to support the acquisition, construction, or rehabilitation of 5,756 affordable housing units.

### **C. Affordable Housing Roundtable**

In October 2002, the County Council sponsored the Affordable Housing Roundtable. The roundtable brought together representatives from non-profit organizations, a residential property management company, and a financial institution to discuss strategies for promoting, developing, and retaining affordable and special needs housing.

The Planning, Housing, and Economic Development Committee (PHED) held a follow up worksession in February 2003. Through the Affordable Housing Roundtable and follow up PHED Committee worksession, the Committee adopted seventeen new and continuing initiatives to promote, develop, and retain affordable and special needs housing. A complete list of initiatives is attached at © 64.

#### **D. Special Needs Housing Assessment**

The July 2001 Housing Policy calls on the County to “encourage production of housing for populations with special needs, including seniors, persons with disabilities, persons with mental illness and persons transitioning from homelessness.” The Special Needs Housing Assessment will describe the County’s existing supply of special needs housing by geographical location and type of disability served. It outlines industry trends for preferred housing types and styles for those with different types of disabilities and other special needs. The study will conclude by exploring the need among County residents, and financial resources available or required to meet this need. M-NCPPC, DHCA, DHHS, and HOC are working together to compile a list of facilities. A final report is expected in the near future.

#### **E. Consolidated Plan for Housing and Community Development**

The U.S. Department of Housing and Urban Development (HUD) requires localities to prepare a Consolidated Plan for Housing and Community Development in order to receive HUD grant funds. The Consolidated Plan describes the County’s policies and priorities for spending federal funds to address issues related to affordable housing, homelessness, and neighborhood revitalization. HUD approved Montgomery County’s FY 2000 through FY 2004 Consolidated Plan. It contains:

- An assessment of housing, homelessness, community development, and economic development needs,
- A housing market analysis, and
- Long term strategies to meet priority needs.

The Consolidated Plan addresses policies and priorities over the next five years. Localities also develop annual Action Plans that identify how the jurisdiction will spend federal funds received each year to meet the priority needs identified in the multi-year Consolidated Plan. The County’s FY 03 action plan lists the following broad priorities for use of federal funds:

- Shelter and services for people who are homeless or at risk of becoming homeless,
- Affordable housing without supportive services,
- Affordable housing with supportive services for people with disabilities, seniors, victims of abuse, and people with mental illness or addictions, and
- Non-housing community development.



The Action Plan identifies sub-priorities related to services for people who are homeless, including:

- Homeless prevention activities,
- Long-term transitional and permanent housing with supportive services,
- Year round shelter and “safe havens” for single people who are homeless and unwilling or unable to participate in the County’s system of social services,
- Shelter needs of people who are homeless and suffer from a serious illness or are recuperating after a hospital discharge, and
- Services targeted at children, immigrants, and seniors.

#### **F. Continuum of Care Application**

HUD’s policy for addressing the problem of homelessness is called the Continuum of Care. Under HUD’s Continuum of Care plan, communities that request federal funds must develop a community-based approach to identify and develop a plan to meet the needs of persons who are homeless.

The Department of Health and Human Services in Montgomery County takes the lead for annually developing the County’s Continuum of Care application. The Continuum of Care application includes:

- An overview of the homeless problem in the County,
- An explanation of the County’s strategy for addressing homelessness,
- A description of the fundamental components of the County’s system of services for people who are homeless,
- A list and description of the priority projects for the fiscal year<sup>1</sup>, and
- An analysis of the gaps in the current system of services for people who are homeless.

The Continuum of Care application incorporates the activities of all the providers of services for people who are homeless in the County. It is accompanied by separate applications or requests for funds by individual providers of specific projects. Between January and April of each year, HUD informs localities as to which projects will receive federal funding for the upcoming fiscal year. HUD is more likely to approve funding for renewal projects than new projects.

The “gap analysis” in the 2002 Continuum of Care application shows an unmet need for 986 beds, including 211 emergency shelter beds, 213 transitional housing beds, and 562 permanent housing beds. Approximately 55% of the total represents beds for families, and 45% for single adults.

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<sup>1</sup> A Prioritization Panel comprised of twenty-five consumers, county staff, business people and veterans, review and rank programs for the Continuum of Care application.

### **G. “Homelessness in Montgomery County: Beginning to End, 2002-2012”**

The Montgomery County Coalition for the Homeless recently completed “Homelessness in Montgomery County: Beginning to End, 2002-2012”. The document outlines objectives and actions that the County Government, community-based service providers, stakeholders, and community members can take to alleviate homelessness. The document was developed after a two-year process that included community retreats and workgroup meetings.

The document provides some history of the problem of homelessness in the County and data describing the homeless problem. The rest of the Beginning to End plan is organized into six objectives and corresponding actions and steps. The objectives are to:

- Increase the stock of affordable housing and subsidized housing for all Montgomery County citizens,
- Stop the flow of people into homelessness from other systems of care,
- Improve wages and wage supports so that people can afford housing and provide better support services for economically disadvantaged people,
- Develop appropriate community resources for people needing treatment for mental health or addictive disorder,
- Reduce barriers to people exiting homelessness quickly, and
- Raise public awareness about homelessness, its prevalence in Montgomery County, its impact and potential solutions.

## IV. Overview of Services for People who are Homeless

Montgomery County operates a complex system of services for people who are homeless or at risk of becoming homeless. Multiple County departments, agencies, and community-based organizations partner and coordinate to administer and fund the services. Different entities take the lead on different parts of the system, often contracting with each other to administer services. Added complexity comes from the fact that funds for a particular program may be appropriated to multiple departments and agencies, then compiled in one organization with responsibility for program administration.

County departments, agencies and community-based organizations also work together to apply for federal and state grants, and in policy-making roles on the Housing Policy Development Committee. They also work together on teams (e.g., the Service Providers Team that brings all the family service providers together once a month) to address the needs of specific portions of the homeless population.

The system includes a wide range of services from emergency financial assistance to prevent homelessness, to long-term permanent supportive housing programs for people with a chronic mental illness. The Council appropriates a combination of County, State and Federal dollars to fund the programs.

### Organization of this Chapter

Council-appropriated funds for services for people who are homeless or at risk of becoming homeless total approximately \$18.2 million in FY 03.<sup>1</sup> This chapter summarizes information about the \$18.2 million system of services, including the types of services provided, and the funding amounts and sources. Attachments A through E include more detailed information about the individual programs and services.

This chapter is organized into three parts that present the total dollars and the programs funded in the following three ways:

- **By the administering department or agency** – Summarizes the programs administered by: the Department of Health and Human Services, Department of Housing and Community Affairs, Department of Recreation, Housing Opportunities Commission, and Montgomery County Public Schools.
- **By the type of service provided** – Summarizes the use of the Council-appropriated funds in terms of the following categories of services: prevention, outreach, intake/assessment, emergency shelter, transitional housing, permanent housing, supportive services, and mainstream supportive services.
- **By the funding sources and amounts** – Summarizes the source and amount of the Council-appropriated funds, including federal, state, and county sources.

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<sup>1</sup> References throughout this chapter to funds appropriated by the County Council include state and federal grant funds distributed directly to HOC.

**Part A. Departments and Agencies Administering and Funding  
Programs for People who are Homeless**

**Introduction**

The County Council appropriates funds to three County Government departments and two other agencies to provide services to people who are homeless or at risk of becoming homeless in Montgomery County. The departments and agencies involved are the:

- County Department of Health and Human Services,
- County Department of Housing and Community Affairs,
- County Department of Recreation,
- Housing Opportunities Commission, and
- Montgomery County Public Schools.

The Department of Health and Human Services (DHHS) and the Housing Opportunities Commission (HOC) administer the majority of the programs. DHHS manages intake and assessment, homeless prevention services, outreach, and emergency shelter services. DHHS is also involved in transitional and permanent housing programs. HOC's activities focus on transitional and permanent housing services.

The Department of Recreation and Montgomery County Public Schools provide supportive services for children that are homeless. The Department of Housing and Community Affairs (DHCA) does not provide housing or supportive services directly. Rather, DHCA allocates and monitors grants and loans to service providers for emergency shelter, transitional and permanent housing, prevention, and supportive services.

**Table 2 lists the approximately \$18.2 million of funds for services for people who are homeless by the department/agency that received the appropriation.** Funds appropriated to DHHS account for approximately half of the total; funds appropriated to DHCA represent almost another third.

**Table 2: Funds Appropriated in FY 03 by Department/Agency for Services for People who are Homeless**

| Department/Agency                           | FY 03 Amount<br>(\$000) | Percent of Total |
|---|-------------------------|------------------|
| Department of Health and Human Services     | \$9,847                 | 54%              |
| Department of Housing and Community Affairs | \$4,919                 | 27%              |
| Housing Opportunities Commission            | \$3,142                 | 17%              |
| Montgomery County Public Schools            | \$300                   | 2%               |
| Department of Recreation                    | \$11                    | 0%               |
| <b>Total</b>                                | <b>\$18,219</b>         | <b>100%</b>      |

In most cases, the County appropriates funds for a program or service for people who are homeless through multiple sources. Therefore, a program administered by one department or agency typically receives funds from other departments and agencies to support the program as well. The administrative and funding roles of the departments and agencies that provide services to people who are homeless are summarized below.

**1. Department of Health and Human Services**

DHHS administers the largest number of programs that serve people who are homeless or at risk of becoming homeless. DHHS conducts intake and assessment to the homeless services system, coordinates emergency financial assistance to County residents to avoid eviction, and contracts with HOC to provide emergency financial assistance to households living in HOC-owned units. In some cases, DHHS staff provides case management for emergency shelter and transitional housing programs.

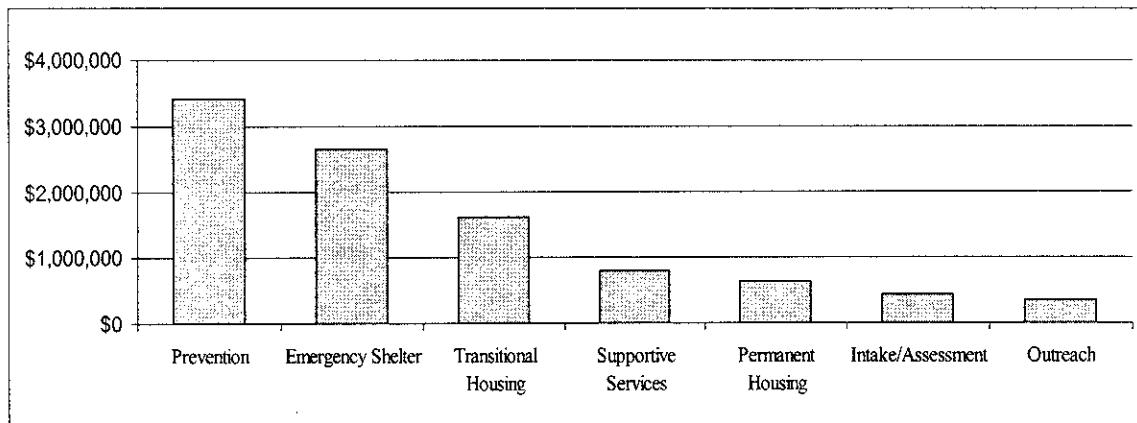
DHHS contracts with community-based organizations to provide: outreach to people who are homeless, emergency shelter services, transitional and permanent housing services, and supportive services designed specifically for people who are homeless.

DHHS also administers mainstream supportive services that are often used by people who are homeless, but that are also available to many other types of clients. Attachment A (© 1) briefly describes the mainstream supportive services most often used by people who are homeless (e.g., mental health treatment, Temporary Cash Assistance). The dollars to provide mainstream services to people who are homeless are not included in this report.

**In FY 03, federal, state and county funds appropriated to DHHS for people who are homeless total approximately \$9.8 million. County funds represent 72% of the total.**

Graph 1 shows the funds appropriated to DHHS by the type of service provided. Approximately 35% of the dollars appropriated to DHHS fund homeless prevention services, 27% funds emergency shelter services, and 16% funds transitional housing services. The remaining 21% of the total dollars fund supportive services for people who are homeless, permanent housing, intake/assessment, and outreach activities.

**Graph 1: FY 03 DHHS Funding by Type of Service**



## 2. Department of Housing and Community Affairs

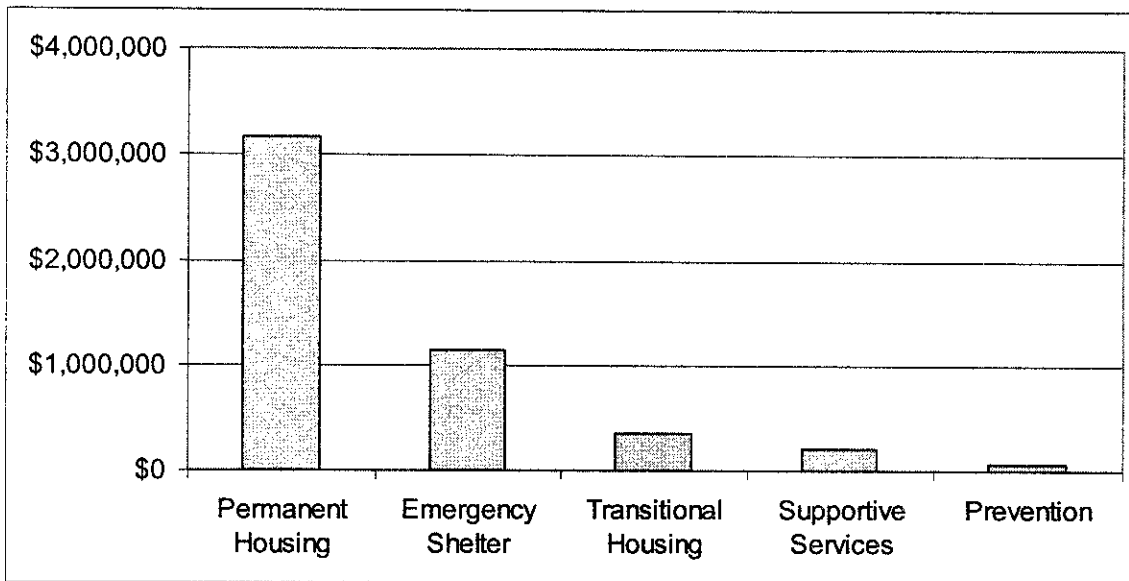
DHCA does not directly administer programs for people that are homeless, but awards and manages grants and loans to community-based providers of services. DHCA also contributes funds in FY 03 to DHHS and HOC to support programs and services administered by those organizations. **In FY 03, funds appropriated to DHCA total approximately \$4.9 million** from the following sources:

- County Housing Initiative Fund – 46%,
- Federal HOME Investment Partnership Grant – 43%,
- Federal Emergency Shelter Grant – 6%, and
- Federal Community Development Block Grant – 5%.

Graph 3 shows the funds appropriated to DHCA by the type of service. Approximately \$3.1 million (64%) of the total dollars fund permanent housing programs, including \$3.0 million to renovate a motel for the personal living quarters project. The personal living quarters project will house single adults, and families transitioning to permanent housing.

Another \$1.1 million of the total appropriated to DHCA in FY 03 funds renovations to the Greentree Shelter for families.

**Graph 2: FY 03 DHCA Funding by Type of Service**



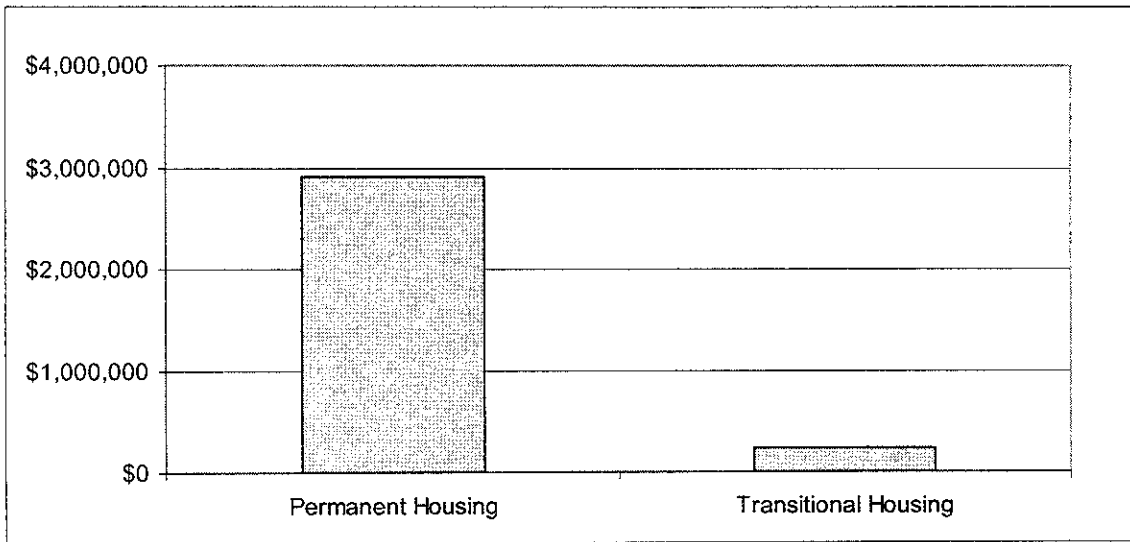
### 3. Housing Opportunities Commission

The Housing Opportunities Commission (HOC) administers a variety of transitional and permanent housing programs. Transitional housing programs include McKinney III, the Jesup Blair House, and the State Rental Allowance Program (RAP). Permanent housing programs include McKinney VI, VII, IX, X, and XI, the Shelter Plus Care program, and the Housing Counseling program. Under contract with DHHS, HOC staff also coordinates emergency financial assistance to prevent eviction of households residing in HOC-owned units.

**HOC allocated approximately \$3.1 million in FY 03 for programs for people who are homeless or at risk of becoming homeless.** Approximately 86% of the total comes from the federal Department of Housing and Urban Development (HUD) through the McKinney-Vento Act. The remaining funds appropriated to HOC in FY 03 come from the State Department of Housing and Community Development and payments required of program participants. In addition, approximately \$813,000 of funds appropriated to DHHS and DHCA in FY 03 support the programs administered by HOC.

Graph 2 shows the funds appropriated to HOC by the type of service provided. Approximately 93% of the total dollars fund permanent housing programs. The remaining 7% of the total dollars fund transitional housing programs. This reflects the fact that HUD's priority in recent years is to fund permanent housing services.

**Graph 3: FY 03 HOC Funding by Type of Service**



#### **4. Montgomery County Public Schools**

Children who are homeless and enrolled in the Montgomery County Public School (MCPS) System receive all of the educational and supportive services offered to other students enrolled in the school system. In addition, MCPS provides some services specifically for students that are homeless. Attachment D summarizes what the McKinney-Vento Homeless Assistance Act requires of Local Education Agencies (LEAs), and describes the specific services that MCPS provides to students who are homeless in more detail.

**In sum, MCPS estimates that it will spend approximately \$300,000 in FY 03 to provide services to students in homeless situations.** This includes the cost of:

- Special transportation services (\$200,000),
- After-school tutoring at shelters (\$55,000), and
- An assistant to the MCPS Homeless Liaison (\$20,000).

MCPS has not determined how it will spend the remaining \$25,000. The County funds about two-thirds of the \$300,000 in FY 03, with federal and state grants making up the other third.

#### **5. Department of Recreation**

The Department of Recreation administers one program that serves children residing at the Greentree Shelter for families. The Big Buddy/Little Buddy Mentoring Program pairs high school students with 20 homeless children for mentoring, group activities, and trips. **The Department allocated approximately \$11,000 of state and county funds for the program in FY 03.**



## Part B. Types of Services for People who are Homeless

The Council appropriates funds for a wide range of services for people who are homeless or at risk of becoming homeless in Montgomery County. The types or categories of services include:

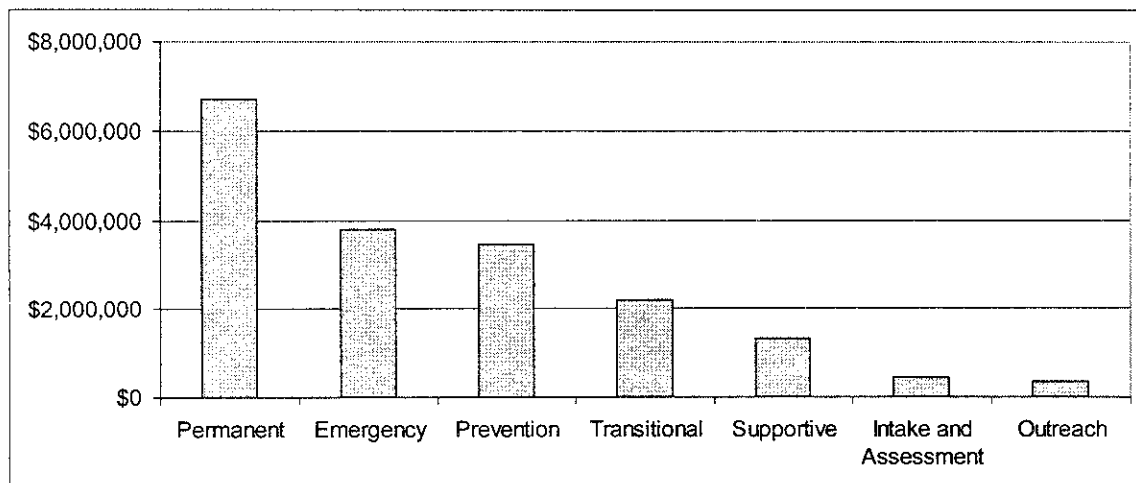
- Intake and Assessment,
- Prevention,
- Outreach,
- Emergency shelter,
- Transitional housing,
- Permanent housing, and
- Supportive services for people who are homeless.

Graph 4 shows the dollars appropriated in FY 03 for programs in each category. As the graph indicates, \$6.7 million or 37% of the funds in FY 03 support permanent housing programs. Approximately half of the funds appropriated for permanent housing fund the renovation of a motel in Gaithersburg for use as personal living quarters for single adults and housing for homeless families transitioning to permanent housing.

Emergency Shelter programs account for \$3.8 million or 21% of the total. Assistance to prevent eviction represents \$3.5 million or 19% of the total. Funds appropriated for transitional housing, intake/assessment, outreach and supportive services make up the remaining 23% of the total.

These calculations do not include the cost of mainstream supportive services. As described earlier, mainstream services are services that people who are homeless often use but which are not exclusively designed for people who are homeless. DHHS does not separately track the cost of mainstream services for people who are homeless.

**Graph 4: Funds Appropriated in FY 03 by Type of Service**



## 1. Intake and Assessment

Intake and assessment refers to the first step in accessing services through the homeless service system. It involves identifying individuals' needs and beginning to address their needs by connecting them to appropriate services. DHHS conducts and funds all intake and assessment services. Crisis Center staff conducts intake and assessment for single adults. Emergency Services staff at the three DHHS regional service centers (Silver Spring, Rockville, and Gaithersburg) conducts intake and assessment for families. DHHS reports that 705 single adults and 673 families proceeded through DHHS' intake and assessment services in FY 02. **The \$425,000 appropriated for intake and assessment in FY 03 represent County funds.**

## 2. Prevention

Prevention services refer to emergency financial assistance to prevent eviction. Staff on the Crisis Intervention Teams at the three DHHS regional service centers work with households that have received eviction notices to compile a package of resources to meet the households' needs. DHHS staff assesses needs and compiles County Emergency Assistance Grants and State Department of Human Resources Grants to distribute to households. DHHS staff also coordinates with the community-based Emergency Assistance Coalition to compile additional public and private resources to prevent eviction.<sup>2</sup>

DHHS contracts with HOC to provide the same emergency financial assistance service to households that reside in HOC-owned units. The Department of Housing and Community Affairs also allocated funds in FY 03 to the Department's Office of Landlord Tenant Affairs to provide emergency financial assistance to avoid eviction.

**In FY 03, funds appropriated to coordinate and provide emergency financial assistance to prevent eviction total \$3.5 million.** Approximately \$1.2 million of this amount funds DHHS staff who assess needs and coordinate the financial assistance distributed to households. The remaining funds provide direct emergency financial assistance. DHHS budgeted approximately \$1.3 million of State grant funds and \$859,000 of County grant funds to distribute to households in FY 03. Between July and December, DHHS distributed 72% of the County grant dollars and about 40% of the State grant dollars.

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<sup>2</sup> The Emergency Assistance Coalition includes Adventist Community Services, Bethesda Cares, Bethesda Help, Community Ministries of Rockville, Catholic Charities, Damascus HELP, Damascus Ecumenical Laymen's Association, Eastern Montgomery County Assistance Network, Gaithersburg HELP, Germantown HELP, Interfaith Clothing Center, MANNA, Midcounty United Ministries, Ministries United of Silver Spring/Takoma Park, Olney HELP, Rockville FISH, Salvation Army, Shepherd's Table, Silver Spring HELP, and Upper Montgomery County Assistance Network.

### 3. Outreach

Outreach involves identifying people who are homeless in the community, sharing information about services, and attempting to connect them to the homeless services system. **Funds appropriated for outreach in FY 03 total \$342,000 and go to DHHS. Table 3 summarizes the services and funding.**

**Table 3: Funds Appropriated in FY 03 for Outreach Services**

| Provider                  | Description   | FY 03 Funding (\$000) |
|---------------------------|---|-----------------------|
| Mental Health Association | A Homeless Outreach Team conducts outreach to people with serious mental illnesses at soup kitchens, shelters, and on the streets | \$294                 |
| Bethesda Cares            | An Outreach Worker conducts outreach to people who are homeless in Bethesda   | \$38                  |
| City of Gaithersburg      | A Homeless Advocate provides outreach in the City of Gaithersburg   | \$10                  |
| <b>Total</b>              |   | <b>\$342</b>          |

### 4. Emergency Shelter Services

**Approximately \$3.8 million, or 21% of the total dollars appropriated in FY 03, fund emergency shelter services.** The Council appropriated funds to DHHS and DHCA for this category of services. Table 4 summarizes the allocation of the \$3.8 million.

**Table 4: Funds Appropriated in FY 03 for Emergency Shelter Services**

| Service  | FY 03 Amount (\$000) | Percent of Total |
|--|----------------------|------------------|
| DHHS Contracts with Emergency Shelter Providers                            | \$2,045              | 54%              |
| Renovations to the Greentree Shelter for Families                          | \$1,074              | 28%              |
| DHHS Contracts for Motel Placements  | \$632*               | 17%              |
| Transportation and Hook Up of a New Trailer at the Men's Emergency Shelter | \$30                 | 1%               |
| <b>Total</b>   | <b>\$3,781</b>       | <b>100%</b>      |

\* This represents the dollars spent between July and December of 2002. The cost of DHHS contracts for motel placement over the entire fiscal year will be higher.

The County's emergency shelter capacity is 65 single women, 123 single men, and 90 individuals in families. Single adults and families in emergency shelters receive an assessment of their needs and case management services. Only the Community Based Shelter imposes a limit on the length of time a single adult can stay in an emergency shelter. Family shelters are designed to provide temporary shelter for up to 90 days. According to DHHS, families almost always stay longer than 90 days due to the limited number of transitional housing spaces and the difficulty securing affordable permanent housing in the County.

DHHS contracts with community-based providers to operate seven emergency shelters in Montgomery County. DHHS also places up to 50 single men and women at Progress Place when the Men's Emergency Shelter is at capacity during winter months. The cost for these emergency shelter services totals \$2 million in FY 03. County dollars fund 87% of the cost.

In addition, DHHS places families in motels when family shelters are full. Between July and December of FY 03, DHHS used 8,146 motel room nights for families at a cost of \$632,000. DHHS budgeted \$321,000 for motel placements in FY 03.

In FY 03, DHCA allocated approximately \$500,000 of Federal HOME funds and \$500,000 of County Housing Initiative Funds to renovate the Greentree Shelter for families. Those funds represent 28% of the total allocated for emergency shelter services in FY 03. DHCA also used \$30,000 of Federal Emergency Shelter Grant funds to transport and hook up a new trailer for shelter overflow at the Men's Emergency Shelter, following a fire in the trailer in the fall of 2002.

## **5. Transitional Housing**

Transitional housing provides shelter for individuals and families transitioning from emergency shelter to permanent housing. The goal of transitional housing is to move individuals and families out of emergency shelters, and provide supportive services that prepare them for independent living in permanent housing. Individuals and families usually stay in transitional housing for up to two years.

The transitional housing programs for single adults in Montgomery County are often designed to meet specific needs or address specific issues, such as substance abuse problems or mental illness. All transitional housing residents receive case management and other supportive services. During their stay, participants develop a service plan and work toward meeting the goals in the plan. This involves required attendance in programs that address their specific issues and needs.

**Table 5 summarizes the \$2.2 million appropriated for transitional housing in FY 03,** which includes funds appropriated to DHHS, HOC and DHCA. Approximately 69% of the funding is for DHHS' contracts with community-based providers of transitional housing for single adults and families. The County funds approximately 80% of those contracts, with the State Department of Human Resources contributing the remainder.

HOC administers the Maryland Rental Allowance Program, which provides temporary rental assistance to help households transition from emergency shelter to permanent housing. HOC also administers the McKinney III program and Jessup Blair House, which house 10 families and 10 women with one child, respectively.

**Table 5: Funds Appropriated in FY 03 for Transitional Housing Services**

| <b>Program</b>   | <b>FY 03 Amount (\$000)</b> | <b>Percent of Total</b> |
|--|-----------------------------|-------------------------|
| DHHS Contracts for Transitional Housing for Single Adults and Families | \$1,530                     | 69%                     |
| Maryland Rental Allowance Program                                      | \$215                       | 10%                     |
| McKinney III   | \$191                       | 9%                      |
| Renovations to a Safe Havens Transitional Housing Facility             | \$175                       | 8%                      |
| Jessup Blair House   | \$57                        | 3%                      |
| Interfaith Housing Coalition Transitional Housing Program              | \$25                        | 1%                      |
| <b>Total</b>   | <b>\$2,193</b>              | <b>100%</b>             |

## **6. Permanent Housing**

Individuals and families typically move into permanent housing after spending up to two years in transitional housing, developing and maintaining some stability and meeting goals in their service plans. Some permanent housing programs are designed to meet specific needs, such as a disability, mental illness, or addiction. Permanent housing programs may include case management and other supportive services to help individuals and families maintain stability, and work toward self-sufficiency and independent living. There is no time limit on the length of participation in permanent housing programs.

DHHS, HOC, and DHCA contribute funds to permanent housing programs. **In FY 03, funds appropriated for permanent housing programs total \$6.7 million.** Table 6 (© 25) lists the programs and funding. Almost half of the dollars appropriated for permanent housing fund the renovation of a motel for the personal living quarters project to house single adults, and families transitioning to permanent housing. Housing Initiative Funds totaling \$1.5 million and Federal HOME funds (awarded to DHCA) totaling \$1.5 million fund that project.

**Table 6: Funds Appropriated in FY 03 for Permanent Housing Programs**

| <b>Program</b>                                      | <b>FY 03 Funding (\$000)</b> | <b>Percent of Total</b> |
|---|------------------------------|-------------------------|
| Renovation for the Personal Living Quarters Project | \$3,000                      | 45%                     |
| McKinney VI, VII, IX, X, and XI                     | \$2,865                      | 43%                     |
| Shelter Plus Care                                   | \$533                        | 8%                      |
| Partnership for Permanent Housing                   | \$157                        | 2%                      |
| Hope Housing  | \$84                         | 1%                      |
| Housing Counseling                                  | \$58                         | 1%                      |
| Desellum House                                      | \$6                          | 0%                      |
| <b>Total</b>  | <b>\$6,703</b>               | <b>100%</b>             |

Administered by HOC, the McKinney VI, VIII, IX, X, and XI, and the Shelter Plus Care programs make up 51% of the funds for permanent housing in FY 03. Those programs serve individuals with chronic mental illness or disabilities, who have long, complicated histories of homelessness. Over 70% of the funds for the McKinney programs and Shelter Plus Care come from the Federal Department of Housing and Urban Development.

The Partnership for Permanent Housing is described in Attachment C (© 51). The Housing Counseling program is described in Attachment B (© 41). The Hope Housing and Desellum House projects are described in Attachment A (© 19).

## **7. Supportive Services**

The Council also appropriated funds for supportive services for people who are homeless in FY 03. The staff involved in assisting people who are homeless stress the importance of providing supportive services in conjunction with housing. They note that the complex needs of individuals and families who are homeless necessitate assistance beyond securing a roof over their head. Without supportive services individuals and families will have difficulty maintaining housing.

In some cases these supportive services are designed specifically for people who are homeless. They include day programs, meal programs, and some substance abuse services. **Funds appropriated for supportive services for people who are homeless total \$1.3 million in FY 03.** Table 7 (© 26) lists the supportive services funded in FY 03.

People who are homeless also use mainstream supportive services. Mainstream services are designed for anyone in the general public who qualifies for the service. Examples of mainstream services most often used by people who are homeless include:

- Temporary Cash Assistance (TCA) and Food Stamps,
- Employment services,
- Child care subsidies,
- Substance abuse services,
- Health services, and
- Mental health services.

Attachment A describes these mainstream services, beginning at © 23. DHHS does not separately track the cost of providing these mainstream services to people who are homeless, and the costs are not included in this report.

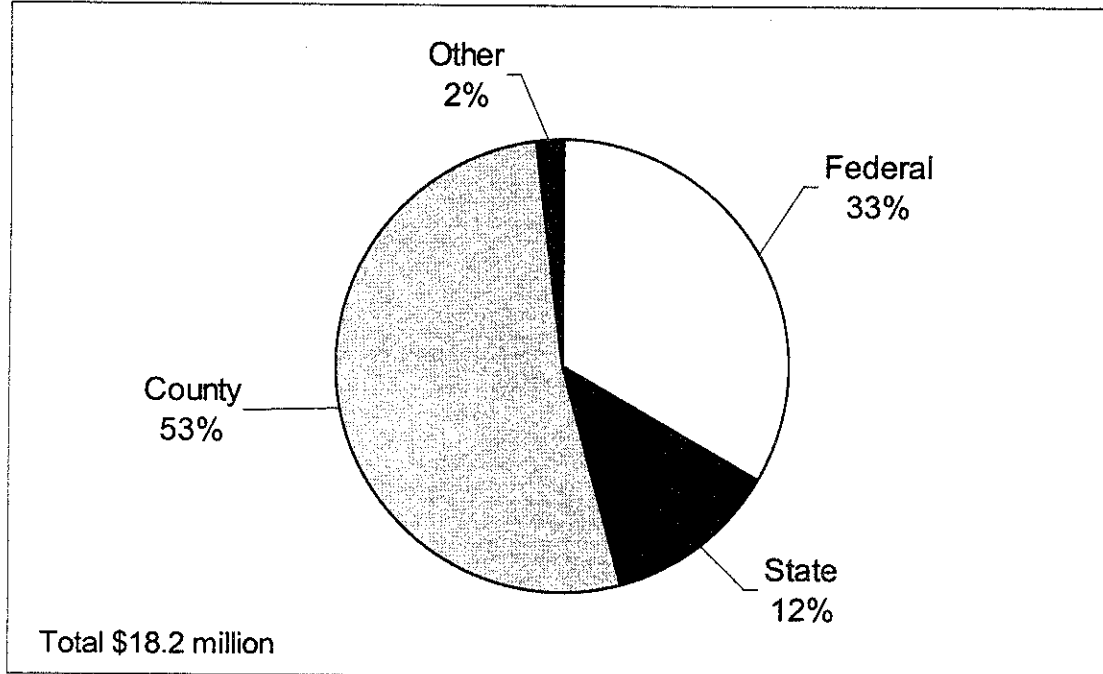
**Table 7: Funds Appropriated in FY 03 for Supportive Services**

| <b>Program</b>                          | <b>FY 03 Funding (\$000)</b> | <b>Percent of Total</b> |
|---|------------------------------|-------------------------|
| Substance Abuse Services                | \$655                        | 50%                     |
| Transportation for MCPS students        | \$200                        | 15%                     |
| Meals                                   | \$160                        | 12%                     |
| Tutoring and other support for students | \$100                        | 8%                      |
| Case management                         | \$95                         | 7%                      |
| Adult education and skill building      | \$60                         | 5%                      |
| Savings program                         | \$15                         | 1%                      |
| Mentoring program                       | \$11                         | 0.8%                    |
| Medical care                            | \$10                         | 0.8%                    |
| Transportation                          | \$7                          | 0.5%                    |
| <b>Total</b>                            | <b>\$1,313</b>               | <b>100%</b>             |

### Part C. Sources of Funds for Services for People who are Homeless

The Council appropriates funds from a variety of Federal, State and County sources for services for people who are homeless. Graph 5 illustrates the sources of funds appropriated in FY 03. County dollars totaling \$9.6 million makes up almost half of the FY 03 total. The Federal government contributes \$6.1 million or 33% of the total. State funds and participant payments make up another 12% and 2%, respectively.

**Graph 5: Source of Funds (Federal, State, and County) in FY 03**



#### 1. County Dollars

The Council appropriated \$9.6 million of County funds for services for people who are homeless in FY 03. Of the total County dollars, \$7.1 million or 74% was appropriated to the DHHS budget. The County's Housing Initiative Funds received another \$2.2 million or 23% of the total. The remainder was appropriated among DHCA, Department of Recreation, and MCPS budgets.

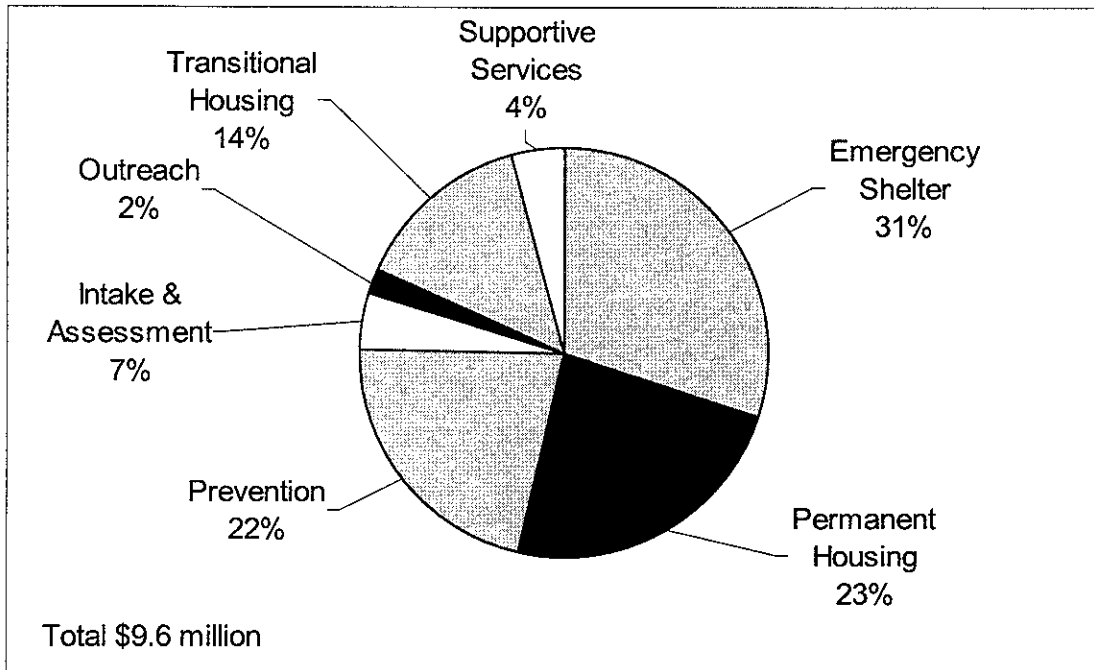
Graph 6 (© 28) illustrates the breakdown of the County funds by type or category of service. Approximately half of the FY 03 dollars fund emergency shelters and permanent housing. The County dollars for emergency shelters primarily fund:

- Contracts with shelter operators,
- Motel placements for families when the shelters are at capacity, and
- Renovation of the Greentree family shelter.



In terms of permanent housing, approximately \$1.5 million of the County dollars fund the renovation of the motel in Gaithersburg for the Personal Living Quarters project. Another \$500,000 supports the permanent housing programs administered by HOC.

**Graph 6: Services Funded with County Dollars in FY 03**



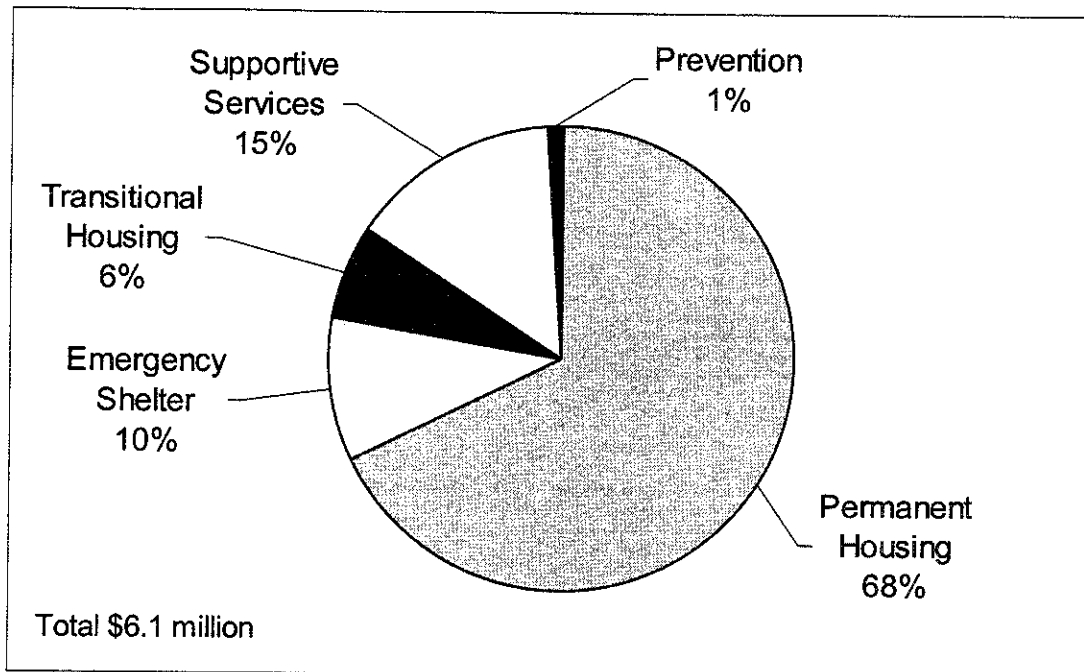
## 2. Federal Dollars

DHHS staff report that Montgomery County has a good record of earning Federal grant awards. In FY 03, the County received \$6.1 million of federal funds for services for people who are homeless. The Federal Government awards funds to DHHS, DHCA, HOC, and MCPS. The federal dollars come from the:

- McKinney-Vento Act - \$2.7 million,
- HOME Investment Partnership Grant -- \$2.3 million,
- Department of Health and Human Services - \$600,000,
- Emergency Shelter Grant - \$226,000,
- Community Development Block Grant - \$172,000, and
- Department of Education - \$100,000.

Graph 7 (© 29) shows the breakdown of FY 03 federal funds by the type of service. Approximately three-fourths fund permanent housing programs; in particular, \$2.3 million funds the McKinney VI, VII, IX, X, and XI permanent supportive housing programs. An additional \$1.5 million funds the renovation of the motel for the personal living quarters permanent housing project for single adults and families transitioning to permanent housing. Another half a million supports emergency shelter services, by funding the renovations at the Greentree emergency shelter for families.

**Graph 7: Services Funded with Federal Dollars in FY 03**



### 3. State Dollars

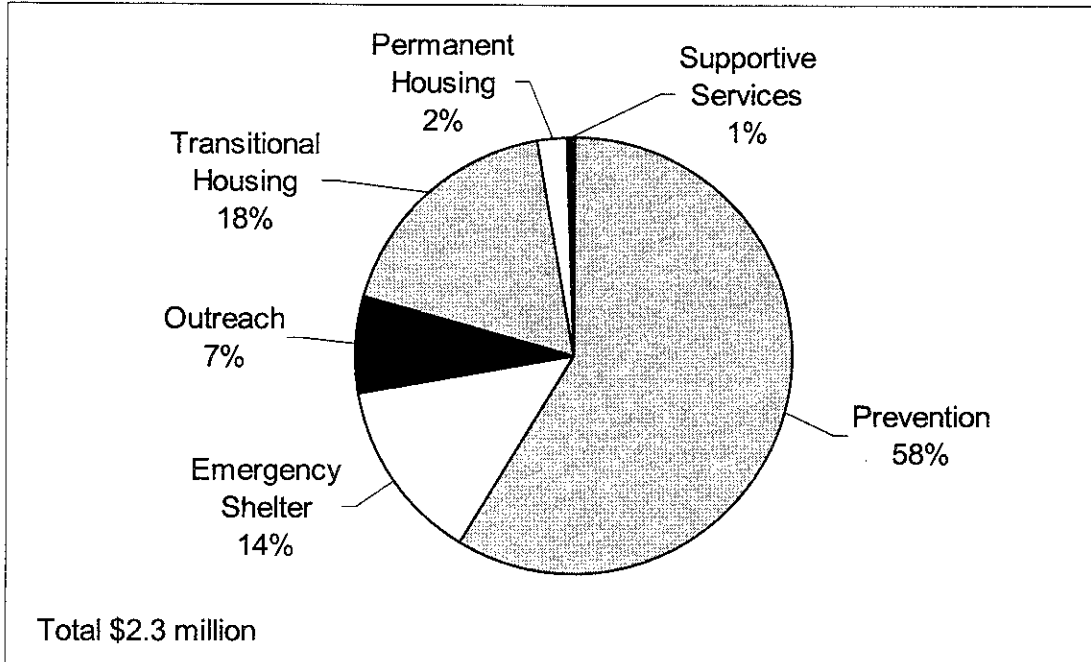
The State contributes \$2.3 million or 12% of the funds appropriated in FY 03 for services for people who are homeless. The State funds flow through DHHS, HOC, and the Department of Recreation. The sources of State funds include the:

- Department of Human Resources - \$1.8 million,
- Department of Health and Mental Hygiene – \$390,000,
- Department of Housing and Community Development – \$113,000, and
- Governor’s Office of Crime Control and Prevention – \$2,000.

Graph 8 (© 30) shows the breakdown of the FY 03 state funds appropriated by the County by the type of service. The graph shows that most of the State dollars fund emergency financial assistance to prevent homelessness (\$1.3 million), transitional housing (\$407,000) and emergency shelters (\$308,000). Additional state funds support the:

- Contract for the Mental Health Association Homeless Outreach Team,
- Transportation services,
- Department of Recreation’s Big Buddy/Little Buddy program,
- City of Gaithersburg’s Wells Robertson transitional house and Desellum permanent house,
- Housing Counseling, and
- The Shelter Plus Care program.

**Graph 8: Services Funded with State Dollars in FY 03**



#### **4. Participant Income**

The McKinney permanent and transitional housing programs funded through the federal McKinney-Vento Act require participants to pay 30% of their income toward rent. The participants pay HOC directly, and HOC invests the funds in operating the McKinney programs. In FY 03, participant income is the source of \$333,000 or 2% of the funds for services for people who are homeless.

## V. Findings

**Introduction.** This Office of Legislative Oversight (OLO) report presents an inventory of services provided for people who are homeless or at risk of becoming homeless in Montgomery County. It includes services for which the County Council appropriates funds, including County General Funds and State and Federal grants awarded to County departments and agencies. It also includes services funded by Federal and State grants received directly by the Housing Opportunities Commission (HOC). References throughout this chapter to funds appropriated by the County Council include State and Federal grant funds distributed directly to HOC.

The report provides information about programs designed to serve people who are homeless in the following eight categories:

- Prevention,
- Outreach,
- Intake/assessment,
- Emergency shelter,
- Transitional housing,
- Permanent housing,
- Supportive services for people who are homeless, and
- Mainstream supportive services.

Council-appropriated funds for services for people who are homeless or at risk of becoming homeless total approximately \$18.2 million in FY 03. Chapter IV of the report summarizes the services provided, including information on the administering department/agency, FY 03 funding amounts, and FY 03 funding sources. Attachments A through E of the report provide detailed information about individual programs and services.

**Finding #1: Montgomery County operates a complex system of services for people who are homeless. Multiple County departments, agencies, and community-based organizations partner and coordinate to administer and fund the services.**

The Council appropriates funds to three County Government departments and two other agencies to provide services to people who are homeless in Montgomery County. The Department of Health and Human Services (DHHS) and the Housing Opportunities Commission (HOC) administer the majority of the programs. DHHS manages intake and assessment, homeless prevention services, outreach, and emergency shelter services. DHHS is also involved in transitional and permanent housing programs. HOC's activities focus on transitional and permanent housing services.

The Department of Recreation and Montgomery County Public Schools (MCPS) provide supportive services for children who are homeless. The Department of Housing and Community Affairs (DHCA) allocates and monitors grants and loans to service providers for a variety of services for people who are homeless, but does not provide services directly.

Community-based providers are a critical component of the system of services for people who are homeless. County departments and agencies contract with community-based providers for outreach, emergency shelter, transitional housing, permanent housing, and supportive services. Community-based organizations often provide other services in addition to those for which the County contracts. They also coordinate with County departments and agencies to set policy and to seek State and Federal funding.

Table 8 shows the allocation of the \$18.2 million appropriated to departments/agencies in FY 03 for services for people who are homeless. Funds appropriated to DHHS account for approximately half of the total. Dollars appropriated to DHCA represent almost another third.

**Table 8: Funds Appropriated in FY 03 for Services for People who are Homeless**

| <b>Department/Agency</b>                    | <b>FY 03 Amount<br/>(\$000)</b> | <b>Percent of Total</b> |
|---|---------------------------------|-------------------------|
| Department of Health and Human Services     | \$9,847                         | 54%                     |
| Department of Housing and Community Affairs | \$4,919                         | 27%                     |
| Housing Opportunities Commission            | \$3,142                         | 17%                     |
| Montgomery County Public Schools            | \$300                           | 2%                      |
| Department of Recreation                    | \$11                            | 0%                      |
| <b>Total</b>                                | <b>\$18,219</b>                 | <b>100%</b>             |

**Finding #2: The County provides a wide range of services for people who are homeless, from emergency financial assistance to prevent homelessness to long-term permanent supportive housing.**

The Council appropriates funds for a wide range of services for people who are homeless in Montgomery County. Graph 9 (© 33) shows the dollars appropriated in FY 03 for seven categories of services. The largest allocation, \$6.7 million or 37%, funds permanent housing programs. Approximately half of the \$6.7 million funds the renovation of a motel in Gaithersburg for use as personal living quarters for single adults and housing for homeless families transitioning to permanent housing.

Emergency shelter programs account for \$3.8 million or 21% of the total. These dollars primarily fund:

- Contracts with community-based organizations that operate emergency shelters,
- Contracts to house families in motels when the shelters are at capacity, and
- Renovations to the Greentree Shelter for families.

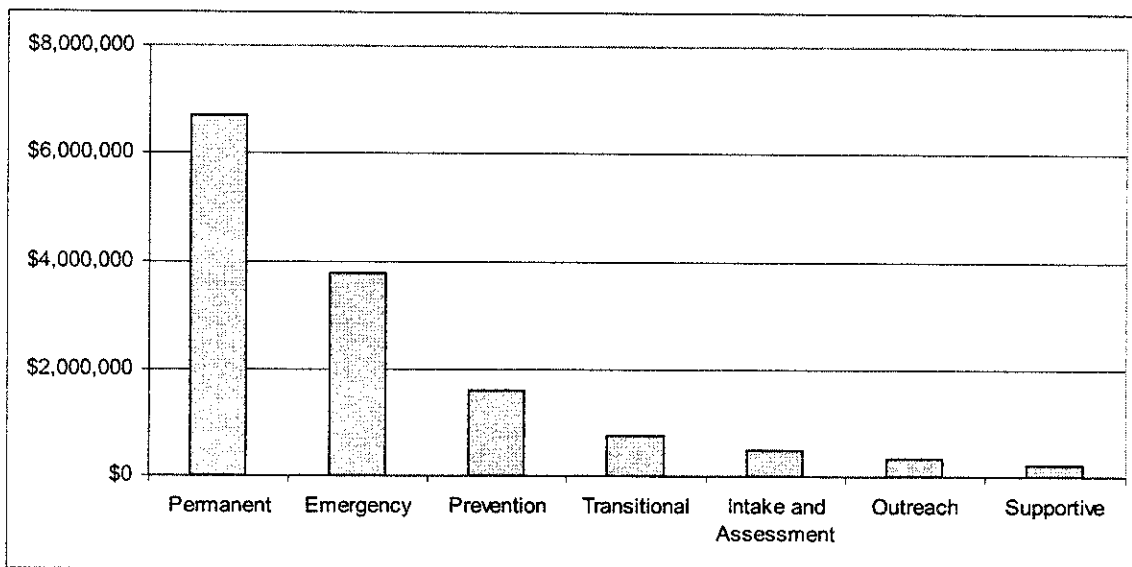
Assistance to prevent eviction represents \$3.5 million or 19% of the total FY 03 appropriation. This amount includes the salaries of staff that assess need and coordinate the financial assistance, as well as funds distributed for households to pay rents. Funds appropriated for transitional housing, intake/assessment, outreach, and supportive services make up the remaining 23% of the total.

Mainstream supportive services are services designed for the general population but also used by people who are homeless. The mainstream services most often used by people who are homeless include:

- Temporary Cash Assistance and Food Stamps,
- Employment services,
- Child care subsidies,
- Substance abuse services,
- Health care for the uninsured,
- Mental health treatment, and
- The Correctional Behavioral Health Initiative.

The report does not include funds for mainstream supportive services because DHHS does not track the cost of the mainstream services for people who are homeless separately from the cost of other users of the services.

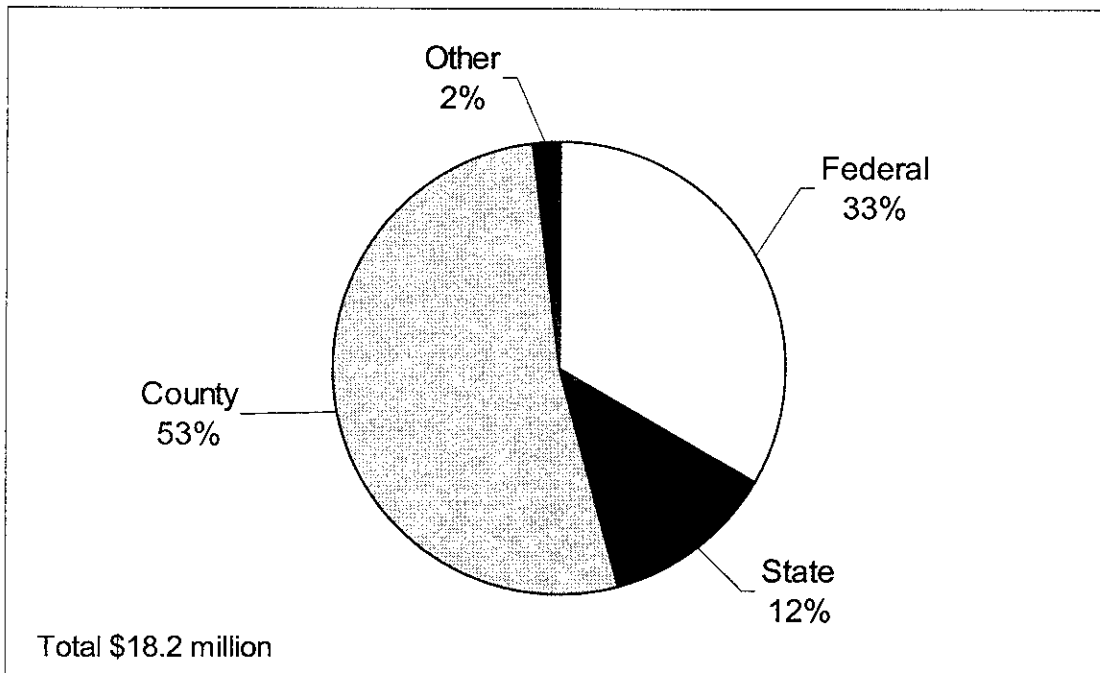
**Graph 9: FY 03 Spending by Type of Service**



**Finding #3: The Council appropriates a combination of County, State and Federal funds, totaling \$18.2 million in FY 03, for services for people who are homeless.<sup>1</sup> County funds represent approximately half of the total. Federal funds represent another 33%.**

The Council appropriates Federal, State, and County funds for services for people who are homeless. Graph 10 illustrates the sources of the \$18.2 million appropriated in FY 03.

**Graph 10: Source of Funds in FY 03**



County Funds. The Council appropriated approximately \$9.6 million of County funds for services for people who are homeless in FY 03. Of the total County dollars in FY 03, the Council appropriated \$7.1 million or 74% to DHHS. The Council appropriated another \$2.2 million or 23% of the total to the County's Housing Initiative Fund. The Council appropriated the balance among DHCA, the Department of Recreation, and MCPS.

Federal Funds. In FY 03, the Council appropriated \$6.1 million of federal funds for services for people who are homeless. Approximately 44% of the federal funds represent funds from the McKinney-Vento Act, and 38% represent HOME Investment Partnership Grant funds.

<sup>1</sup> OLO includes state and federal funds distributed directly to HOC in the references to dollars appropriated by the Council.

The McKinney-Vento Act dollars primarily fund permanent supportive housing programs. The majority of the HOME Grant dollars fund renovations at the Greentree Emergency Shelter and renovations to the motel for the personal living quarters project. HOC staff report that HUD has prioritized permanent supportive housing programs, and that fewer dollars are available now than in the past from the Federal Government for transitional and emergency shelter services.

State Funds. The State contributes \$2.3 million, or 12% of the funds appropriated in FY 03, for services for people who are homeless. The state funds flow through DHHS, HOC, and the Department of Recreation. Approximately 80% of the state funds come from the State Department of Human Resources.

Participant Income. The McKinney permanent and transitional housing programs funded through the Federal McKinney-Vento Act require participants to pay 30% of their income towards rent. The participants pay HOC directly. In FY 03, participant income is the source of \$333,000 or 2% of the funds for services for people who are homeless.

**Finding #4: Program staff who work directly with people who are homeless report that their clients today have more needs and are more difficult to serve than in previous years.**

Across programs and agencies, staff observes that the current population of people who are homeless have more needs and are more difficult to serve than in the past. In general, staff report that previous clients who were homeless tended to be higher functioning, and had an easier time getting to and maintaining stability and self-sufficiency, e.g., finding and keeping a job and housing, maintaining stable mental health.

Today, a significant portion of the people who are homeless have chronic mental illness and drug or alcohol addictions. They also lack important life skills. Female heads of household with limited education, life skills, and parenting skills often head families that are homeless.

These clients need more intensive case management and more supportive services. Program staff reports that meeting the needs of homeless clients with mental illnesses is of particular concern. Staff serves clients with a wide variety of mental health related issues, and observes intergenerational affects of mental illness among families. Effectively serving the housing needs of this portion of the homeless population is dependant on addressing their mental health needs.

Current clients also need longer-term assistance. For example, clients in the two-year transitional housing programs receive housing and supportive services that to address their needs, and help them progress toward self-sufficiency. To maintain the progress achieved through the transitional program, many households need some on-going assistance (e.g., rental assistance, limited case management).



**Finding #5: The complex needs of people who are homeless highlight the need to provide housing and supportive services together. Building an effective system to address homelessness depends on mainstream support services, as well as programs designed exclusively for people who are homeless.**

Due to complex needs, people who are homeless usually need supportive services in conjunction with housing to gain stability and move toward self-sufficiency. People who are homeless often face chronic mental illness, health issues, or substance abuse problems that drive the need for additional supportive services. In some cases, households also need life skills training, education, and job training to increase their employability and earnings potential.

Building an effective system to address homelessness is in part dependant on the other service systems that people who are homeless use. The County funds some supportive services that are designed exclusively for people who are homeless. However, people who are homeless primarily rely on the County's mainstream social services, or services that are designed for the general population. Critical mainstream supportive services include: mental health care, substance abuse treatment, life skills training, and job training. Other services frequently used by households that are homeless include child care assistance, food stamps, and Temporary Cash Assistance.

**Finding #6: Montgomery County's Continuum of Care application for federal HUD funds identifies the need for additional emergency shelter beds, transitional housing beds, and permanent supportive housing beds in the County.**

The Federal Department of Housing and Urban Development (HUD) requires local governments that request federal funding through HUD's Continuum of Care plan to complete a "Gaps Analysis". The analysis lists the estimated need, current inventory, and unmet need/gap in emergency shelter beds, transitional housing beds, and permanent supportive housing beds.

Table 9 (© 37) shows the data reported in Montgomery County's Continuum of Care application. It indicates an unmet need for 986 beds. Approximately 55% represents beds for families and 45% for single adults. The analysis also indicates that the County needs more permanent supportive housing beds than transitional or emergency shelter beds.

**Table 9: Analysis of Unmet Need for Beds for People who are Homeless in Montgomery County, as reported in the County’s Continuum of Care Application**

| Type of Service              | Single Adults | Families | Total |
|------------------------------|---------------|----------|-------|
| Emergency Shelter            | 103           | 108      | 211   |
| Transitional Housing         | 50            | 163      | 213   |
| Permanent Supportive Housing | 292           | 270      | 562   |
| <b>Total</b>                 | 445           | 541      | 986   |

The gaps analysis also includes information about the subpopulations of people who are homeless that need additional beds. Table 10 summarizes the findings of the analysis. Among single adults in these subpopulations, it is estimated that most individuals needing beds have chronic substance abuse problems, followed by serious mental illnesses. The analysis indicates that families where a serious mental illness is present are most in need of beds in the homeless services system.

**Table 10: Characteristics of Individuals with Unmet Need for Beds in the Homeless Services System, as reported in the County’s Continuum of Care Application**

| Subpopulation                | Single Adults | Families |
|------------------------------|---------------|----------|
| Chronic Substance Abuse      | 128           | 119      |
| Seriously Mentally Ill       | 112           | 205      |
| Dually Diagnosed             | 83            | 135      |
| Veterans                     | 16            | 0        |
| Persons with HIV/AIDS        | 10            | 10       |
| Victims of Domestic Violence | 44            | 111      |
| Youth                        | 8             | -        |
| Medically Disabled           | 35            | -        |

**Finding #7: The lack of affordable housing and permanent supportive housing in the County “clogs” the continuum of services for people who are homeless.**

One issue driving the problem of homelessness in Montgomery County is the lack of affordable housing and the resultant “clogging” of the continuum of services for people who are homeless. The County’s continuum of services begins with emergency shelter, followed by transitional housing placement, and eventually placement in permanent housing. Households receive a variety of supportive services while in the system. These services help households address the issues that led to homelessness, maintain stability, and work towards self-sufficiency. In general, the goal is to move up through the continuum and into a self-sufficient, stable housing situation.

Program staff describes the current continuum of services as clogged. They explain that insufficient affordable housing prevents higher functioning households from progressing through the continuum of services and securing affordable housing on their own. More affordable housing would help to decrease the number of people who become homeless. It would also increase the housing options for households that move through the continuum of homeless services and are able to maintain permanent housing on their own.<sup>2</sup>

While some households can proceed through the continuum of services and secure permanent housing on their own, others have more complex needs that hinder their ability to acquire and maintain permanent housing independently. That portion of the homeless population needs permanent housing with supportive services that meet their on-going needs. The County's gaps analysis included in the application for Federal Continuum of Care funds indicates an unmet need for 562 permanent supportive housing beds in the County.

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<sup>2</sup> In order to increase housing opportunities for low income households, DHCA staff report that the Department continually work to educate landlords in the County on the appropriate methods for evaluating a potential renter's credit worthiness and ability to pay rent.

## **VI. Recommendations**

This chapter presents OLO's recommendations. It suggests how the Council can use this report, specific items for Council consideration during FY 04 budget worksessions, and potential follow-up work to continue the Council's study of services to people who are homeless or at risk of becoming homeless in Montgomery County.

### **Recommendation #1: Use this report as a resource in future analysis of and decision making about services for people who are homeless.**

This report provides an inventory of the services for people who are homeless in Montgomery County, for which the Council appropriated funds in FY 03. It represents the first step in gaining an understanding of the County's complex system of services for people who are homeless or at risk of becoming homeless. The report serves as a resource document for Councilmembers and staff as work on addressing the needs of people who are homeless continues. It also provides a basis for requests for additional and more specific information about this service area.

For example, OLO recommends that the Council use the information in the report to:

- Identify specific topics for further Council consideration and study,
- Examine the roles of the different County and community-based organizations involved in providing services to people who are homeless,
- Assist in decision-making about the types of services the Council wants to establish as funding priorities,
- Understand the relationship between county, state and federal funding, and to make decisions about how the Council wants to spend local funds in the future, and
- Contribute to the Council's on-going commitment to work in the area of affordable housing.

### **Recommendation #2: Request OLO to update the information presented in this report with the dollars included in the Executive's FY 04 Recommended Budget.**

This detailed inventory of services helps Councilmembers better understand the funding associated with services for people who are homeless. To provide additional information for FY 04 budget decision-making, OLO recommends that the Council request OLO to update the figures presented in this report during April 2003. OLO can work with department and agency staff to compile the County Executive's FY 04 recommended budget figures similar to the format presented in this report. The updated information

could be incorporated into the Health and Human Services Committee worksessions this spring.

To the extent that Council decisions amend the Executive's recommended budget for services to people who are homeless, the Council could also request OLO to update the information again this summer for use in on-going analysis of this service area.

**Recommendation #3: Discuss the following five items which have potential fiscal impacts during FY 04 budget worksessions:**

- 1. Budgeted versus actual cost for placement of families in motels when emergency shelters are at capacity,**
- 2. Budgeted versus actual cost of emergency financial assistance to prevent evictions,**
- 3. The number of households waiting to participate in the Maryland Rental Allowance Program,**
- 4. Impact of the McKinney-Vento Homeless Assistance Act on the Montgomery County Public Schools, and**
- 5. Programs that lost federal funding for FY 04.**

While compiling the inventory of services for people who are homeless, OLO identified five specific items that OLO recommends the Council consider during FY 04 budget worksessions.

**1. Budgeted versus actual cost for placement of families in motels when emergency shelters are at capacity:** According to DHHS, the emergency shelters for families are always filled to capacity. As a result, DHHS places families on a waiting list for a shelter placement, and temporarily houses them in motels. As family shelter spaces become available, DHHS moves families from motels to shelters.

DHHS contracts with five area motels (contracts with two additional motels are pending) to use rooms to house homeless families. As of January 2003, 30 families were housed in motels and waiting for a family shelter placement. DHHS has had up to 50 families housed in motels at one time.

The FY 02 approved budget included approximately \$121,000 for this service. DHHS data shows that total expenditures for motel rooms in FY 02 were \$1.3 million. DHHS funded 96% of the total and the State Department of Human Resources contributed the remaining 4%. The County DHCA also contributed funds accounting for less than 1% of the total.

The Council appropriated \$321,000 for motel rooms to shelter homeless families in FY 03. Between July and December of FY 03, DHHS expenses totaled approximately \$632,000 or about twice as much as was budgeted. Of the dollars expended between July and December of 2002, DHHS funded 90% of the total, the State Department of Human Resources funded 5%, and DHCA funded 5%.

**2. Budgeted versus actual cost of emergency financial assistance to prevent evictions:** DHHS provides emergency financial assistance to households to prevent eviction and homelessness. DHHS staff stress that preventing eviction is critical because it is very difficult for households that have been evicted to find new housing in the County's extremely competitive rental market.

The number of households seeking and receiving emergency financial assistance to prevent eviction has increased over the last few years. DHHS assisted 1,931 households in FY 01 and 2,072 households in FY 02. During the first half of FY 03, DHHS had already assisted 1,203 households. DHHS distributed approximately \$620,000 of State funds and \$620,000 of County DHHS funds to households between July and December of 2002.

In FY 03, DHHS budgeted \$859,000 for County Emergency Assistance Grants and \$1.2 million of State funds to distribute to households to prevent eviction. Between July and December of FY 03, the Department distributed 72% of the County Emergency Assistance Grants and 50% of the State funds budgeted for FY 03. If the number of households assisted and the amount of funds distributed continues at the same rate, the funds budgeted for emergency financial assistance to prevent eviction will not meet the County's needs through the end of the fiscal year.

**3. The number of households waiting to participate in the Maryland Rental Allowance Program:** The Maryland Rental Allowance Program (RAP) provides up to 12 months of rental assistance to help households transition from emergency shelter to permanent housing. Under RAP, participants find rental housing in the private market and HOC pays the rental allowance directly to the landlord. Family size determines the amount of the monthly subsidy, with the State providing \$250 per month for 1-2 person households, \$300 per month for 3-4 persons, and \$350 for 5 or more persons. Montgomery County uses Federal HOME funds to double the State RAP subsidy to award a maximum of:

- \$500 monthly for a 1-2 person household,
- \$600 monthly for a 3-4 person household, and
- \$700 monthly for a 5 or more person household.

HOC staff report that, as of January 2003, HOC had committed all of the FY 03 RAP funds. The program currently serves 30 households, with another 60 households waiting

to receive RAP assistance. HOC is coordinating with DHCA this spring to use approximately \$90,000 of unused HOME funds that accumulated over the past several years to increase the number of households served this year.<sup>2</sup> As a result, HOC expects to award RAP assistance to 15 more families, of the 60 waiting for services. These additional HOME funds will not be available next year to increase the number of families served through RAP. HOC anticipates having higher demand for the program than funds available again in FY 04.

**4. Impact of the McKinney-Vento Homeless Assistance Act on the Montgomery County Public Schools:** The McKinney-Vento Homeless Assistance Act includes several provisions that apply to Local Education Agencies (LEAs). In sum, the Act sets forth certain educational rights and protections for children and youth who are experiencing homelessness, and requires school districts to:

- Enroll students in homeless situations without delay, even if they do not have documents that are typically required for enrollment, e.g., proof of residence, immunization records, school records.
- Enroll a student who is homeless in and provide free transportation to the school selected as serving his/her “best interest” for the entire time the student is homeless and until the end of the academic year in which he/she moves into permanent housing. The requirement applies even if the student is living outside the school district.
- Quickly resolve any disagreement between the student’s parent/guardian and the school district about which school would serve the best interest of the student. While the dispute is pending resolution, the law requires the school district to enroll the student and provide transportation to the school that is the parent/guardian’s choice.
- Designate an appropriate staff person as a local educational agency (LEA) liaison for students who are homeless, to ensure that they have a full and equal opportunity to succeed, receive all educational services for which they are eligible, and are informed of their rights.

MCPS staff report that complying with the McKinney-Vento Act has significant fiscal and operating impacts on the school system. For example, as of March 2003, MCPS’ Department of Transportation reports providing or arranging for the daily transportation of 120 students who are homeless back to their respective schools of origin. This is a substantial increase from the 68 students who were provided this service in January 2002.

*Note: A class action law suit concerning MCPS’ implementation of the McKinney-Vento Homeless Assistance Act is currently pending in the United States District Court. As of this writing, settlement negotiations are in progress.*

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<sup>2</sup> Unused HOME funds accumulated because not all of the RAP participants qualify to receive the HOME subsidy. Those participants only use the State funds for RAP, leaving some HOME funds unused.

**5. Programs that lost federal funding for FY 04:** County departments and agencies received approximately \$6.1 million of federal funds for services for people who are homeless in FY 03. The departments and agencies allocated some of the federal funds to community-based organizations through contracts for services. Community-based providers in Montgomery County also receive funds directly from the federal government to fund the services they provide. These federal funds enhance their ability to serve people in Montgomery County.

Silver Spring Community Vision and the Montgomery Avenue Women's Day Center received federal funds to support their day programs in the past. Federal funds were not awarded to these two organizations for FY 04. This loss of funds will adversely impact their ability to maintain the levels of service provided during previous fiscal years.

Silver Spring Community Vision reports that the organization was not awarded approximately \$350,000 of federal funds in FY 04 that were awarded in FY 03. In response, Silver Spring Community Vision plans to reduce the number of case managers working with people who are homeless from six workyears to 3.5 workyears. Community Vision also plans to seek funds from foundations and other sources to make up for the lost federal funds.

The Montgomery Avenue Women's Day Center provides a place for women who are homeless to stay during the day. The Center provides snacks, hygiene items, clothing, job training, GED courses, and counseling. The Montgomery Avenue Women's Day Center reports that the organization was not awarded approximately \$139,000 in FY 04 that was awarded in FY 03. Center staff report that they will re-apply for the federal funds. Staff reports that the Center has enough funding to continue the current level of services through November of 2003.

**Recommendation #4 - Request a follow-up study to examine the information available on the performance of the services for people who are homeless.**

While this report provides detailed information about the services provided, funding amounts, and funding sources, it does not include information about the performance of the individual programs. An appropriate next step in the Council's study of services for people who are homeless is to examine the performance of the different programs that make up the system of services.

OLO recommends that the Council request OLO to include a follow-up study on OLO's FY 04 Work Program. The follow-up study could identify and compile the workload, efficiency, and outcome data available for the programs described in this report. That information, in conjunction with updated funding data, would enhance the Council's future decision-making about services for people who are homeless. OLO recommends that the Council request the completed study by March of 2004 for use during FY 05 budget worksessions.



## Attachment A: Department of Health and Human Services

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## ATTACHMENT A

# Department of Health and Human Services

## I. Introduction

Multiple programs within the Department of Health and Human Services (DHHS) provide services to people who are homeless in Montgomery County. DHHS' primary activities in this service area include:

- Intake and assessment at entry to the homeless services system,
- Outreach to individuals and families that are homeless,
- Referral to appropriate services within DHHS and community-based organizations,
- Emergency financial assistance to prevent eviction,
- Contracting for emergency shelter, transitional housing, and permanent housing services,
- Coordinating and/or providing case management and other supportive services for people who are homeless.

DHHS also has lead responsibility for annually developing the County's **Continuum of Care application**. The U.S. Department of Housing and Urban Development (HUD) requires localities to submit a Continuum of Care application in order to receive federal McKinney-Vento Act funds. Under HUD's Continuum of Care strategy for addressing homelessness, localities undertake a community-based planning process to help identify the needs of homeless people and develop a comprehensive system to meet those needs.

Two DHHS staff members jointly chair the County's **Housing Policy Development Committee**. Established in 1991, the Committee is a public-private consortium of government and non-profit leaders that develops a strategic response to the growing problem of homelessness. It includes representatives from DHHS, HOC, DHCA, and non-profit service providers. The Committee meets monthly to examine policy issues concerning the homeless system, and to make recommendations regarding the Continuum of Care application.

Under new HUD regulations, all jurisdictions must have a **homeless tracking database** in order to receive federal funds for services for people who are homeless. DHHS took the lead in developing a County-funded homeless tracking system for Montgomery County. Over 3,000 clients are currently in the database, which is available to all appropriate DHHS employees and community-based homeless service providers. The database includes a variety of information, such as client demographics, shelter use, and progress in accomplishing goals and plans. DHHS is now revising the database and making it web accessible.

# ATTACHMENT A

## II. Funding Sources

**DHHS uses Federal, State and County funds to provide services for people who are homeless or at risk of homelessness. In FY 03, DHHS allocated approximately \$9.9 million for services targeting this population.** The County Government provides approximately 72% of the total, the state government 22%, and the federal government 6%. Table 1 summarizes the funding sources.

The federal funds support a program for women who are homeless that combines substance abuse treatment and transitional housing. The state dollars fund a variety of services, including emergency financial assistance to prevent eviction, outreach, emergency shelter, transitional housing, and permanent housing. The state funds primarily come in the form of Emergency and Transitional Housing and Services (ETHS) grants, Emergency Assistance to Families with Children (EAFC) grants, and Family Investment Program (FIP) grants.

County funds represent 72% of the total funds appropriated to DHHS for services for people who are homeless in FY 03. The County funds all intake and assessment services, and approximately half of the emergency financial assistance distributed to households to prevent eviction. County DHHS dollars also account for 88% of the Council-appropriated funds for emergency shelters.

**Table 1: FY 03 Funds Appropriated to DHHS\***

| FUNDING SOURCE                          | FY 03 AMOUNT (\$000s) | % OF TOTAL  |
|---|-----------------------|-------------|
| <b>Federal</b>                          |                       |             |
| Department of Health and Human Services | \$600                 |             |
| <b>Subtotal</b>                         | <b>\$600</b>          | <b>6%</b>   |
| <b>State</b>                            |                       |             |
| Department of Human Resources           | \$1,760               |             |
| Department of Health and Mental Hygiene | \$385                 |             |
| <b>Subtotal</b>                         | <b>\$2,145</b>        | <b>22%</b>  |
| <b>County</b>                           |                       |             |
| Department of Health and Human Services | \$7,102               |             |
| <b>Subtotal</b>                         | <b>\$7,102</b>        | <b>72%</b>  |
| <b>Total</b>                            | <b>\$9,847*</b>       | <b>100%</b> |

\* Many of the programs described in this report receive funds from multiple sources. To avoid double-counting, the tables in Attachment A only show the dollars appropriated to DHHS. For information on the total funds appropriated for each program, see Chapter IV.

## ATTACHMENT A

### III. Services for People who are Homeless

DHHS' Crisis, Income and Victim Services (CIVS) takes the lead in providing services to people who are homeless or at risk of homelessness. Staff conducts intake and assessment for households entering the homeless service system. DHHS staff also coordinates emergency financial assistance to prevent homelessness. DHHS holds contracts with community-based providers to conduct outreach and operate emergency shelters, transitional housing, and permanent housing programs.

DHHS also coordinates supportive services to people who are homeless. Staff reported that people who are homeless usually require extensive supportive services, in conjunction with housing, in order to address their multiple needs, maintain stability, and keep their housing. This report describes supportive services designed exclusively for people who are homeless, including day programs, medical care, meals, and substance abuse treatment (beginning on © 20).

DHHS also coordinates and provides multiple mainstream human services which people who are homeless use. Mainstream services are available to the general population. People who are homeless depend on mainstream services for assistance that is not available within the homeless services system specifically. Mainstream services most often used by people who are homeless are described beginning on © 23. They include:

- Temporary Cash Assistance (TCA) and Food Stamps,
- Employment Services,
- Child care subsidies,
- Substance abuse services,
- Health care, and
- Mental health services.

Table 2 (© 5) shows the FY 03 DHHS funding for services for people who are homeless or at risk of homelessness by the type of service. The table does not include the funding associated with the mainstream supportive services because those services are not limited to people who are homeless. DHHS does not separately track the mainstream service dollars allocated to serve people who are homeless.

The table shows that DHHS allocates \$3.4 million, or 34% of the FY 03 resources, for prevention services. To prevent homelessness, DHHS provides emergency financial assistance to households facing eviction. The \$3.4 million includes \$2.2 million of funds to distribute to households to pay for rents, and \$1.2 million for DHHS staff to assess household needs and coordinate the financial assistance.

Approximately 27% of the dollars appropriated in FY 03 fund emergency shelter services. Another 16% of the total supports transitional housing services. The remaining 22% of the total funds supportive services, permanent housing programs, intake and assessment for the homeless services system, and outreach to people who are homeless.

## ATTACHMENT A

The remainder of Attachment A describes the specific services provided in each of the seven categories listed in Table 2.

**Table 2: FY 03 Funds Appropriated to DHHS by Type of Service\***

| SERVICE              | FY 03 AMOUNT<br>(\$000s) | % OF<br>TOTAL |
|----------------------|--------------------------|---------------|
| Prevention           | \$3,400                  | 35%           |
| Emergency Shelter    | \$2,647                  | 27%           |
| Transitional Housing | \$1,602                  | 16%           |
| Supportive Services  | \$795                    | 8%            |
| Permanent Housing    | \$632                    | 6%            |
| Intake/Assessment    | \$425                    | 4%            |
| Outreach             | \$342                    | 3%            |
| <b>Total</b>         | <b>\$9,847*</b>          | <b>100%</b>   |

\* Many of the programs described in this report receive funds from multiple sources. To avoid double-counting, the tables in Attachment A only show the dollars appropriated to DHHS. For information on the total funds appropriated for each program, see Chapter IV.

### A. Intake and Assessment

#### 1. Introduction

DHHS staff conducts intake and assessment of individuals and families seeking housing services in Montgomery County. **Crisis Center staff conducts intake and assessment of single adults who are homeless, in conjunction with a variety of other Crisis Center tasks. DHHS does not track the cost of this individual Crisis Center activity.**

Families visit one of the three DHHS regional service centers to access services for families that are homeless. The regional service centers are located in Silver Spring, Rockville, and Germantown. **The funds appropriated for five positions that conduct intake and assessment for families totals approximately \$425,000 in FY 03. County dollars appropriated to DHHS fund this service.**

#### 2. Single Adults

Among other tasks, DHHS' 24-hour Crisis Center provides intake and initial assessment services for single adults that are homeless or at risk of homelessness. Single adults may also go directly to an emergency shelter for intake and assessment services.

DHHS' homeless tracking system indicates that the Crisis Center conducted 705 homeless intake and assessment screenings for single adults in FY 02. The Crisis Center and shelter staff identify and begin to address the individuals' emergency needs (e.g., for emergency shelter). They also assess the individuals' longer-term housing and other service needs.

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### 3. Families

Emergency Services Units at the three DHHS regional service centers conduct intake and assessment for families that are homeless or at risk of homelessness. The staff conducts an assessment to understand the families' shelter and other service needs. Staff gathers information about employment status; health, mental health and substance abuse problems; services the families already receives; and the number of children and their needs. DHHS also looks into what led the household to become homeless and what the family did to avoid becoming homeless.

In order to prevent households that have other housing opportunities from using County resources, DHHS' assessments focus on confirming that the household is homeless. DHHS' assistance then focuses on identifying resources outside the public sector that the individual or family can access. For example, DHHS staff investigates opportunities for families to move in with other family members or friends, before placing households in shelters.

DHHS reports that 673 families who were homeless proceeded through DHHS' intake and assessment services in FY 02. The breakdown by regional services center in FY 02 was:

- Rockville – 316 families,
- Germantown – 196 families, and
- Silver Spring – 161 families.

#### **B. Services to Prevent Homelessness**

The Crisis Intervention Teams at DHHS' three regional service centers provide emergency assistance to prevent evictions. Households typically have an eviction notice and need assistance paying for past due rent. DHHS staff determines whether the household has a workable plan to maintain their housing longer term. If so, they work with the household to provide emergency resources to prevent eviction. If emergency financial assistance will not ultimately keep the household housed, staff identifies other appropriate assistance.

DHHS assigns 18 staff across the three regional service centers to work with households to compile a package of public and private financial resources to meet the household's needs. This involves coordinating with community-based organizations that provide emergency financial assistance. DHHS staff primarily works with the

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Emergency Assistance Coalition, a group of non-profit emergency assistance agencies that provide emergency financial assistance to households at risk of homelessness.<sup>1</sup>

The DHHS Crisis Intervention Teams assisted 1,931 households in FY 01 and 2,072 households in FY 02. As of December of FY 03, the Teams assisted 1,203 households.

DHHS also contracts with the Housing Opportunities Commission (HOC) to provide similar homeless prevention services to residents of HOC-owned units. DHHS allocates \$71,000 of State Homeless Prevention Program dollars to HOC through this contract.

**Funding. The county and state funds allocated to prevent eviction in FY 03 total \$3.4 million.** Table 3 (© 8) summarizes the funding, including:

- County funds for staff that assess household needs and arrange emergency financial assistance; and
- County Emergency Assistance Grants and State Department of Human Resources funds distributed to households to pay back rent to prevent eviction.

In terms of the funds distributed directly to households, DHHS tries to exhaust all non-county resources before using County funds. DHHS budgeted approximately \$1.3 million of State grants in FY 03 for emergency financial assistance to prevent eviction. DHHS distributed approximately \$620,000 of State grant funds between July and December of 2002. DHHS budgeted \$859,000 for County Emergency Assistance Grants in FY 03, and distributed approximately \$620,000 (72%) to households between July and December of 2002.

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<sup>1</sup> The Coalition includes Adventist Community Services, Bethesda Cares, Bethesda Help, Community Ministries of Rockville, Catholic Charities, Damascus HELP, Damascus Ecumenical Laymen's Association, Eastern Montgomery County Assistance Network, Gaithersburg HELP, Germantown HELP, Interfaith Clothing Center, MANNA, Midcounty United Ministries, Ministries United of Silver Spring/Takoma Park, Olney HELP, Rockville FISH, Salvation Army, Shepherd's Table, Silver Spring HELP, and Upper Montgomery County Assistance Network.

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**Table 3: FY 03 Funds Appropriated to DHHS for Emergency Financial Assistance to Prevent Eviction**

| <b>FUNDING SOURCE</b>   | <b>FY03 AMOUNT<br/>(\$000)</b> |
|---|--------------------------------|
| <b>State Department of Human Resources</b>                    |                                |
| Emergency Assistance for Families with Children (EAFC) Grant* | \$1,050                        |
| Welfare Avoidance Grant*                                      | \$138                          |
| Emergency and Transitional Housing and Services (ETHS) Grant  | \$42**                         |
| Homelessness Prevention Program                               | \$97                           |
| <b>Subtotal</b>   | <b>\$1,327</b>                 |
| <b>County DHHS</b>  |                                |
| Emergency Assistance Grants                                   | \$859                          |
| Salaries  | \$1,214                        |
| <b>Subtotal</b>   | <b>\$2,073</b>                 |
| <b>Total</b>  | <b>\$3,400</b>                 |

\* The State distributes funds for the Emergency Assistance for Families with Children and the Welfare Avoidance Grants directly to consumers. Those dollars do not flow through the County. In contrast, the State forwards the Department of Human Resources and ETHS Grants to the County DHHS for distribution.

\*\* In FY 03, DHHS allocated a \$32,000 state Emergency and Transitional Housing and Services grant to the Emergency Assistance Coalition to support their eviction prevention efforts. DHHS allocated another \$10,000 of Emergency and Transitional Housing and Services grant to Bethesda Cares for eviction prevention.

**C. Outreach**

Outreach involves identifying people who are homeless in the community, sharing information about services, and attempting to connect them to the homeless services system. Informal outreach occurs continually through various homeless service providers in the County. For example, outreach takes place at meal programs where staff and volunteers serve meals, as well as provide information about accessing other services. Day program staff also interacts and shares information with people who need housing and other services.

The Montgomery County Coalition for the Homeless produces an information sheet called the Street Card as a form of outreach. The Street Card is a resource for people experiencing homelessness and lists location and contact information for the Crisis Center, day shelters, food, clothing, legal aid, crisis lines, and health care resources. Various service providers, businesses, and congregations around the county distribute the street card. The Coalition for the Homeless compiles the information and develops the Street Card. DHHS allocates County funds to print the Street Card, however no funds were allocated in FY 03 because surplus FY 02 funds were used.



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DHHS also contracts for more formal outreach services. **DHHS allocates \$342,000 for outreach services in FY 03. The total includes County and State funds.**

### 1. Bethesda Cares Outreach Services

DHHS contracts with Bethesda Cares to outreach to people who are homeless in Bethesda through a homeless outreach social worker. The program primarily serves single men, many of which are ex-offenders and have histories of mental illness and/or substance abuse.

The outreach worker develops relationships and works with them to understand their needs. An important part of the service is referring and connecting individuals to other service providers, including job training, life skills training, medical care, and housing assistance. The outreach worker also helps people fill out forms and write resumes. **In FY 03, DHHS allocates approximately \$38,000 of County funds to Bethesda Cares for the homeless outreach social worker.**

### 2. Mental Health Association's Homeless Outreach Team.

DHHS also contracts with the Mental Health Association (MHA) to staff and operate a Homeless Outreach Team. The team conducts outreach to seriously mentally ill persons who are homeless, and whose illness has not been successfully addressed through traditional mental health services. The Outreach Team works with people at shelters, soup kitchens, and on the street. The team tries to engage individuals in housing, mental health, and other needed services, and coordinates those services. The team continues to work with the individual until he or she is formally connected to another service provider (e.g., mental health service provider, emergency shelter case manager). The Team also provides some short-term psychiatric services.

DHHS includes funds in the contract with MHA for four additional staff to support people with mental illness at the Men's Emergency Shelter and Sophia House shelter. They help connect individuals with mental health services through the public mental health system.

**DHHS has a \$294,000 contract with MHA in FY 03 for the Homeless Outreach Team.** Crisis, Income and Victim Services monitors the contract. The source of funds includes:

- \$132,000 (45%) of County DHHS funds,
- \$127,000 (43%) of State Department of Health and Mental Hygiene funds (through the DHHS Core Service Agency), and
- \$35,000 (12%) of State Department of Human Resources funds.

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### 3. City of Gaithersburg Homeless Outreach

The City of Gaithersburg has a homeless advocate to conduct outreach on the streets in Gaithersburg and other locations where people who are homeless congregate. **The County supports the City's homeless outreach effort with \$10,000 of County funds appropriated to DHHS in FY 03.**

The advocate shares information about housing and other services, and tries to get people with addictions into substance abuse treatment. The advocate also works with merchants in the city to understand the problem of homelessness and panhandling. The advocate distributes materials to merchants about how to respond to panhandling, and intervenes when a merchant has a problem with a person who is homeless.

#### D. Emergency Shelter Services

##### 1. Introduction

DHHS contracts with community-based providers to operate seven emergency shelters in Montgomery County. Table 4 (© 11) lists the shelters, providers, and population served. Four of the emergency shelters house single men and/or women. There are three emergency shelters for families. The County's emergency shelter capacity is 65 single women, 123 single men, and 90 individuals in families.

DHHS also places single men and women at Progress Place when the Men's Emergency Shelter is at capacity during winter months. Progress Place can shelter 50 single men and women. In addition, DHHS places families in motels when family shelters are full. In January 2003, 30 families were sheltered at local motels.

Table 5 (© 11) lists the FY 03 funding by shelter. **DHHS allocates approximately \$2.6 million for emergency shelter services in FY 03, including:**

- \$2.3 million of County DHHS funds (88%), and
- \$308,000 of State Department of Human Resources funds, including Emergency and Transitional Housing and Services grants, Family Investment Program grants, and Homeless Women Crisis Shelter Program grant (12%).

The County DHCA contributes another \$63,000 of Federal Community Development Block Grant and Emergency Shelter Grant dollars. Those dollars are described and included in the funding totals in Attachment C of this report.

Table 5 (© 11) indicates that Progress Place receives \$440,000 in FY 03. DHHS has one contract with Silver Spring Community Vision to provide both emergency overflow shelter and day services. The \$440,000 supports both activities. The FY 03 total for motel shelter for families represents the amount spent through December of FY 03. The total spending for motel placements for the entire year will be higher.

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**Table 4: Emergency Shelters in Montgomery County**

| <b>Name</b>                       | <b>Provider</b>                           | <b>Capacity/Population Served</b>  |
|-----------------------------------|---|--|
| <b>Community Based Shelter</b>    | Community Ministry of MC                  | 25 single men and<br>12 single women   |
| <b>Men's Emergency Shelter</b>    | MC Coalition for the Homeless             | 100 single men, with an overflow trailer on site accommodating 35 additional men       |
| <b>Progress Place</b>             | Silver Spring Community Vision            | 50 single men and women  |
| <b>Rainbow Place</b>              | Rockville Presbyterian Church             | 25 single women  |
| <b>Sophia House</b>               | Community Ministries of Rockville         | 28 single women, primarily with serious mental illness and/or substance abuse problems |
| <b>Greentree Shelter</b>          | National Center for Children and Families | 46 men, women and children in families   |
| <b>Stepping Stones Shelter</b>    | Stepping Stones Shelter, Inc              | 20 men, women and children in families   |
| <b>Helping Hands Shelter</b>      | Mt. Calvary Baptist Church                | 24 women and children in families  |
| <b>Motel Shelter for Families</b> | DHHS via contract with local motels       | 30 families in January 2003  |

**Table 5: FY 03 Funds Appropriated to DHHS for Emergency Shelter Services**

| <b>Facility</b>            | <b>Funding Source (\$000)</b> |  | <b>FY 03 Total (\$000)</b> |
|----------------------------|-------------------------------|--|----------------------------|
|                            | <b>County DHHS</b>            | <b>State Department of Human Resources<sup>a</sup></b> |                            |
| Motel Shelter for Families | \$570                         | \$32   | \$602 <sup>b</sup>         |
| Greentree Shelter          | \$558                         | \$40   | \$598                      |
| Progress Place             | \$434                         | \$6  | \$440 <sup>c</sup>         |
| Men's Emergency Shelter    | \$311                         | \$33   | \$344                      |
| Community Based Shelter    | \$246                         | \$16   | \$262                      |
| Helping Hands Shelter      | \$12                          | \$121  | \$133                      |
| Sophia House               | \$93                          | \$30   | \$123 <sup>d</sup>         |
| Stepping Stones Shelter    | \$101                         | \$21   | \$122                      |
| Rainbow Place              | \$14                          | \$9  | \$23                       |
| <b>Total</b>               | <b>\$2,339</b>                | <b>\$308</b>   | <b>\$2,647</b>             |

<sup>a)</sup> The source of the state funds is Emergency and Transitional Housing and Services Grant and Family Investment Program grant. The Helping Hands Shelter also receives a \$47,000 grant from the Department of Human Resources' Homeless Women Crisis Shelter Program.

<sup>b)</sup> DHCA contributed another \$30,000 of federal Emergency Shelter grant dollars in FY 03. DHHS budgeted \$321,000 for this service in FY 03. The dollars reported in the table reflect expenditures between July 2003 and December 2003. The total expenditure at the end of the fiscal year will be higher.

<sup>c)</sup> DHCA contributed another \$30,000 of federal Community Development Block Grant dollars in FY 03. DHHS has one contract with Silver Spring Community Vision to provide both emergency overflow shelter and day services. The \$440,000 supports both activities.

<sup>d)</sup> DHCA contributed another \$3,000 of federal Community Development Block Grant dollars in FY 03.

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### **2. Single Adults**

Three of the emergency shelters for singles are open year round and one is open between the months of November and March. The shelters for single adults are only open during the evenings (5 pm to 7 am, or 7 pm to 7 am). They are all located in Rockville.

Upon referral to an emergency shelter for singles, shelter staff conducts an assessment of the individual's needs. This assessment helps the staff determine exactly how the shelter can help each individual become stable and permanently housed. Case management is available at each shelter to help people address issues that led to homelessness and help them receive the services they need to become housed. Case managers develop a service plan for some shelter residents that outline steps the resident will pursue to reach self sufficiency.

Only the Community Based Shelter imposes limits on the length of time a single adult can stay in an emergency shelter. DHHS moves individuals from emergency shelter placement to transitional or permanent housing as spaces become available. To be referred to a transitional or permanent housing program (described beginning on © 13), individuals must be stable and working toward the goals in their service plan.

### **3. Families**

All three family shelters are open 24 hours a day year round. Two are located in Rockville and one in Bethesda. Emergency shelters for families are designed to help stabilize a housing crisis by providing shelter and case management. The shelters assign each family to a shelter case manager. A case manager from DHHS' Crisis, Income and Victim Services coordinates with and assists the shelter case managers, helps resolve issues between the shelters and families, and helps the families access other services, e.g., Temporary Cash Assistance, substance abuse treatment, mental health services, services for victims of domestic violence.

The case managers help families develop and monitor a service plan that indicates steps and goals toward reaching self-sufficiency. They also help families address substance abuse and mental health issues, and work on improving credit, savings, and budgeting. The case managers also coordinate with other service systems that the family is involved with, such as the school system or Child Welfare Services.

Family shelters are designed to provide temporary shelter for up to 90 days. According to DHHS, families almost always stay longer than 90 days due to the limited number of transitional housing spaces and the difficulty securing affordable permanent housing in the County. DHHS moves individuals and families from emergency shelter placement to transitional or permanent housing as spaces become available. To be referred to a transitional or permanent housing placement, individuals and families must be stable and working toward the goals in their service plan.

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Motel Placements. DHHS reports that the emergency shelters for families are always filled to capacity. As a result, DHHS puts families on a waiting list for a shelter placement, and temporarily houses them in motels. As family shelter spaces become available, DHHS moves families from motels to shelters. DHHS prefers to place families in family shelters because they provide more oversight, structure, and stability.

DHHS contracts with five area motels (contracts with two others are pending) to use rooms to house homeless families. Two DHHS case managers are assigned specifically to families living in the motels. As of January 2003, there were 30 families housed in motels and waiting for a family shelter placement. DHHS reports that up to 50 families have been housed in motels at once. The average length of stay at a motel is 27 days.

The FY 02 approved budget included approximately \$121,000 for this service. During FY 02, DHHS used 16,574 motel room nights to shelter families who were homeless, at a cost of approximately \$1.3 million. County dollars appropriated to DHHS funded 96% of the cost. The State Department of Human Resources (Family Investment Program) appropriated to DHHS funded most of the remaining 4%. Funds appropriated to the County's DHCA contributed a small amount (less than 1% of the total).

The Council appropriated \$321,000 for motel rooms to shelter homeless families in FY 03. Between July and December of FY 03, DHHS used 8,146 motel room nights, at a cost of approximately \$632,000. During the first half of FY 03, DHHS funded 90% of the total cost, the State Family Investment Program funded 5%, and DHCA funded 5%.

### **E. Transitional Housing**

#### **1. Introduction**

Transitional housing provides shelter for individuals and families transitioning from emergency shelter to permanent housing. The goal of transitional housing is to move individuals and families out of emergency shelters, and provide supportive services that prepare them for independent living in permanent housing. Individuals and families stay in transitional units for up to two years, with an average stay of one year. Most of the transitional programs for single adults provide group housing, and are designed to serve specific needs or address specific issues (e.g., chronic mental illness, substance abuse problem).

All transitional housing residents receive case management and other supportive services. During their stay, residents must develop a service plan and work towards meeting the goals in the plan. This involves required attendance in programs that address their specific issues and needs.

DHHS is involved in transitional housing in multiple ways. First, the Department contracts with community-based service providers to operate transitional housing programs. DHHS also provides funding to support the HOC-administered McKinney III transitional housing program. In addition, DHHS staff provides case management for the

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McKinney III and Jesup Blair House transitional housing programs (administered by HOC).

**In FY 03, DHHS allocated \$1.6 million for transitional housing programs.**

Approximately \$1.5 million or 95% funds transitional housing for single adults, and \$95,000 funds transitional housing for families. County and state funds support the programs, including:

- \$1.3 million of County DHHS funds (81%),
- \$254,000 of State Department of Health and Mental Hygiene funds (16%), and
- \$40,000 of State Emergency and Transitional Housing and Services grants from the Department of Human Resources (3%).

### 2. Single Adults

Table 6 lists the transitional housing programs for single adults and the providers that DHHS contracts with in FY 03. Each program is described in more detail following the summary table.

Table 7 (© 16) shows the funding sources and amounts by program. **DHHS allocates approximately \$1.5 million in FY 03 for transitional housing for single adults** including County, State Department of Health and Mental Hygiene, and State Department of Human Resources funds.

**Table 6 – Transitional Housing Programs for Single Adults**

| Facility                | Provider                             | Capacity/Population Served  |
|-------------------------|--------------------------------------|---|
| Bethesda House          | Catholic Charities                   | 15 single men with chronic mental illness   |
| Watkins Mill House      | Montgomery Community Residences, Inc | 8 single women with chronic mental illness  |
| Safe Havens             | Coalition for the Homeless           | 15 single men and 25 single women with chronic mental illness who are unable/unwilling to access services and treatment |
| Carroll House           | Catholic Charities                   | 32 single men with mental illness and/or substance abuse, with a focus on job placement.                                |
| Chase Partnership House | Community Ministries of Rockville    | 36 single men recovering from substance abuse and/or mental illness   |
| Wells Robertson House   | City of Gaithersburg                 | 10 single men and 4 single women with histories of substance abuse  |
| Dorothy Day Place       | Catholic Charities                   | 20 single women   |

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**a) Bethesda House and Watkins Mill House** - The Bethesda House and Watkins Mill House serve single males and females with chronic mental illness. They include around-the-clock on-site supervision. A community integration specialist provides case management, which includes helping residents apply for entitlements, access mental health treatment, monitor medications, learn life skills, and connect with other needed services (e.g., job training). Participants generally move into permanent supportive housing or a residential rehabilitation program when they exit the transitional program.

**b) Safe Havens** - Safe Havens also houses single males and females with chronic mental illness. The program targets persons who are chronically mentally ill, living in the streets, and unable to function at a level necessary to access services on their own. The Montgomery County Coalition for the Homeless operates three houses for women and one house for men. The Coalition provides case management, mental health care, life skills training, and housing placement services.

**c) Carroll House** – Carroll House provides transitional shelter for men with mental illness and/or substance abuse issues. The focus of the program is to train and place participants in jobs. Participants receive case management, as well as job training, mental health treatment, substance abuse treatment, life skills training, and assistance locating permanent housing.

**d) Wells Robertson House** – The City of Gaithersburg operates the Wells Robertson House. It provides transitional housing for up to two years for single men and women who have undergone alcohol/drug treatment. Participants receive services to help prepare them for sober and independent living in the community. Services provided include case management, job training, substance abuse treatment, and life skills training.

**e) Chase Partnership House** – The Chase Partnership House provides transitional housing for men who are homeless and recovering from drug or alcohol abuse. Chase will serve men with co-occurring substance abuse and mental illness. Residents receive case management and participate in 12-step meetings, counseling, social and life skills training, and recreation. The residents also attend DHHS' Office of Addiction Services day program for drug treatment.

**f) Dorothy Day Place** – Dorothy Day Place provides transitional housing for 20 single women. Services are provided but not limited to women with mental illnesses. Residents receive a variety of services to help them maintain stability and move into permanent housing. Examples of services provided include case management, money management training, life skills training, job counseling, health counseling, and tutoring.

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**Table 7: FY 03 Funds Appropriated to DHHS for Transitional Housing for Single Adults**

| Facility                | Funding Amounts and Sources (\$000) |                                     |   | FY 03 Total (\$000) |
|-------------------------|-------------------------------------|-------------------------------------|---|---------------------|
|                         | County DHHS                         | State Department of Human Resources | State Department of Health and Mental Hygiene * |                     |
| Bethesda House          | \$179                               | \$2                                 | \$171   | \$352               |
| Watkins Mill House      | \$207                               | -                                   | \$83  | \$290               |
| Dorothy Day Place       | \$280                               | \$4                                 | -   | \$284               |
| Safe Havens             | \$208                               | -                                   | -   | \$208               |
| Carroll House           | \$180                               | \$16                                | -   | \$196               |
| Chase Partnership House | \$171                               | \$10                                | -   | \$181               |
| Wells Robertson House   | -                                   | **                                  | -   | **                  |
| <b>Total</b>            | <b>\$1,225</b>                      | <b>\$32</b>                         | <b>\$254</b>                                    | <b>\$1,511</b>      |

\* The funds flow from the State to the DHHS Core Service Agency

\*\* The City of Gaithersburg's operates the Wells Robertson transitional housing facility and the Desellum House permanent housing facility. No County dollars support those facilities, but a State Department of Human Resources grant flows through the County to the City of Gaithersburg. The \$6,000 state grant awarded in FY 03 funds both the Wells Robertson and Desellum Houses and is included in the totals for permanent housing on © 18.

**3. Families**

Dwelling Place. In FY 03, DHHS has a \$19,000 contract with the Dwelling Place to provide transitional housing for families in Montgomery County. The Dwelling Place serves 16 families in three separate apartment complexes. Approximately 96% of the families have a female head of household, 63% of the heads of household have chronic mental health issues, and 25% of the heads of household are dually diagnosed (mental illness and substance abuse).

Families typically stay at the Dwelling Place between 12 and 24 months. The Dwelling Place provides case management, life skills training, and assistance locating permanent housing. The residents also receive referrals to mental health and substance abuse treatment and childcare assistance programs.

McKinney III and Jessup Blair House. In addition, \$76,000 appropriated to DHHS fund the HOC-administered McKinney III transitional housing program. DHHS staff also provides case management for residents of McKinney III and the Jesup Blair House transitional housing program. The McKinney III and Jesup Blair House programs and total funding are described in detail in Attachment B.



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**The funds for the contract with the Dwelling Place and the support of HOC-administered transitional housing programs total approximately \$95,000 in FY 03. Table 8 lists the source of the funds, including:**

- \$87,000 of County DHHS funds (92%), and
- \$8,000 of State Emergency and Transitional Housing and Services grants from the Department of Human Resources (8%).

**Table 8: FY 03 Funds Appropriated to DHHS for Transitional Housing for Families**

| Facility       | Funding Amounts and Sources<br>(\$000) |  | FY 03 Total<br>(\$000) |
|----------------|--|--|------------------------|
|                | County<br>DHHS                         | State Department of<br>Human Resources |                        |
| Dwelling Place | \$11                                   | \$8                                    | \$19                   |
| McKinney III   | \$76                                   | -                                      | \$76*                  |
| <b>Total</b>   | <b>\$87</b>                            | <b>\$8</b>                             | <b>\$95</b>            |

HOC contributes an additional \$78,000 of federal McKinney funds and \$37,000 of participant income. These dollars are included in the description of total HOC funding in Attachment B.

Other community-based organizations provide transitional housing for families in Montgomery County, including the National Center for Children and Families, the Interfaith Housing Coalition, and the Silver Spring Interfaith Housing Coalition. Those organizations do not receive Council appropriated funds for the transitional housing services in FY 03. General information about the transitional housing provided by those organizations is included at © 66 of this report.

**F. Permanent Housing**

Individuals and families typically move into permanent housing after spending up to two years in transitional housing, developing and maintaining some stability and meeting goals in their service plans. Some permanent housing programs are designed to meet specific needs, such as a disability, mental illness, or an alcohol or drug addiction. The programs may include case management and other supportive services to help individuals and families maintain stability, and work toward self-sufficiency and independent living.

**DHHS allocates \$632,000 for permanent housing programs in FY 03. Table 9 (© 18) lists the funding amounts and sources. In sum:**

- \$542,000 (86%) support HOC administered programs, including five Federal McKinney supportive permanent housing programs, the Federal Shelter Plus Care program, and the State Housing Counseling program.
- \$84,000 (13%) supports a new permanent housing program called Hope Housing, and
- \$6,000 (1%) supports the City of Gaithersburg’s Wells Robertson and Desellum Houses.

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**Table 9: FY 03 Funds Appropriated to DHHS for Permanent Housing Services**

| Facility                  | Funding Amount and Sources (\$000s) |                                     |   | FY 03 Total (\$000) |
|---------------------------|-------------------------------------|-------------------------------------|---|---------------------|
|                           | County DHHS                         | State Department of Human Resources | State Department of Health and Mental Hygiene |                     |
| HOC Administered Programs | \$501                               | \$37                                | \$4   | \$542               |
| Hope Housing              | \$84                                | -                                   | -   | \$84                |
| Desellum House            |                                     | \$6                                 | -   | \$6                 |
| <b>Total</b>              | <b>\$585</b>                        | <b>\$43</b>                         | <b>\$4</b>                                    | <b>\$632</b>        |

### 1. HOC Administered Programs

**DHHS provides \$542,000 to support HOC-administered programs, including five Federal McKinney supportive permanent housing programs, the Federal Shelter Plus Care program, and the State Housing Counseling program.** Those programs are described in detail in Attachment B. The funds to support those HOC administered programs come from the State Department of Health and Mental Hygiene (\$4,000), State Department of Human Resources (\$37,000), and the County (\$501,000)

### 2. Hope Housing

The Hope Housing project began in July 2002 through a partnership between the Montgomery County Coalition for the Homeless, Community Ministry of Montgomery County, Community Ministries of Rockville, and the Stepping Stone Shelter. These organizations rent single family homes to use as permanent supportive housing for people who are homeless and have a disability, including those who have serious mental illnesses, histories of substance abuse, co-occurring disorders, developmental disabilities, or HIV/AIDS.

In FY 03, a total of 40 single adults and 10 individuals in two families are housed through the Hope Homes project. The organization that manages the housing selects the participants. Currently:

- Community Ministry of Montgomery County manages five houses that shelter 25 single adults,
- Community Ministries of Rockville manages three homes that shelter 15 single adults, and
- Stepping Stones manages two homes that shelter two families (10 people).

The credit checks and background checks required under the Hope Housing project are not as strenuous as most other permanent housing programs. Therefore, the program is useful for households that do not qualify for programs with more stringent requirements. Hope Housing residents receive case management and coordination of other supportive services from the organization providing the housing. Supportive services include food and transportation subsidies, health care, educational support, and child care assistance.

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In FY 03, the majority of the funding for Hope Homes comes from the federal McKinney-Vento Act. HUD awarded a \$500,000 grant to the Coalition for the Homeless and the Coalition distributes the funds to the partners. In addition, **the County DHHS allocates approximately \$84,000 of County funds needed to leverage the Federal funds in FY 03.** The program also uses income from donations and client fees.

### 3. Desellum House

The City of Gaithersburg operates the Desellum House. The house provides permanent supportive housing for individuals who have completed the Wells Roberson House program (transitional), but need a structured living environment for a longer time period. No County funds support the Desellum House, but a State Department of Human Resources grant flows through the County DHHS to the City of Gaithersburg. In FY 03, approximately \$6,000 awarded by the State funds both the Wells Robertson transitional facility and the Desellum House.

Housing Rental Assistance Program. The Housing Rental Assistance Program is the permanent housing component of the Federal Housing Opportunities for People with AIDS (HOPWA) program. Funds associated with this program are not included in Table 9 because the Council does not appropriate the funds for this program.

The Department of Housing and Urban Development (HUD) manages the HOPWA program. HUD established HOPWA to address the specific needs of persons living with HIV/AIDS and their families. HOPWA distributes grants to local communities, states, and nonprofit organizations for housing assistance and related supportive services.

The Housing Rental Assistance Program portion of HOPWA provides vouchers to assist people with HIV/AIDS to afford permanent housing. While homelessness is not a requirement for services under this program, the majority of individuals served are homeless or at risk of becoming when they enter the program.

The program is federally funded and administered regionally. Prince George's County administers the program for Suburban Maryland, and the Whitman-Walker Clinic carries out Montgomery County's local Housing Rental Assistance Program. It is estimated that \$350,000 of federal funds will support individuals participating in the Program in Montgomery County in FY 03. These federal funds are not included in the DHHS totals in this report because the Council does not appropriate the funds.

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### G. Supportive Services

In addition to housing related services, DHHS provides supportive services designed specifically for households that are homeless. Supportive services, in conjunction with housing, help households achieve and maintain stability, work toward self sufficiency, and acquire housing independently.

Case management is the primary supportive service provided to emergency, transitional, and permanent housing residents in the County's homeless services system. Other supportive services provided specifically to people who are homeless include:

- Day programs,
- Medical care,
- Meals,
- Transportation, and
- Substance abuse services.

People who are homeless also use the County's mainstream service system. Mainstream services are available for the general population, rather than people who are homeless specifically. Mainstream services are described beginning on © 23.

**DHHS allocated \$795,000 for supportive services for people who are homeless in FY 03.** Table 10 (© 21) summarizes funding amounts and sources for the supportive services targeting people who are homeless. The federal dollars fund Substance Abuse Services for Women, a program for homeless women that combines case management, substance abuse treatment, and other services to increase stability and prevent future homelessness. The State dollars fund transportation services.

In FY 03, the County dollars appropriated for supportive services fund:

- The Substance Abuse Services for Women program - \$40,000
- A contract with MCPS to provide box lunches for Bethesda Cares' meal program - \$35,000, and
- A contract with Shepard's Table for staff and security services - \$113.

DHHS also contract with Silver Spring Community Vision for day program services. In FY 03, DHHS has one contract with Community Vision for day services and emergency shelter at Progress Place. The dollars in the contract are included under emergency shelter services in this attachment (see © 11).

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**Table 10: FY 03 Funds Appropriated to DHHS for Supportive Services**

| FUNDING SOURCE                          | FY 03 AMOUNT (\$000) | % OF TOTAL  |
|---|----------------------|-------------|
| <b>Federal</b>                          |                      |             |
| Department of Health and Human Services | \$600                | 75%         |
| <b>State</b>                            |                      |             |
| Department of Human Resources           | \$7                  | 1%          |
| <b>County</b>                           |                      |             |
| Department of Health and Human Services | \$188                | 24%         |
| <b>Total</b>                            | <b>\$795</b>         | <b>100%</b> |

### 1. Day Programs

DHHS contracts with Silver Spring Community Vision for day program services. Day programs provide a safe place for people who are homeless to stay during the day when emergency shelters are typically closed. The day programs provide formal and informal services to support people who are homeless and link them with other needed services.

Silver Spring Community Vision conducts outreach in the community to identify individuals to participate in the day program. Individuals who receive lunch from Community Vision are required to participate in the day program activities. Those activities include building maintenance and cleaning, life skills training, art therapy, anger management groups, and computer training. Community Vision also offers a formal 16-week training course in food service and maintenance employment.

DHHS has a contract with Community Vision for these day program services, as well as emergency shelter services for people who are homeless at Progress Place. The total amount of the contract for all the services provided in FY 03 is approximately \$470,000. The amount is included in the description of emergency shelter services (© 11).

### 2. Medical Care

The Council does not appropriate any funds to DHHS for medical care for people who are homeless in FY 03. Medical care funded through other sources is described below.

Eye Clinic. A vision clinic for people who are homeless operates twice a month at the Shepard's Table meal program at Progress Place in Silver Spring. In 2002, the clinic provided 148 exams and financed the purchase of 201 pairs of eyeglasses.

Basic Medical Care. People who are homeless primarily receive basic medical care through the County's mainstream services (described beginning on © 23). The Community Clinic, Inc. and Mobile Medical Care, Inc. also provide basic medical care specifically for people who are homeless. The Community Clinic provides basic medical care (e.g., check ups, immunizations, flu shots) to people who are homeless at their Silver

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Spring Clinic. Mobile Medical Care uses a van to provide medical care at emergency shelters and soup kitchens in the County. Persons meeting the federal definition of homeless are eligible for services. Both the Community Clinic and Mobile Medical Care serve approximately 50 people who are homeless per month or 1,200 per year, on average.

The Council does not appropriate the funds for these services. These services are funded with a Federal Department of Health and Human Services Healthcare for the Homeless grant. The Healthcare for the Homeless program awards grants to community-based organizations to improve access by homeless individuals to primary health care, mental health care, and substance abuse treatment.

In FY 03, the Primary Care Coalition is a sub-contract recipient of a \$115,000 Federal Department of Health and Human Services Healthcare for the Homeless grant awarded to the Baltimore Health Care for the Homeless program. The Primary Care Coalition allocates these federal dollars to the Community Clinic and Mobile Medical Care based on the number of homeless persons served.

### **3. Meals**

Shepard's Table. Shepard's Table provides dinner to people who are homeless seven days a week at Progress Place in Silver Spring. The average daily number of people receiving meals at Shepard's Table ranged from 117 in May 2002 to 211 in February 2002. Shepard's Table also operates a clothes closet that provides free clothing, and a resource center that provides free counseling, legal assistance, a home base for mail, and referral to other services. Shepard's Table also provides bus tokens for transportation to shelters.

DHHS contracts with Shepard's Table in FY 03. DHHS includes \$82,000 in the contract to support staff expenses at Shepard's Table. DHHS also includes \$31,000 for security at Shepard's Table. The provider also received \$7,000 of State Department of Human Resources funds in FY 03 to provide transportation assistance to their clients.

Montgomery County Public Schools. DHHS contracts with the Montgomery County Public Schools to provide box lunches for the meal program at Bethesda Cares. Bethesda Cares provides lunch six days a week. In FY 03, the DHHS contract with MCPS totals approximately \$35,000.

### **4. Substance Abuse Services**

People who are homeless primarily receive substance abuse treatment through the County's mainstream services, described beginning on © 23. One program provides substance abuse treatment in conjunction with transitional housing specifically for women who are homeless.

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The Substance Abuse Services for Women (SASW) program serves 45 homeless women who are involved in substance abuse treatment or shelter services provided by DHHS. Many of the clients, approximately 70%, also have a mental illness. Participants may be single, have children, or have a partner that also meets the program criteria.

The goal of the program is to use intensive case management, substance abuse treatment, and other service linkages to increase stability and prevent future homelessness. Participants receive intensive services for 6 to 18 months, with less intensive services continuing longer based on each individual's needs. Participants receive intensive case management and outpatient substance abuse treatment services. The case management involves an initial comprehensive assessment of their needs, linkages to other services and resources, and assistance obtaining employment and housing. Case managers also help participants develop good credit, and learn budgeting and money management skills.

There are eight temporary supervised living units available for program participants. DHHS reports that other participants live either in shelters, subsidized housing in the private market, or with family and friends.

**In FY 03, the SASW program costs approximately \$640,000, of which \$40,000 (6%) is County funds and \$600,000 (94%) is federal funds.** The federal Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Treatment awarded funds for this program to Montgomery County and 16 other sites in the U.S.

Three DHHS Addiction Services Coordination employees provide the case management services, and DHHS contracts out the outpatient substance abuse treatment services. The Federal Government also requires DHHS' Addiction Services Coordination to complete an evaluation of the program, which will include individual interviews, client surveys, and focus groups. HOC is involved in the program by leasing eight units for SASW participants (other participants live in shelters, with family or friends, or in subsidized housing units located in the County).

### **IV. Mainstream Services**

DHHS provides mainstream human services, or services available to the general population. People who are homeless depend on mainstream services for assistance that is not available within the homeless services system specifically. This part of the report describes the mainstream services administered by DHHS that people who are homeless frequently use.

#### **A. Temporary Cash Assistance and Food Stamps**

The County administers State and Federal Programs that provide a safety net for families in economic distress, while also fostering self-sufficiency. Temporary Cash Assistance and Food Stamps are two such programs. In Maryland, these programs are run through

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the State Department of Human Resources' Family Investment Administration. DHHS' Crisis, Income, and Victim Services Area administers the programs locally.

The Federal Government substantially altered both programs through the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. This Act is up for reauthorization in 2003, which could affect future eligibility and benefit levels for the programs.

### **Temporary Cash Assistance**

The federal government provides each state with a Temporary Assistance to Needy Families (TANF) block grant. Maryland uses a portion of its TANF grant for the Temporary Cash Assistance (TCA) program. TCA provides cash assistance to needy families with dependent children when the family's resources do not fully address their needs, and while preparing program participants for independence through work.

Adults with dependent children must meet financial and technical eligibility requirements. These requirements include cooperation with child support, participation in work activities, and compliance with substance abuse treatment requirements.

Family units can receive TCA for a total of 60 months (5 years) over a lifetime. Once an applicant begins to receive TCA, they must meet the work requirement within 24 months. People who receive TCA are automatically eligible for Medical Assistance and may be eligible for Food Stamps. Since this program is limited to families, it only affects a subset of the Montgomery County homeless population.

### **Food Stamps**

The Food Stamp Program helps low income people buy the food they need for good health. In Maryland, recipients access Food Stamp benefits through an Electronic Benefits Transfer System. Eligibility requirements include resource and income limits. Households may have up to \$2,000 in countable assets, and households must meet a gross income test of 130% of poverty. With some exceptions, able-bodied adults between 16 and 60 years of age must register for work, accept an offer of work, and take part in employment and training activities. There is no time limit on how long you can receive Food Stamps. People who receive Food Stamps may also be eligible for TCA or Medical Assistance.

### **B. Employment Services**

Clients who receive Temporary Cash Assistance (TCA) or Food Stamps must meet certain work requirements. DHHS' Crisis, Income, and Victims Services contracts with Maximus to provide job training and assistance locating employment for people on public assistance. New Maximus clients receive an assessment to identify employment barriers, such as a mental illness or a substance abuse problem. Maximus refers the client to the appropriate provider to address the employment barriers.



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Clients without employment barriers go through a two-week job readiness workshop designed to help them prepare to re-enter the workforce. If a client has children, s/he participates in a child care orientation and searches for child care providers. After the workshop and orientation, clients must search for employment and make at least ten contacts per day with potential employers. Typical employment obtained through this service includes: telemarketing, data entry clerk, medical receptionist, and nursing assistant. The average hourly wage of clients after they become employed is \$9 per hour.

Once an adult recipient in a TCA case becomes employed, post-program employment activities help the client maintain employment and advance in the workplace. Retention counselors stay in regular contact with newly employed families to help them remove barriers and develop life skills to manage home, work, and finances. Employment support strategies (including transportation and child care) and continuation of health coverage after welfare through Medical Assistance are among the proactive steps being taken to prevent job loss. Job skill enhancement programs target specific groups of former TCA customers that have been employed for six months or more.

Public assistance clients may also be linked to Montgomery Works through the Department of Economic Development, which has a listing of job openings, and provides assistance with resume writing and job searching.

### **C. Child Care Subsidies**

The Department of Health and Human Services operates programs that provide child care subsidies to eligible families so that they can obtain and maintain employment and/or attend school or job training. Child care subsidy programs include:

- Purchase of Care (POC) – a State child care subsidy program funded by a combination of Federal and State dollars, and
- The Working Parents Assistance Program (WPA) – a County-funded child care subsidy program.

Both programs provide child care subsidies in the form of a voucher for each eligible child. POC serves children from birth to age 12; WPA serves children from birth to age 13. Both programs serve children with special needs up to age 19. Both POC and WPA determine eligibility according to income level and number of persons in the household. The chart at © 67 summarizes the current income eligibility limits for the two programs.

Parents may use a POC voucher at any licensed child care provider in the State; POC also subsidizes certain authorized, informal child care arrangements. WPA vouchers must be used with a licensed child care provider in the County. DHHS pays subsidies directly to the child care providers on a monthly basis. The Table 11 (© 26) summarizes the annual expenditures and children served by POC and WPA in FY 02 and FY 03.

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**Table 11: Expenditures and Number of Children Served – Child Care Subsidies**

| Year   | Average POC Children Served Per Month | POC Annual Expenditures | Average WPA Children Served Per Month | WPA Annual Expenditures |
|--------|---------------------------------------|-------------------------|---------------------------------------|-------------------------|
| FY 03* | 2,315                                 | \$5,009,774             | 510                                   | \$774,578               |
| FY 02  | 1,895                                 | \$9,200,053             | 646                                   | \$2,396,251             |

\*Year to date average through December 2002

Source: January 27, 2003 memorandum from Corinne Stevens, Acting Director to Joan Planell, Senior Legislative Analyst

Although POC historically has only provided subsidies to families with lower incomes who are transitioning from welfare to work, recent State increases in the eligibility income scales allowed the program to serve working poor families as well. By transferring eligible working poor families to POC, the State reduced the local demand for WPA.

Effective January 15, 2003, the State reversed its policy to provide POC subsidies to the working poor and closed POC to new applicants who are not receiving Temporary Cash Assistance (TCA). In addition, the Governor's proposed FY 04 budget shows a recommended reduction of \$25.4 million in POC (State-wide). These changes will likely increase the local demand for WPA.

### **D. Substance Abuse Services**

In FY 03, the Council appropriated \$10.3 million for substance abuse services for adults. Approximately \$5.1 million, or half of the total, represents County dollars. The other half is a combination of State funds (\$4.4 million) and Federal funds (\$0.8 million).<sup>2</sup>

The Department of Health and Human Services provides a continuum of services either directly by Departmental staff or through contract. Specific services for adults who abuse alcohol and other drugs, or who are substance dependent or addicted include:

- Prevention,
- Early intervention,
- Outpatient treatment (1-3 hours/week),
- Intensive outpatient/day treatment (minimum of 9 hours/week), and
- Inpatient/residential treatment services:
  - Detoxification (3-7 days)
  - Intermediate care (28 days)
  - Halfway house (6-9 months)
  - Long-term therapeutic community (9 months+).

<sup>2</sup> These amounts do not include dollars appropriated for adolescent services or prevention services.

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An Addiction Services organization chart and description of the substance abuse and addiction services for adults is attached, beginning at © 68.<sup>3</sup> The Department contracts with providers in the private sector for outpatient treatment services. The Department pays a management fee to these providers. The providers collect insurance reimbursements for clients who are eligible and rely on the management fee for those individuals without insurance. All referred clients receive service. The Department reports that 60% of referrals enter treatment within 30 days of referral.

The attached overview of substance abuse and addiction services highlights two initiatives which have a direct connection to serving people who are homeless:

**14701 Avery Road Program.** This new program offers a variable length of treatment services (from 6-18 months). The intensity of the service will match the individual needs of the clients. The program will serve 20 intensive outpatient service clients and 20 residential service clients. The program will target individuals with chronic substance abuse disorders and substantial functional impairment. Characteristics of this population include: an inability to work, chronic homelessness, chronic non-violent criminal offenses related to substance abuse, and mild to moderate co-occurring mental illness.

**The Co-Occurring Disorders Committee.** Richard Kunkel, Behavioral Health Operations Manager, chairs the Co-Occurring Disorders Committee. The Committee is developing a Comprehensive, Continuous, Integrated, Systems of Care (CCISC) for individuals with co-occurring addiction and mental illness. The goal of this group is to develop a framework for measuring the need for services for individuals with co-occurring disorders and a plan for developing "integrated services" to meet that need.

### E. Health Care for the Uninsured

#### Medical Assistance (Medicaid)

Medical Assistance, Maryland's Medicaid Program, pays the medical bills of certain needy and low-income individuals. Medical Assistance is a County-administered, State and Federally-funded program. The State Department of Human Resources' Family Investment Administration runs the program, and DHHS' Crisis, Income, and Victim Services administers the program locally.

Medical Assistance coverage is automatically granted to individuals receiving other public assistance, including Supplemental Security Income (SSI), Temporary Cash Assistance (TCA), and Foster Care. Low-income families, children, pregnant women, and aged, blind, or disabled adults may also qualify for Medical Assistance. An individual can have private health insurance and still be eligible for Medical Assistance.

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<sup>3</sup> This information was prepared by the Department of Health and Human Services in November 2002 as part of a briefing for a Council Health and Human Services Committee. At that time, the Department reported that there is no waiting list for substance abuse or addiction services.

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### **The Primary Care Coalition**

Increasing access to health care services for uninsured persons in the County continues to be a high priority of DHHS' Public Health Services. While acknowledging that the needs in the community exceed the resources available, DHHS is in the process of working with non-profit community-based health care providers to develop an informal network of health care services for the uninsured.

The Primary Care Coalition (PCC) serves as the umbrella organization for the network of providers. The PCC seeks to increase access to health care and improve the health of low-income uninsured County residents. PCC operates several health-related programs for low-income, uninsured residents and collaborates with public and private clinics, social service organizations, and concerned individuals.

The PCC currently consists of twelve not-for-profit community based providers: Archdiocesan Health Care Network, Community Clinic, Mercy Medical, Mobile Medical Care, Muslim Community Center, Montgomery Volunteer Dental Clinic, Project Access, People's Community Wellness Center, Proyecto Salud, Spanish Catholic Center, Teen Connection, and Whitman-Walker Clinic.

The County's FY 03 appropriation to PCC was approximately \$900,000.

### **Services for People with HIV/AIDS**

DHHS' Public Health Services administers the STD/HIV Prevention and Treatment Program. The Program provides diagnosis and treatment to those who have contracted sexually transmitted diseases (STDs). HIV counseling and testing, with referral for medical follow-up, are provided for those with HIV positive test results. The HIV program provides primary medical care through all stages of HIV/AIDS, as well as a broad spectrum of case management support services. Other services include home/hospice care, coordination of a regional HIV dental clinic, and housing services through the Housing Opportunities for Persons with AIDS (HOPWA) program. The FY 03 appropriation for this program is approximately \$4 million.

The Montgomery County Public Health Service coordinates care for uninsured, indigent people with HIV/AIDS through the Dennis Avenue Health Center (DAHC). Services include:

**Case Management.** Cases are referred to the DAHC for case management by HIV/STD testing centers, physicians, hospitals, and other community service agencies, and by persons who have learned of the services from the Internet. An intake is completed which includes a psychosocial assessment, a plan of care, referrals to needed services, and a scheduled appointment for a physical examination, if desired.

There are no fees for case management services. The social worker/case manager coordinates different government and community services for which a client may be

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eligible. These may include: financial benefits, subsidized housing, food programs, and health and medications coverage. There may be referrals to employment programs or referral for disability benefits. If the client would like, they can attend a support group for people with HIV or be matched with a “buddy”.

HIV case management involves three levels of care: comprehensive, intermediate, and limited or one-time intervention. The comprehensive level of care involves problem solving with possible follow-up, with the expected duration of the client relationship to last as long as their program participation. The intermediate level of care includes minimal involvement in coordination of services to client, family, and household members. Limited or one-time intervention consists of problem solving limited to resource identification; the case manager is involved in no more than two contacts.

**Diagnostic Evaluation.** An individual may decide to have a complete medical exam (diagnostic evaluation) provided by DAHC’s team of physicians, nurses, nutritionists, and dentists. The exam will include blood work, urinalysis, chest x-ray, and any needed immunizations. The team will work to get to know the client and any special needs the client may have. Several weeks after the initial visit, the client will return to discuss and receive a written plan of care. The fee for this service is based on income.

**Comprehensive Care.** If a client is unable to get medical insurance and meets income guidelines, they may choose to continue to receive HIV medical care at the DAHC. The Clinic program offers medical reviews every three to six month, gynecological exams, monitoring of HIV status through CD-4 and viral load blood tests and medications when and if necessary. If the client is eligible and requires in-home assistance, the program may be able to assist the client in obtaining that service. If a client participates in clinic services, a client’s doctor, nurses, nutritionist, case manager, benefits counselor, and substance abuse counselor meet regularly as a multidisciplinary team to help the client plan and organize the care and services needed.

### F. Mental Health Treatment

Mental health treatment is available through the Public Mental Health System and through grant funded programs. The large State deficit and number of consumer accessing services has challenged the Public Mental Health System. The County in partnership with the Mental Hygiene Administration has leveraged dollars and defined outpatient treatment as one of the top priorities. An overview of the County’s mental health services and key systemic issues is attached at © 76.

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DHHS' Adult Mental Health and Substance Abuse Services area provide the majority of mental health services. Specific programs include:

- *Mental Health Core Service Agency* – provides overall planning, management, and monitoring of publicly-funded mental health services for Montgomery County including outpatient, residential, case management, and psychiatric and rehabilitative services. The Mental Health Core Service Agency also administers and provides State and Federal funds for:
  - ❖ Homeless Outreach Services (Case Management),
  - ❖ Extended Case Management (HUD Shelter Plus Care Program),
  - ❖ Match Funds for the McKinney VI & IX Programs,
  - ❖ State and Federal funds for Bethesda & Watkins Mill House,
  - ❖ Outpatient Mental Health Treatment Services,
  - ❖ Crisis Center Staff Positions, and
  - ❖ Pharmacy & Laboratory Services.
- *Multicultural Mental Health Services* – provides mental health services to Vietnamese and Spanish speaking residents with a special emphasis on providing information, assessment, referral, diagnostic evaluation, psychiatric medication, psychotherapy, and family and psycho-educational support.

In addition, the **Crisis Center** provides telephone and walk-in crisis stabilization services to persons experiencing situational, emotional, or mental health crises. The Crisis Center, located on the ground floor of DHHS' office building on Piccard Drive in Rockville, is open 24 hours a day, seven days a week. The Crisis Center programs include:

- *Triage and Evaluation Beds* –The Triage and Evaluation Beds, a seven-bed residential unit, offer an alternative to hospitalization for clients who need psychiatric stabilization. Crisis Center therapists evaluate clients who have a wide range of problems and difficult situations. A T&E bed might be used when:
  - An individual is at risk of being referred for inpatient psychiatric treatment;
  - There is a need for increased supervision and stabilization while an individual starts or continues treatment;
  - Complex psychiatric and/or psychosocial factors make it necessary to evaluate an individual over time to determine the best course of treatment;
  - An individual needs temporary relief from a living environment that may be increasing psychiatric distress;

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- Medically, cognitively, physically, and/or psychiatrically vulnerable adults referred by Adult Protective Services need a place to stay while longer-term care plans are developed;
- Shelter system residents' behavioral and/or psychiatric issues puts them at risk of losing their shelter placement;
- A county-wide disaster requires residents to need residential assistance and other psychosocial services.

Clients stay in the T&E program for up to 72 hours and are monitored and routinely assessed by Crisis Center therapists and counselors. Emphasis is placed on collaboration with the client's current treatment providers and maintaining activities that provide support and stabilization for the client (work, school, 12-step meetings, etc). Interventions such as medication adjustment and individual and group crisis intervention counseling (including ongoing risk assessment) are used to stabilize the crisis and to help clients avoid psychiatric hospitalization.

- *Mobile Crisis Team* – The mobile crisis team assesses and helps individuals or families that require immediate on-site clinical intervention with severe emotional, psychiatric, or trauma-stress related emergencies. Trained mental health professionals, accompanied by the police, will travel to a home or place of business to assess and help individuals or families. This service is currently available between the hours of 8 AM and 12 PM daily, and is free to Montgomery County residents.

The Mobile Crisis Team expanded its daily hours of operation from 8 to 12 hours in FY 01, and from 12 to 16 hours in FY 02. The number of interventions ranges from 24 to 43 per month.

- *Assertive Community Treatment (ACT) Team* – The Assertive Community Treatment (ACT) Team utilizes a service-delivery model that provides comprehensive treatment to people with serious and chronic mental illness. The ACT Team often serves people who are homeless.

ACT is comprised of a multi-disciplinary mental health staff, whose primary functions are to provide treatment, case management, and support services to clients to assist them in successful community living. ACT will work with those clients who have not successfully responded to traditional treatment provided by community mental health clinics because of inability to keep scheduled office-based appointments and failure to comply with prescribed medication. ACT interventions (i.e. treatment and rehabilitative services) takes place in community locations. This includes the client's residence, neighborhood, place of employment or recreation, and at times, shelters, jails, and hospitals.

Since FY 01, the ACT team's staffing allocation includes 11 full-time positions. The ACT Team currently services 65 clients. The ACT team, like the Mobile Crisis Team can bill the State Mental Health System for services for people who are on Medicaid. The money is returned to Montgomery County's General Fund.

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### **G. Correctional Behavioral Health Initiative**

The Correctional Behavioral Health Initiative (CHBI) involves staff from the Department of Health and Human Services, Department of Correction and Rehabilitation, and Police Department. The purpose of this interdepartmental initiative is to provide effective and accessible treatment, diversion, and rehabilitation services to reduce the occurrence of crimes by individuals with mental illness and substance abuse disorders.

A chart that depicts the sequence of activities associated with the CHBI is attached at © 80. In sum, the CHBI is structured to provide:

- A Crisis Intervention Team of highly trained police officers and a Mobile Crisis Team of highly trained mental health professionals, who respond to a behavioral crisis in the community;
- Clinical Assessment and Triage Services to screen for mental health issues before booking at the jail. The screeners attempt to find treatment alternatives to incarceration;
- MCDC Crisis Intervention Unit for appropriate assessment and treatment planning for those who are incarcerated and suicide prevention within MCDC; and
- Community re-entry case management and discharge planning to community resources for continuity of care and recidivism reduction.

The three primary components of the CHBI (diversion, staff training, and screening and treatment) are briefly reviewed below.

#### **Diversion: ACT Team and Mobile Crisis Team**

The ACT Team and the Mobile Crisis Team, described in detail in the previous section, provide diversion services.

#### **Staff Training**

DHHS has worked closely with the Police Department to provide training for Crisis Intervention Team (CIT) officers. The Police Department reports that there is a trained CIT officer on almost every shift across all police districts. Staff from the Police Department and DHHS are working to increase team work between CIT officers and the Mobile Crisis Unit.

#### **Screening and Treatment**

DHHS considers three programs to be part of the Correctional Behavioral Health Initiative: Jail Addiction Services, Community Re-Entry Services, and Clinical Assessment and Triage Services (CATS). The total approved FY 03 staffing for these three programs was 17.5 workyears.



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Six of these positions were added in FY 02. This included three therapists to provide mental health and substance abuse screening at the Detention Center, two community service aides to provide transportation to treatment to ex-inmates of the Detention Center; and two part-time psychiatrists to provide services both in the Detention Center and in the community.

Three psychiatric nurse positions were added in FY 02 to the Department of Correction and Rehabilitation for the Correctional Behavioral Health Initiative. The Department reports that the nurses have improved the monitoring of medications and inmate behavior. In addition, DOCR re-bid its contract for psychiatric services to provide inmates with longer visits from the contract psychiatrist.

Therapists at the Detention Center run a number of different groups for inmates, including:

- *Anger management group* – this group is offered for inmates who have problems with impulse control and/or appropriate expressions of anger;
- *Community re-entry group* – this group is primarily an informational group offered to inmates for the purpose of familiarizing them with community resources that may be beneficial for them upon release;
- *Health/medication group* – this group is offered for inmates on psychotropic medications for the purpose of raising awareness about mental illness, available treatment, medication efficacy, as well as to teach participants how to self-monitor and self-identify side effects.
- *Cognitive restructuring therapy* – this is an insight oriented, open, and on-going group that focuses on identifying individuals' cognitions and how these impact individual behavior. The goal is to teach inmates how to dispute irrational thoughts or beliefs that interfere with their everyday functioning.

In addition, MCDC therapists convene groups that focus on: creative arts therapy; responsible choices; stress management; general psychotherapy; and co-occurring disorders.

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# Housing Opportunities Commission

## I. Introduction

The Housing Opportunities Commission operates as a public housing agency, a housing finance agency, and a housing developer. It provides affordable housing and supportive services that enhance the lives of low and moderate-income families and individuals. This part of the report describes services administered by HOC that specifically assist households that are homeless or at risk of becoming homeless, including:

- Emergency financial assistance to prevent homelessness,
- Assistance locating housing,
- Rental assistance payments for use in the private market, and
- Transitional and permanent housing with supportive services.

HOC is also involved in County-wide program and policy planning and development to meet the needs of the homeless population. HOC staff participates on the Homeless Policy Development Committee and the Special Needs Housing Task Force. HOC is also involved in the development of the County's Continuum of Care document, which is required in order to receive federal funds for services for people who are homeless.

## II. Funding Sources

Federal, State, and County dollars, as well as participant income, fund programs for people who are homeless or at risk of homelessness administered by HOC. **As Table 1 (© 36) indicates, grant funds and participant income received by HOC for services for people who are homeless totaled \$3.1 million in FY 03.** Specifically, HOC received:

- \$2.7 million from the federal Department of Housing and Urban Development (HUD) through the McKinney-Vento Act,
- \$113,000 from the State Department of Housing and Community Development, and
- \$333,000 from program participants who are required to pay 30% of their income towards rent.

Approximately \$813,000 additional dollars appropriated to DHHS and DHCA support HOC administered programs for people who are homeless. Those dollars are included in Attachments A and B of this report. The \$813,000 is made up of:

- \$542,000 of State and County dollars that fund HOC administered permanent housing programs,
- \$200,000 of Federal and County dollars that fund HOC administered transitional housing programs, and
- \$71,000 of State dollars that fund an HOC service to prevent homelessness.

## ATTACHMENT B

**Table 1: FY 03 Funds Appropriated to HOC\***

| FUNDING SOURCE                                | FY 03 AMOUNT (\$000) | % OF TOTAL  |
|---|----------------------|-------------|
| <b>Federal</b>                                |                      |             |
| McKinney                                      | \$2,696              | 86%         |
| <b>State</b>                                  |                      |             |
| Department of Housing & Community Development | \$113                | 4%          |
| <b>Participant Income</b>                     | \$333                | 11%         |
| <b>Total</b>                                  | <b>\$3,142*</b>      | <b>100%</b> |

\* Many of the programs described in this report receive funds from multiple sources. To avoid double-counting, the tables in Attachment B only show the dollars provided directly to HOC. For information on the total funds appropriated for each program, see Chapter VI.

### A. Federal McKinney-Vento Act

HOC received \$2.7 million of federal McKinney-Vento Act funds through the Department of Housing and Urban Development (HUD) in FY 03. McKinney-Vento Act dollars represent approximately 86% of the total \$3.1 million that HOC receives for services to persons who are homeless. The McKinney funds support HOC's Shelter Plus Care program and McKinney III, VI, VIII, IX, X, and XI programs.

For the Shelter Plus Care program, the federal dollars fund the shelter services. HUD requires the County to fund an equal dollar amount worth of supportive services (e.g., case management). Shelter Plus Care is described in detail beginning on © 41.

For the McKinney programs, the federal dollars fund:

- 100% of leasing/utility costs (except when the residents live in an HOC owned facility),
- 75% of the supportive services costs,
- 50% of operating costs, and
- 5% of administrative costs.

County dollars fund the balance of supportive services costs (25%), operating costs (50%), and administrative costs (95%) that the federal McKinney funds do not cover.

HOC administers one McKinney transitional supportive housing program and five permanent supportive housing programs. The number of McKinney-funded transitional housing units in the County has declined in recent years as HUD shifted priority from transitional to permanent supportive housing programs. In addition, Congress mandated in 1999 that localities use 30% of McKinney funds for permanent housing programs specifically for people with disabilities.

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### **B. State Funds**

In FY 03, a \$113,000 grant from the Department of Housing and Community Development supports the Maryland Rental Allowance Program (RAP).

### **C. Participant Income**

Under the McKinney programs, residents are required to pay 30% of their income to HOC for rent. HOC uses the participant payments to supplement local funding for leasing, operating, and supportive services expenses. HOC estimates that McKinney program participant contributions will total approximately \$333,000 in FY 03.

### **D. HOC's Contribution**

HOC contributes funds associated with administering all of the programs described in this part of the report. Administrative costs covered by HOC include staff salaries, office space, computers, printing, and telephones. The cost to HOC for administering the programs is not tracked separately from other HOC administration costs and is not included in this report.

## **III. Services for People who are Homeless**

This part of the report describes 11 programs administered by HOC that specifically serve people who are homeless or at risk of homelessness. One program is targeted at preventing homelessness through emergency financial assistance. Three programs provide transitional housing, or housing for households transitioning from emergency shelter placement to permanent housing. Seven other programs provide permanent housing for people who are homeless. Some of the transitional and permanent housing residents receive case management and other supportive services, in addition to housing.

Table 2 (© 38) shows the \$3.1 million that HOC receives in FY 03 by type of service. The majority of the funds, approximately \$2.9 million (93%), support permanent housing programs. Another \$228,000 (7%) fund transitional housing programs. HOC also administers the Housing Counseling Program and emergency financial assistance to prevent homelessness. Dollars appropriated to DHHS fund those programs and are included in Attachment A.

**ATTACHMENT B**

**Table 2: FY 03 Funds Appropriated to HOC by Type of Service**

| SERVICE                                 | FY 03 FUNDING AMOUNT (\$000s) | % OF TOTAL  |
|---|-------------------------------|-------------|
| <b>Permanent Housing</b>                |                               |             |
| McKinney VI, VIII, IX, X, and XI.       | \$2,556                       | -           |
| Shelter Plus Care                       | \$358                         | -           |
| Housing Counseling                      | -                             | -           |
| <b>Sub-Total</b>                        | <b>\$2,914<sup>a</sup></b>    | <b>93%</b>  |
| <b>Transitional Housing</b>             |                               |             |
| Maryland State Rental Allowance Program | \$113                         | -           |
| McKinney III                            | \$115                         | -           |
| Jesup Blair House                       | -                             | -           |
| <b>Sub-Total</b>                        | <b>\$228<sup>b</sup></b>      | <b>7%</b>   |
| <b>Prevention</b>                       |                               |             |
| Emergency Financial Assistance          | -                             | -           |
| <b>Sub-Total</b>                        | <b>-<sup>c</sup></b>          | <b>-</b>    |
| <b>Total</b>                            | <b>\$3,142</b>                | <b>100%</b> |

<sup>a)</sup> Other funds that support permanent housing programs administered by HOC include: \$309,000 of County DHHS dollars for McKinney III; \$175,000 of County DHHS dollars for Shelter Plus Care, and \$58,000 of County DHHS dollars for Housing Counseling.

<sup>b)</sup> Other funds that support transitional housing programs administered by HOC include: \$102,000 of federal funds (awarded to DHCA) for RAP; \$65,000 of federal funds (awarded to the National Center for Children and Families) for the Jesup Blair House; \$22,000 of County DHCA funds for the Jesup Blair House; and \$76,000 of County DHHS funds for McKinney III.

<sup>c)</sup> Approximately \$71,000 of State Department of Human Resources funds awarded to DHHS funds the coordination of emergency financial assistance to prevent evictions.

**A. Permanent Housing Services**

HOC provides permanent housing and/or assistance locating permanent housing through the following programs:

- McKinney VI, VIII, IX, X, and XI,
- Shelter Plus Care, and
- Housing Counseling.

Housing Counseling is a state program to help individuals and families that are homeless or at risk of homelessness to locate, secure and move into rental housing. The counselor provides short term assistance to locate a suitable unit, apply for the unit, and work with the landlord to advocate for the household. The goal of the Housing Counseling program is to place households in permanent housing.

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The McKinney VI, VIII, IX, X, and XI, and the Shelter Plus Care programs serve individuals with chronic mental illness or disabilities, and with long, complicated histories of homelessness. Most of the clients have been hospitalized multiple times in the past and are on medication.

Most of the McKinney and Shelter Plus Care participants live in private units in scattered sites across the County. The programs include case management and other supportive services, such as life skills training, alcohol/drug abuse treatment, mental health services, other health services, education, employment counseling/assistance, child care, and transportation assistance. HOC contracts with Community Connections, National Center for Children and Families, Affiliated Sante, and the County Department of Health and Human Services to provide case management for permanent housing programs in FY 03.

In FY 03, funding for permanent housing programs administered by HOC totals \$3.45 million. **Approximately \$2.618 million (76%) represents federal funds awarded to HOC through the McKinney-Vento Act. Another \$296,000 (8%) represents participant income paid to HOC as required by HUD. These sources of funds for permanent housing programs total \$2.9 million in FY 03.** Montgomery County's DHHS and DHCA also contribute funds, totaling \$542,000 or 16% in FY 03.

HOC also administers the Housing Choice Voucher program, formerly called Section 8. The program provides rental assistance vouchers for permanent housing for low income households. The participants find their own housing in the private market. They pay 30% of their income toward rent, and federal subsidies paid directly to landlords by HOC fund the difference. Some of the households served may be homeless, but the program is not designed to serve people who are homeless exclusively. HOC does not track the number of Housing Choice Voucher users that were homeless at entrance to the program.

HUD requires HOC to set aside 25 Housing Choice Vouchers for use by veterans who are homeless through the Veterans Assistance Supportive Housing program (VASH). HOC does not separately track the cost associated with these 25 vouchers.

### 1. McKinney VI, VIII, IX, X, and XI Programs

Over time, HUD has awarded funds to HOC for multiple McKinney programs to serve individuals who are homeless. McKinney permanent supportive housing programs serve individuals/families with long-term disabilities that significantly compromise interpersonal, vocational and parenting skills. Examples include mental illness, drug and/or alcohol addiction, developmental disabilities, and adult onset disabilities (e.g., a disabling impairment resulting from an injury or acute/chronic health problem). Many clients have histories of alcohol/drug abuse with concurrent mental illness, also known as co-occurring disorders.

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In FY 03, approximately \$2.9 million support five McKinney permanent supportive housing programs. **Of the total McKinney VI, VIII, IX, X, and XI program funds, \$2.3 million (79%) represent Federal HUD funds awarded to HOC and \$296,000 (10%) represents participant income paid to HOC.<sup>1</sup> Those sources total \$2.6 million in FY 03.** DHHS contributes another \$309,000 (11%) in FY 03. HOC uses County DHHS funds and participant income to provide local funding support for the McKinney permanent housing programs. The specific FY 03 McKinney permanent supportive housing programs administered by HOC include:

**a) McKinney VI** - houses 18 families (64 individuals) and 22 single adults at scattered sites throughout the County. The total program income in FY 03 of \$863,000, includes \$687,000 of HUD funds awarded to HOC, \$35,000 of County DHHS Crisis, Income and Victim Services funds, \$27,000 State Department of Health and Mental Hygiene funds (through the DHHS Core Service Agency), and \$114,000 of participant income.

**b) McKinney VIII** – houses 10 families (28 individuals) and 10 single adults at one apartment complex. The total program income in FY 03 of \$447,000, includes \$391,000 of HUD funds awarded to HOC and \$56,000 of participant income.

**c) McKinney IX** – houses 20 seriously mentally ill single adults who have demonstrated an inability to participate in traditional mental health treatment. Ten reside at HOC's Montgomery Arms apartment complex and 10 at scattered private apartment complexes across the County. A preference is given to homeless veterans, victims of spousal and/or sexual abuse, and adults who were foster children. The total program funding in FY 03 of \$365,000 includes \$268,000 of HUD funds awarded to HOC, \$16,000 of County DHHS, Crisis, Income and Victim Services funds, \$43,000 of State Department of Health and Mental Hygiene (through the DHHS Core Service Agency), and \$38,000 of participant income.

**d) McKinney X** – houses 25 families (72 individuals) at scattered sites around the County. A preference is given to homeless veterans, victims of spousal and/or sexual abuse, and adults who were foster children. The families live in units in the private market. The total program funding in FY 03 of \$657,000 includes \$498,000 of HUD funds awarded to HOC, \$115,000 of DHHS funds, and \$44,000 of participant income.

**e) McKinney XI** - houses 15 single adults and 10 families (28 individuals). The program targets individuals with serious mental illness who have demonstrated an inability to participate in traditional mental health treatment. The 10 families and 12 of the single adults live in private apartment complexes scattered across the County. The other 3 single adults live at a Silver Spring Interfaith Housing Coalition facility. The total program funding in FY 03 of \$530,000 includes \$413,000 of HUD funds awarded to HOC, \$73,000 of DHHS funds, and \$44,000 of participant income.

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<sup>1</sup> Under the McKinney programs, resident pay 30% of their income to HOC for rent.



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### 2. Shelter Plus Care

Initiated in 1994, Shelter Plus Care is a federal program under the McKinney-Vento Act. It provides permanent supportive housing for homeless adults with chronic mental illness and/or substance abuse issues. According to HOC, the majority of the participants suffer from a mental illness. Approximately 95% are single adults, and 80% are over 40 years of age. Approximately 85% of the participants receive income through public benefits. The other 15% receive limited income from wages, pensions, or trust funds.

HOC and DHHS' Core Service Agency partner to operate Shelter Plus Care. The Core Service Agency screens potential participants for eligibility (e.g., stability, ability to live independently, willingness to participate in case management). HOC and the Mental Health Association (MHA) help the participant find a rental unit in the private rental market. HOC receives the federal funds and distributes rent payments to landlords. The Core Service Agency also contracts with the Mental Health Association (MHA) to provide intensive case management to the participants. The case managers coordinate needed services and provide crisis intervention as needed.

Currently, 38 households in Montgomery County participate in the Shelter Plus Care program, which has a program capacity of 42 to 45 households. In FY 03, HOC will also use Shelter Plus Care funding for a pilot program to house two people upon release from the Detention Center.

A combination of Federal, State, and County dollars totaling \$533,000 fund the Shelter Plus Care program in FY 03, including:

- **A \$358,000 Federal McKinney grant awarded to HOC funds the shelter component of the Shelter Plus Care program,**
- \$171,000 of County DHHS dollars fund case management through a contract with the Mental Health Association, and
- \$4,000 of State Department of Health and Mental Hygiene provides additional dollars through DHHS for the case management contract.

To meet McKinney matching fund requirements, community based organizations provide additional in-kind services to support the Shelter Plus Care program, such as mental health care, life skills training, and employment assistance.

### 3. Housing Counseling

Housing Counseling is a state program to help individuals and families that are homeless or at risk of becoming homeless to locate, secure and move into rental housing. The counselor primarily assists families. The families typically have poor credit and rental history. They have low incomes, and rely on rental subsidies to afford housing. The counselor can only assist individuals and families that have the resources to pay for a

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rental unit (e.g., Maryland Rental Allowance Program subsidy).<sup>2</sup>

The counselor is knowledgeable about the County's rental market, including unit availability, rents, and landlords. The counselor begins by helping participants understand and improve their credit and rental history. The counselor then helps participants locate a suitable unit, apply for the unit, and work with landlords to advocate for the household. After securing a unit, the counselor helps acquire any necessary assistance to pay for the first month's rent, security deposit, and moving costs.

The counselor provides short term assistance, generally between one and six months. Families and individuals must be referred by another service provider (usually DHHS) that addresses their longer term case management and other non-housing service needs.

The State's goal is to house 70 people per year in Montgomery County through the housing counseling program. According to HOC, the housing counselor worked with 121 households during FY 02. Of the total, 62 households were housed. The remaining 59 households left the shelter, did not maintain contact with the counselor, or found other housing options.

The State requires HOC to follow up to determine whether the individual or family is still housed three months after placement. Since HOC began operating the program, all clients were still housed three months after placement by the housing counselor.

In FY 03, the total cost of the counselor and miscellaneous expenses is \$58,000. DHHS receives a State Department of Human Resources grant for \$37,000 for the housing counseling program. DHHS invests another \$16,000 of DHHS funds in FY 03 toward the counselor's salary, and approximately \$5,000 per year to pay for miscellaneous client expenses (e.g. security deposits). DHHS contracts with HOC to administer this program.

### **B. Transitional Housing Services**

Transitional housing programs provide assistance, for a maximum of two years, for individuals and families transitioning from emergency shelter placement to permanent housing. HOC administers three transitional housing programs in FY 03, including:

- Maryland Rental Allowance Program (RAP),
- McKinney III, and
- Jesup Blair House.

A mix of State, Federal and County dollars fund the transitional housing programs administered by HOC in FY 03. HOC receives federal and state grants to support the programs, including \$113,000 from the Maryland Department of Housing and Community Development and \$78,000 from HUD through the McKinney-Vento Act. HOC also receives \$37,000 from participants who are required to pay 30% of their

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<sup>2</sup> While the goal is to provide permanent housing, in some cases household are placed in transitional units. For example, clients that use the State Rental Allowance Program (RAP) to pay for the unit located by the counselor may have to move again when the one year RAP subsidy ends.

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income toward rent. **These sources of funds for transitional housing services total \$228,000 in FY 03.**

Other sources of funds for HOC administered transitional housing programs in FY 03 include:

- \$102,000 of federal HOME dollars awarded to DHCA,
- \$22,000 of County DHCA funds, and
- \$76,000 of County DHHS funds.

These other funding sources total \$200,000 in FY 03. They are included in Attachments A and C.

### 1. Maryland State Rental Allowance Program

The State Rental Allowance Program (RAP) provides temporary rental assistance to help households transition from emergency shelter to permanent housing. Most new RAP clients are referred by the County Department of Health and Human Services, however other social service agencies can also refer clients to RAP.

To be eligible for RAP, households must have incomes below 30% of the median (i.e., \$23,500 for a family of three, \$26,100 for a family of four, \$28,200 for a family of five). Approximately 98% of the households receiving RAP are families, and 75% of the participating heads of household are under 40 years of age. Approximately 69% of the heads of households are employed, with a median household income of \$13,400.

Participants find rental housing in the private market, and HOC pays the rental allowance directly to the landlord. Family size determines the amount of the monthly subsidy; specifically, the State provides \$250 per month for households with one or two persons, \$300 for households with three or four persons, and \$350 for households with five or more persons. Montgomery County doubles the State RAP subsidy to award a maximum as follows:

- \$500 per month for households with one or two persons,
- \$600 per month for households with three or four persons, and
- \$700 per month for households with five or more persons.

RAP provides assistance for a maximum of 12 months. The service provider that refers the household to RAP provides case management during the year to help the household meet other service needs and secure permanent housing by the time the Rental Allowance Program subsidy ends.

Funding for the State Rental Allowance Program in FY 03 totals \$215,000. **The Maryland Department of Housing and Community Development awards RAP funds annually to HOC, which is designated as the local administering agency. HOC received \$113,000 from the State in FY 03.** HOC uses an additional \$102,000 of federal HOME funds awarded to DHCA to supplement the RAP subsidy.

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HOC staff report that, as of January 2003, HOC had committed all of the FY 03 RAP funds. The program currently serves 30 households, with another 60 households waiting to receive RAP assistance. HOC is coordinating with DHCA this spring to use approximately \$90,000 of unused HOME funds that accumulated over the past several years to increase the number of households served this year.<sup>3</sup> As a result, HOC expects to award RAP assistance to 15 more families, of the 60 waiting for services. These additional HOME funds will not be available next year to increase the number of families served through RAP. HOC anticipates having higher demand for the program than funds available again in FY 04.

### **2. McKinney III**

HUD's McKinney III program provides transitional housing for ten homeless families with children (25 people) at HOC's Tanglewood apartment complex. Before entering this program, most families have been residing in an emergency shelter. The program typically serves families headed by women with two or three children. The head of the household frequently has alcohol or drug addiction problems, learning disabilities, and/or chronic physical, mental or emotional illness. Staff also reports that the families are socially isolated. Families stay in the program for up to 24 months.

The goal of transitional housing programs is to identify problems that contributed to homelessness, develop a plan to address the problems, and to develop and maintain stability and self sufficiency during and after participation in the transitional housing program. HOC contracts with the Department of Health and Human Services (DHHS) to provide case management to help the participants maintain stability and work toward permanent housing and self sufficiency.

The DHHS case managers:

- Identify, interview, and assess clients in the shelter and other service systems for participation,
- Develop and monitor individualized service plans for each client, and
- Provide case management.

The case management involves continually re-assessing client needs, referring to and coordinating needed supportive services, and helping the family connect with the community (e.g., neighbors, teachers). Examples of supportive services often used by McKinney III residents include child care; substance abuse counseling; vouchers for transportation, food, and clothing; dental and optical services; and job training.

The McKinney III residents that need the most support also work with a DHHS parent aide. The parent aide provides additional support and assistance, primarily life skills and parenting training.

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<sup>3</sup> Unused HOME funds accumulated because not all of the RAP participants qualify to receive the HOME subsidy. Those participants only use the State funds for RAP, leaving some HOME funds unused.

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In FY 03, \$191,000 supports the McKinney III transitional housing program. **Approximately \$78,000 (41%) of the total represents HUD McKinney funds awarded to HOC. Another \$37,000 (19%) represents participant income paid to HOC.<sup>4</sup> These two funding sources total \$115,000 in FY 03.** DHHS provides another \$76,000 (40%) in FY 03. The federal funds support operating and supportive services expenses. The County funds and participant income fund leasing, operating, and case management/supportive services expenses.

### 3. Jesup Blair House

HOC uses the Jesup Blair House, located in Jesup Blair Park in Silver Spring, to provide transitional housing for ten homeless women, each with one child. HOC tries to house women in the Jesup Blair House who have similar goals and children who are approximately the same age.

The program operates through a partnership with multiple County agencies. The Maryland-National Capital Park and Planning Commission owns the Jesup Blair House. DHHS staff provides case management, and the National Center for Children and Families provides vocational training. HOC administers the program, and currently distributes State Rental Allowance Program (RAP) subsidies to all the residents.

The primary goals of the Jesup Blair House program are the same as the McKinney III program. The DHHS case manager and a parent aide provide the same case management and support that is provided to McKinney III participants. They work with the families to identify and overcome hurdles that have led to homelessness, and develop a plan to work toward self-sufficiency. This involves connecting households to other needed services including, employment counseling, child care assistance, tutoring, transportation subsidies, health care, and clothing assistance.

In FY 03, approximately \$87,000 funds case management and supportive services for the Jesup Blair residents. The total funds come from a \$65,000 HUD McKinney grant awarded to the National Center for Children and Families<sup>5</sup>, and \$22,000 of DHCA dollars. There is no leasing cost for the program because the building is owned by M-NCPPC. Residents contribute 30% of their income toward rent, as part of the State Rental Allowance Program. Those resident contributions fund operating and maintenance costs (e.g., utilities and trash removal).

### C. Services to Prevent Homelessness

HOC staff stress the importance of preventing individuals and families on the verge of homelessness from losing their shelter. Staff report that once an individual or family loses their housing, it is very difficult to secure new housing, particularly with the

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<sup>4</sup> Participants are required to maintain a stable source of income from employment while participating in the program.

<sup>5</sup> The National Center for Children and Families (NCCF) partnered with HOC and the Dwelling Place to pursue the McKinney grant. The grant funds supportive services at Jesup Blair, and leasing costs for other NCCF and Dwelling Place projects.

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County's low vacancy rates and high rents.

In FY 03, DHHS contracts with HOC to provide emergency financial assistance to prevent residents of HOC-owned units from becoming homeless. Three HOC Emergency Services Specialists coordinate with DHHS' Crisis, Income and Victim Services to provide the same homeless prevention services for HOC residents as DHHS provides for other households.

The HOC and DHHS staff works together to identify the households' needs and determine whether the household has a workable plan to maintain their housing longer term. They work with each household to compile a package of resources to meet the household's needs, including County Emergency Assistance Grants, state grants, and private funds. This involves coordinating with community-based organizations that provide emergency financial assistance.

DHHS' contract with HOC provides approximately \$71,000 to coordinate emergency financial assistance to prevent evictions. The source of the funds is the State Department of Human Resources. The funds flow from the State DHR, to the County DHHS, to HOC. The funds distributed to the HOC residents to pay for past due rent or utility payments are included in DHHS' budget and described beginning on © 6.

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**ATTACHMENT C**

**Department of Housing and Community Affairs**

**I. Introduction**

The Department of Housing and Community Affairs (DHCA) plays an integral role in the County's system of services for people who are homeless or at risk of homelessness. DHCA does not provide housing or supportive services directly, but allocates federal, state, and county grants and loans to providers of housing and supportive services. DHCA also produced the County's Housing Policy, and is the lead agency in developing the federally required "Consolidated Plan for Housing and Community Development."

**II. Funding Sources**

**In FY 03, the Department of Housing and Community Affairs (DHCA) allocates approximately \$4.9 million to serve people who are homeless or at risk of becoming homeless.** Table 1 summarizes the FY 03 funding sources and amounts.

DHCA awarded and manages approximately \$2.7 million of federal grant funds for services targeted to individuals who are homeless or at risk of becoming homeless. The federal grants are the Emergency Shelter Grant, Community Development Block Grant, and the HOME Investment Partnership Program. DHCA also administers Montgomery County's Housing Initiative Fund. Approximately \$2.2 million of the \$15 million appropriated to the Housing Initiative Fund in FY 03 serves people who are homeless or at risk of homelessness.

**Table 1: FY 03 Funds Appropriated to DHCA\***

| <b>FUNDING SOURCE</b>               | <b>FY 03 AMOUNT<br/>(\$000s)</b> | <b>% OF<br/>TOTAL</b> |
|-------------------------------------|----------------------------------|-----------------------|
| <b>Federal</b>                      |                                  |                       |
| HOME Investment Partnership Program | \$2,277                          | 43%                   |
| Emergency Shelter Grant             | \$226                            | 6%                    |
| Community Development Block Grant   | \$172                            | 5%                    |
| <b>Subtotal</b>                     | <b>\$2,675</b>                   |                       |
| <b>County</b>                       |                                  |                       |
| Housing Initiative Fund             | \$2,244                          | 46%                   |
| <b>Subtotal</b>                     | <b>\$2,244</b>                   |                       |
| <b>Total</b>                        | <b>\$4,919</b>                   | <b>100%</b>           |

\* Many of the programs described in this report receive funds from multiple sources. To avoid double counting, the tables in Attachment C only show the dollars appropriated to DHCA. For information on the total funds appropriated for each program, see Chapter IV.



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### A. Emergency Shelter Grant

The Emergency Shelter Grant funds a variety of activities specifically for people who are homeless, including emergency shelter, emergency financial assistance, and supportive services (e.g., health services, education services). HUD distributes the funds to eligible jurisdictions based on a formula that assesses community need in terms of population, poverty, housing age, and housing overcrowding. **The County's Emergency Shelter Grant award in FY 03 totals \$226,000.**

### B. Community Development Block Grant

The Federal Community Development Block Grant (CDBG) funds a wide range of housing and community development activities to principally benefit moderate and low-income persons. CDBG funds support both operating activities and capital projects. HUD distributes funds to eligible jurisdictions based on a formula that assesses community need in terms of population, poverty, housing age, and housing overcrowding. The County's CDBG award in FY 03 totals \$7 million. **Approximately \$172,000 of the FY 03 CDBG award in FY 03 funds services for people who are homeless or at risk of becoming homeless.**

### C. HOME Investment Partnership Program

The goal of the HOME Investment Partnership Program is to increase the stock of affordable housing and increase housing choices for low-income households through cooperation with public, private, and non-profit organizations. DHCA uses HOME funds to provide grants, loans and other subsidies to community-based organizations for affordable housing acquisition, rehabilitation, construction, and rental assistance.

In FY 03, DHCA is placing priority on funding multi-family properties in older neighborhoods, preserving affordable housing at risk due to expiring federal subsidies, and constructing housing for the elderly. The County received \$2.8 million of HOME funds in FY 03. **Approximately \$2.3 million of the FY 03 HOME dollars fund services for people who are homeless or at risk of becoming homeless.**

### D. Housing Initiative Fund

The Housing Initiative Fund was established in 1988 to respond to the County's need for affordable housing. DHCA manages the Housing Initiative Fund and can use the dollars to:

- Purchase land for construction of affordable housing,
- Build new affordable housing units,
- Rehabilitate and purchase existing rental units, and
- Sponsor projects for mixed income communities by for-profit and non-profit organizations.

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Since the Fund's inception, DHCA has approved 91 loans from the Housing Initiative Fund to support the acquisition, construction, or rehabilitation of 5,756 affordable housing units. The Housing Initiative Fund has leveraged other public and private financing at a ratio of seven dollars for every Housing Initiative dollar spent.

The FY 03 appropriation to the Housing Initiative Fund was \$15 million. **In FY 03, approximately \$2.2 million from the Housing Initiative Fund supports services for people who are homeless or at risk of becoming homeless.**

### III. Services for People who are Homeless

DHCA uses the funding sources described above to distribute dollars, in the form of grants and loans, to community based organizations that provide services to people who are homeless. Table 2 summarizes the funds appropriated in FY 03 by type of service.

**Table 2: FY 03 Funds Appropriated to DHCA by Type of Service**

| SERVICE              | FY 03 FUNDING AMOUNT (\$000s) | % OF TOTAL  |
|----------------------|-------------------------------|-------------|
| Permanent Housing    | \$3,157                       | 64%         |
| Emergency Shelter    | \$1,134                       | 23%         |
| Transitional Housing | \$359                         | 7%          |
| Supportive Services  | \$207                         | 4%          |
| Prevention           | \$62                          | 1%          |
| <b>Total</b>         | <b>\$4,919*</b>               | <b>100%</b> |

\* Many of the programs described in this report receive funds from multiple sources. To avoid double counting, the tables in Attachment C only show the dollars appropriated to DHCA. For information on the total funds appropriated for each program, see Chapter IV.

#### A. Permanent Housing Services

**DHCA allocated \$3.2 million in FY 03 for permanent housing services.** Most of these funds (\$3 million) support the new Personal Living Quarters (PLQ) project in Gaithersburg. The balance supports permanent housing through the Partnership for Permanent Housing Project (\$157,000).

##### 1. Personal Living Quarters Project

In FY 03, approximately \$1.5 million Housing Initiative Fund dollars and \$1.5 million Federal HOME dollars fund the renovation and operating expenses of the new Personal Living Quarters (PLQ) project. DHCA, DHHS, HOC, and the City of Gaithersburg are working together to implement this project, which involves the purchase and renovation of a motel in Gaithersburg. The project will provide housing for 44 individuals, and between 17 and 20 families who are transitioning from homelessness to permanent housing.

## ATTACHMENT C

DHCA expects the facility to be ready for use in early FY 04. The County will own the PLQ project and lease the property to the Montgomery County Coalition for the Homeless. The Coalition will operate the facility under contract with DHCA. DHHS staff will provide case management and other supportive services.

### **2. Partnership for Permanent Housing**

DHCA awarded \$157,000 of Housing Initiative Funds to the Coalition for the Homeless to develop the Partnership for Permanent Housing program. Under this program, Action in Montgomery, the Montgomery County Coalition for the Homeless, the Montgomery Housing Partnership (MHP), HOC, DHCA, and DHHS will collaborate to provide permanent housing for families that are homeless. Specifically:

- The Coalition for the Homeless will administer the program,
- HOC will provide vouchers to pay for rents,
- MHP will provide the first five housing units,
- DHHS will provide case management for the first 20 families, and
- DHCA will fund general operating support.

### **B. Emergency Shelter Services**

**DHCA allocated \$1.1 million in FY 03 to support emergency shelter services in the County.** The total represents a combination of Housing Initiative Funds, Federal HOME funds, and Federal Emergency Shelter Grant funds. The dollars support the Greentree Shelter, Maplewood Shelter, Men's Emergency Shelter, and motel placements for families.

#### **1. Greentree Shelter**

Greentree is an emergency family shelter in Bethesda that houses approximately 46 people. DHCA funding for the Greentree Shelter in FY 03 totals just over \$1 million, including:

- \$500,000 of Housing Initiative Funds for shelter renovations,
- \$500,000 of HOME funds for shelter renovations, and
- \$74,000 of Emergency Shelter Grant dollars for shelter furnishings.

#### **2. Men's Emergency Shelter**

DHCA also allocated \$30,000 of Housing Initiative Funds to move and hook up a trailer at the Men's Emergency Shelter in Rockville. The shelter uses a trailer on-site to house overflow when the main shelter is filled to capacity during the winter months. The trailer burned down in the fall of 2002. Montgomery County Public Schools donated a replacement trailer, and DHCA paid to move the trailer to the shelter site and connect the water, electric, and other utilities.

## ATTACHMENT C

### 3. Motel Placements

The Department of Health and Human Services has contracts with local motels to house families that are homeless when the County's family shelters are full. This service is described in detail beginning on © 13. In FY 03, DHCA contributed \$30,000 of Federal Emergency Shelter Grant dollars to help fund motel placements for families that are homeless.

### C. Transitional Housing Services

**DHCA allocated approximately \$359,000 in FY 03 for transitional housing services.** The Federal CDBG Grant, Federal HOME funds, and the County's Housing Initiative Fund support these services. Specifically:

- \$102,000 of HOME funds was allocated to the Housing Opportunities Commission for the State Rental Allowance Program (RAP). RAP subsidizes rents for people who are homeless or at risk of becoming homeless. HOC uses the funds from DHCA to match the State funds invested in the program, in order to double the amount of the subsidy;
- \$175,000 of HOME funds were awarded to the Interfaith Housing Coalition to renovate one of the Safe Havens transitional housing facilities;
- \$57,000 from the County's Housing Initiative Fund supports the Jessup Blair transitional housing facility; and
- \$25,000 of federal CDBG dollars was awarded to the Interfaith Housing Coalition to fund transitional housing and case management for families at risk of homelessness living in the Bucknell Apartments and other scattered site housing units.

### D. Supportive Services

**In FY 03, DHCA allocated \$207,000 of Federal Emergency Shelter Grant and CDBG dollars to community-based homeless services providers for supportive services for people who are homeless.** DHCA awarded approximately \$95,000 (46%) of the dollars to fund case management services. Another \$60,000 (30%) funds education/skill building. The remaining \$52,000 (25%) funds meals, medical care, substance abuse counseling, and a savings program.

#### 1. Case Management

DHCA awarded \$95,000 of CDBG funds to community-based non-profit organizations to provide case management services:

## ATTACHMENT C

- DHCA awarded \$25,000 of CDBG funds to Community Residences, Inc. to expand case management services to people who are homeless and who have disabilities. The case management will help these individuals access resources and services they need to become more self-sufficient and integrated into the community.
- DHCA awarded \$30,000 of CDBG funds to the Mental Health Association to provide bilingual case management for homeless individuals who are dually diagnosed with mental illness and substance abuse problems. This is the second year that DHCA has awarded CDBG funds to the Mental Health Association for this service.
- DHCA awarded \$30,000 of CDBG funds to the Silver Spring Community Vision, Inc for intensive case management for people who are homeless. Community Vision provides the service at the Progress Place Resource and Assessment Center. The one-time award will fund one full time position during a temporary loss of another federal grant that Community Vision expects to restore in FY 04.
- DHCA awarded \$10,000 of CDBG funds to Community Ministries of Rockville to expand case management services at Sophia House. Sophia House is a 12 unit emergency shelter for women. The City of Rockville will administer the grant.

### 2. Education and Skill Building

DHCA awarded \$60,000 of CDBG and Emergency Shelter Grant dollars to community-based non-profit organizations to provide education and skill building services.

- DHCA awarded \$30,000 of CDBG funds to Nizos Unidos de Montgomery County for the Econo Lodge Tutorial and Enrichment Program. The program provides tutoring, mentoring, and recreational activities to the children of families living in temporary emergency shelter in an Econo Lodge.
- DHCA awarded \$30,000 of Emergency Shelter Grant funds to the Montgomery County Coalition for the Homeless to provide education and skills building activities at the Men's Emergency Shelter.

### 3. Other

An additional \$52,000 of CDBG and Emergency Shelter Grant dollars fund medical care, meals, substance abuse counseling, and savings accounts for people who are homeless.

- DHCA awarded \$10,000 of CDBG funds to Shepherd's Table for free weekly medical care clinics for people who are homeless and uninsured. Mobile Med's medical van will run the clinic at the Shepherd's Table facility.

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- DHCA awarded \$11,850 of CDBG funds to the Lord's Table Soup Kitchen to provide a hot nutritious meal six days per week to people who are homeless and/or who have mental disabilities. The City of Gaithersburg administers the grant.
- DHCA awarded \$15,000 of Emergency Shelter Grant funds to Hannah's Aftercare and Rehabilitation Center. The Center provides shelter for 16 homeless women with children, as well as supportive services and programs (e.g., life skills, social skills, and job readiness skills). The FY 03 Emergency Shelter Grant will fund a substance abuse counselor at the shelter.
- DHCA awarded \$15,000 of Emergency Shelter Grant funds to the Silver Spring Interfaith Housing Coalition to fund a structured, incentive savings program that provides opportunities for low-income households to develop realistic savings aimed toward specific objectives.

### **E. Services to Prevent Homelessness**

**In FY 03, \$62,000 of Federal Emergency Shelter Grant dollars fund services to prevent homelessness, including:**

- \$42,000 for DHCA's Office of Landlord Tenant Affairs to pay rent and utility arrearages to prevent eviction, and security deposits or first month's rent to help people who are homeless or at risk of homelessness to secure housing, and
- \$20,000 awarded to Ministries United Silver Spring/Takoma Park (MUSST) to pay rent and utility arrearages to avoid eviction for people in Silver Spring and Takoma Park. This is the third year that DHCA has awarded Emergency Shelter Grant funds to MUSST for this service.

**Attachment D: Montgomery County Public Schools**

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## Montgomery County Public Schools

### I. Introduction

Students who are homeless receive all of the educational and supportive services offered to other students enrolled in the Montgomery County Public Schools. In addition, MCPS provides some special services for students who are homeless. This section summarizes the major provisions of the McKinney-Vento Homeless Assistance Act that apply to Local Education Agencies (LEAs), and describes the specific services that MCPS provides to students who are homeless.

**McKinney-Vento Homeless Assistance Act.** The Federal McKinney-Vento Homeless Assistance Act, reauthorized in January 2002, sets forth certain educational rights and protections for children and youth who are experiencing homelessness.

**Definition of homeless.** The McKinney-Vento Act defines “homeless” to mean individuals who lack a fixed, regular, and adequate nighttime residence, including children and youth who are:

- Living with friends or relatives due to loss of housing or economic hardship;
- Living in an emergency or transitional shelter;
- Living in a hotel, motel, or other location used to house homeless families; or
- Living in a place not designed or ordinarily used for housing, e.g., cars, parks, public spaces, abandoned buildings.

It also includes runaways and children/youth awaiting foster care placement.

**Enrollment.** The McKinney-Vento Act requires school districts to allow students who are homeless to enroll, attend classes, and participate fully in school activities. The law states that students in homeless situations must be enrolled without delay, even if they do not have documents that are typically required for enrollment, e.g., proof of residence, immunization records, school records. After the student enrolls, the school’s homeless liaison (described below) must seek the records from the student’s last school, and help the student get their immunizations and medical records.

**School Selection and Transportation.** The law provides that students who are homeless have the right to be enrolled in the school that is in the student’s “best interest,” which is either:

- The student’s “school of origin,” defined as the school the student attended before becoming homeless or the school in which the student was last enrolled; or
- The school assigned to the area where the student is currently residing.

By law, a student who is homeless has the right to stay enrolled and get free transportation to the school selected as serving his/her “best interest” for the entire time the student is



## ATTACHMENT D

homeless and until the end of the academic year in which he/she moves into permanent housing.

The McKinney-Vento Act states that school districts must provide transportation for homeless students to their school of origin, even if they reside outside of the school district during the period that they are homeless. The law states that this transportation must be provided or arranged by the school district, or as a joint effort between school districts.

**Dispute Resolution.** The law provides that any disagreement between the student's parent/guardian and the school district about which school would serve the best interest of the student must be settled quickly. While the dispute is pending resolution, the law requires the school district to enroll the student and provide transportation to the school that is the parent/guardian's choice.

**Homeless Liaison.** McKinney-Vento requires that all school systems designate an appropriate staff person as a local educational agency (LEA) liaison for students who are homeless. By law, responsibilities of the homeless liaison include ensuring that students in homeless situations have a full and equal opportunity to succeed, receive all educational services for which they are eligible, and that parents and guardians are informed of the students' rights. The liaison must also ensure that all enrollment disputes are mediated promptly and in accordance with legal requirements.

## II. Funding Sources

*Students who are homeless receive all of the education and supportive services available to other MCPS students. This section lists only funding for special services for students in homeless situations. It does not include MCPS' costs of providing educational and other support services to students who are homeless that are no different than services provided to students who are not in homeless situations.*

In FY 03, MCPS is spending approximately \$300,000 to provide special services to students in homeless situations. This includes the costs of special transportation services, after-school tutoring, and other assistance provided directly to students who are homeless. The County funds approximately two-thirds of this amount (\$200,000) for transportation for students who are homeless. Federal and state grants make up the other third, including:

- *Education for Homeless Children and Youths Grant (\$75K)* – This is a federal pass-through grant from the Maryland State Department of Education (MSDE), provided to facilitate the enrollment, attendance, and success in school of homeless children and youths.
- *Title I Grant (\$25K)* – A portion of MCPS' Title I grant is required to be reserved for services to students who are homeless.

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**Table 1: FY 03 Funds Appropriated to MCPS**

| FUNDING SOURCE  | FY03 AMOUNT<br>(\$000s) | % OF TOTAL  |
|---|-------------------------|-------------|
| <b>Federal/State</b>  |                         |             |
| Education for Homeless Children and Youths Grant<br>(These are federal grant funds passed through the Maryland State Department of Education.)                                    | \$75                    | 25%         |
| Title 1 Grant – Reservation of Funds  | \$25                    | 8%          |
| <b>Subtotal</b>   | <b>\$100</b>            |             |
| <b>County</b>   |                         |             |
| MCPS<br>(This is the Department of Transportation’s estimate of the FY 03 cost of providing special transportation for students who are homeless back to their school of origin.) | \$200                   | 67%         |
| <b>Subtotal</b>   | <b>\$200</b>            |             |
| <b>Total</b>  | <b>\$300</b>            | <b>100%</b> |

### III. Services for Students who are Homeless

As stated earlier, students who are homeless receive all of the education and supportive services available to other MCPS students. This section summarizes the additional services that MCPS provides to students in homeless situations.

The Coordinator for Residency Compliance in the Department of Student Services is serving as MCPS’ designated Homeless Liaison. The Homeless Liaison has a part-time assistant funded through a portion (\$20,000) of the Education for Homeless Youths and Children Grant.

In August 2002, MCPS updated forms and issued a new regulation (JEA-RD, *Enrollment of Homeless Students*) to incorporate the changes required under the federal McKinney-Vento Homeless Assistance Act. MCPS also developed a new handout, *Homeless Children in Montgomery County Public Schools, Responsibilities, Rights, and Resources*, which summarizes the rights of students who are homeless and MCPS resources available to assist students in homeless situations. A copy of the new MCPS regulation is at © 81.

MCPS’ Department of Student Services is in the process of developing a system for tracking information on MCPS students who are homeless.

*Note: A class action law suit concerning MCPS’ implementation of the McKinney-Vento Homeless Assistance Act is currently pending in the United States District Court. As of this writing, settlement negotiations are in progress.*

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### A. Identifying, Enrolling, and Transporting Students who are Homeless

MCPS' revised enrollment guidelines and procedures require MCPS staff to "be sensitive to the needs of County homeless families and be prepared to provide assistance." MCPS' *School-Based Guidelines for Identifying and Enrolling Homeless Students* (issued in September 2002) state that the McKinney-Vento definition of homelessness is broader than that used by most other agencies and applies to families that lack a fixed, regular, adequate nighttime address. The guidelines state that "homeless status includes those who:

- Are temporarily living with friends or relatives due to economic hardship;
- Are living in shelters or other temporary housing; and
- Are living in places not generally appropriate for housing."

Once the principal (or designee) determines that a student is in a homeless situation, the regulation requires that the student's parent be provided with the MCPS brochure *Homeless Children in Montgomery County Public Schools: Responsibilities, Rights, and Resources*. MCPS' regulation states that students in homeless situations are to be enrolled without delay, and automatically enrolled in the Free and Reduced-price Meals program. MCPS' regulation provides that the parent must submit required documents (e.g., birth certificate, immunization records, and school records) within a reasonable time of enrollment.

MCPS' regulation states that parents are advised of their right either to have their child remain in their school of origin or to enroll in the school in the attendance area of their nighttime residence based upon a "best interest" determination. The regulation lists 18 factors that are to be considered when making the "best interest" determination, including:

- The student's age;
- The school which the student's siblings attend;
- The student's academic and emotional needs;
- Continuity of instruction;
- Length of stay in the current living situation;
- Distance of commute and other transportation-related factors;
- Distance to be traveled;
- Availability of buses and personnel;
- Any other special needs of the family.

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MCPS' regulation outlines the procedures to be followed if a dispute arises between MCPS and the student's parent over school selection or enrollment. In sum, after receipt of a written complaint from the parent of a homeless student, the principal has five days to resolve the complaints. If the parent is dissatisfied (or the principal does not issue a decision), the parent can file a written complaint with the superintendent who then has 10 days to issue a decision. If the parent remains dissatisfied (or the superintendent does not issue a decision), then the parent can appeal the decision to the Board of Education, who then has 45 days to decide the appeal. The final level of appeal is to the State Board of Education.

**Providing Transportation.** When special transportation back to a student's school of origin is required, the MCPS Department of Transportation receives written notice of where the student is to be picked up and where the student is to attend school. According to Department of Transportation staff, transportation is provided to students in homeless situations in one of the following ways (listed in order of priority):

- Use an existing bus route;
- Modify an existing bus route;
- Provide the student with fare for the use of public transportation;
- Reimburse the student's parent for providing transportation; or
- Use a taxi or other private transportation source.

**The Department of Transportation estimates that the FY 03 cost of providing special transportation services to students in homeless situations will be \$200,000.**

In January 2002, MCPS was providing special transportation services to 68 students in homeless situations. As of March 2003, MCPS' Department of Transportation reports providing directly or arranging for the daily transportation to 120 students who are homeless back to their respective schools of origin; the starting dates for these 120 students vary between August 2002 and March 2003. There are an additional 70 children in homeless situation who were provided with special transportation services at some point during FY 03; for various reasons, these students stopped requiring special transportation services.

### **B. Other Services**

#### **After-School Tutoring at Shelters**

A significant portion (\$55,000) of the Education for Homeless Children and Youths Grant is used for after-school tutoring services at homeless shelters.<sup>1</sup> The tutoring program is aimed at improving math skills, but the tutors work with the children in other subject areas as well. The tutors (8-12 on any given day) split their time between the different shelters based on the needs of specific children. The grant can also pay for other items, such as school supplies or other items for educational purposes, for children who are homeless on an as needed basis.

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<sup>1</sup> The remaining \$20,000 of the Education for Homeless Children and Youth Grant funds a part-time assistance for the MCPS homeless liaison.

## **ATTACHMENT D**

MCPS has reserved a portion (\$25,000) of its Title I funds for services to students who are homeless. MCPS is in the process of determining exactly how these reserved funds will be allocated.

### **Head Start Classes**

Children who are homeless have the right to enroll in all programs for which they are eligible, including Head Start. Three- and four-year old children who are living at the Greentree Shelter are enrolled in the regular half-day Head Start class at Bells Mill Elementary School. Three- and four-year old children living at either one of the family shelters in Rockville are enrolled in a six hour Head Start class located at Maryvale Elementary School. Transportation to and from the shelters, breakfast, lunch, and a snack are provided for children enrolled in Head Start.

## **Attachment E: Department of Recreation**

The Department of Recreation administers one supportive service program aimed at children that are homeless. The Big Buddy/Little Buddy Mentoring Program pairs Montgomery County high school volunteers with homeless children residing at the Greentree Shelter. A total of 40 volunteers and 40 homeless children participate in the program, with 20 volunteers and 20 children involved during each of two annual sessions (October-March, January-June). The children are between 4 and 13 years of age. The program allows the high school volunteers to build unique bonds with the children through playing games and helping with schoolwork. All the participants also attend monthly group activities, including recreational, educational, community and/or social events.

**The Department budgeted approximately \$11,000 for the Big Buddy/Little Buddy Mentoring program in FY 03.** The following combination of state and county dollars funds the program:

- State Department of Health and Mental Hygiene (Alcohol and Drug Abuse Administration) - \$5,000 (45%),
- County Department of Recreation - \$4,000 (36%), and
- Governor's Office of Crime Control of Prevention - \$2,000 (18%).

## Vacancy Rates Market Rate

### Vacancy Rates By Rent Range and Unit Size 2002

|                     | <u>Efficiency</u> | <u>1 Bedroom</u> | <u>2 Bedroom</u> | <u>3 Bedroom</u> | <u>4 Bedroom</u> | <u>Total Units</u> | <u>Vacant Units</u> | <u>Vacancy Rate</u> |
|---------------------|-------------------|------------------|------------------|------------------|------------------|--------------------|---------------------|---------------------|
|                     |                   |                  |                  |                  | <u>Plus</u>      |                    |                     |                     |
| \$0 - \$599         | 7.4%              | 0.7%             | 0.0%             | N/A              | N/A              | 416                | 7                   | 1.7%                |
| \$600 - \$699       | 0.9%              | 1.4%             | 1.0%             | 0.0%             | N/A              | 1,273              | 15                  | 1.2%                |
| \$700-\$799         | 3.0%              | 4.6%             | 0.9%             | 0.0%             | N/A              | 4,391              | 162                 | 3.7%                |
| \$800-\$899         | 3.0%              | 3.2%             | 2.1%             | 2.4%             | 0.0%             | 8,838              | 249                 | 2.8%                |
| \$900 - \$999       | 1.8%              | 4.6%             | 2.0%             | 0.0%             | 0.0%             | 11,816             | 422                 | 3.6%                |
| \$1000 - \$1099     | 0.0%              | 4.8%             | 2.8%             | 0.9%             | 0.0%             | 11,920             | 361                 | 3.0%                |
| \$1100 - \$1499     | 2.8%              | 7.1%             | 5.1%             | 2.3%             | 0.0%             | 15,278             | 757                 | 5.0%                |
| \$1500-\$1999       | N/A               | 2.4%             | 5.0%             | 7.0%             | 3.3%             | 2,588              | 129                 | 5.0%                |
| \$2000-\$2499       | N/A               | N/A              | 2.9%             | 3.3%             | N/A              | 663                | 20                  | 3.0%                |
| \$2500-\$2999       | N/A               | N/A              | 0.0%             | 11.5%            | N/A              | 39                 | 3                   | 7.7%                |
| \$3000+             | N/A               | N/A              | N/A              | 1.1%             | 0.0%             | 140                | 2                   | 1.4%                |
| <b>Total Units</b>  | <b>2,631</b>      | <b>21,784</b>    | <b>27,767</b>    | <b>5,059</b>     | <b>121</b>       | <b>57,362</b>      | -----               | ----                |
| <b>Vacant Units</b> | <b>77</b>         | <b>988</b>       | <b>921</b>       | <b>138</b>       | <b>3</b>         | -----              | <b>2,127</b>        | -----               |
| <b>Vacancy Rate</b> | <b>2.9%</b>       | <b>4.5%</b>      | <b>3.3%</b>      | <b>2.7%</b>      | <b>2.5%</b>      | -----              | -----               | <b>3.7%*</b>        |

(63)

\*Weighted average

**Action Plan to Address the Shortage of Affordable Housing in Montgomery County**

**New Initiatives**

|       | <b>Action Item</b>   | <b>Lead Dept./Agency</b> |
|-------|--|--------------------------|
| I.    | Review increasing zoning densities at transportation and commercial centers, through review of existing zoning, possible creation of an affordable housing overlay zone, consideration of affordable housing as an amenity, evaluation of opportunities to develop housing in commercial zones; use of TDR's, reduction of parking requirements, and other strategies.   | M-NCPPC                  |
| II.   | Establish an expedited zoning, permitting, and site plan processes for affordable housing projects.  | M-NCPPC, DPS, WSSC       |
| III.  | To further the County's Housing Policy goal to achieve a broad range of affordable housing throughout the County, incorporate affordable housing as a specific objective in each master plan and clarify that master plan designation of sites appropriate for affordable or special needs housing will not preclude selection of additional sites in the future as appropriate for affordable or special needs housing. | M-NCPPC                  |
| IV.   | Lobby the State to assess the value of property for MPDUs based on controlled rents and to assess property taxes for rental properties based on actual rents rather than market rents.   | Executive, Council, OIR  |
| V.    | Work to curb predatory lending by bringing more mainstream lenders to the community or by adopting laws to better regulate lending practices.  | DHCA                     |
| VI.   | Establish numeric goals for production of new special needs housing and set a timeline for achieving the goals.  | DHCA, DHHS, M-NCPPC, HOC |
| VII.  | Develop information resources containing information to address frequently asked questions about affordable housing special needs and assisted living projects.  | M-NCPPC, DHCA, DHHS, HOC |
| VIII. | Review special exceptions process for affordable senior housing, accessory apartments, and other special needs housing.  | M-NCPPC, BOA             |
| IX.   | Work with state officials to increase Montgomery County's allocation of housing bond cap   | DHCA, HOC, OIR           |
| X.    | Review County tax and fee policies affecting affordable and special needs housing.   | DHCA, Council            |
| XI.   | Explore the possibility of accepting private contributions to the Housing Initiative Fund; Lobby for increased Federal funding of regional housing initiatives.  | DHCA, OIR                |
| XII.  | Undertake additional efforts to target affordable "workforce housing" (for teachers, police, firefighters, etc.) including developing a "Live Near Your Work" initiative for public employees.   | DHCA                     |



**Continuing Initiatives**

|      | <b>Action Item</b>   | <b>Lead Dept./Agency</b> |
|------|--|--------------------------|
| I.   | Identify undeveloped and underdeveloped publicly-owned properties that may be suitable for development of affordable or special needs housing.                       | DHCA, M-NCPPC            |
| II.  | Continue development of personal living quarters (PLQ) supportive housing projects.  | DHCA, DHHS               |
| III. | Create development standards necessary to apply MPDU requirements to certain large lot zones.  | M-NCPPC                  |
| IV.  | Develop financial literacy and credit counseling programs for renters, potential first-time home buyers, and existing low-income home owners.                        | DHCA, HOC                |
| V.   | Continue data collection efforts on affordable housing including identifying the stock of non-government sponsored housing affordable to moderate income households. | M-NCPPC                  |

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## **Transitional Housing Services for Families**

These programs provide transitional housing for families in Montgomery County. The Council did not appropriate funds for these programs in FY 03, so they are not included in the report.

**a) Family Stabilization Program** - The Family Stabilization Program (FSP) serves 16 homeless families. It provides subsidized housing at scattered sites in Montgomery County. The goal of the program is to work on resolving the problems that led to homelessness, and to increase future stability. Families receive intensive case management, and other services to address overall family and household functioning, including chemical dependency counseling, job training, education and skill attainment, and life skills training (e.g., parenting, budgeting).

**b) Interfaith Housing Coalition** – The Interfaith Housing Coalition provides transitional housing for 20 families at scattered sites in the County. The Housing Opportunities Commission refers clients to the program. The Interfaith Housing Coalition develops a goal oriented plan for each family to follow to ensure optimum results. Other services provided include emergency funds for medical care and food, and support from a volunteer mentoring team. Clients use Housing Choice Vouchers to pay for the rent and are required to pay 30% of their adjusted gross income toward their rent. Clients can remain in the program for up to five years with annual evaluations.

**c) Silver Spring Interfaith Housing Coalition** – The Silver Spring Interfaith Housing Coalition provides transitional housing to six families in Silver Spring and Takoma Park. The majority of the families are headed by females with no high school diploma. Many of the heads of household have chronic health issues, such as diabetes and high blood pressure. Participants receive intensive case management and other services, such as bus tokens for transportation, training in money management, and mentoring. Residents of the Silver Spring Interfaith Housing Coalition's transitional housing program use Housing Choice Vouchers to subsidize their rent. Under the Housing Choice Voucher program, residents pay 30% of their income toward rent.

## Child Care Subsidy Programs Income Eligibility Limits \*

Purchase of Child Care Programs (POC)  
Effective January 1, 2002 (federal/state-funded)

Working Parents Assistance Program (WPA)  
Effective July 1, 2002 (county-funded)

| <u>Household<br/>Size</u> | <u>POC<br/>Maximum Income</u> | <u>WPA<br/>Maximum Income</u> |
|---------------------------|-------------------------------|-------------------------------|
| 2                         | \$ 24,277                     | \$ 32,500                     |
| 3                         | \$ 29,990                     | \$ 46,980                     |
| 4                         | \$ 35,702                     | \$ 52,200                     |
| 5                         | \$ 41,414                     | \$ 56,400                     |
| 6                         | \$ 47,127                     | \$ 56,400                     |
| 7                         | \$ 48,198                     | \$ 56,400                     |
| 8                         | \$ 49,269                     | \$ 56,400                     |
| 9                         | \$ 50,340                     | \$ 56,400                     |
| 10                        | \$ 51,411                     | \$ 56,400                     |

\* Income scales for the federal/state-funded Purchase of Child Care Program (POC) are established and subject to change as regulated by the State of Maryland Department of Human Resources, Child Care Administration.

\* Families may be eligible for the Working Parents Assistance Program (WPA) up to the maximum income limits depending on the number of children in child care and the type of child care needed.

\* Income is the gross annual income of the family.

# DEPARTMENT OF HEALTH AND HUMAN SERVICES

## ADULT MENTAL HEALTH AND SUBSTANCE ABUSE

### ADDICTION SERVICES

Substance Abuse and Addiction is a chronic relapsing disorder that can affect a person's ability to function and maintain their individual, family, social, and community responsibilities. The Department of Health and Human Services provides a continuum of prevention and treatment services for adolescents and adults who abuse alcohol and other drugs or are substance dependent or addicted. The philosophy of the Department is to provide a continuum of prevention, early intervention, assessment, evaluation and treatment services. The treatment approach is a group oriented, educationally enhanced, abstinence based model, which includes mandatory supplemental involvement with Alcoholics Anonymous -AA or Narcotics Anonymous-NA, and mandatory urine monitoring.

The challenge in addictions treatment is to get an accurate assessment of an individual's substance involvement and match that "level of need" to an appropriate level of intervention or dose of treatment. Questions to consider include: what level of intervention, (education, treatment, incarceration), does this individual need to remain abstinent from substances? Can they do it on their own with assistance from the self-help community – AA/NA? Is a preventative message and education sufficient? Do they need an "intervention?" Do they need on-going treatment? Can they access that treatment on an outpatient basis or do they need a more intense level of intervention such as intensive outpatient services: nine hours per week, or a residential/inpatient setting that removes them from the community in order to master their addiction? Are they so unmanageable due to their addiction that they need to be incarcerated in order to get control? Does someone else have to control it for them?

HHS-Addiction Services uses the modified American Society of Addiction Medicine (ASAM) Patient Placement Criteria (PPC-II) to assist in the determination of the level of care that is recommended to individuals referred to, or seeking addiction services. Following the Patient Placement Criteria process assumes that there is a continuum of services available to match to the client's assessed level of need. HHS-Addiction Treatment Services currently is able to provide through direct provision, or through contract, the following continuum of prevention, early intervention, assessment, evaluation, and treatment services:

- **Prevention**
- **Early Intervention**
- **Outpatient Treatment (1 to 3 hrs/wk)**
- **Intensive Outpatient/Day Treatment (minimum 9 hrs/wk)**
- **Inpatient/Residential Treatment Services:**
  - **Detoxification (3-7 days)**
  - **Intermediate Care (28 Days)**
  - **Halfway House (6-9 months)**
  - **Long-Term/Therapeutic Community (9 months+)**

The following charts and tables help to define and present the continuum of substance abuse and addiction services. **(Tables follow at the end of the report)**

# Addiction Services

Richard (Dick) Kunkel, Behavioral Health Operations Manager

## Substance Abuse Prevention

Martha Rosacker,  
Program Manager

Contract Monitoring  
Program Development

## Addiction Services Coordination (Entry)

Catherine McAlpine, Manager

Client Assessment Team  
Urine Monitoring/Lab  
Program Monitoring Unit  
Urine Monitoring Program

## Outpatient Addiction Services

Mace Summers, Manager

Outpatient  
Intensive Outpatient  
Medically Assisted Treatment  
Vocational Services  
Substance Abuse Services for Women

## Criminal Justice Behavioral Health Services

Hardy Bennett, Manager

Clinical Assessment and Triage Services  
Jail Addiction Services  
Community Re-Entry Services

## Residential Services

Managed by Program Monitoring Unit of Addiction Services Coordination

Contract Monitoring

**Contracts:**  
Program Evaluation (2) (RMA, Inc.)  
Prevention Center (M.C. Community Partnership)  
Grants Management/Community Outreach (Danya International Inc.)  
Prevention Training & Education (Family Support Center, Inc.)  
Social Marketing (Leonard Communications)  
Science Based Prevention Information (Rea Consulting)  
Responsibility Hospitality (Responsible Hospitality Institute)  
Community Services (Silver Spring Youth Services)  
Pre-School Program (Family Services Agency, Inc.)

**Contracts: Level 1 Outpatient**  
Up-County (Thomas Comprehensive Counseling)  
Mid-County (Suburban Outpatient)  
Down-County (Counseling Plus)  
Minority Language (Counseling Plus)

**Contracts:**  
Educational & Vocational (MCPS) (Montgomery College)  
Personal Services Contract for Psychiatric Services  
Co-Occurring IOP (tbd)

**Contracts:**  
Detoxification (Maryland Treatment Centers, Montgomery General)  
Intermediate Treatment (Maryland Treatment Centers, Potomac Healthcare Foundation)  
Halfway House (Vanguard)  
Long-Term Treatment (Vanguard)  
Co-Occurring (tbd)

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**MONTGOMERY COUNTY, MARYLAND  
ADULT ADDICTION TREATMENT SYSTEM  
ASAM –PPC –II LEVELS OF CARE AND ACCESS TO TREATMENT MATRIX**

| <u>LEVEL OF CARE/<br/>PROGRAM NAME</u>  | <u>PATIENT PLACEMENT<br/>CRITERIA</u>  | <u>SERVICES</u>  | <u>FREQUENCY OF<br/>CONTACT/ LENGTH</u>  | <u># SLOTS/<br/>BEDS</u>   | <u>ACCESS POINTS</u>   | <u>PROCEDURE</u>  |
|---|--|--|--|--|--|---|
| <u>Level I</u><br>OUTPATIENT<br><br>Thomas Counseling,<br>Suburban,<br>Counseling Plus  | Meets criteria for substance abuse disorder. No withdrawal or pending symptoms of acute withdrawal.  | Individual, group, family, addiction education and relapse prevention.   | 1-3 times per week   | N/A  | Addiction Service Coordination (ASC) intake at 105 Fleet Street 9-11am. & 1-3pm. 279-1332  | Referral provided following assessment at ASC, Community Re-entry (CRE) or as part of continuum of care.  |
| <u>Level II.I</u><br>INTENSIVE<br>OUTPATIENT<br><br>Outpatient Addiction<br>Services (OAS)<br><br>Substance Abuse<br>Services for Women<br>(SASW) | Meets criteria for substance abuse disorder. Substantial history of substance abuse, poor social functioning and failed attempts at other types of treatment. Opiate addiction requiring medication assisted treatment, HIV positive, other special needs. | Nine or more weekly hours of service plus a step down regimen. May include vocational rehabilitation, psychiatric and child care services.<br><br>SASW includes all of above, intensive case management, smoking cessation, and supervised supportive living units | 9 or more hours per week<br><br>9 hours per week, plus 24 hour accessibility via cell phones | N/A<br><br>16 bed slots<br>2 3-bedroom<br>4 2-bedroom<br>2 1-bedroom | Addiction Service Coordination (ASC) intake at 105 Fleet Street 9-11am. & 1-3 pm. 279-1332<br><br>SASW includes above plus, homeless shelter system, addiction continuum of care, child welfare system, and emergency services | Referral provided following assessment at ASC, CRE or as part of continuum of care.<br><br>Orientation for OAS is held each Monday, Wednesday, and Friday at 1pm. 751 Twinbrook Pkwy by referral only.<br><br>Completion of Pre-screen criteria and release of information are faxed to SASW Supervisor |
| (70)<br><u>Level II.I</u><br>JAIL BASED<br>TREATMENT<br><br>Jail Addiction<br>Services (JAS)  | History of substance abuse, subject to classification and treatment review based on severity/nature of charges. Inmate must be at MCDC.  | Level II programming, modified Therapeutic Community format.   | 12 week program. Inmate may participate for duration of incarceration                        | 80 total (male and female units)                                     | Must enter via Community Re-entry at 240-777-3757  | Clinical Supervisors of JAS and Community Re-entry review and approve admission.  |
| <u>Level III.7D</u><br>MEDICALLY<br>MONITORED<br>NON HOSPITAL<br>DETOXIFICATION<br>Avery Road<br>Treatment Center<br>(ARTC)                       | Client meets criteria of active or pending withdrawal plus diagnosis of addiction. Client continues to use while in Level I or II or transfers directly from JAS. Medical/ psychiatric must be stable.   | 24 hour medical monitoring. Addiction education lectures, task groups, therapeutic milieu, community meetings, family services.  | Residential 3-10 days  | 14-20  |  | Client must call 301-762-5613 directly to arrange admission. Client must call each day to remain on eligibility list. Admission is based on priority rating and then on first call basis as space becomes available. Medical and psychiatric issues must be stable prior to admission.                  |

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| <u>LEVEL OF CARE/<br/>PROGRAM NAME</u>   | <u>PATIENT PLACEMENT<br/>CRITERIA</u>   | <u>SERVICES</u>   | <u>FREQUENCY OF<br/>CONTACT/ LENGTH</u>  | <u># SLOTS/<br/>BEDS</u>   | <u>ACCESS POINTS</u>  | <u>PROCEDURE</u>  |
|--|---|---|--|--|---|---|
| <p><u>Level IV. D</u><br/>MEDICALLY<br/>MANAGED<br/>DETOXIFICATION</p> <p>HOSPITAL BASED<br/>DETOXIFICATION</p> <p>Montgomery General<br/>Hospital (MGH)</p> | <p>Delirium tremens, history of uncontrolled seizures during withdrawal, need for IV, unable to self care, severe infection or illnesses which would decompensate during withdrawal like diabetes, some cases of benzodiazepine or methadone withdrawal. Other medical and psychiatric conditions must be stable.</p> | <p>Medical management, group therapy and case management. Transfer to ARTC for Non Hospital Detoxification and Intermediate Care post detoxification.</p>   | <p>Up to five days, unless additional days authorized by Clinical Supervisor, Program Monitoring Unit.</p> | <p>N/A</p>   | <p>1. Day hours contact Clinical Supervisor, PMU, or designee to review case at 301-279-1339. Funding must be approved prior to client arrival at MGH.</p> <p>2. 5:00 PM. - 12:00 am. Evenings and 8:00a.m. - 12:00 a.m. on weekends contact Crisis Center at 240-777-4000 to page PMU staff.</p> | <p>Referral must be filled out and faxed as indicated on form. Clinical Supervisor, PMU, will ascertain bed availability, clear admission with Medical Director, ARTC, and notify ER and unit of pending admission. Client will be instructed to be driven to ER or taken by ARTC staff. Clinical Supervisor will monitor length of stay and ensure transfer to ARTC.</p> |
| <p><u>Level III. 7</u><br/>INTERMEDIATE<br/>CARE FACILITY<br/>(ICF)</p> <p>Avery Road<br/>Treatment Center<br/>(ARTC)</p>                                    | <p>Following completion of detoxification, client moves to ICF based on continued need for education in disease model of addiction and continuing structured environment as per ASAM criteria.</p>  | <p>24 hour medical monitoring, addiction education and task groups, psychiatric, and family services, therapeutic rec, smoking cessation, life skills, self help, community mtgs. and discharge planning</p>  | <p>Residential 14-21 days</p>  | <p>40 total</p>  | <p>Must enter via Non-Hospital Detoxification.</p>  | <p>Clinical Supervisor will review case in detox staffing, approve and document movement into ICF.</p>  |
| <p><u>Level III.1</u><br/>HALFWAY HOUSE</p> <p>Lawrence Court (LC)<br/>and Avery House<br/>(AH) Halfway Houses</p>   | <p>Client is admitted directly from an approved ICF, based on ASAM criteria. Clients' history of violence and employability will be reviewed. Must pay rent at both facilities. For AH, must be in need of halfway and parenting services.</p>  | <p>24 hour staff monitoring, group and individual counseling, family services, therapeutic rec, vocational assistance, psychiatric services, smoking cessation, life skills, self help, community mtgs.</p> <p>Child care, residential beds (10) for children and parenting program available at AH only.</p> | <p>Residential 3-9 months</p>  | <p>20 adult beds Law. Court</p> <p>10 adult beds Avery House</p> | <p>1. Enter via an approved Intermediate Care Facility.</p>   | <p>1. ICF Counselor refers client to Contract Monitor (C.M.) for pre-approval. Avery House Director interviews client and obtains final approval from C.M.</p>  |
| <p><u>Level III.5</u><br/>LONG TERM FACILITY</p> <p>Phoenix Continuum<br/>Program</p>  | <p>Contract Monitor determines eligibility. Generally, multiple past treatments or extent of antisocial behavior demonstrates severity of client dysfunction which precludes participation in less restrictive care. Medical and psychiatric conditions must be stable.</p>   | <p>Group, individual and family counseling as necessary in a modified therapeutic community setting. Also includes: therapeutic rec, vocational, psychiatric, smoking cessation, life skills, self help mtgs. etc..</p>   | <p>Residential 6 months with transition to employment in last three months.</p>                            | <p>11</p>  | <p>1. OAS, ARTC or Community Re-entry clients, Case Manager calls Contract Monitor to pre-screen, or sends completed referral package.</p>  | <p>Contract Monitor pre-screens for eligibility. If client is in detoxification, admission will be coordinated with bed space availability. If incarcerated, the court will be notified by community re-entry once client is determined eligible, admission will be facilitated when legal constrictions are lifted.</p>  |

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**Insert Tables 1 & 2**

Table showing current static capacity, average current utilization, number of clients served annually, average length of stay, and key outcome measures for services in the Addictions Treatment continuum.

|                                      | Addiction Services Coordination |           | Outpatient Addiction Services |        |          | Criminal Justice Behavioral Health Services |        |       | Residential Services |         |         |
|--------------------------------------|---------------------------------|-----------|-------------------------------|--------|----------|---|--------|-------|----------------------|---------|---------|
|                                      | CATS                            | UMP       | Level I OP                    | OP/IOP | MATS     | CATS  | JAS    | CRES  | Detox                | ICF     | LT      |
| <b>Current Static Capacity/Slots</b> | 25                              | Unlimited | 575                           | 125    | 75       | N.A.  | 80     | N.A.  | 20                   | 40      | 11      |
| <b>Average Daily Utilization</b>     | 12                              | 133       | 293                           | 90     | 75       | 5   | 57     | N.A.  | 18                   | 34      | 5       |
| <b>Average Served Annually</b>       | 2,907                           | 21,833    | 862                           | 755    | 175      | 1206  | 286    | 391   | 966                  | 734     | 14      |
| <b>Ave Length Of Service</b>         | N.A.                            | N.A.      | 5 mon.                        | 8 mon. | 1.5 yrs. | N.A.  | 3 mon. | N.A.  | 5 days               | 16 days | 10 mon. |
| <b>Other Key Outcome Indicators</b>  | 1.                              | 2         | 3                             | 4      | 5        | 6.  | 7.     | 8. 9. | 10.                  | 10.     | 10.     |

1. 60 % of referrals will engage/enter treatment within 30 days of referral.
2. Drug testing results delivered via HIDTA Addiction Tracking System (HATS) within 24 hours 95% of time with 99.2 % accuracy rate. FY 2002 error rate = 0.8 %.
3. 90 % of clients remained arrest free during treatment.
4. 30 % of clients obtained employment by completion of treatment.
5. 100 clients (57 %) received vocational services during the fiscal year 02.
6. 168 of 216 inmates with behavioral health symptoms (78%) diverted into community treatment.
7. 180 out of 231 inmates (78%) were successfully discharged from treatment.
8. 152 of 316 (48%) of inmates received behavioral health services upon discharge to the community.
9. 13 of 46 inmates with mental health problems (28%) were connected to the public mental health system.
10. Have started to collect Outcome Measures for Residential Treatment Services in FY 03. Do not have outcome data for FY 02.

The Substance Abuse and Mental Health Services Administration's (SAMHSA) Center of Substance Abuse Prevention (CSAP) and Center for Substance Treatment (CSAT) have focused on some particular "Key Indicators of Success" that have received wide community acceptance.

- **Decreased Substance Use**
- **Decreased Criminal Activity**
- **Increased Social/Family/Community Functioning**
- **Increased Educational/Vocational Involvement**



In addition, current research findings demonstrate that the longer the treatment engagement the more successful the outcomes. In other words, the longer someone remains engaged in addictions treatment, the less likely they will relapse or recidivate. The longer someone remains in treatment, the greater the chances of recovery, and the greater the length of time in recovery. There are many variables that enter into the recovery/relapse equation. The level of severity of the abuse/addiction to start with, readiness to change, having the appropriate level of services available at the “treatable moment”, the length of time in treatment, support systems available – housing, vocational training, employment, education, a recovering, drug free environment, internal and external motivators/carrots and/or enhancers/sticks, etc. Substance abuse and addiction is a bio-psychosocial disease. Individuals vary in their physiological/biological make-up regarding their propensity for alcohol and substance abuse and addiction. There are psychological factors that impact on individual capability to cope with and tolerate alcohol and drug use and abuse. And there are social factors that influence individual usage patterns, the kinds of alcohol/drugs individuals are exposed to, the social mores that influence one’s development and usage patterns, and the parenting/support systems that one inherits.

### Focus of Future Activities

- Maintain certification and licensure of programs with the Office of Quality Health Care of the Maryland Department of Health and Mental Hygiene.
- Continue work with Criminal Justice Behavioral Health Initiative (CJBHI) to enhance integration of services with the Department of Correction and Rehabilitation (DOCR), and the Department of Health and Human Services (DHHS), and the Montgomery County Police Department (MCPD) for a alcohol and drug addicted clients.
- Continue building collaborative partnerships with community agencies to develop community based services for the criminal justice population.
- Manage substance abuse resources (fiscal, staff and technical) to maximize the delivery of effective and appropriate services for the consumers which support the health and well-being of the larger community.
- Monitor, support, and continue development of the Substance Abuse Services for Women Program started with the SAMHSA/CSAT Grant. Plan for continuation funding of essential services when federal grant and carryover funding expire in FY 05.
- Continue the development, procurement, and negotiation process to obtain a vendor for Intensive Outpatient and Low Demand Residential Treatment for individuals with co-occurring (addictions and mental health) disorders. (14701 Avery Road Building)
- Continue the development of “Comprehensive, Continuous, Integrated, Systems of Care.” (CCISC) for individuals with co-occurring disorders.

The last three bullets focus on three areas/special initiatives that the Adult Addictions staff has been working on for the last three years.

1. In 2001 HHS applied for and was awarded a 3-year grant to enhance and expand services. This is one of 17 funded grant sites in the United States. This grant, *Substance Abuse Service for Women* (SASW) is a service enhancement project that is jointly funded by Montgomery County Department of Health & Human Services (DHHS) and the federal Substance Abuse and Mental Health Services Administration (SAMSHA). The target population is homeless addicted women who are involved with treatment or shelter services provided by HHS. Women may be single, have children, or have

a significant other that also meets the program criteria. Women with a co-occurring disorder are also eligible. All participants must be willing to continue in treatment.

The *Substance Abuse Service for Women* program offers women and /or significant others comprehensive assessment, intensive outpatient addiction treatment, integrated case management, and direct linkages and coordination to services and resources that will help increase stability and prevent future homelessness. There are 8 temporary supportive supervised living units available. The case manager(s) work with all women to assist with housing options. Women are expected to participate in the evaluation protocol. This includes individual interviews, client surveys, and focus groups. Standard hours of operation are 8:00 a.m. – 5:30 p.m., however, staff is available to work some evenings and / or weekends.

2. Based on a needs assessment conducted in 1998 -99 under direction of Mildred Holmes Williams, and a retrospective evaluation of community trends in utilization of treatment capacity, it was determined that additional Intensive Outpatient and Low-demand Residential Addictions Treatment was needed for individuals with substance abuse disorders and substantial functional impairment – such as unable to work, chronic homelessness, chronic non-violent criminal offenses related to substance abuse, and mild to moderate co-occurring mental illness. State funding from the Alcohol and Drug Abuse Administration (ADAA) of the Department of Health and Mental Hygiene was obtained to renovate the 14701 facility on the Avery Road Treatment campus formerly occupied by Second Genesis Inc. Additional monies have been committed by ADAA from Tobacco Restitution funds and a Regional award based on local need, to procure a vendor to provide these services. Current funding is not adequate to fully utilize all available beds.

The program at 14701 Avery Road (to be named later), will offer a variable length of service from 6 to 18 months and is expected to open in the winter of 2003. The intensity of intervention will be matched to the client's need as both intensive outpatient (20 slots) and residential services (20 beds of a possible 40) are to be available. Treatment programming is to occur approximately 20 hours per week with additional program services focused on building life skills and daily self-care routines, pre-employment and vocational development, and peer management of the facility, e.g., housekeeping, grounds upkeep, and food preparation. This is similar to a Therapeutic Community (TC) model; however, the program will be non-confrontational and encourage mutual support as well as rehabilitation. Clients will likely exit the program when their level of functioning is such that abstinence is achieved, a source of income or employment has been obtained, and transitional or permanent housing has been arranged.

3. Besides the CJBHI group which reported to the Council in October, Mr. Kunkel also chairs a group that has been focusing on the development of a "Comprehensive, Continuous, Integrated, Systems of Care," (CCISC) for individuals with co-occurring addiction and mental illness. The focus of this group is to develop a framework for measuring the need for services for individuals with co-occurring disorders and a plan for developing "integrated services" to meet that need. The development and training of staff that are capable of assessing and evaluating individuals who have dual disorders, treating these individuals in an integrated treatment programs when appropriate, and developing a system of care that is capable of providing linguistic and culturally competent services to this special targeted population is the mission of the Co-Occurring Disorders Committee. The Steering Committee for this group is composed of public and private sector providers, state and local officials, and other members as necessary to move the mission of the group forward. Attached is a list of current members. The Steering Committee in conjunction with Threshold Services Inc. has been seeking grant funds to support the efforts and focus of this group.

Continuous Comprehensive Integrated Systems of Care  
(CCISC)

# Steering Committee

aka Co-Occurring Disorders Committee (CDC)

| Member                          | Organization                                   | Address   | Telephone    | E-Mail   |
|---------------------------------|--|---|--------------|--|
| Richard Kunkel<br>(Chair)       | HHS - Behavioral Health                        | 401 Hungerford Drive – 5 <sup>th</sup> Floor<br>Rockville, Maryland 20850 | 240-777-1310 | <a href="mailto:Richard.Kunkel@co.mo.md.us">Richard.Kunkel@co.mo.md.us</a>         |
| Alease Black                    | HHS – CSA                                      | 751 Twinbrook Parkway<br>Rockville, Maryland 20851                        | 240-777-1405 | <a href="mailto:Blackal@co.mo.md.us">Blackal@co.mo.md.us</a>                       |
| Roger Peele                     | HHS - Behavioral Health                        | 401 Hungerford Drive – 5 <sup>th</sup> Floor<br>Rockville, Maryland 20850 | 240-777-3351 | <a href="mailto:Peeler@co.mo.md.us">Peeler@co.mo.md.us</a>                         |
| Ron Rivlin                      | HHS – Juvenile Assessment Center               | 7300 Calhoun Place, Suite 600<br>Rockville, Maryland 20850                | 240-777-1493 | <a href="mailto:rivlin@co.mo.md.us">rivlin@co.mo.md.us</a>                         |
| Art Wallenstein                 | Montgomery County Department of<br>Corrections | 51 Monroe Street<br>Rockville, Maryland 20850                             | 240-777-9978 | <a href="mailto:Arthur.Wallenstein@co.mo.md.us">Arthur.Wallenstein@co.mo.md.us</a> |
| Ray Miller                      | ADAA Treatment Services                        | 55 Wade Avenue<br>Catonsville 21228                                       | 410-402-8636 | <a href="mailto:rmiller@dhhm.state.md.us">rmiller@dhhm.state.md.us</a>             |
| Tom Godwin                      | MHA- Div. of Special Needs                     | 8540 Dorsey Road – PO Box 1000<br>Jessup, Maryland 20794-1000             | 410-724-3177 | <a href="mailto:tgodwin@dhhm.state.md.us">tgodwin@dhhm.state.md.us</a>             |
| Marta J. Hopkinson              | Baltimore Mental Health Systems, Inc.          | 201 E. Baltimore Street, Suite 1340<br>Baltimore, Maryland 21202          | 410-837-2647 | <a href="mailto:mhopkinson@bmhsi.org">mhopkinson@bmhsi.org</a>                     |
| Craig Knoll                     | Threshold Services, Inc.                       | 1398 Lambertson Drive, Suite 1<br>Silver Spring, Maryland 20902           | 301-754-1102 | <a href="mailto:cknoll@thresholdservices.org">cknoll@thresholdservices.org</a>     |
| Jack Scott                      | UMD School of Medicine                         | 3700 Koppers Street, Suite 402<br>Baltimore, Maryland 21227               | 410-646-4039 | <a href="mailto:jscott@psych.umaryland.edu">jscott@psych.umaryland.edu</a>         |
| Helen C.H. Hunter<br>(Recorder) | HHS - Behavioral Health                        | 401 Hungerford Drive – 5 <sup>th</sup> Floor<br>Rockville, Maryland 20850 | 240-777-4242 | <a href="mailto:Helen.Hunter@co.mo.md.us">Helen.Hunter@co.mo.md.us</a>             |

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**MEMORANDUM**

January 30, 2003

TO: Health and Human Services Committee

FROM: Essie McGuire, Legislative Analyst *EMcGuire*

SUBJECT: **Worksession – Mental Health Plan**

Today the Health and Human Services (HHS) Committee will hold a worksession to review mental health issues, and specifically to discuss the Mental Health Plan submitted by the Department of Health and Human Services (DHHS) on January 15. Daryl Plevy, Acting Chief, Adult Mental Health and Substance Abuse Services, DHHS, and Kathy Lally, Executive Director, Collaboration Council for Children, Youth, and Families, will be present to discuss these issues with the Committee.

On July 30, 2002, the County Council approved a special appropriation of \$699,440 for mental health services. The appropriation resolution (#14-1415, attached at circles 1-4) called for the development of a plan for moving to a different system of care for children and adults. This report was submitted to the Council on January 15, and one purpose of today's worksession is to review this document and discuss the Department's plan for these services.

**Council staff suggests that in addition, the Committee take this opportunity to briefly review the history of mental health in the County, assess the current status of change efforts, and determine what specific direction and next steps the Committee would like to see in the mental health system.**

**I. OVERVIEW: MENTAL HEALTH SERVICES IN MONTGOMERY COUNTY**

**A. Structure**

In Maryland, the State is responsible for administering and funding mental health services. Prior to 1997, the State funded grants to local jurisdictions to provide the mental health services in the community. Under this system, Montgomery County operated nine grant funded clinics, funded through a mix of County and State funds.

In 1997, the State decided to transition the public mental health system to a managed care, fee-for-service system. The County determined that the cost to maintain the County clinics under the new system would be prohibitive, and planned to privatize

the clinics over a three-year transition period. The Council decided to retain two clinics as safety net services for two special populations: the Silver Spring Child and Adolescent Mental Health Clinic and the Multi-Cultural Clinic, also in Silver Spring.

**Oversight body:** The State mandates that each local jurisdiction establish a Core Service Agency (CSA) to manage the State's public mental health system at the local level. CSA's can be organized within government, outside of government as a non-profit organization, or as a quasi-governmental agency. In Montgomery County, the CSA is located within DHHS in the Adult Mental Health and Substance Abuse service area. The CSA is responsible for planning, managing, monitoring, and evaluating the public mental health system at the local level.

**Funding:** Under the fee-for-service system, the State directly pays each provider a set fee for specified units of service, such as medication evaluation or individual counseling. The bulk of mental health funding, then, goes directly from State to provider without being appropriated by the County. The County receives approximately \$4 million in State grant funds to carry out the planning and evaluation functions of the CSA, as well as some specialized and targeted services. In addition, the County contributes approximately \$2.5 million to mental health services.

**Outpatient Providers:** One goal of the fee-for-service system was to increase consumer choice and access to care for outpatient services. In practice, the vast majority of public mental health consumers in the County are served by nine private outpatient mental health clinics. For the most part, individual private providers do not serve public clients, contrary to the State's original intentions.

**"Gray zone" category:** The Maryland system primarily serves Medicaid recipients who meet medical necessity standards. In addition, there are many individuals who are not eligible for Medicaid but do not have access to or cannot afford private insurance. Individuals in this situation are generally working poor, and have often been referred to as "gray zone" clients. Unlike most other states, Maryland has been progressive in its efforts to serve "gray zone" individuals through the public mental health system, although with some restrictions due to the extent of the need and cost of services. The State is no longer using the term "gray zone", although this category of need still exists.

**Consumer input:** Mental health consumers in the County have been and continue to be very involved in advocating for improvements in the public mental health system. There are several local organizations that advocate from this perspective, including: the County's Mental Health Advisory Committee, established in State and County law; the local chapter of the National Alliance for the Mentally Ill (NAMI); and On Our Own, a consumer run organization. Two non-voting consumer representatives sat on the Blue Ribbon Task Force. In the July 30 special appropriation, the Council designated \$91,740 to expand the availability of consumer run services and to develop a consumer affairs office. DHHS reports that both of these elements are being developed.

## B. Issues

Consumers, providers, and other advocates have clearly stated that individuals with severe mental illness are not well served by the public mental health system. The Blue Ribbon Task Force on Mental Health determined that the system is in collapse and cannot function effectively as currently constructed. Key systemic issues are discussed below.

- ***Fragmented Services:*** Consumers, providers, and the Blue Ribbon Task Force have expressed that the current fee-for-service system does not support a coordinated range of services required to treat people with severe mental illness. By reimbursing only discrete services, the system does not allow for flexibility or creativity in meeting a client's overall needs. It also does not provide incentives to ensure that all aspects of client need are addressed, including non-traditional support services that may allow an individual to remain in the community.

"Case management", or the preferred "care management", is the term most often used to describe ancillary activities required to coordinate elements of a client's care and to support the client outside of narrowly defined mental health treatment. Providers maintain that they are not directly reimbursed for care management, which can often be a significant and time consuming part of client care. The State's position has been that the overall treatment rates include some care management efforts. In the July 30 special appropriation, the Council designated \$200,000 to develop care management services for certain high need individuals. The status of these funds is discussed later in the packet.

- ***Safety Net:*** Advocates and the Blue Ribbon Task Force have stated that the State system does not have a true safety net to ensure that all consumers have access to services. Although the State and the County have taken steps recently to fill certain gaps, the possibility remains that some individuals could not receive treatment through the system. The July 30 special appropriation included funds to provide safety net services at the Crisis Center for gray zone and other individuals in crisis. The Department has implemented services for those individuals determined to be in crisis or serious need.
- ***Funding:*** The public mental health system has run deficits in recent years. This underfunding has prompted the State to take various reduction measures, such as instituting a moratorium on certain new residential placements or redefining eligibility for services.
- ***Medicare:*** There is a lack of parity in Medicare reimbursement rates that places financial pressure on recipients and providers. Medicare provides reimbursement of 80 percent of costs for somatic health care but only 50 percent of costs for mental health care. Clients are required to pay the balance as a copayment, which is often unrealistic for low-income Medicare recipients. As a result, many are unable to enter or remain in treatment, and providers often go uncompensated, although they are required to make efforts to collect the copayments.

- **Children's Mental Health:** Responsibility for children's mental health services is spread across departments and agencies, with no clearly identified central authority for planning and coordination of services. In addition, there are no psychiatric hospital beds available in the County for children under the age of 12, requiring placement far from home in some cases.

**These systemic problems resulted in two central issues that the Council heard repeatedly from consumers, providers, and advocates: limited access to services for individuals needing treatment and financial instability of the outpatient mental health clinics.** The Council's actions on mental health in recent years were primarily intended to address these two problems.

### **C. Council oversight and action**

The HHS Committee has extensively reviewed and monitored mental health issues for over three years. This effort began with a focus on children's mental health, then quickly shifted to encompass the whole system as it became apparent that systemic issues affected services for adults as well.

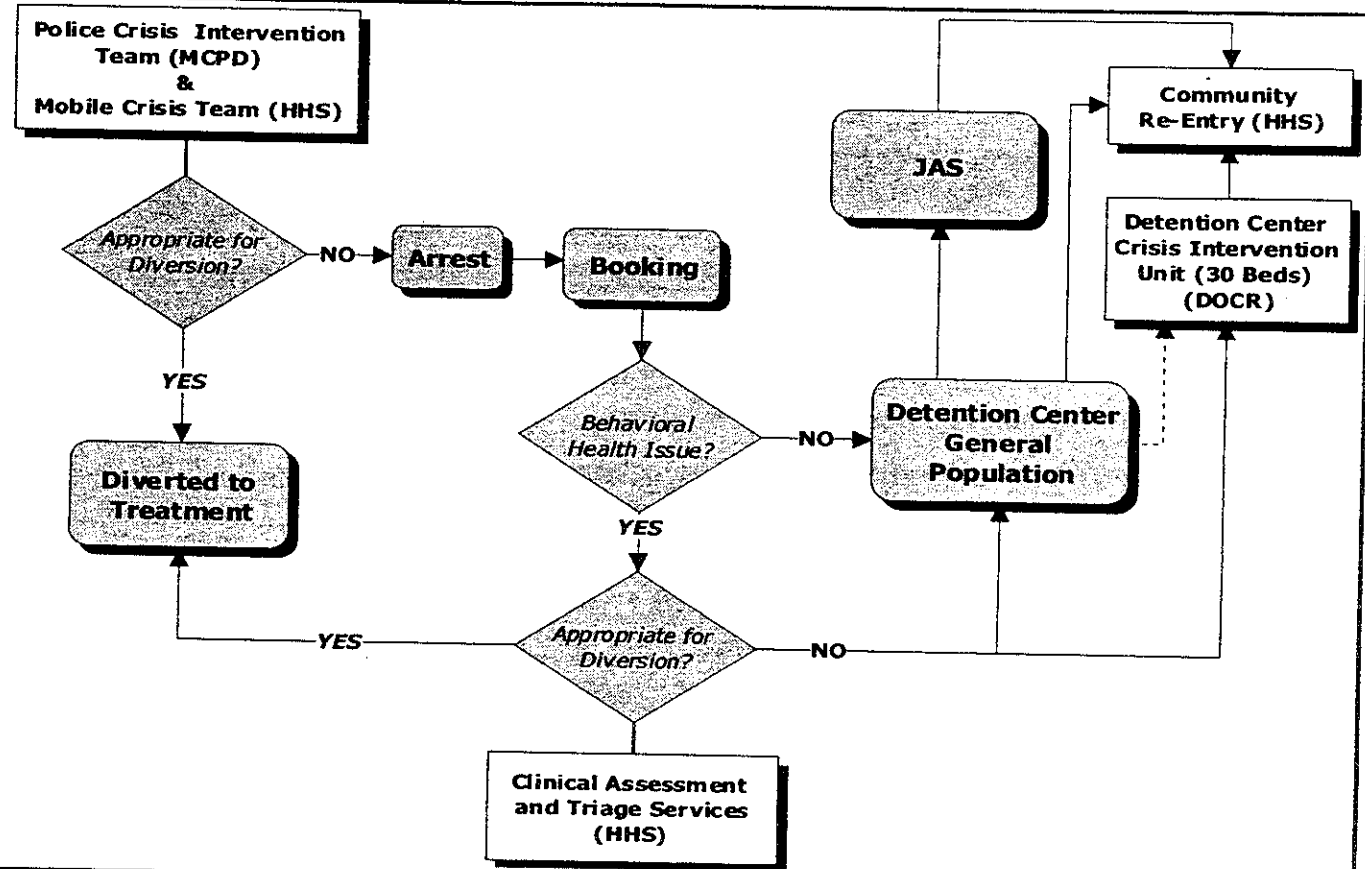
**Advocacy:** The Council has been a consistent advocate for changes at the State level to the public mental health system. Both the Secretary of the Department of Health and Mental Hygiene and the Director of the Mental Hygiene Administration responded to the HHS Committee's invitations to discuss these issues with the Committee. Although these conversations did not result in systemic changes, the State has taken some steps, such as providing funding in FY 02 and FY 03 to support outpatient services.

**Funding:** The Council has approved significant additional County funds, totaling approximately \$2.5 million, to support the public mental health system and ensure access to care for individuals. The County provides administrative support to the outpatient mental health clinics, a subsidy for residential services, and other targeted and specialized services.

**Blue Ribbon Task Force:** In July 2001, the Council commissioned a Blue Ribbon Task Force on Mental Health with a charge to make recommendations for improvement to the State's public mental health system and to advise the Council on the local funding and delivery of public mental health services. The findings and recommendations of the Task Force, released in February 2002, are attached beginning at circles 22-25, and several have been noted in this packet. The Task Force recommended significant changes to the structure and funding of the system, as well as several steps to improve coordination and accountability in the local management of the system.

# CORRECTIONAL BEHAVIORAL HEALTH INITIATIVE

**MISSION:** We envision a Montgomery County in which appropriate mental health services are made readily available through a collaboration among private and public providers and community advocates to improve quality of life, create safer communities and reduce the cost of future care.



**EXPLANATION:** CHBI is a collaboration among the Montgomery County Police Department (MCPD), the Department of Correction and Rehabilitation (DOCR) and Department of Health and Human Services (HHS) to provide:

- \* Crisis Intervention Team of highly trained police officers and Mobile Crisis Team of highly trained mental health professionals who respond to behavioral crisis situations in the community.
- \* Clinical Assessment and Triage Services for mental health pre-booking diversion to find treatment alternatives to incarceration.
- \* MCDC Crisis Intervention Unit for appropriate assessment and treatment planning for those who are incarcerated and suicide prevention within MCDC.
- \* Community Re-entry case management and discharge planning to community resources for continuity of care and recidivism reduction.

Effective and accessible assessment, collaboration, diversion, treatment and rehabilitation services can reduce the occurrence of crimes related to mental illness and substance abuse. To be effective, these services must meet the individual needs of people at risk for these behavior disorders.

## OUTCOME MEASURES

|   | FY99<br>ACTUAL | FY00<br>ACTUAL | FY01<br>ACTUAL | FY02<br>YTD |
|---|----------------|----------------|----------------|-------------|
| Percentage of calls for CIT officers that result in diversion   | NA             | NA             | NA             | 96          |
| Percentage of eligible inmates diverted to community behavioral health  | NA             | NA             | NA             | 78.0        |
| Number of suicidal gestures/attempts in MCDC  | 23             | 19             | 21             | 23          |
| Number of successful suicides in MCDC   | 2              | 0              | 0              | 0           |
| Percentage of inmates who are connected to behavioral health services in the community                        | NA             | NA             | NA             | TBD         |
| Percentage of homeless clients who are connected to housing providers   | NA             | NA             | NA             | TBD         |
| Percentage of offenders with mental health problems who are transitioned into the public mental health system | NA             | NA             | NA             | TBD         |



# REGULATION MONTGOMERY COUNTY PUBLIC SCHOOLS

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Related Entries: JEA-RA, JEA-RB, JEA-EA, JEA-EB  
Responsible Office: Student and Community Service

## Enrollment of Homeless Student

### I. PURPOSE

To provide procedures for the enrollment of homeless students in school so as to maintain a stable educational environment by minimizing the effect of mobility on academic achievement whenever feasible

### II. DEFINITIONS

- A. *Parent* includes natural parent, adoptive parent, legal guardian, person acting in place of parent or person legally responsible for student's welfare.
- B. *Homeless Students* are individuals who lack a fixed, regular, and adequate nighttime residence. This term includes:
1. Students who are sharing housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement
  2. Students who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings
  3. Students who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings
  4. Migratory students as defined under federal law who qualify as homeless because they are living in the circumstances set forth above
- C. *School of Origin* is the school the student attended when permanently housed or the school the student last attended when enrolled.

- D. *Unaccompanied Homeless Student* includes a homeless student not in the physical custody of a parent or guardian.

### III. PROCEDURES

- A. School placement decisions should be made on the basis of the best interest of the homeless student. The best interest of the student could be served by either:
1. Continuing enrollment in the school of origin for the duration of the homelessness if a family becomes homeless during an academic year, or for the remainder of the academic year if the student obtains permanent housing during the academic year
  2. Enrolling the homeless student in the school that non-homeless students who live in the attendance area in which the homeless student is actually living are eligible to attend
- B. Enrollment
1. The school which is determined to be in the best interest of the homeless student must immediately enroll the student, even if the student is unable to produce the records normally required for enrollment.
  2. The enrolling school shall immediately contact the school last attended by the homeless student to obtain relevant academic and other records.
  3. If the homeless student needs to obtain immunizations, or immunization or medical records, the enrolling school shall immediately refer the parent to the homeless liaison who shall assist in obtaining the necessary immunizations or immunization/medical records.
- C. Best Interest Determination
1. In determining the best interest of the homeless student, the school/school system shall:
    - a) To the extent feasible, keep the homeless student in the school of origin except when doing so is contrary to the wishes of the homeless student's parent or guardian
    - b) If the homeless student is sent to a school other than the school requested by the parent or guardian, provide a written explanation

to the parent or guardian which shall include a statement regarding the right to appeal

- c) In the case of an unaccompanied homeless student, ensure that the homeless liaison assists in placement or enrollment decisions, considers the views of the student, and provides the student with notice of the right to appeal
2. Factors which are to be considered when making the best interest determination include:
- a) The student's age
  - b) The school which the student's siblings attend
  - c) The student's experiences at the school of origin
  - d) The student's academic needs
  - e) The student's emotional needs
  - f) Any other special needs of the family
  - g) Continuity of instruction
  - h) Length of stay in the current living situation
  - i) The likely location of the family's future permanent housing
  - j) Time remaining in the school year
  - k) Distance of commute and other transportation-related factors
  - l) The safety of the student
  - m) Length of ride time
  - n) The distance to be traveled
  - o) The availability of buses and personnel
  - p) The opportunity for parent reimbursement

- q) The ability to reroute buses
- r) The availability and cost of alternative transportation modes such as taxis and public transit as permitted by law

D. Comparable Services

Each homeless student shall be provided services comparable to the services offered to other students in the school which the homeless student attends. Such services include:

1. Transportation services
2. Educational services for which the student meets the relevant eligibility criteria, such as services provided under Title I, educational programs for students with disabilities, and educational programs for students with limited English proficiency
3. Vocational and technical education programs
4. Programs for gifted and talented students
5. School nutrition programs

E. Records

For each homeless student, any record ordinarily kept by the school, including immunization or medical records, academic records, birth certificates, guardianship records, and evaluations for special services or programs, shall be maintained so that they are available in a timely fashion when the student enters a new school or a new school district.

F. Homeless Liaison

The homeless liaison shall ensure that:

1. Homeless students are identified by school personnel and through coordination activities with other entities and agencies
2. Homeless students enroll in and have a full and equal opportunity to succeed in school

3. Homeless students and families receive educational services for which such students and families are eligible, including Head Start programs and preschool programs
4. The parents of homeless students are informed of the educational and related opportunities available to them and are provided with meaningful opportunities to participate in the education of their children
5. Public notice of the educational rights of homeless students is disseminated where such students receive services, such as schools, family shelters, and soup kitchens
6. Enrollment disputes are mediated according to applicable procedures
7. The parents of homeless students, and unaccompanied homeless students, are fully informed of all transportation services, including transportation to the school of origin, and is assisted in accessing such transportation

G. Enrollment Disputes

1. If a dispute arises over school selection or enrollment in a school:
  - a) The homeless student shall be immediately admitted to the school of origin or school in the attendance area where the student actually lives pending resolution of the dispute
  - b) The parent shall be provided with a written explanation of the school's decision regarding school selection or enrollment, including the right to appeal the decision
  - c) In the case of an unaccompanied homeless student, the homeless liaison shall ensure that the student is immediately enrolled in school pending resolution of the dispute
2. Disputes regarding enrollment, school selection and services to be provided shall be addressed as follows:
  - a) Upon receipt of a written complaint from the parent of a homeless student, or an unaccompanied homeless student, the principal shall resolve the complaint within 5 school days
  - b) If the parent or the unaccompanied homeless student is dissatisfied with the resolution, or if the principal does not issue a decision

within 5 days, the parent or the unaccompanied homeless student may file a written complaint with the superintendent

- c) The superintendent shall issue a decision within 10 school days
- d) If the superintendent does not issue a decision within 10 days, or if the parent or the unaccompanied homeless student is dissatisfied with the decision, the parent or the unaccompanied homeless student may appeal the decision to the local board, in writing, within 30 days, pursuant to Education Article, §4-205(c), *Annotated Code of Maryland*
- e) The local board shall decide the appeal on an expedited basis within 45 days of receipt of the appeal
- f) If the parent or the unaccompanied homeless student is dissatisfied with the decision of the local board, the parent or the unaccompanied homeless student may appeal the decision to the State board, in writing, within 30 days, pursuant to *COMAR* 13A.01.01.03

*Regulation History:* New Regulation, August 28, 2002.