



# **Plan to End Homelessness**

**November, 2010**

**Howard County Department of Citizen Services**

**Board to Promote Self-Sufficiency**

**Committee to End Homelessness**

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Despite Howard County's affluence, and despite an extensive system of shelters and other services, homelessness persists here. More than 200 people each day are living in shelters – or in the woods or in cars. Hundreds more are at risk of homelessness, doubled up, moving from couch to couch, or threatened with eviction.

Shelter beds are nearly always full, and about a dozen people are turned away in an average day. Emergency funds run out before the emergencies do. Families that are precariously housed often don't get help until they're actually on the street. The county lacks the type of supportive housing needed to get the chronically homeless out of the woods.

Homelessness is costly. Numerous studies from across the country show that the chronically homeless consume disproportionate shares of hospital and police costs. And it isn't just the taxpayers who are bearing the cost. Homeless children are twice as likely to repeat a grade in school and twice as likely to go hungry. The Howard County Public School System last year identified 462 children who were homeless or at risk of homelessness – up 27 percent from the year before.

It doesn't have to be that way. Homelessness is not inevitable. We don't have to learn to live with it. It can be prevented. And other communities are showing that it can be done. Here are the keys:

- **Prevention** efforts to provide stabilization services to persons that might otherwise become homeless; and a
- **Housing First** approach to move homeless persons as rapidly as possible to permanent housing.

This Plan shows us the way. It was drafted by the Committee to End Homelessness, at the request of the Board to Promote Self-Sufficiency. The Board was created by the county executive and county council to promote the economic stability of individuals and families and reduce the incidence of poverty in Howard County.

The Plan reviews what's known about homelessness in Howard County, enumerates current efforts to deal with the problem, and points to a new paradigm of Prevention and Housing First adapted to the local situation. Since not all homeless people are alike, the Plan offers strategies to deal with the two main categories of homeless people:

- Chronically homeless persons generally have problems such as substance abuse and mental health issues. For them, the Plan calls for a Housing First approach – stabilizing the living situation to allow the person to focus on the conditions which led to their homelessness – coupled with efforts to address substance abuse, health, mental health, and income issues. It recommends the development of specialized supportive housing options to deal with the needs of this population.
- "Situationally" homeless persons slide into homelessness from stresses such as job loss and/or serious illness. Strategies to help this group are related to preventing homelessness when a crisis occurs. This means providing services for those who are in crisis before they are pushed into the shelter system; helping families stay housed; restructuring the current system of services to maximize coordination and to direct resources to persons most likely to become

homeless; linking families to existing mainstream services; and creating smooth transitions to stable housing for people leaving hospitals, detention and foster care.

The Plan looks in a general way at investments needed – although we believe our approach will generate savings in the long run for homeless services, emergency medical care and public safety – and calls for the committee to continue to work to develop more detailed financial projections. Finally, there is a process to monitor implementation of the strategies.

To be effective, this Plan cannot be a static document. The Committee to End Homelessness and the Board to Promote Self-Sufficiency intend to continue to flesh out details and monitor the Plan, adjusting it as needed to account for changing circumstances and the availability of funding.

Together, we must make a commitment that no one in Howard County should experience homelessness – no one should be without a safe, stable place to call home.

## I. Homelessness in Howard County

A survey conducted on January 27, 2010, found 221 persons homeless in Howard County that day, an increase of 12% over the prior year's survey. Temporary housing was being provided to 133 people. Another 88 were living outdoors, in cars, or places not meant for human habitation.

<b>Howard County Point in Time Count of Homeless People - Jan. 27, 2010</b>			
	# in families	# not in families (singles)	Total # homeless people
<b>In shelter or transitional housing</b>	106 (in 35 families)	27	133
<b>Unsheltered</b>	23 (in 8 families)	65	88
<b>Total</b>	129 (in 43 families)	92	221

This count, which is for only one day, has risen 30% over similar single-day counts during the past three years. We currently do not know how many people experience homelessness in Howard County in one year.

The survey only counts persons actually homeless and did not enumerate persons who are at risk of homelessness, but that number is much larger. The at-risk population includes those paying at least 40% of income on housing, doubled up with other families, facing eviction, or temporarily living in motels they cannot afford. In 2009, there were 1,353 foreclosures and 342 evictions in Howard County, and the Community Action Council acted to prevent another 300 evictions. In the 2009-2010 school year, Howard County public schools identified 462 children actually homeless or in one of the at-risk categories. The main homeless service providers, Grassroots and Bridges to Housing Stability, turned away people for lack of space more than 4,200 times last year. All those numbers are up substantially from the year before; for example, the 4,200 turnaways in fiscal year 2010 compare with 3,300 in 2009 and 2,500 in 2008. These numbers include some duplication of persons calling on multiple days seeking shelter. Still, on average, shelter requests are denied at a rate of 11 per day.

The common denominator among homeless people is poverty. Risk factors for becoming homeless include:

- Having an addiction, mental illness, physical disability, past trauma, and lack of family and social support systems.
- Having unaffordable rents, loss of income, medical crisis, domestic dispute, overwhelming debt, poor credit history, and lack of money management skills.
- Aging out of foster care or being discharged from a hospital, mental health care facility, or detention facility.

### Resources for the Homeless

Howard County has provided services for homeless people for many years. Consistent with prevailing public policy, services have been primarily targeted to people who are already homeless; however, increasing resources are being focused on homelessness prevention. Here is the current range of services:

Grassroots Crisis Intervention Center operates shelter programs and support services for homeless families and individuals, including:

- 24-hour crisis hotline, walk-in counseling and information and referral.
- Shelter and transitional housing capacity for 18 men, six women and 12 families (total 51 beds in-house).
- Motel shelter program that serves six families.
- Cold Weather Shelter from mid-November to mid-March hosted by faith-based organizations on a rotating weekly basis. About 25 persons are sheltered at a time.
- Homelessness Prevention and Rapid Re-Housing Program (HPRP) provides financial assistance and case management to households at risk of homelessness. It is funded through 2011 by federal economic stimulus funds.
- Day Resource Center for homeless persons that provides basic needs for an average of 60 people per day and more than 500 different individuals per year.

Bridges to Housing Stability operates two programs:

- Homeless to Housing Program provides transitional housing and case management for up to two years for families coming from shelter. Current capacity is 18 homeless families.
- Homelessness Prevention Program provides assessment and stabilization services (case management) to families who are at risk of losing their housing. Services include money management coaching, tenant/landlord mediation, tenant education, and referral to community resources such as financial aid and legal assistance.

Domestic Violence Center operates an emergency shelter and two transitional housing sites for persons who become homeless as a result of domestic violence or sexual assault, with a total capacity of 25 people. The agency uses partnerships with motels to house Howard County residents in imminent danger. In addition to helping crime victims meet their basic needs as a result of homelessness, DVC offers case management, legal advocacy, and counseling.

The Department of Citizen Services operates three projects that provide permanent supportive housing for homeless persons with disabilities, serving 15 families and 24 individuals.

The Mental Health Authority operates one project that provides permanent supportive housing for 10 people.

St. John the Evangelist Catholic Church provides two houses for homeless families.

Community Action Council provides a number of homeless prevention services to families who are transitioning from homelessness, relocating to more affordable housing, or facing a crisis that places them at risk of homelessness. The services offered include:

- Financial assistance and case management to households at risk of eviction. In FY 2010, the number of families assisted increased by 11% to 327, and the rate continued to rise in the first three months of FY 2011.
- One month's rent and security deposit.
- Energy assistance to families residing in subsidized housing who would be at risk of homelessness if their energy was turned off.
- A wide variety of financial assistance including housing assistance for those at risk.
- Financial counseling sessions to clients.
- Information and referral to community resources, including but not limited to workforce development, legal aid, Department of Social Services, Housing Department, Health Department, Healthy Families, and Domestic Violence Center.

## **Why a Plan to End Homelessness?**

Homelessness is expensive for the community, not only in the direct costs of operating shelters and transitional housing, but also in the burden placed on the medical care, emergency services and public safety systems.

And for individuals and families, homelessness is a devastating form of poverty from which recovery is extremely difficult. Typically, families become homeless as a result of some unforeseen financial crisis – loss of employment, a medical emergency, a car accident, a death in the family – that prevents them from being able to retain housing. Once they are homeless, it becomes difficult to maintain employment, schooling, health care, contacts with supportive friends and family and other aspects of a normal life, even if they are in the shelter system, and nearly impossible if they are unsheltered. The effects of not having a normal home life are particularly damaging to children.

For more than 25 years, public policy has focused on addressing homelessness only after it has occurred. In the past few years there has been a gradual realization that the existing system of homeless services is providing some relief to individuals and families but not solving the problem. What is needed is a new paradigm that focuses on preventing homelessness while helping people who are already homeless to move to permanent housing.

Led by the U.S Interagency Council on Homelessness (USICH) and the National Alliance to End Homelessness (NAEH), more than 300 communities have completed or begun work on plans to transform their systems in a way that will truly end homelessness. Howard County is positioned well to build on our robust system of services, draw on the successes of other communities, and craft a plan that meets our needs and serves as a model for others.

Federal funding rules are changing, and the existence of a Plan will help Howard County retain hundreds of thousands of dollars a year in federal support and position it to seek and win additional funds.

Moreover, although the current mix of private non-profits and government agencies run their programs well and make an effort to collaborate, there is not sufficient coordination and not a clear enough overarching strategic approach to designing services to meet the need. Here are some of the gaps in services which a plan needs to address:

- The inadequate supply of below-market rental housing and support services, which make it difficult for families to leave shelter. When families do not leave, there's no room for other families to enter, and the system remains clogged.
- Our system can't serve all the people who need help. Shelter beds are almost always full. Periodically, emergency dollars run out. Sometimes, people who need help don't meet the requirements set by the funding source. Despite the best efforts of agency staff to find creative ways to assist people, those in need can't always get help when they need it.
- Our system of services often compounds a family's stresses as it responds slowly, requires people to miss work to get help, presents difficult bureaucratic barriers, and requires people to self-coordinate programs and services.
- Most people don't get intensive help to prevent homelessness when it threatens. Program design and funding rules – which are now changing – withhold the most intensive assistance until people are actually on the street.
- The chronically homeless lack suitable housing options which, combined with services, will give them the support they need.

## II. A New Approach to Homelessness in Howard County

In 2009, the Howard County Board to Promote Self-Sufficiency charged its Committee to End Homelessness (CEH) with developing a Plan to End Homelessness (the Plan). The CEH has mobilized more than 50 committed participants from human service agencies, local government, and the community, forming task groups to study the situation in Howard County and best practices for ending homelessness that have been successful in other communities. The research clearly recommends two principal methods of ending homelessness:

- **Prevention** efforts to provide stabilization services to persons that might otherwise become homeless; and a
- **Housing First** approach to move homeless persons as rapidly as possible to permanent housing.

Central to the success of the Plan is a commitment to treat homelessness as a threat that must be prevented and remediated as quickly as possible. That will mean approaching housing crises in the same way we approach medical emergencies, domestic violence or child abuse. We respond as early as possible before much damage is done and act to prevent further damage. This makes sense because, like these other threats, the longer homelessness goes untreated, the more devastating the impact, the more costly the treatment, and the lower the chances of complete recovery.

*Ending homelessness is possible in a community that values and commits to housing stability. A first step is the establishment of a community standard that assures people experiencing a housing crisis will not go unsheltered.*

Not all homeless people are alike, so this Plan needs to set goals for addressing the needs of different segments of the homeless population. There are the chronically homeless, usually older, single males with a serious mental illness, alcohol or drug addiction, and/or chronic physical illness. But the majority of homeless in Howard County are situationally, not chronically, homeless. They are pushed out of stable housing by a sudden crisis such as job loss or serious illness. In dealing with this population, we use the term "family homelessness," because that is what is used in other reports and in federal funding guidelines. We mean, however, to refer to all situationally homeless, including adults-only households and single adults.

***Prevention and Housing First...***

*If we do these two things well we  
can end homelessness.*

## Goal 1: Ending family homelessness

Families become homeless due to stresses such as job loss, low income, disability, unexpected illness, lack of transportation and/or child care, domestic violence, debt, lack of life skills, chaotic lifestyles, and mental illness. These stresses are compounded when a family lacks the resources to manage them, and they have a negative impact on children, research shows<sup>1</sup>

From successful models in best-practice communities, we know that these strategies will work.

### **Strategy: Prevention**

It costs less – both in money and in human suffering – to prevent homelessness than it does to shelter and help people after they're already homeless. According to the National Alliance to End Homelessness, the average cost of a shelter bed funded by federal grants is \$8,067 a year more than the average cost of a federal Section 8 housing subsidy.<sup>2</sup>

*Prevention costs less than caring for people after they become homeless*

A single comprehensive, coordinated system will identify people at risk, engage them, and help stabilize the current housing situation or assist them in moving to appropriate permanent housing without entering the shelter system. While several quality components of a prevention system exist in separate agencies, these must be linked for close coordination to respond to the unique needs of a household in housing crisis. Such coordination will reduce duplication of services and effort. Stabilization services will help families address factors contributing to housing instability. This system will offer solutions that can range in time span, cost and intensity according to the family's need. Services can be decreased as the family's stability increases. This system should include:

- **Outreach.** Prevention starts with outreach to locate and engage people who are at risk of losing their housing, forming partnerships with landlords, eviction court and the school system, targeting those at greatest risk and those least likely to self-identify their risk.
- **A single point of entry.** Families get help identifying what they need without having to locate and apply for multiple social service programs. Sharing data among agencies – with scrupulous protections of privacy – will increase coordination of services and reduce duplication of effort, saving time and resources for agencies and clients.
- **Assessment.** The first step in a housing crisis is a thorough assessment that identifies both strengths and risk factors. Upon assessment, the family begins stabilization services as the situation dictates. If housing has already been lost, and no other alternative exists, the family enters shelter.
- **Client-centered case management.** Case management targets interventions to a family's housing-related needs, such as money management coaching, tenant-landlord mediation, and problem-solving support. It also links families to community services that can address a wider range of needs, such as mental health treatment, legal services, domestic violence counseling, and government assistance programs.

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<sup>1</sup> The National Child Traumatic Stress Network, Facts on Trauma and Homeless Children, 2005. Ellen L. Bassuk, MD, Steven M. Friedman, PhD.  
[http://www.nctsnet.org/nctsn\\_assets/pdfs/promising\\_practices/Facts\\_on\\_Trauma\\_and\\_Homeless\\_Children.pdf](http://www.nctsnet.org/nctsn_assets/pdfs/promising_practices/Facts_on_Trauma_and_Homeless_Children.pdf)

<sup>2</sup> National Alliance to End Homelessness  
[http://www.endhomelessness.org/section/about\\_homelessness/cost\\_of\\_homelessness](http://www.endhomelessness.org/section/about_homelessness/cost_of_homelessness)



- **Flexible financial assistance.** Often, people caught up in a housing crisis are not eligible for strictly defined assistance programs, or the help may not be available quickly enough. Flexible funds that are immediately available can often prevent imminent loss of housing. Flexible funds are used where no other assistance is applicable for interventions such as rent arrearage and utility shut-off. To make rapid re-housing a reality, some households need start-up costs, such as first month's rent and security deposits.
- **Strategic re-housing.** As part of assisting families in financial management, case managers often find it useful to assist the family in moving to more affordable housing. The proposed housing locator (see below) can help in finding appropriate homes.
- **Housing subsidies.** Nothing is more effective in ending homelessness than rent subsidies. Families that pay more than 40% of income for housing costs may need short or long-term help to maintain their homes.
- **Supportive housing for families.** Some high-needs families require on-going subsidies coupled with intensive support to maintain permanent housing.
- **Affordable housing.** More affordable housing will aid in prevention by relieving economic pressure on some persons at risk of homelessness and making it less costly to keep people in their homes. The Plan does not address this need in detail, but supports the work being done by the Full Spectrum Housing Coalition and the Department of Housing and Community Development to increase the stock of affordable housing.

**Strategy: Restructure the current system that responds to housing crisis**

To shift from our current system to one that assures that people will not go unsheltered and treats housing crisis as a “must respond” emergency will require reform of Howard County’s system of homeless services:

- Review of county government and agency policies to assure they do not inadvertently cause homelessness.
- Allocation of resources to promote homelessness prevention and permanent housing solutions.
- Re-establishing roles of various human service agencies into a single comprehensive housing stability system.
- Prioritization of services for families in housing crisis, expediting some services that will preserve a family’s housing.

**Strategy: Strengthening mainstream services**

An important aspect of case management in this Plan is to link families to mainstream services that will assist a family’s long-term stability (such as income, food, child care, employment, legal services, transportation, health, and mental health). During a housing crisis, prompt availability of services and assistance is often vital to a family’s stability. Moreover, strong and responsive assistance programs serve to reinforce stability for all vulnerable or low income persons whether or not they have been homeless or are at risk of homelessness. The assurance of strong, responsive mainstream services is best addressed in a comprehensive community-wide poverty solutions system such as that envisioned in the Human Services Master Plan. The Board to Promote Self-Sufficiency will address some of these needs through its workgroups on Ending Hunger and Increasing Income/Building Assets.

**Strategy: Smoothing transitions**

Some people leaving institutions need help to establish stable housing. Of primary concern are youth aging out of foster care and those leaving the Howard County Detention Center. Also, help may be needed for some patients leaving Howard County General Hospital, psychiatric facilities and, if one is established, residential treatment for substance abuse. In some communities, rough transitions for those leaving the military have resulted in homeless veterans. Fortunately, there is no evidence of this in Howard County, but liaison with military discharge planners could assure that it doesn't happen here. Each of the institutions has a discharge process, and they would welcome a connection with housing resources.

**Strategy: Brief shelter and rapid re-housing.**

Where loss of housing cannot be prevented, families should be placed quickly in permanent housing, sometimes after an abbreviated shelter stay. Many households can return to permanent housing and remain stably housed at much less expense than keeping them in shelter. Someone who became homeless because he or she was \$300 short of the full rent is unlikely to have \$2,000 for a new security deposit and first month's rent. Waiting in shelter until it is possible to save enough to be resettled is a very poor use of scarce shelter resources.

## Goal 2: Ending Chronic Homelessness

Chronic homelessness is long-term or repeated homelessness. Virtually all chronically homeless people have a disability or a condition that hinders their ability to access mainstream resources. Many have a serious mental illness such as schizophrenia, alcohol or drug addiction, and/or chronic physical illness, and are lacking family resources and social support systems. Most chronically homeless individuals have been in treatment programs, sometimes on dozens of occasions. For a variety of reasons, including mental health and substance abuse issues, some people don't adapt well to traditional housing situations.

This category also includes families going from relative to relative and in generational poverty. They require options that are different from those that serve families who suddenly slide into homelessness.

### **Strategy: Housing First -- help homeless people move as rapidly as possible to housing stability.**

Homeless people are more likely to overcome their underlying problems if they are relieved from the stress associated with lack of stable housing. Moving from place to place or living outdoors saps energy and resources, making difficult the changes needed to return to normal living. In the past, it was assumed that people should deal with their underlying problems before they could successfully achieve independent living. This has meant, however, that chronically homeless people are often unable to meet standards of program participation and sobriety, and thus are screened out of the system intended to help them. Housing First recognizes that people need stable living conditions to enable them to work through their problems.

*Without housing,  
nothing else  
works to end  
homelessness.*

The types of housing and facilities needed to implement a Housing First strategy are described below. Supportive housing, housing subsidies and sober houses can be based in existing housing units available in the market. The other types of housing require special facilities.

- **Day Resource Center.** The Day Resource Center in Jessup, a partnership between Grassroots and the faith community, has operated three days a week since July 2008. It provides a place for the street homeless to get a shower, a meal, internet access, a mailing address, limited basic health care, assistance on accessing social services or employment, and a sympathetic ear. It has become the principal outreach effort to the street homeless and a means of building trust and creating access for them to seek help from social service agencies. While not providing housing, the Center is included here because its current location is slated for redevelopment, so it will require a facility.
- **Temporary shelter.** A low-demand, overnight shelter makes a safe haven from the elements and an evening meal available, under conditions in which the chronically homeless are likely to feel comfortable. The only requirement for admission would be adherence to acceptable behavior standards. This type of shelter is currently available only in the winter months and does not have a fixed location. The temporary shelter would have a capacity of approximately 20 persons (perhaps more in winter), but utilization should decline over time as permanent housing options are developed. It would include separate spaces for families, sober individuals, and individuals who may be intoxicated but in control of their behavior.

- **Single room occupancy (SRO) housing.** This housing option would provide shelter for individuals who are currently un-housed, giving them relief from the daily stress of living outdoors while they work on employment, mental health and addictions issues. The proposed SRO would serve 32 individuals (or couples) for whom housing is a significant barrier to accessing employment or social services, or who are employed but unable to attain or sustain traditional housing. Primarily a housing program, the SRO would provide some linkage to case management and social services. While there would be no restrictions on length of residency, persons housed in the SRO would have a base from which they could work towards more traditional housing and societal integration.
- **Sober House.** This would provide a group residential setting for five to eight homeless people with addictions issues who seek sobriety and stable housing in a supportive environment. The Sober House would be a rented (or owned) residence under the management of a non-profit agency with oversight by an advisory committee. The house would be a drug/alcohol free place that is largely self-governing. Each resident would have his own room and share the other facilities in the house. Residents would be expected to pay rent out of income from employment, disability benefits or other legitimate sources.
- **Supportive housing.** Permanent affordable housing with supportive services are designed to help people maintain their housing. It is designed for people who have been homeless or are at risk of homelessness and who have special needs such as disabilities. Permanent housing means housing with no limit on length of stay and no requirement that tenants move out if their needs change. Although any housing configuration is possible (scattered, clustered, single site, mixed tenancy, mixed use), it is anticipated that Howard County would opt for leased scattered sites.
- **Housing subsidies.** Housing subsidies include a variety of strategies that reduce the amount of rent that an eligible family or individual pays to the landlord. This could include direct housing vouchers, below market rate rental apartments, short-term rental assistance, or other means of reducing cost to the tenant. Supportive services may or may not be connected with the housing assistance.
- **Housing search specialist.** This position has two major functions. The first is to identify and maintain an inventory of local housing resources, both traditional resources and alternative housing options such as rooms to rent, boarding houses, and home sharing. This also entails developing relationships with landlords, realtors, and management companies to maintain ready access to available housing opportunities. The second function is to work one-on-one with homeless individuals and families to help them identify, obtain and move into housing that meets their needs. The intended outcome is to rapidly re-house a homeless individual or family, thereby minimizing the period of time that they are homeless. In addition to helping the chronically homeless, the search specialist would contribute to preventing family homelessness by assisting in finding affordable homes for those with changing financial circumstances or exiting emergency shelter.
- **Quantity of housing required.** After the January 2010 homeless survey, a hypothetical study was done to estimate the new housing resources that would be needed to house the homeless that were counted – 43 families and 92 individuals – in the most appropriate level of housing for them. The study identified the need for making available this additional housing in the community through subsidies or vouchers:
  - 16 units of permanent supportive housing for families
  - 22 units of permanent subsidized housing for families

- 12 units of permanent supportive housing for individuals
- 6 units of permanent subsidized housing for individuals
- 5 families would remain in their current housing or shelter program because a more appropriate program could not be identified in this study.

In addition, there would be an need for these specialized housing resources for individuals

- 17 places in sober houses
- 23 units of low demand (SRO) housing
- 6 beds in temporary overnight shelter interim housing
- 12 persons would not accept housing and require continuing outreach to provide basic needs.
- 16 persons would remain in their current housing or shelter program because a more appropriate program could not be identified in this study.

In this hypothetical scenario, space would be freed at Grassroots for 12 new families and 17 new individuals.

The total demand in the community for both supportive housing and subsidized housing is much larger. These numbers cover only the housing needed for the individuals and families counted as homeless on one day in January. Although this population is constantly changing, the study is seen as a reasonable estimate of the minimum number of housing units needed to end homelessness, and therefore a reasonable first step goal. A future step will estimate the need for subsidies and supportive housing to reduce risk of homelessness.

**Strategy: Health care.** Provide medical and behavioral health care that will enable homeless persons to obtain and retain housing.

Chronic homelessness is essentially a health problem. The principal causes of chronic homelessness are behavioral health problems: addictions or mental illness, sometimes both. To a lesser extent, medical conditions or physical disability may be causes of chronic homelessness. Living outdoors is physically stressful, and exposure to the elements can produce a number of health problems. Once a person becomes chronically homeless, access to health care is very limited. The multiple barriers include lack of income, lack of insurance, poor hygiene, lack of transportation, difficulty in accessing government programs, an inability to plan, and an inability to advocate for themselves in the health care system. As a result, chronic conditions go untreated until they become acute and require treatment in emergency rooms, the most expensive place for health care.

- **Medical (physical health) care for the homeless.** The current model for health care for chronically homeless individuals relies on a small number of committed volunteer physicians and nurses who provide basic primary care at the Day Resource Center and Grassroots. In addition, specialists are providing limited pro bono services within their own practices. The proposal is to expand significantly on that model by recruiting additional medical volunteers and seeking ongoing funding for diagnostic and radiology services, dental care, prescriptions, and medical supplies and equipment. The model also calls for strong partnerships with the Health Department, hospital, clinics such as Chase Brexton, and providers of complementary services such as laboratories and pharmacies. Case managers and mentors would engage with clients to provide transportation and facilitate successful utilization of the health care system.
- **Assertive Community Treatment (ACT).** This is an outreach team treatment approach designed to provide comprehensive, community-based psychiatric treatment, rehabilitation and support to

persons with serious and persistent mental illness who have avoided or not responded well to traditional treatment services. This program will be implemented in Howard County by the Mental Health Authority and Way Station within the next year and will reach our unsheltered population. The intended outcome is that those served will develop trusting relationships with the treatment team, ultimately availing themselves of treatment and service options that may lead to housing programs.

- **Addictions treatment on request.** Much of substance-abuse treatment selects people on a "failure model" – the client needs to fail at a less intensive level of treatment before qualifying for a more intensive one. But outpatient treatment is simply not realistic when the “out” is just that – outdoors. The availability of detoxification and residential alcohol treatment programs, at the level needed by the addict and when the addict is ready for treatment, is a critical step towards achieving permanent housing. Barriers to entry, even if intended to gauge motivation, lead to missed opportunities for recovery for individuals for whom day to day survival challenges make long term planning difficult or impossible. For those who *can* achieve recovery, the availability of treatment with extremely low entry barriers, followed by a residential component such as sober houses or other supportive housing options, is essential. Experience has shown it is difficult to predict who is “ready” and when, so treatment must be available for all (within reason) upon request.

**Strategy: Help chronically homeless people obtain the income to be self-sufficient.**

Most chronically homeless people suffer from addictions or mental illness. If treated, many of them are capable of being employed. Some are capable of casual employment even without treatment. Those who are not employable are usually eligible for Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI), or some other form of disability benefit. The first program described below needs to be developed and the other two are being implemented.

- **Employment.** Chronically homeless persons who seek employment after substance abuse treatment may need extensive training and coaching to obtain and retain employment. Even those with an extensive employment history may need referrals, application assistance, and encouragement. Those who work with this population should be able to make a seamless referral to the Columbia Workforce Center, where clients can develop an individualized employment plan. Employment counseling service should be available to every chronically homeless person who seeks assistance, shelter, or housing.
- **SOAR (SSI/SSDI Outreach, Access, and Recovery).** SOAR works within the system to assist homeless people with disabilities in obtaining Social Security benefits. Nationally, only about 37 percent of individuals who apply for SSI/SSDI benefits are approved on initial application and appeals take an average of two years to complete. Participants in the SOAR initiative report a 71% approval rate for SSI/SSDI in an average of 89 days. Howard County is currently implementing this program.
- **Maryland SAIL (Service Access and Information Link).** Maryland SAIL provides internet access to eight programs offered by the Department of Social Services. Trained personnel assist clients with their applications and can accompany applicants to meetings at DSS. This process facilitates applications and brings benefits to eligible applicants in a more timely manner. By providing rapid access to income supports, both SOAR and Maryland SAIL provide homeless individuals with more options and resources to address their homeless situation.

### III. Investment

Ending homelessness will require new investment in facilities and services for a time. However, there is encouraging evidence that costs will decline as Prevention and Housing First strategies take effect.

Homelessness is costly to the community. We observe that people who are chronically homeless with disabilities are frequent users of publicly funded emergency services, especially hospitals and mental health crisis services. Some are involved with the criminal justice system, usually for nothing more than petty crimes related to their homelessness such as loitering or panhandling. And of course many are living in the homeless shelter system. Numerous studies<sup>3</sup> from Maine to California have shown that savings in these services more than offset the cost of permanent supportive housing and related supports for the chronically homeless. A few of these studies are cited in the footnote.

The cost savings from efforts to prevent family homelessness are intuitively understood. In Howard County, keeping a family in shelter or transitional housing costs more than \$25,000 per year (many stay for up to 2 years), while the cost of preventing an incident of family homelessness averages less than \$2,000 based on recent experience from the Homeless Prevention and Rapid Re-Housing Program (HPRP). And the cost of providing a family with permanent supportive housing is little more than half the cost of shelter.

Further study is needed of the current costs of caring for the homeless in Howard County and the projected costs for a system of housing and services that will end homelessness. Other communities have demonstrated significant cost savings through Prevention and Housing First programs, and we believe those saving will apply here to some degree. However, recognizing the importance of clarity in the financial discussions, costs and resources are given high priority in the Plan section IV Implementation.

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<sup>3</sup> Where We Sleep. Costs when Homeless and Housed in Los Angeles, 2009. Daniel Flaming, Patrick Burns & Michael Matsunaga. Economic Roundtable [www.economicrt.org](http://www.economicrt.org)

Effect of a Housing and Case Management Program on Emergency Department Visits and Hospitalizations Among Chronically Ill Homeless Adults, A Randomized Trial. Laura S. Sadowski, MD, MPH; Romina A. Kee, MD, MPH; Tyler J. VanderWeele, PhD; David Buchanan, MD, MS JAMA vol. 301 No.17 May 6, 2009

Cost Of Rural Homelessness, Rural Permanent Supportive Housing Cost Analysis  
State of Maine, May 2009. Melany Mondello, Jon Bradley, Tom Chalmers McLaughlin, Nancy Shore.  
[www.mainehousing.org/DATAHousingReports.aspx](http://www.mainehousing.org/DATAHousingReports.aspx)

'Housing First' Approach to Homelessness Brings Hope to Hard Lives  
[www.seattle.gov/news/detail.asp?ID=8078&Dept=4](http://www.seattle.gov/news/detail.asp?ID=8078&Dept=4)

Summary of Studies: Medicaid / Health Services Utilization and Costs: (Updated April 2009)  
<http://documents.csh.org/documents/policy/UpdatedCostMatrixApr09.pdf>

See also [www.csh.org](http://www.csh.org), Resources, Research and evaluation, Emerging evidence.

## IV. Implementation

### Proposed Next Steps for the Plan to End Homelessness

1. Use this document to widen the circle of Plan advocates through a series of public information sessions and stakeholder briefings. This effort began with the educational forum on October 28, 2010, “How Communities Prevent Homelessness: Lessons for Howard County.”
2. Define the investment required to implement the Plan. Project how much will be saved by changing the system and when those savings will be realized. They will offset at least some of the required up-front investment.
3. Focus on identifying resources, both public and private, to implement the Plan. Study means of accessing existing federal and state programs and opportunities that may emerge through implementation of the Federal Strategic Plan to Prevent and End Homelessness (see Internet address in Appendix A).
4. Continue to implement portions of the Plan that are within the capability of the Committee to End Homelessness and its task group members, such as HPRP, SOAR, and Sober Houses.
5. Continue to study the application of best practices to the local situation so we will be ready to act on the proposed strategies as resources are found – particularly the first two strategies under Goal 1 (prevention and restructuring existing services).
6. Establish a central coordinating office to support implementation of the Plan.
7. Continue the work of the Committee to End Homelessness to direct the coordinating office, to monitor progress, to modify plans as needed to meet changing conditions and funding, and to report periodically.
8. Develop outcome measures to evaluate progress of proposed strategies.
9. Fully develop the Homelessness Management Information System (HMIS), including the ServicePoint database, Point in Time Surveys, and Prevention Metrics.
10. Ensure this Plan is referenced in the Human Services Master Plan and the Howard County General Plan 2010.



## V. Evaluation

The progress of the Plan to End Homelessness will be measured in two ways.

A. Progress will be measured by observing the *actions taken and resources committed* to implementing the strategies that are designed to accomplish the goals of Ending Family Homelessness and Ending Chronic Homelessness. The strategies will be implemented through a number of individual projects or program initiatives, and each initiative will be tracked as it passes four clearly defined milestones:

1. A project/program description and implementation plan have been proposed, including the lead agency and responsible person.
2. Adequate funds have been committed.
3. Implementation has begun.
4. Project/program is fully operational.

B. Progress will be *measured quantitatively by a number of indicators* of the size of the homeless population, the size of the at-risk population, and the effectiveness of Prevention and Housing First programs.

- Annual Point-in-Time survey
- Average number of days per shelter stay
- Shelter turnaway count (unduplicated, if possible)
- Other indicators currently being studied by the Policy Analysis Center

Forthcoming HUD regulations implementing the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act are expected to require measurement of progress toward these goals:

- Reduce length of homeless episodes
- Reduce recidivism
- Reduce number of newly homeless

Appropriate indicators will be adopted when the regulations become final.

Progress reports on both A (milestones) and B (indicators) will be reviewed at quarterly meetings of the Committee to End Homelessness and reported to the Board to Promote Self-Sufficiency.

## Appendix A. Internet addresses

### Information on homelessness

- Corporation for Supportive Housing [www.csh.org](http://www.csh.org)
- Federal Strategic Plan [www.ich.gov/PDF/OpeningDoors\\_2010\\_FSPPreventEndHomeless.pdf](http://www.ich.gov/PDF/OpeningDoors_2010_FSPPreventEndHomeless.pdf)
- Maryland 10-Year Plan to End Homelessness <http://dhr.maryland.gov/transit/pdf/ich-plan.pdf>
- National Alliance to End Homelessness (NAEH) [www.endhomelessness.org](http://www.endhomelessness.org)
- NAEH 10-Year Plan database [www.endhomelessness.org/content/article/detail/2993](http://www.endhomelessness.org/content/article/detail/2993)
- Substance Abuse and Mental Health Systems Administration (SAMHSA)  
<http://homeless.samhsa.gov/Default.aspx>
- U.S. Interagency Council on Homelessness (USICH) [www.usich.gov](http://www.usich.gov)
- U.S. Department on Housing and Urban Development (HUD) [www.hudhre.info/index.cfm](http://www.hudhre.info/index.cfm)

### Agency and Department websites

- Grassroots Crisis Intervention Center <http://www.grassrootscrisis.org>
- Board to Promote Self-Sufficiency  
[www.co.ho.md.us/CitizenServices/Partnerships/CommAdvBrds\\_TheBoardtoPromoteSelfSufficiency.htm](http://www.co.ho.md.us/CitizenServices/Partnerships/CommAdvBrds_TheBoardtoPromoteSelfSufficiency.htm)
- Bridges to Housing Stability <http://www.bridges2hs.org>
- Community Action Council <http://cac-hc.org/>
- Department of Citizen Services <http://www.howardcountymd.gov/CitizenServices>
- Department of Housing and Community Development  
[http://www.co.ho.md.us/DH/DH\\_HomePage.htm](http://www.co.ho.md.us/DH/DH_HomePage.htm)
- Department of Social Services <http://www.dhr.maryland.gov/county/howard/index.php>
- Domestic Violence Center <http://www.dvcenter.org>
- Maryland SAIL (Service Access and Information Link) [www.marylandsail.org](http://www.marylandsail.org)
- Mental Health Authority <http://hcmha.org>
- St. John the Evangelist Catholic Church <http://www.sjerc.org>
- SOAR (SSI/SSDI Outreach, Access, and Recovery) [www.prainc.com/SOAR/](http://www.prainc.com/SOAR/)

## Appendix B. Homelessness TALKING POINTS

- No one should experience homelessness – no one should be without a safe, stable place to call home.
- Risk factors for becoming homeless include:
  - Addictions, past trauma, mental illness
  - Unaffordable rent, low income, loss of income, medical crisis, domestic dispute, poor credit, poor money management.
- There are citizens of Howard County who are homeless and more who are near-homeless:
  - Every day, approximately 140 live in shelter or transitional programs.
  - Everyday, approximately 75 live outdoors in various areas of the county.
  - In 2009, there were 1,353 foreclosures and 17,000 eviction filings in Howard County.
  - In the 2009-2010 school year, 462 homeless children were identified in Howard County public schools, a 27% increase from the previous year.
  - It's difficult to estimate how many people are precariously housed: doubled up, living in motels, being evicted, paying high rents they can't afford.
  - About 11 times a day, everyday people inquire about shelter and are turned away because all programs remain full. More people are unsheltered or at risk of losing housing than are in the homeless shelter system.
- This situation has been the same for some time. Adding more shelter capacity does not end homelessness. People need permanent, not temporary, homes.
- Other communities have reduced homelessness using a two-part strategy:
  - Housing First -- Housing people who are homeless so they can deal with their issues.
  - Prevention -- Helping people who are at-risk to maintain their housing.
- In 2009, Howard County Board to Promote Self-Sufficiency charged its Committee to End Homelessness to develop a Howard County Plan to End Homelessness.
- Study groups have researched the situation in Howard County and best practices in other communities. These groups are studying:
  - Housing and services to bring chronically homeless people indoors.
  - How to help people who are precariously housed and at-risk of losing their housing.
  - How to prevent people from being homeless when they're discharged from jail, substance abuse treatment, psychiatric hospitals, foster care, etc.
- As we learn, the community is responding. The new Day Resource Center has served more than 500 homeless people in the past year, largely through the efforts of volunteers from 44 churches. Some economic stimulus funds are expanding a local program that prevents homelessness. But we need to do more, more quickly. This is a "can-do" county.
- More than 50 people are already engaged in developing the Plan to End Homelessness. Many more are needed. Interested people should contact:
  - Joe Willmott, Coordinator of Plan to End Homelessness – [jwillmott@verizon.net](mailto:jwillmott@verizon.net)
  - Jane O'Leary, Chair of the Committee to End Homelessness – [jane@bridges2hs.org](mailto:jane@bridges2hs.org)

## HOWARD COUNTY STORIES

### **James**

If he had served in Iraq, his behavior probably would have been diagnosed as Post Traumatic Stress Disorder and treated appropriately. But in the Vietnam era his sudden rages and the drinking to relieve the pain led to a dishonorable discharge from the Marine Corps. For more than 30 years he lived on the margin, unable to hold a job for long, estranged from friends and family, and ineligible to receive help from the VA. He spiraled downward to living in a makeshift shelter in the woods, panhandling during the day and drinking at night. His health deteriorated; respiratory and digestive ailments sent him to the emergency room on occasion. When inebriated, his behavior sometimes attracted the attention of the police, and he would spend days or months in jail.

He was turned away from the Day Resource Center several times for being drunk until one day he showed up sober and shaky. With the encouragement of volunteers, he began to recognize that he had the capacity to change his life. He cut his drinking sharply, but life in the woods made it difficult to maintain sobriety.

James is committed to staying sober and separating from his former environment but there is no place in Howard County to get the inpatient treatment he needs. Some church volunteers are providing moral support and a room he can afford from his panhandling money. He is currently sober and struggling to stay that way.

### **The Youngs**

A family with three young children was getting along comfortably with income from the father's self-employment, a home improvement business. Then the mother was diagnosed with cancer and underwent treatment that necessitated dialysis. As the stress built, dad had a heart attack, and the resulting congestive heart failure prevents him from working while he recuperates. They are now barely avoiding eviction each month by the grace of her part-time, minimum wage job (between three dialysis treatments per week) and loans from family.

As relatives' resources dwindle, eviction becomes unavoidable. These young parents face sending their children to different family members to stay for several months, while trying to find a place for the father to recover sufficiently to resume work.

## **Appendix C. Planning process and participants**

In May 2009, the Howard County Board to Promote Self-Sufficiency charged its Committee to End Homelessness (CEH) with developing a Howard County Plan to End Homelessness (the Plan). The U.S. Interagency Council on Homelessness (USICH) has asked communities throughout the country to join a national movement to develop 10-year Plans to End Homelessness, and more than 300 have responded

The CEH recruited more than 50 volunteers from human service agencies and the community, forming eight issue-oriented task groups to study the homeless situation in Howard County and best practices that have been successful in other communities. Starting in May, the task groups analyzed the characteristics and housing situation of the currently homeless population and those at risk of homelessness and studied an array of housing and service programs that might be adapted to Howard County.

The Plan to End Homelessness is designed as an ongoing process of identifying needs and solutions and initiating actions that will lead to ending homelessness, an organic process that will evolve and grow over time. It allows the task groups to proceed at a pace dependent on the volunteer time available without hindering the progress of other groups. Also, we can be opportunistic and act quickly on situations that may develop, such as new grant sources or availability of new facilities as the Day Resource Center, knowing where these parts fit in the comprehensive strategy.

### **Participants in the Plan to End Homelessness**

Penny Anderson, Bridges to Housing Stability  
Harriet Bachman, Service Coordination, Inc.  
Shirelle Bennett, Department of Housing and Community Development  
Heather Brantner, Domestic Violence Center  
Janice Brzezinski, Department of Citizen Services  
Bob Buchmeier, Bridges to Housing Stability  
Doug Carl, Grassroots Crisis Intervention Center  
Risheena Chambers, Legal Aid Bureau  
Barbara Coleman, Legal Aid Bureau  
Elizabeth Coleman, University of Maryland School of Social Work  
Vanessa Conaway, Humanim  
Anya Cook, Service Coordination, Inc.  
Bitu Dayhoff, Community Action Council  
Pam DeCicco, Bridges to Housing Stability  
Vidia Dhanraj, DVD Consultants  
Kathie DiNoto, Grassroots Crisis Intervention Center  
Lisa Dolce, Pinnacle Career Resources  
Anne Dunn, Grassroots Crisis Intervention Center  
Jackie Eng, Bridges to Housing Stability  
Jodi Finkelstein, Domestic Violence Center  
Pam Grady, Voices for Children  
Jesse Guercio, Humanim  
Barbara Harris, Department on Aging  
Becki Havard, Department of Citizen Services  
Linda Hayes, Christ Church Link  
Cathy Henry, Howard County Schools  
Andrea Ingram, Grassroots Crisis Intervention Center  
Dale Jackson, Department of Citizen Services

Janet Jones, Mental Health Authority  
Bob Jordan, Habitat for Humanity  
Desmond Klakowicz, Community advocate  
Grace Kubofcik, League of Women Voters  
Genny LaPorte, Mental Health Authority  
Claudia Lempges, Grassroots Crisis Intervention Center  
Hillary Lindeman, Community Action Council  
Krista McKee, Domestic Violence Center  
Lois Mikkila, Department of Citizen Services  
Grace Morris, Columbia Housing Corporation  
Jane O'Leary, Bridges to Housing Stability  
Diana Philip, Domestic Violence Center  
Judy Pittman, Bridges to Housing Stability  
Theresa Prodey, Humanim  
Paul Revelle, Bridges to Housing Stability  
Jeff Rickett, City of Hope Church  
Susan Rosenbaum, Department of Citizen Services  
Bill Salganik, Bridges to Housing Stability  
Patricia Schupple, Department of Corrections  
Tiffany Smith, Department of Housing and Community Development  
Stacy Spann, Department of Housing and Community Development  
Joe Willmott, Plan Coordinator  
Linda Zumbrun, Department of Social Services