

RECOMMENDATIONS FOR HOWARD COUNTY'S HOMELESS RESPONSE SYSTEM

National Alliance to End Homelessness

ABOUT THE NATIONAL ALLIANCE TO END HOMELESSNESS

The National Alliance to End Homelessness (Alliance) is the leading voice on the issue of homelessness in the U.S. We analyze public policies to develop and deliver pragmatic, customized, cost-effective and implementable solutions. We collaborate with organizations and providers in public, private, and nonprofit sectors to build state and local capacity, leading to more effective programs and solutions that help communities achieve their goal of ending homelessness. We provide data and research to policymakers and elected officials in order to inform policy debates and decisions, and educate public and opinion leaders nationwide. Through our Center for Capacity Building, we help communities turn policies and proven best practices into viable, sustainable, on-the-ground programs.

ABOUT THE HOWARD COUNTY COALITION TO END HOMELESSNESS

The Howard County Coalition to End Homelessness, “The Coalition” (formerly Continuum of Care), consists of 23 members representing county government, non-profit agencies, the business and faith communities, citizen advocates and individuals with lived experience. The Coalition fulfills the HUD requirement to have a planning body designed to promote a communitywide commitment to the goal of ending homelessness. The Coalition is responsible for and committed to creating and driving a system of care that responds to the needs of homeless individuals and families in Howard County with the mission to make homelessness a rare, brief, and non-recurring event.

ACKNOWLEDGEMENTS

The National Alliance to End Homelessness, the Howard County Department of Community Resources and Services, and the Howard County Coalition to End Homelessness (The Coalition) acknowledges and thanks the numerous community stakeholders who gave their time and resources to inform this recommendations report.

PROJECT SCOPE AND METHODOLOGY

PROJECT SCOPE

Howard County, MD contracted with the Alliance to provide guidance and recommendations to support the work of the Howard County Coalition to End Homelessness. The Coalition is tasked with implementing ***The Path Home: Howard County’s Strategic Plan to End Homelessness 2019-2024***, to promote an effective, coordinated homeless response system informed by best practices. The scope of services requested by Howard County included the following:

- Collect and analyze homeless system performance measures and data
- Conduct meetings, interviews, and survey key stakeholders relating to core components of an effective systemic response
- Review CoC Written Standards and governing documents

- Review Howard County Strategic Plan to End Homelessness
- Share best practices and research of comparable communities
- Develop and present recommendation report

The full scope of services is available in Appendix A of this report.

METHODOLOGY

This report uses research, best practices from other communities, historical knowledge of Howard County’s homeless services, and an analysis of Howard County’s current homeless response system to provide guidance and recommendations for housing and support services for people experiencing homelessness in the County. The recommendations in this report are focused on reducing homelessness quickly, efficiently, and at a reasonable cost, as well as improving the lives of people experiencing or imminently at risk of experiencing homelessness.

In conducting our assessment, the Alliance reviewed the following:

- Howard County Strategic Plan to End Homelessness
- Continuum of Care (CoC) Governance documents and Policies and Procedures
- CoC System Performance Measures
- CoC Coordinated Entry documents and processes
- Prevention and diversion documents and processes
- Various funding sources and outcome measures
- Preventions, Diversion, Emergency Shelter (ES), Transitional Housing (TH), Rapid Re-housing (RRH) and Permanent Supportive Housing (PSH) eligibility requirements, policies and procedures when made available
- How people are engaged by Street Outreach and access ES, TH, RRH, and PSH and other homeless services
- Demographic data, utilization rates, and performance outcomes of all Howard County homeless response system components

The Alliance interviewed stakeholders throughout Howard County, including staff from Grassroots Crisis Intervention Center, Bridges to Housing Stability, HopeWorks of Howard County, Humanim, United Way of Central Maryland, Volunteers of America Chesapeake, Howard County Department of Corrections’ Guilford House, Department of Community Resources and Services, Department of Housing and Community Development, Howard County Housing Commission as well as members of the CoC Board. We also reviewed housing and support service provider program documents, surveys of households experiencing homelessness and participants in RRH projects, homelessness data from the Alliance’s Homeless System Evaluator Tool (HSET), the Department of Housing and Urban Development’s (HUD) Stella strategy and analysis tool¹ for Howard County, Annual Performance Reports (APRs), and other available community resources.

The Alliance invited consumers living in emergency shelter and participating in RRH and PSH projects from the following organizations/programs to provide feedback regarding services they receive or received: Grassroots Crisis Intervention Center, Bridges to Housing Stability, HopeWorks, and Humanim. Additionally, homeless assistance providers and community leadership were invited to participate in surveys. The Alliance received responses from 27 service participants, 17 staff persons from homeless assistance providers, and 9 stakeholders involved in community leadership.

To collect data on best practices of effective homeless system design and strategies across the country, Alliance staff also interviewed community leaders and homeless housing and support service providers from diverse communities, including:

- Austin/Travis County, Texas and [ECHO](#)
- [Bergen County, New Jersey, Continuum of Care](#)
- [Cleveland/Cuyahoga County, Ohio, Continuum of Care](#)
- [Columbus/Franklin County, Ohio, Continuum of Care](#) and [Columbus Shelter Board](#)
- [Connecticut Balance of State, Continuum of Care](#) and the [Connecticut Coalition to End Homelessness](#)
- [Greater Richmond, Virginia, Continuum of Care](#) and [Homeward, VA](#)
- Houston/Harris County, Texas, Continuum of Care and the [Coalition for the Homeless](#)
- [Los Angeles County, Continuum of Care](#) and [LA Family Housing](#)
- [Montgomery County, Maryland, Continuum of Care](#)
- [Montgomery County, Ohio \(Dayton\), Continuum of Care](#)
- [Santa Clara County, California, Continuum of Care](#)
- [Seattle/King County, Washington, Continuum of Care](#)
- [Southern Nevada Homelessness, Continuum of Care](#)
- [Spokane City and County, Washington, Continuum of Care](#)
- [Trenton/Mercer County, New Jersey, Continuum of Care](#)
- [Your Way Home Montgomery County, Pennsylvania, Continuum of Care](#)

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EXECUTIVE SUMMARY

The Howard County Coalition to End Homelessness can effectively end homelessness by ensuring that experiences of homelessness are rare, brief, and one-time. Howard County offers many dedicated homeless services and housing providers, an engaged County, and collaborative community partners committed to ending homelessness. To accomplish this goal, the Coalition should re-align and expand its coordinated homeless response system to quickly and permanently re-house households who are literally homeless, and to prevent and divert households most at-risk of becoming homeless. The continued development of Howard County's homeless response system requires building upon the work of the last decade to align with and advance the community's goals to make homelessness rare, brief, and one-time.

In assessing Howard County's homeless response system and developing the enclosed recommendations, the Alliance utilized research and analysis of both performance data and design of core system components of CoC's experiencing positive outcomes in one area or multiple areas of their system. The Alliance then undertook a review of Howard County's system response to homelessness, including:

- How collaboratively the Coalition engages with other mainstream systems, how right-sized the interventions are to meet the need of those experiencing or most at-risk of homelessness, how much flow exists within the system to quickly move from housing crisis back into permanent housing, to what degree are funds targeted to the most vulnerable populations;
- How fully and effectively a Housing First approach has been adopted;
- How easy is it to access the system, understand the needs of those seeking services, prioritize households to available resources, and quickly connect to needed interventions;
- How effective is the system at preventing and diverting people from homelessness;
- How quickly and effectively are people served if living on the street or places not meant for human habitation, in shelter or other crisis housing;
- How quickly and effectively are people served through deeper resources such as rapid re-housing and permanent supportive housing; and
- How well the Coalition and CoC leadership utilize data and performance measure outcomes to determine the effectiveness of the system and that of individual providers, to make data-driven decisions, and guide policy as well as funding decisions.

Based on this review the Alliance identified key areas on which the Coalition should focus its energies and activities through ***The Path Home***. Implementing these recommendations successfully will result in a decreased number of people experiencing homelessness, a reduction in length of time people remain homeless, and when/whether they return to homelessness. Below is a summary of areas impacting the performance of Howard County's homeless response system and the Alliance's recommended solutions. Details about these challenges and solutions, recent data

about the homeless response system demographics and utilization, performance measure outcomes, other solutions to specific challenges, and steps to implement the solutions follow in the body of this report.

Key Areas Impacting Howard County's Homeless Response System:

- 1. The roles of the CoC Board and Lead Agency need to be clarified, and the activities of each prioritized so that performance measure outcomes provide the framework for strategic, data-driven and outcome focused policies.**

RECOMMENDATIONS:

- Focus the CoC Governance Board and Lead Agency roles and primary activities on data-driven and outcome driven policymaking
- Clarify the Roles and Functions of the CoC Board and Lead Agency
- Establish system and program level performance measure outcome benchmarks and goals, and structure the CoC Board and Lead Agency Staff to support data-driven outcome decision making
- Through a newly formed System Performance Evaluation Committee establish a performance improvement plan process, identify low performance and engage applicable providers in a performance improvement plan

- 2. Homeless response system funding and the delivery of services are not fully coordinated or aligned with the core components of an effective homeless response system, they need written standards, and they should reflect associated performance measure outcome benchmarks or goals.**

RECOMMENDATIONS:

- Create a collaborative structure that aligns funding resources and services
- Align and Integrate Howard County's Flexible Financial Assistance (FFA) into new and current system core components and associated strategies and interventions

- 3. Despite a system-wide shift towards a Housing First approach in the last ten years, the system still reflects uneven and inconsistent adoption and implementation.**

RECOMMENDATIONS:

- Ensure adoption of a system-wide Housing First approach by all Coalition members and eliminate policies and practices that do not embrace a Housing First approach. This includes County residency requirements, participation in services, income requirements, and behavior requirements unrelated to health and safety

- 4. People experiencing homelessness have difficulty quickly accessing housing interventions and services; services and resources are not targeted to the most vulnerable households nor utilize a**

progressive engagement approach. Racial and ethnic disparities also exist relating to how permanent housing resources are distributed within the homeless response system.

RECOMMENDATIONS:

- Re-assess and streamline current Coordinated Entry core elements - Access, Assessment, Prioritization, and Referral processes - to achieve simplicity, clarity and transparency in system coordination and decision-making
- The Coalition, led by the CoC Board, should explore and identify factors driving racial and ethnic disparities in who is experiencing homelessness and how different types of permanent housing resources are distributed by the homeless services system. The CoC Board should develop an action plan to reduce disparities and establish community-level performance measure outcome goals to track progress on these efforts
- To ensure that the most vulnerable households fleeing domestic violence, dating violence, sexual assault, and stalking are prioritized for all available housing resources within the CoC, and to come into alignment with federal and state requirements HopeWorks HSP (ESG) funded program should fully participate in Coordinated Entry
- Undertake a review and analysis of all prevention programs and prevention-type services currently operating in Howard County and based on the goals of *The Path Home*, determine which programs most appropriately align with the role of the homeless response system and which may be better funded outside the system
- Establish a system-wide homeless prevention program, with written standards, to include a standardized assessment and performance measure outcome benchmarks and goals
- Develop and support a robust structure to implement diversion strategies and measure the impact on the homeless response system

5. The most vulnerable people experiencing homelessness are not quickly identified, and housing resources for people experiencing homelessness, do not align with current need; people are getting “stuck” in the system because they are unable to access shelter or exit to housing.

RECOMMENDATIONS:

- Establish a housing focused street outreach team whose primary responsibility is to identify and engage people experiencing unsheltered homelessness and connect them to shelter (if available and desired) and coordinated entry for permanent housing resources
- The CoC should collect, review, and analyze key output and performance measure outcome data to ensure on-going effectiveness of street outreach services

- To increase permanent housing opportunities and decrease the time people experience homelessness in Howard County, the CoC Lead Agency should coordinate a system-wide landlord engagement strategy to create a pipeline of available units informed by data and the coordinated entry process
- To increase employment opportunities for households experiencing homelessness in Howard County, the CoC Lead Agency should coordinate a system-wide employment strategy informed by data and the coordinated entry process

6. Emergency shelter policies are closely aligned with a low-barrier and housing-focused approach, but practice does not match policy and guidance. A review is needed of shelter requirements along with increased efforts in housing focused case management; regular review of performance measure outcomes should drive decision making

RECOMMENDATIONS:

- Continue implementation of a low-barrier, Housing First approach to accessing and staying in emergency shelter in Howard County, and eliminate requirements unrelated to health and safety to access and remain in shelter
- Provide housing-focused, rapid-exit services to quickly connect all households residing in emergency shelter to safe and appropriate permanent housing
- Regularly review program level data on shelter outcomes relating to placement rates in permanent housing, timely exits, and cost-effectiveness to target system performance improvement strategies

7. Transitional housing interventions within the CoC are disconnected from the coordinated entry system, are not prioritizing the most vulnerable or appropriate households, and do not employ a Housing First approach.

RECOMMENDATIONS:

- Target limited transitional housing resources to the most vulnerable people experiencing homelessness by participating in the coordinated entry system, and eliminate rules that screen people out due to perceived barriers
- Shift the focus of supportive services in transitional housing programs to align with a housing-focused, rapid-exit approach

8. Rapid re-housing is not the primary housing intervention in the system and currently does not meet the needs of the people experiencing homeless who don't require a more intensive intervention. Although policies among current rapid re-housing adopt many RRH programs best practices, providers struggle to implement them.

RECOMMENDATIONS:

- Adopt the National Alliance to End Homelessness' Rapid Re-Housing Performance Benchmarks and Program Standards to fully incorporate the three core components and current best practices into CoC rapid re-housing projects
- Scale up Rapid Re-housing resources to make it the primary housing intervention in Howard County CoC

9. Permanent supportive housing in Howard County has achieved housing stabilization for households that may no longer need the intensive support services they once did. Providing an opportunity for these households to "move-on" to more independent living will free up needed resources for those experiencing chronic homelessness. Working with the Housing Commission to develop a move-on strategy will increase system flow. To ensure that permanent supportive housing is most effective in the CoC, all PSH providers should adopt and implement a Housing First approach.

RECOMMENDATIONS:

- Assess current permanent supportive housing projects and formalize a "Move On" strategy to increase system flow and to ensure that this deep resource is serving the most vulnerable households using a dynamic prioritization approach
- Ensure that all permanent supportive housing adopts and implements a Housing First approach in both policy and practice

10. The Coalition needs a way to provide publicly available performance data to Coalition members and community stakeholders on its progress in making homelessness rare, brief, and one-time.

RECOMMENDATION:

- Develop a dashboard using HMIS to track progress on system flow improvements and outcomes

KEY CONCEPTS IN THIS REPORT

The National Alliance to End Homelessness identifies the following elements as essential to a high-functioning system that ends homelessness:

- A Systems Response to Ending Homelessness
- Housing First Orientation
- Coordinated Entry System
- Homeless Prevention
- Diversion Strategies
- Housing Focused Outreach
- Low-barrier and housing focused Emergency Housing and Crisis Services
- Permanent Housing Solutions, including Rapid Re-Housing and Permanent Supportive Housing
- Outcomes Focused System

This report summarizes each element of an effective homeless response system, assesses how these elements are currently operationalized within the Howard County homeless response system, and provides specific recommendations on how Howard County's homeless response system can more closely align with elements of an effective system.

SYSTEM RESPONSE TO ENDING HOMELESSNESS

An effective homeless response system brings together all the resources, supports and interventions within a community, including homeless-specific resources like shelters and re-housing programs, as well as adjacent systems like health care, criminal justice, and social services and aligns those efforts to the goal of making homelessness rare, brief, and one-time. All federal, state, and local resources are allocated and aligned around efficient and effective interventions with the goal of quickly ending a household's experience of homelessness by rapidly connecting them to permanent housing.

The system must be right-sized, have efficient flow, and progressively engage households across the continuum of supports. A right-sized system has the right mix and appropriate scale of interventions to match the needs of the community, and is informed by data and research. To maximize flow through the system, these interventions must be strategically targeted. This begins by preventing or diverting households from homelessness whenever possible to avoid bottlenecks at the front door of the homeless system. Households that do lose their housing are rapidly identified, engaged, and provided with quick and accessible pathways back to permanent housing. An effective system utilizes a progressive engagement approach across the system by providing the least intensive supports necessary to help a household exit from homelessness, reserving more intensive resources only for households that would become or remain homeless but for the assistance.

System Response to Ending Homelessness

- Collaborative: Homelessness system actively engages adjacent systems including health care, schools, criminal justice, and mainstream social services
- Right-sized: Scale and scope of resources matches community need
- Flow-through: Households are quickly assisted in reconnecting with permanent housing without long wait-lists for services
- Progressive Engagement: Households are provided with the minimum amount of assistance needed to end homelessness, reserving higher intensity supports only for households that require them
- Accessibility: People experiencing homelessness can easily understand and navigate the System

To ensure that Howard County's homeless response system is effective, aligned, and coordinated to respond to the needs of household facing a housing crisis, the Coalition must streamline all housing and support services and funding into key system components/interventions that are guided by written standards and have established performance measure outcome benchmarks and goals. The Coalition must also ensure that homeless services have as their primary focus to quickly move households back into permanent and stable housing. This requires assessing prevention services to ensure they are targeted to those most in need, implementing a robust diversion strategy, supporting shelters to become more housing focused, scaling up rapid re-housing, and

developing a move-on strategy for households who no longer require intense support services through permanent supportive housing. Robust cross-system collaboration with entities such as the Department of Veteran Affairs, the health and hospital systems, child welfare, and human services is required to make homelessness rare, brief, and one-time.

HOUSING FIRST

Housing First is an approach to ending homelessness that prioritizes providing permanent housing to people experiencing homelessness, thus ending their homelessness and serving as a platform from which they can pursue personal goals and improve their quality of life. This approach is informed by the understanding that people need necessities like food and a place to live before attending to anything less critical, such as getting a job, learning how to budget, or addressing substance use. Additionally, Housing First is based on the proven theory that client choice in housing selection and supportive service participation will likely make a person or household more successful in remaining housed and improving both lives and livelihoods.²

The Housing First approach views housing as a vital foothold for life improvement, enabling access to permanent housing without prerequisites or conditions beyond those of a typical renter. The Housing First approach does not require people experiencing homelessness to address all their challenges (behavioral health or substance use) or to graduate through a series of service programs before they can access housing. Housing First does not mandate participation in services either before obtaining housing or in order to retain housing. Supportive services for people with housing stability and individual well-being are offered and actively encouraged, but participation is not required as services are more effective when a person voluntarily engages.

Housing First Principles

- Few to no programmatic prerequisites to permanent housing entry
- Low barrier admission policies
- Rapid and streamlined entry into housing
- Client driven and voluntary supportive services
- Those with the highest needs are prioritized for services: people are screened in, not out
- Tenants have full rights, responsibilities, and legal protections
- Applied across the spectrum of program models and types in the community

Services across a Housing First-oriented system must be prepared to meet the housing and service needs of the people experiencing homelessness in the community. Individuals and families should be able to access permanent housing as quickly as possible when a housing crisis occurs.

To accomplish Howard County's goal of making homelessness rare, brief, and one-time, more than a few organizations must embrace the Housing First approach. The Coalition must be aligned with a Housing First approach to quickly house everyone experiencing homelessness, agnostic of barriers. To

align a system that uses a Housing First approach, anyone experiencing homelessness should be able to enter shelter or any permanent housing intervention without prerequisites, and services should be focused entirely on reconnecting people to housing as quickly as possible or stabilizing them in housing. If people are unable to access the homeless response system because they are not "clean and sober," and/or do not wish to participate in services such as mandatory savings programs or drug and alcohol treatment or behavioral health treatment, this places a significant barrier to accessing sustainable permanent housing options.

COORDINATED ENTRY SYSTEM

A coordinated entry system (CES) provides consistent access to the homeless services system regardless of where a household presents for assistance. An effective CES helps align providers and resources within the system to ensure that every person experiencing homelessness is accounted for and efficiently helped with the most appropriate and available support. An effective CES will also use the process to prioritize and connect people experiencing homelessness with the most appropriate services across the continuum, including crisis services like emergency shelter and permanent housing resources such as rapid re-housing and permanent supportive housing.

Prior to the implementation of Coordinated Entry, individual programs made decisions independently of the larger community by often implementing their own assessment processes. This led to households being assessed multiple times by multiple providers in order to access services. This process was inefficient, difficult for households with the greatest needs to navigate, and potentially re-traumatizing for households that had to share their story repeatedly in order to access services.

The Department of Housing and Urban Development (HUD), which requires communities to adopt a coordinated entry approach as of January 2018, identifies the four core elements of a Coordinated Entry System as access, assessment, prioritization, and referral.³

Access refers to the ability of people experiencing a housing crisis to make connections to the services and supports available in the community. A CES with appropriate access ensures adequate coverage across the entire service area and a clear, well-known process amongst people experiencing homelessness. The assessment process must be standardized across the entire system, with each household being assessed using the same tool administered by staff who are well-trained in using the tool. While different tools may be used for individuals, families, unaccompanied youth, or people fleeing domestic violence, the tool must be applied consistently across all populations it is used to assess.

Effective CESs prioritize households with the greatest needs and vulnerability for the next available services and supports that can assist in ending their homelessness. Priority level is informed by the standardized assessment tool and conversations at the community level. Prioritization may be determined based on factors such as length of time homeless, unsheltered living situations, significant medical or behavioral health needs, high use of emergency services in the community, or other factors as determined by the community based on data and local trends. Prioritization criteria should be clearly codified in policies and procedures available to the community.⁴

Coordinated Entry

- Access: Streamlined, transparent, and fair and equal access to crisis and permanent housing resources regardless of where a household presents
- Assessment: Standardized tool and process implemented consistently across access points
- Prioritization: Efficient matching to permanent housing to reduce time spent homeless. Resources prioritized to those with the greatest needs.
- Referral: Quick, warm-handoff connection to the most appropriate available resource to end a household's homelessness

The referral process ensures that program openings across the community are identified and the highest priority household appropriate for that opening is quickly connected. A prioritization list may be used to identify who in the community currently is the top priority for the next available, appropriate service and all vacancies should be filled utilizing this list. The prioritization list should not be a "waiting list," but rather a dynamically-managed queue that also informs policy and approach in right-sizing the system – and efficiently and effectively connects people experiencing homelessness to the most appropriate resource and support.

As the Coalition continues to develop coordinated entry processes in Howard County it should strive for ease of access, simplicity and transparency. Compounded by little flow in the system, coordinated entry processes related to assessment and prioritization often cause additional bottlenecks resulting in delayed service delivery. Lack of participation in coordinated entry by key providers further impacts flow in the system and makes it difficult for the Coalition to know whether the most vulnerable households are being served, as well as to determine how impactful these interventions are. Integration of these resources into coordinated entry should be a focus of the Coalition.

HOMELESS PREVENTION

Prevention resources help households at risk of losing their housing and becoming homeless maintain permanent housing. An effective system will focus prevention resources only on those who will become homeless without assistance. Resources may include financial assistance to pay off back-owed rent or utilities to avoid eviction, but may also include supports like landlord mediation, legal services, employment assistance, and other service connections.⁵

Homeless prevention is a range of types of assistance aimed at helping households avoid eviction or homelessness. Homelessness and eviction prevention should be viewed as a range of potential interventions along a spectrum from highly targeted to broad. Homeless prevention, in a well-functioning homeless crisis response system, requires partnerships and collaboration across a variety of systems to increase the supply of affordable housing, enhance discharge planning from institutions like hospitals, mental health facilities, prisons, and jails, and address racial inequities in homelessness.⁶

When designed and delivered effectively, prevention resources can have a significant impact on reducing inflow into homelessness, and can be an efficient use of resources as prevention is often less expensive than other services like emergency shelter, rapid re-housing, or permanent supportive housing. However, predicting who is likely to become literally homeless when faced with housing instability is difficult. Communities are unlikely to have the resources needed to assist every household facing housing instability. Thus, to realize an impact on homelessness they must look at who is entering the homeless system locally and attempt to deliver resources to those most likely to become homeless, and prioritize those households for prevention services rather than taking a first-come, first-served approach.⁷

Homeless Prevention

- Approach: Use community-wide data to ensure that households served with prevention resources resemble other households that enter the homeless system in the service area.
- Prioritization: Households with the most imminent and intense housing crises are served first, rather than a first-come, first-served approach.
- Upstream Collaboration: Work with other systems on prevention efforts that reach a general population such as increasing affordable housing and discharge planning.

The homeless response system should not be the default discharge plan for other systems such as hospitals, jails, or mental health facilities. These systems must work together to build off each other's strengths and resources in order to prevent anyone from experiencing homelessness upon leaving these institutions. Each of these systems' outcomes are improved when people can access to safe and adequate permanent housing, and thus it is imperative to work together on upstream efforts to prevent homelessness before it occurs. Working alongside affordable housing developers to ensure that new housing development projects meet the

needs of and are focused on the most vulnerable in the community can also have an impact on ending homelessness by providing people with access to housing that they can afford.

Within Howard County there are numerous programs and services operating as prevention, some within and outside the homeless response system. There does not appear to be any coordination of these services nor clarity on whether the services are aligned and targeted to serve the most vulnerable households, and if performance is consistently measured. Some prevention services appear geared to focus in addressing a household's poverty rather than an immediate housing crisis. To ensure that prevention services are aligned with the goals of *The Path Home*, the Coalition should conduct a review of current services, determine those that closely align with the homeless response system and develop applicable written standards.

DIVERSION STRATEGIES

Diversion is a strategy that helps people identify and access alternatives to homelessness and resolve their immediate housing crisis. Homelessness is a traumatic experience and one that should be avoided whenever possible. Additionally, most communities do not have enough homeless resources to serve everyone experiencing literal homelessness. Diversion helps reduce the inflow into the homeless system and ensure that limited housing resources are available for those with the greatest needs.⁸

Diversion Strategies

- Community-wide buy-in to the approach
- Staff effectively trained in and available to support problem-solving conversations
- Connections to community resources outside of the homeless services system
- A continuous commitment to diversion strategies across the system

Diversion is not a separate "program" but an approach used across the entire system, utilizing problem-solving, solution-focused strategies and activities to help households identify safe and appropriate alternatives to entering the homeless response system. Diversion is often situated at the point where people request and access homeless services and should be the first strategy undertaken with every household seeking services.

A diversion strategy relies on a problem-solving conversation between a trained diversion specialist and a household seeking services with the goal to identify a safe, appropriate and available alternative to entering shelter (or to experiencing unsheltered living). The housing arrangement identified during the diversion conversation may be either temporary or permanent; the primary goal is to avoid homelessness immediately, and ongoing conversations may help identify a different temporary or permanent arrangement or support the maintenance of an ongoing temporary or permanent arrangement as needed.

Diversion should not be viewed as a denial of services, but rather as a valuable service that helps people identify positive alternatives to experiencing homelessness. Diversion specialists should be highly skilled and trained in mediation, active listening, and helping people to identify and connect with alternatives to the homeless system, including facilitating connections to mainstream supports and resources such as eviction prevention, legal services, employment supports, benefits assistance, and other supports and services as needed. Limited financial assistance may also be provided to support the housing option identified during the diversion conversation, such as transportation, child care, food, and other assistance.

To stop the growing trend of first time homelessness, decrease long waits for shelter, and increase flow in the system, the Coalition should develop and implement a robust diversion strategy as the first step of a progressive approach to services when a household presents at a coordinated entry access point. In 2018, 61.4% of households in Howard County entering shelter came from a prior residence that was opportune for a problem-solving conversation meant to explore alternatives to shelter.

HOUSING FOCUSED OUTREACH

Outreach to people experiencing unsheltered homelessness (living on the streets, in vehicles, in encampments, and other places not meant for human habitation) is an essential strategy to ensure that all people experiencing homelessness are identified and connected to services and housing supports to end their homelessness. Outreach can also ensure that basic health and safety needs are met while a household is pursuing permanent housing. The Alliance, working alongside the United States Interagency Council on Homelessness (USICH) and other federal partners, has identified the following core components of effective street outreach within a system designed to end homelessness.⁹

Outreach efforts must be systemic, coordinated and comprehensive. While outreach may be situated within a specific program or agency, outreach efforts should be on behalf of the entire community and provide access to all resources available across the system. People experiencing unsheltered homelessness and engaged through outreach should be given access to the same opportunities and resources that other households experiencing homelessness are offered through collaborative efforts like coordinated entry. Outreach should encompass the entire service area to ensure that all people experiencing unsheltered homelessness are reached. Effective outreach also works alongside other systems that encounter people experiencing unsheltered homelessness including law enforcement, hospital emergency rooms, and schools.

The goal of engaging unsheltered households through outreach is to connect them with permanent housing of their choice and the services and supports necessary to access and maintain that housing. While outreach may help unsheltered households connect to short-term crisis resources like emergency shelter, doing so must not be a required first step before accessing permanent housing. Like other interventions across the system, outreach should implement a Housing First approach to services and supports. Street outreach workers should also utilize problem-solving techniques to identify strengths and existing support networks, explore possible safe housing options outside the homelessness service system, such as reunification with family, and connect the individual to community supports and services.

Unsheltered homelessness presents numerous health and safety risks, and outreach efforts can and should assist households in meeting essential needs such as access to food, water, blankets, clothing, and other necessities. Outreach should take a person-centered, trauma-informed and culturally responsive approach – as well as harm reduction – to service delivery that assists people in making decisions that maximize health and safety while maintaining a non-judgmental, non-coercive provision of services. Systems should also analyze local data regarding

racial inequities and disparities among people experiencing homelessness, and tailor customized outreach efforts to ensure that equity is being achieved within their outreach activities and outcomes.

Housing Focused Outreach

- Systematic, Coordinated, and Comprehensive
- Housing-Focused
- Emphasize Safety and Reduce Harm
- Person-Centered, Trauma-Informed, and Culturally Responsive
- Collect and analyze data to better identify and serve high-need individuals

Systems where outreach and the coordinated-entry process have established data sharing protocols, accessing data helps outreach more effectively focus on housing outcomes.

Those living on the streets or places not meant for human habitation are not currently engaged in a coordinated or consistent manner in Howard County leaving very vulnerable populations

unidentified and disconnected from needed housing and supports. Additionally, the CoC does not have a process to verify literal homeless status resulting in less vulnerable households potentially accessing services that are more appropriately targeted to those living unsheltered. To create flow in the system and decrease the average length of time households experience homelessness, the Coalition should invest in a street outreach team focused on quickly housing households through close coordination with shelter, rapid re-housing, and permanent supportive housing providers to ensure warm hand-offs and stabilization supports for those experiencing unsheltered homelessness.

CRISIS RESPONSE SYSTEM

Emergency Shelter

Despite a system's best efforts to prevent and divert literal homelessness whenever possible, some households will experience a housing crisis that results in housing loss and need a safe, temporary place to stay on an emergency basis. An effective homelessness crisis response system ensures that all households experiencing homelessness have immediate access to emergency housing resources that are low-barrier, safe, appropriate and provide housing-focused services and supports designed to end the experience of homelessness as quickly as possible.

The Alliance has identified five key elements of effective emergency shelter¹⁰:

- A Housing First approach
- Safe and appropriate diversion
- Immediate and low-barrier access
- Housing-focused rapid-exit services
- Data to measure performance

Adopting a Housing First approach in emergency shelter means shelter eligibility criteria allows anyone experiencing homelessness to access shelter and permanent housing supports as quickly as possible and without prerequisites.

Emergency Shelter

- Housing First Approach
- Safe and Appropriate Diversion
- Immediate and Low-Barrier Access
- Housing-focused, Rapid-exit Services
- Data to Measure Performance

While staying in shelter, all services provided are voluntary and ongoing shelter stay is not contingent on participation in any service.

In communities where there are large unsheltered populations or limited shelter resources the system prioritizes shelter for those who are or are imminently at risk of literal homeless. Therefore, in

coordination with the homeless response system, shelters utilize diversion strategies by helping households identify safe and appropriate alternatives to entering shelter through facilitated problem-solving conversations that help connect to community supports and temporary or permanent housing options.

Ensuring immediate and low-barrier access to shelter is available to anyone experiencing homelessness, regardless of their barriers or presenting challenges, is critical. Shelter should not screen out households based on sobriety, income requirements, or other policies that make it difficult to enter shelter. Best practices indicate that shelter should be available at any time of day, accommodate people, pets and possessions, and ensure equal access for all people regardless of age, gender, household composition and other factors.

Many people who enter shelter may often not be eligible for housing and supports services available in the community and/or they may be less vulnerable than other households needing services and wait a long time for resources to become available. Given that reality, services and supports in emergency shelter must primarily focus on assisting people in exiting shelter back into permanent housing as quickly as possible. This may require the shelter to provide financial assistance for application fees, security deposits, rent, and supports to identify and connect with housing options. All staff, including case managers, front desk staff and shelter security, should be trained in housing-focused conversations to support rapid exits to housing. Rapid exits to housing from shelter also help with system flow; the same number of shelter beds can be used to serve more people, reducing bottlenecks and wait lists in communities when shelter residents are rapidly exited to permanent housing.

Effective shelters track key data in order to evaluate their performance and improve outcomes. Exits to permanent housing, exits to homelessness, average length of shelter stays, and returns to homelessness are key outcomes all shelters should track, regularly analyze, and respond to on a regular basis with service delivery changes to promote what's working and change what's not.

Howard County recently transitioned all emergency shelter resources to a low-barrier approach utilizing the coordinated entry system to prioritize households with the highest needs for services. System and program leadership need to continue to refine the low-barrier, Housing First approach to ensure that practice matches policy and that staff are well-resourced to serve households with the highest needs. Shelters in Howard County can also do more to help promote system flow by ensuring that shelter programming is consistent with a housing-focused approach and increases exits into permanent housing.

Transitional Housing

Transitional housing is another type of crisis housing bed with a (typically) longer intended length of stay than emergency shelter (often up to 2 years). It includes intensive, programmatic supportive services, and is frequently targeted towards a specific subpopulation and/or people with enhanced service needs. People fleeing domestic violence, unaccompanied youth, and people in recovery from substance abuse may represent populations that can benefit from a transitional housing approach when appropriate and desired.¹¹ However, transitional housing should be used in limited circumstances and the community must closely monitor these programs to ensure that services are effective and efficient.

Transitional housing programs have historically boasted higher barriers to program entry, longer lengths of stay, lower rates of exits to permanent housing, and higher costs than other interventions. As communities have increased alternatives to transitional housing, many programs have experienced significant decline in utilization rates as households are choosing less-restrictive options in favor of interventions that move them more quickly into permanent housing.

Transitional Housing

- Used in limited instances for specific populations
- Effectiveness and Efficiency: connections to permanent housing, lengths of homelessness and costs comparable to other interventions
- Targets households with highest service needs
- Utilizes a person-centered, Housing First approach
- Consider applying for or modeling TH after HUD's TH-RRH joint component project

Transitional housing programs should strive for efficiency and effectiveness in service delivery. Openings in transitional housing programs should be targeted towards those with the greatest service needs in the community. Supportive services should be voluntary, person-centered, and focused on helping households to exit transitional housing to permanent housing as quickly as possible, consistent with a Housing First approach. Finally, costs per exit and length

of time homeless should be comparable to other interventions across the homeless services system, like Rapid Re-Housing.

The Department of Housing and Urban Development (HUD) has recently allowed for a combination transitional housing (TH) and rapid re-housing (RRH) approach that may be effective in some communities to ensure households have access to safe and appropriate temporary housing while focused on re-connecting with permanent housing as quickly as possible.¹² HUD expects that programs implementing the joint TH-RRH component project meet a specified need in the community, focus supportive services on accessing permanent housing and connection to mainstream supports and services, and adhere to a Housing First approach.

While transitional housing occupies a limited amount of homeless crisis resources in Howard County, directed towards people fleeing domestic violence and re-entering the community from incarceration, the community must continue to ensure that these resources are aligned to the goals of ending homelessness. Transitional housing resources in Howard County should be connected to the coordinated entry system, prioritize people with the greatest

needs for the intensive resources associated with the intervention, and promote permanent housing exits by re-working supportive services to focus on accessing Housing First and supporting other client service goals following housing placement.

PERMANENT HOUSING SOLUTIONS

Rapid Re-Housing

Rapid re-housing (RRH) is a short-term intervention designed to return literally homeless households to permanent housing quickly using three core components: Housing Identification (**Find**); Rent and Move-In Assistance (**Pay**); and Rapid Re-housing Case Management and Services (**Stay**).

Rapid Re-Housing

- Ensures households have access to each of the three core components:
 - Housing Identification (Find)
 - Rent and Move-In Assistance (Pay)
 - Rapid Re-Housing Case Management and Services (Stay)
- Highly-individualized, person-centered services
- Uses data to improve system and program performance by setting and regularly monitoring performance benchmarks that track:
 - length of time homeless
 - exits to permanent housing
 - returns to homelessness
- Is the primary strategy to re-connect people experiencing homelessness to permanent housing across the homeless response system

In an effective homelessness response system, rapid re-housing is a primary intervention with adequate resources to support households needing additional assistance to exit homelessness. This may involve blending multiple sources of funding together in order to achieve an adequate scale based on the community's need. By helping literally homeless households access permanent housing quickly, RRH improves the flow through the homeless system by decreasing length of time homeless, increasing exits to permanent housing, and connecting people to resources to help them maintain housing.

An effective system establishes system-wide policies and procedures for rapid re-housing programs to ensure service delivery is standardized across the

system. The Alliance, in collaboration with federal partners, has developed Benchmarks and Standards that communities may consider adopting to ensure effectiveness and efficiency in RRH service delivery.¹³

Rapid re-housing services are highly individualized and follow a Housing First approach to service delivery. While all households must have access to each of the three core components of rapid re-housing, they will use each of them differently and may not necessarily need to access all three components.

The goal of Housing Identification (**Find**), is to quickly identify permanent housing opportunities for people experiencing homelessness. Activities under this component include recruiting landlords with units in the communities and neighborhoods where program participants want to live, and negotiating with landlords to help program participants access housing, regardless of their tenancy screening barriers. Within the limits of the participant's income, a rapid re-housing program should have the ability to help households access units that are desirable and sustainable. Housing identification efforts are designed and implemented to actively recruit and retain landlords

willing to rent to program participants who may otherwise fail to pass typical tenant screening criteria. Critical to the formation of landlord-program relationships is the recognition of the landlord as a vital partner.

Rent and Move-In Assistance (**Pay**), provides short-term financial help to households so they can pay for housing, including security deposits, move-in expenses, rent, and utilities. Rent and move-in assistance should be flexible and tailored to the varying and changing needs of a household while providing the assistance necessary for households to move immediately out of homelessness and to stabilize in permanent housing. A rapid re-housing program should make efforts to maximize the number of households it is able to serve by providing households with the financial assistance in a progressive manner, providing only the assistance necessary to stabilize in permanent housing.

Rapid Re-housing Case Management and Services (**Stay**), helps participants obtain and move into permanent housing, supports participants to stabilize in housing, and connects them to community and mainstream services and supports to sustain housing, as needed, through home-based supportive services. Rapid re-housing case management should be client-driven, and case managers should actively engage participants in voluntary case management and services through client led case planning and goal-setting. Rapid re-housing case management should be flexible, offering only essential assistance until or unless the participant demonstrates the need for or requests additional help. Rapid re-housing program case management reflects the short-term nature of the rapid rehousing assistance and focuses on housing retention and helping a household build a support network outside of the program. It connects the participant with community resources and service options, such as legal services, health care, vocational assistance, transportation, child care, and other forms of assistance that continue beyond participation in the rapid re-housing program.

Rapid re-housing is currently a limited resource in Howard County. In order to promote increased system flow, the CoC should significantly increase the scale of rapid re-housing resources in the community directed towards individuals and families experiencing homelessness and ensure that these services are delivered consistently across providers and in alignment with the Alliance's Rapid Re-Housing Benchmarks and Standards.

Permanent Supportive Housing

Permanent supportive housing (PSH) is an intervention that combines affordable housing assistance with voluntary intensive supportive services to address the needs of chronically homeless people. The services are designed to build independent living and tenancy skills and connect people with community-based health care, treatment and employment services.

PSH is a Housing First intervention that does not screen people out of housing or services due to arbitrary barriers such as income, sobriety, or compliance with mental health, medical, or other care and support services. Intensive supportive services are available to all participants, and services cannot be mandated. Instead they are actively encouraged. PSH staff are well-trained to work with those with the highest needs, including training in practices such as Motivational Interviewing, Harm Reduction, and Trauma Informed Care, and caseloads are small enough to allow for a high intensity of support when needed. Services are home-based and include regular residential visits.

Permanent Supportive Housing

- Prioritizes those with the highest needs: specifically, chronically homeless people
- Low-barrier: No sobriety or treatment prerequisites, screens people in, not out
- Practices a Housing First approach for all units: intensive, home-based services and supports are available to all participants and are actively encouraged but not mandated
- Utilizes a “Move-On” Strategy

In an effective homeless response system, PSH is targeted to people who are chronically homeless and have the highest level of vulnerabilities and barriers to maintaining permanent housing. While PSH services may be long-term in nature and do not impose limits on tenancy, effective homeless response systems utilize a “move-on” strategy that allows households who no longer need intensive supports to choose to “move-on” from services but utilize the on-going rental subsidy through Section 8 vouchers, public housing units,

privately owned affordable housing units, or other subsidized housing options. The PSH resources can then be re-directed back to people currently experiencing homelessness who could benefit from the higher level of support.

Permanent supportive housing makes up the largest housing intervention within the CoC and there is little turnover of these units even as many participants have achieved housing stabilization. To increase system flow, the Coalition should explore with residents who no longer require the intensive supports provided in PSH whether they would like to move-on from those services while retaining a long-term housing subsidy. Through partnership with the Housing Commission, the CoC can open up needed PSH units for chronically homeless individuals. To ensure that PSH is operating based on evidence-based practices, the Coalition should ensure that all providers have adopted a Housing First approach in both policy and practice.

OUTCOMES FOCUSED SYSTEM

An effective homeless response system holds itself accountable to outcomes by using data to understand who is experiencing homelessness, and the effectiveness of the current system in making homelessness rare, brief, and one-time. An outcomes-focused system regularly measures its performance, publicly reports on the outcomes, analyzes and evaluates the data, and uses it to establish system-wide goals and to improve performance.

Key indicators of successful outcomes across a homeless response system include:

- Reductions in overall homelessness
- Reductions in first time homelessness
- Reductions in the length of time persons are homeless
- Increases in exits from homelessness to permanent housing
- Reductions in returns to homelessness following connection to permanent housing

Homeless response systems should calculate each of these data points using information collected through their Homeless Management Information System (HMIS). In addition, data must be analyzed, and used to inform decision-

making and resource allocation across the continuum. Performance data at both the system and program level must be transparent and readily accessible to community stakeholders for ongoing monitoring of performance.

Outcome-Focused System

- Reduces homelessness overall
- Reduces first time homelessness
- Reduces average length of time spent homeless
- Increases placements in permanent housing
- Reduces returns to homelessness

Effective homeless response systems work with all funders to understand and agree on performance outcomes to accomplish system goals. They coordinate to align metrics across providers to ensure accountability for reaching community benchmarks as well as to inform future funding decisions.

Critical to an outcome-focused homeless response system is committed system leadership. These stakeholders must regularly review performance data, understand the causes of increases and decreases in performance, and make policy and funding decisions to meet performance goals. This will ensure that the system is “right-sized” with the proper mix of interventions funded at the appropriate scale to make homelessness rare, brief, and one-time.

The Coalition struggles to evaluate the effectiveness of the Howard County homeless response system. Although the CoC reports System Performance Measures to HUD, there currently exists no system or program level performance measure outcome benchmarks and goals. In addition, the CoC Board and the CoC Lead Agency should use data to make informed and strategic decisions on how to align and coordinate the system. The Coalition must ensure there is a dedicated staff and Board committee regularly analyzing the data and applying a systems lens to guide policy and program decision making. Through these roles and transparent communication, Coalition membership and community stakeholders should understand whether the Coalition is meeting the performance goals to make homelessness rare, brief, and one-time.

STATE OF HOMELESSNESS IN THE UNITED STATES, MARYLAND, & HOWARD COUNTY

Homelessness in Howard County is best viewed in the broader context of the state of Maryland as well as the rest of the United States. While Howard County makes up 5.3% of the total population of Maryland, it represents just 2.8% of the population of people experiencing homelessness. Homelessness in Howard County has increased over the past five years, due in large part to a spike in the most recent 2019 Point in Time Count (PIT)¹⁴, while homelessness across Maryland and the United States dropped slightly over this same time.

Howard County has a significantly higher rate of family homelessness than Maryland or the United States: more than half of people experiencing homelessness in Howard County during the 2019 PIT Count were persons in families, while in MD and U.S. less than one-third were families. People experience unsheltered homelessness in Howard County (35.8%) is at a rate similar to the rest of the country (35.2%) but is higher than Maryland's average (24.7%.) Rates of chronic homelessness are similar in Howard County, Maryland, and across the United States (between 17-20%).

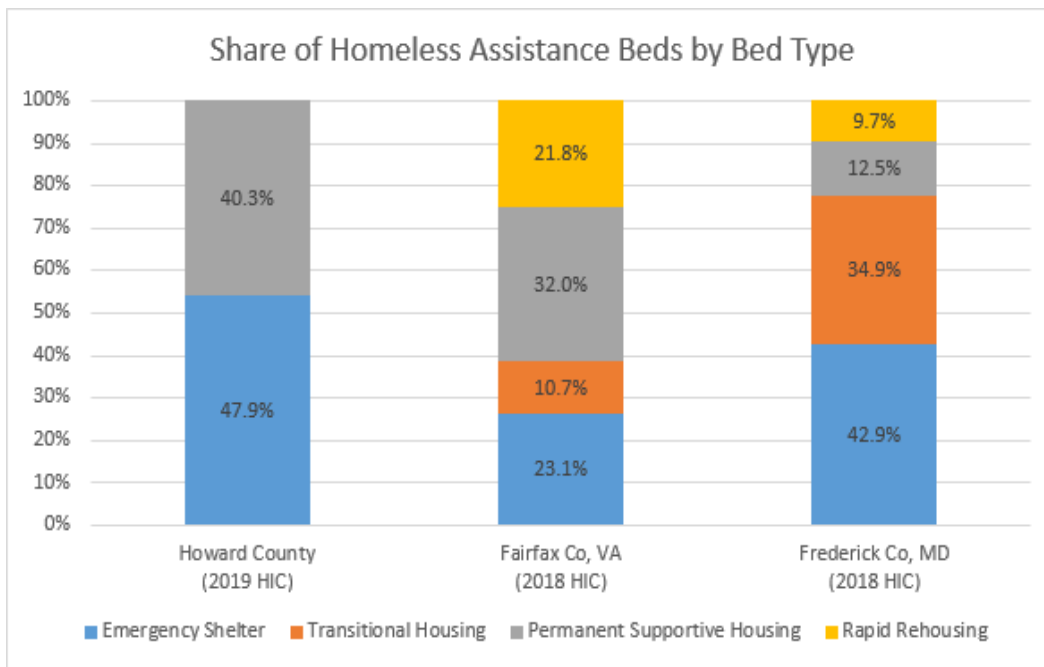
According to the 2019 Housing Inventory Count, Howard County dedicates almost half of its beds (47.9%) to emergency shelter. This is significantly higher than the state of Maryland (21.8%) and the rest of the country (31.9%) in 2018. Howard County dedicates over 40% of its beds to permanent supportive housing, which is on par with both Maryland (45.3%) and the United States as a whole (40.3%)¹⁵ in 2018. Howard County dedicates no beds to rapid re-housing¹⁶ or transitional housing,¹⁷ while the state and the rest of the country dedicated 8-12% to each in 2018.

Data Point	Howard County (2019)	State of Maryland (2018)	U.S. (2018)
PIT Count	201	7,144	552,830
Change in Homelessness in Previous 5 Years	21.1%	-9.1%	-4.1%
% Adults Without Children	48.8%	68.7%	66.6%
Percent Persons in Families	51.2%	31.2%	32.6%
Percent Chronic	17.9%	19.7%	17.5%
Percent Unsheltered	35.8%	24.7%	35.2%
Emergency Shelter as Percentage of All Beds	47.9%	21.8%	31.9%
Transitional Housing as Percentage of All Beds	0%	12.4%	11.3%
Permanent Supportive Housing as Percentage of All Beds	40.3% ¹	45.3%	40.3%
Rapid Re-Housing as a Percentage of All Beds	0% ²	7.9%	12.2%

Comparing Howard County to other similar counties, we find that Fairfax County, VA and Frederick County, MD have similar demographics, locations and poverty rates. Costs of living are higher in Frederick County and Fairfax County compared to Howard County: fair-market rent for a one-bedroom apartment is \$1,561/month in Frederick County, \$1,454/month in Fairfax County, and \$1,390/month in Howard County.¹⁸ The 2018 rental vacancy rate across the Baltimore-Columbia-Towson region was 9.4%, compared to 8.1% in Fairfax County and 5.7% in Frederick County¹⁹.

Despite a more difficult housing market, over the past five years homelessness at a single point in time has fallen by 8% in Frederick County and 14% in Fairfax County while increasing by 21% in Howard County. All three communities have rates of chronic homelessness similar to the rest of the state and country. Howard County has the highest unsheltered rate (35.8%) of any of the three communities, with Fairfax County significantly lower at 8.6%.²⁰ Howard County dedicates 40% of its beds to permanent supportive housing, while Fairfax dedicates 32% and Frederick County 13%.²¹

Table 2: Homelessness Data from Howard County and Comparable Counties			
Data Point	Howard County (2019)	Fairfax County, VA (2019 PIT; 2018 HIC)	Frederick County, MD (2019 PIT; 2018 HIC)
Population	323,196	1,150,795	255,648
Poverty Rate	5.9%	6.7%	6.7%
2019 Point in Time Count	201	1034	286
Change in Homelessness- 2015-2019	21.1%	-14.1%	-8%
Percent Adults without Children	48.8%	49.1%	74.1%
Percent Persons in Families	51.2%	50.9%	25.9%
Percent Chronic	17.9%	19.5%	13.6%
Percent Unsheltered	35.8%	8.6%	27.3%
Emergency Shelter as Percentage of All Beds	47.9%	23.1%	42.9%
Transitional Housing as Percentage of All Beds	0%	10.7%	34.9%
Permanent Supportive Housing as Percentage of All Beds	40.3%	32.0%	12.5%
Rapid Re-Housing as Percentage of All Beds	0%	21.8%	9.7%

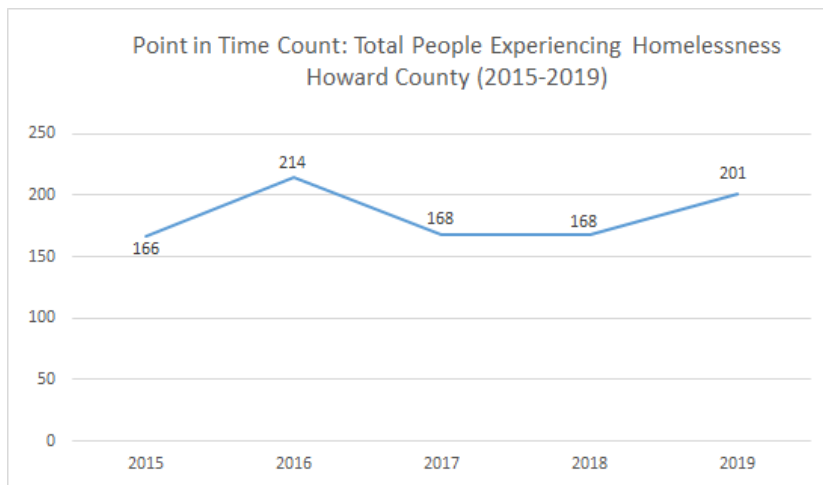


STATE OF HOMELESSNESS IN HOWARD COUNTY

NUMBER OF PEOPLE EXPERIENCING HOMELESS IN HOWARD COUNTY FROM 2015-2019

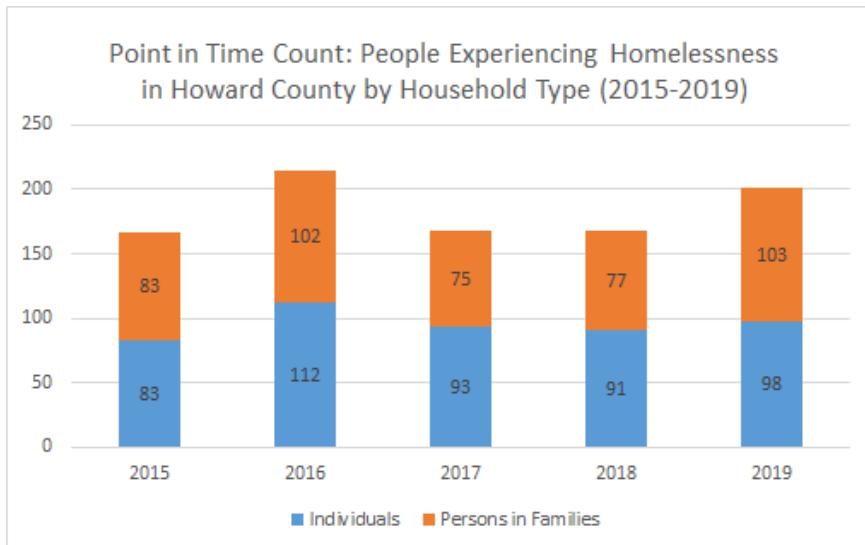
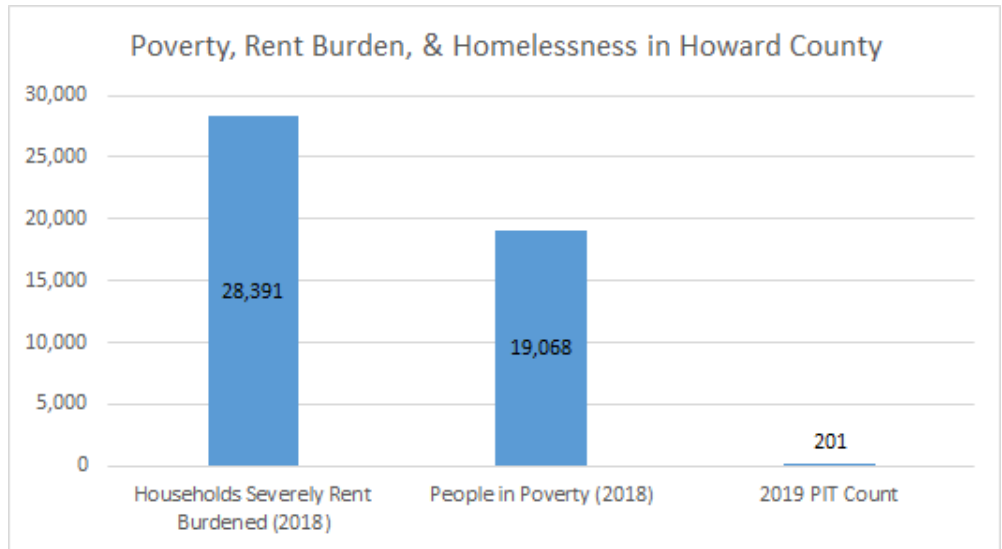
To better understand the current state of homelessness and the response to homelessness in Howard County, the Alliance examined data provided by the county through the Alliance’s Homeless System Evaluator Tool²² for 2018, as well as publicly available data from HUD including the Annual Homelessness Assessment Report (AHAR) and Stella

tool, and other publicly available information as cited.



Between 2015 and 2019, the number of people experiencing homelessness in Howard County has remained relatively constant, with spikes in 2016 and 2019.²³

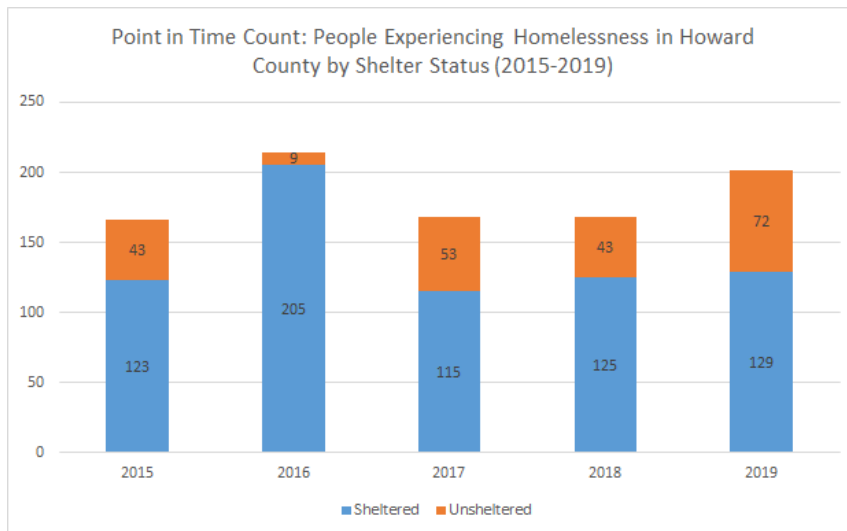
While 5.9% of Howard County residents live below the poverty line²⁴ and roughly 28,000 renter households are severely rent burdened (paying more than 50% of their income for housing)²⁵, a significantly smaller number of Howard County residents experience homelessness at any given time.



According to the 2019 Point in Time Count, 49% of people experiencing homelessness in Howard County are individuals. Over the past five years this ratio has remained relatively stable: approximately 50-55% of people experiencing homeless have been single adults, while approximately 45-50% have been persons in families. 2016 and 2019 saw spikes in the proportion of families

experiencing homelessness.²⁶

Most people experiencing homelessness in Howard County are sheltered: according to the 2019 PIT Count, 64% are sheltered and 36% are unsheltered. Over the past five years, the unsheltered population represented approximately 25-35% of all persons counted in the PIT, except for 2016, when a major snowstorm drove the County to open 92 overflow emergency shelter beds in January²⁷. These additional temporary beds may explain both the relatively large number of persons counted in 2016, as well as the relatively low proportion of unsheltered persons that year.



Of the 72 unsheltered persons enumerated in 2019, 42 (58.3%) were male. The majority (47 persons, or 65.3%) were over the age of 24; 19 persons (26.4%) were under 18, and 6 persons (8.3%) were between 18-24 years old. 21 (29.2%) of unsheltered persons were chronically homeless. These 21 individuals represent 58.3% of all chronically homeless persons counted in 2019.

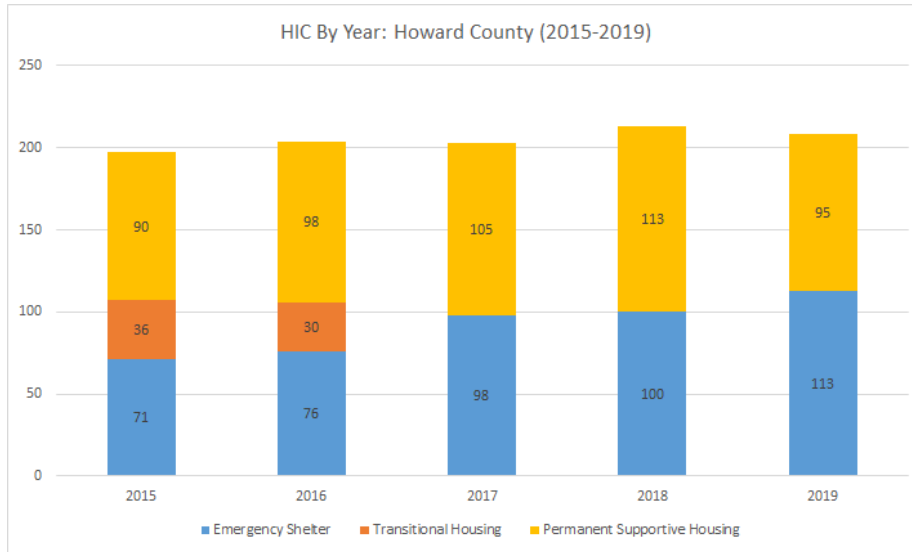
According to HUD’s Stella Performance Module, between October 1, 2017 and September 30, 2018, 18% of adults (65 persons) served in shelters, transitional housing, rapid re-housing, or permanent supportive housing were chronically homeless. This rate is similar to the rest of the United States and Maryland. 2.3% of all persons served in Howard County (16/620) were veterans, and only 1.7% of persons served in shelters or transitional housing (7/414) were veterans. According to the 2018 Point in Time Count, veterans accounted for 8.7% of persons in transitional housing or emergency shelter across the state of Maryland.

According to Stella, 207 households (made up of 414 people, 225 of which were adults) were served in shelters or transitional housing in Howard County. Within this population, most adults were female (153 persons, or 68%). According to the 2018 Point in Time Counts, males make up the majority of persons served in emergency shelter and transitional housing in comparison communities: 55.3% in the U.S.; 60.7% in Maryland; 55% in Fairfax VA; and 69.8% in Frederick County, MD. 44.7% of persons served in shelters or transitional housing in Howard County (185/414) were under the age of 18. According to the 2018 Point in Time Counts, youth under 18 account for a smaller portion of persons served in emergency shelter and transitional housing in comparison communities: 28.2% in the U.S.; 23.5% in Maryland; 33.3% in Fairfax VA; and 26.7% in Frederick County, MD.

Though the Housing Inventory Count reported no rapid re-housing beds, Stella shows that 45 households (made up of 117 people, 55 of which were adults) were in rapid re-housing. Within this population, most adults were female (34 persons, or 62%). Over half of these people in rapid re-housing (61 persons, or 52.1%) were under the age of 18. 84 households (made up of 113 persons, 99 of which were adults) were in permanent supportive housing. Within this population, most adults were men (65 persons, or 66%). 11.5% of persons in permanent supportive housing (13 persons) were under the age of 18.

HOMELESS PROGRAM INVESTMENTS

According to the 2019 Housing Inventory Count submitted to HUD, Howard County designates almost half of its homeless resources (47.9%) to permanent supportive housing, and just over 40% of its resources to emergency shelter.

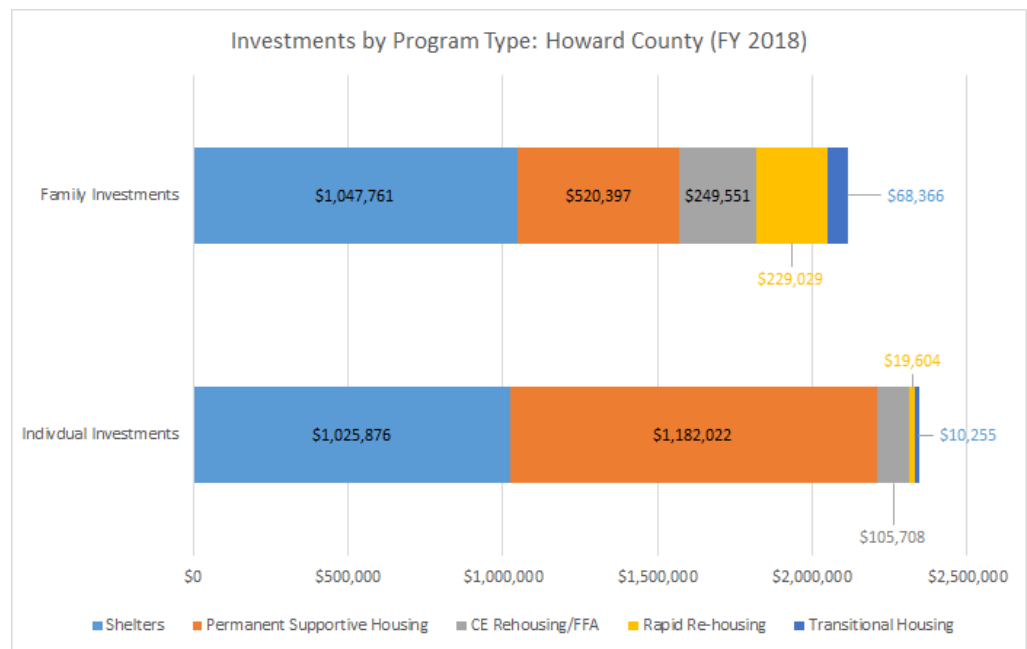


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While the Housing Inventory Count shows no investments in transitional housing or rapid re-housing, data submitted by the County and analyzed through the Alliance's Homeless System Evaluator Tool (HSET) reveals a different picture. According to HSET, which analyzes county-wide program

investments between October 1, 2017 – September 30, 2018, the vast majority of spending was, as expected, dedicated toward emergency shelter and permanent supportive housing: 46.5% of total spending was dedicated to shelter, while 38.2% was dedicated to permanent supportive housing. The CE Rehousing/Flexible Financial Assistance (FFA) program – a locally funded re-housing and homelessness prevention program – made up 8% of county homeless funding. Rapid re-housing represented 5.6% of total spending, and transitional housing represented 1.8%.

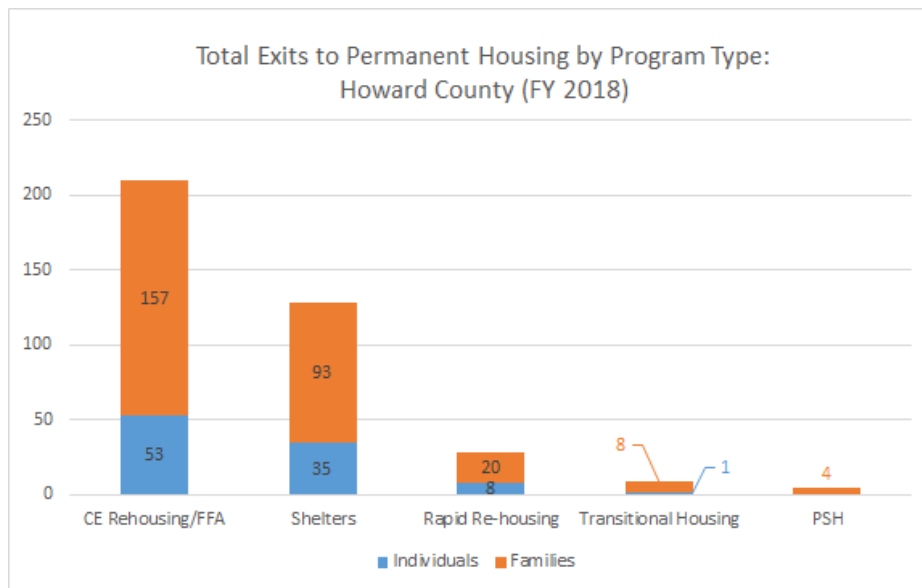
Resources were targeted differently toward families versus individuals in Howard County. Single adults received slightly more funding (\$2,343,465) than families (\$2,115,104). While most



funding for single adults was dedicated to permanent supportive housing (50.4%), one quarter (24.6%) of family

funding was dedicated to permanent supportive housing. The majority of rapid re-housing dollars (92.1%) were targeted toward families. These family rapid re-housing resources represented 10.8% of all available family funding. Rapid re-housing dollars for single adults represented less than 1% of total single adult spending. Families also received more transitional housing and CE Re-housing/FFA funding than singles. Both singles and families had a significant portion of their resources dedicated to emergency shelter: 43.8% for singles and 49.5% for families.

Data submitted to the Alliance through the HSET show 375 exits to permanent housing from emergency shelter, transitional housing, rapid re-housing, and CE Rehousing/FFA between October 1, 2017 – September 30, 2018. The plurality of exits to permanent housing came through the CE Rehousing/FFA component (210), despite this program representing just 8% of total investments across the county. 46.5% of single adults exiting CE/FFA (53/114), and 60.2% of persons in families exiting CE/FFA (157/261) exited to permanent housing.

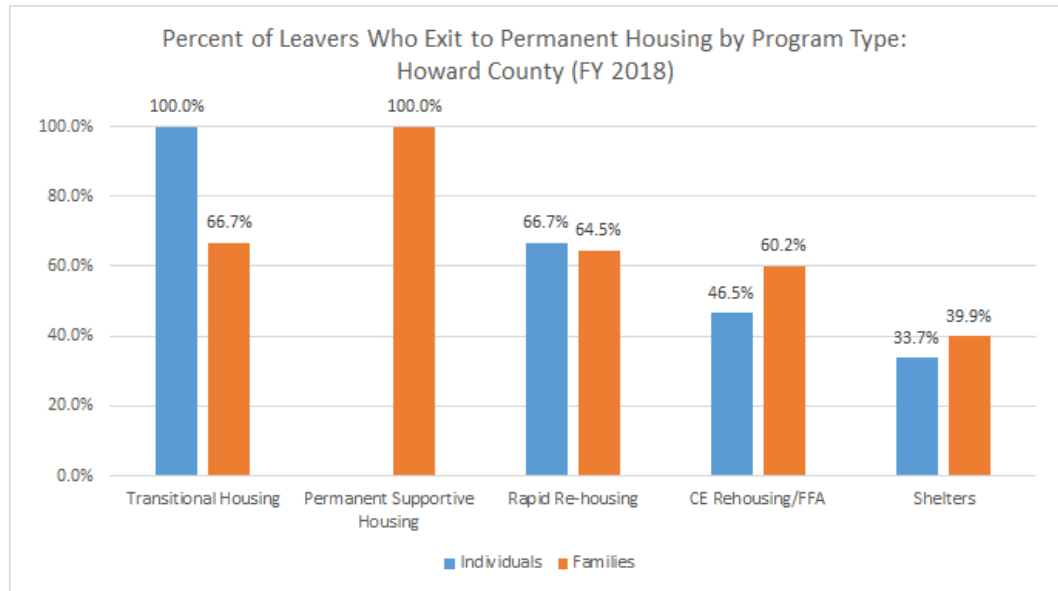


Emergency shelters, which represent 46.5% of total funding, had the next highest volume of exits to permanent housing (128). However, emergency shelters had the lowest rates of exits to permanent housing: only 33.7% of single adults exiting emergency shelter (35/104) and 39.9% of persons in families exiting emergency shelter (93/233) exited to

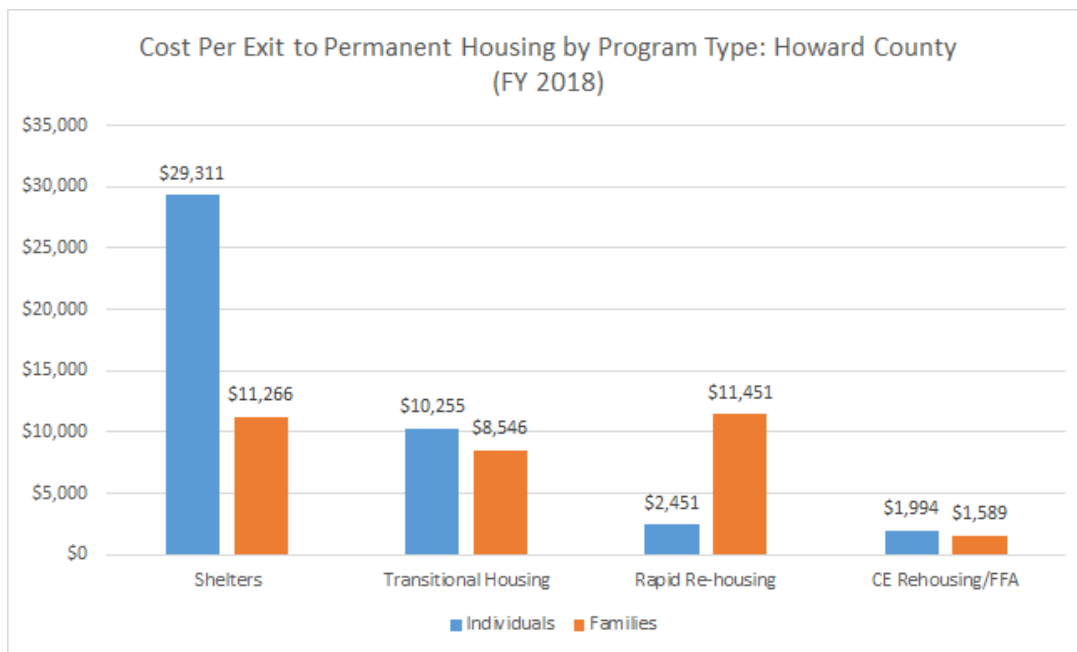
permanent housing. Both rapid re-housing and transitional housing had very few exits to permanent housing: 28 and 9, respectively. These programs received little funding: rapid re-housing received 5.6% of County funding while transitional housing received 1.8%. Despite the low volume of exits to permanent housing, the rates of exits to permanent housing for TH and RRH leavers was relatively high: 66.7% of single adults exiting rapid re-housing (8/12) and 64.5% of persons in families exiting rapid re-housing (20/31) exited to permanent housing; 100% of individuals exiting transitional housing (1/1), and 67% of persons in families exiting transitional housing (8/12) exited to permanent housing. More money was allocated to permanent supportive housing than any other component. 100% of persons in families (4/4) exiting PSH exited to other permanent housing; none of the four individuals who exited PSH exited to other permanent housing. While permanent supportive housing is not designed to exit a large volume of participants, those who do leave PSH programs should move on to some other form of permanent housing.

Within every component type, more persons in families (282) exited to permanent housing than single adults (97). Families also had higher rates of exits to permanent housing than single adults, except those families who exited

from transitional housing (only one single adult exited transitional housing, and they exited to permanent housing) and rapid re-housing (the rate of persons in families exiting to permanent housing from rapid rehousing is only slightly lower than that of single adults: 64.5% vs. 66.7%.)



CE Rehousing/FFA costs per permanent housing exit for both single adults and families, and rapid re-housing for individuals, ranged from \$1,500 and \$2,500. Emergency shelters for individuals were nearly \$30,000 per exit to permanent housing. Rapid re-housing and emergency shelter for families, and transitional housing for both single adults and families cost between \$8,500 and \$11,500 per exit to permanent housing.



RACIAL DISPARITIES IN HOMELESSNESS

Data from across the country show that Native Americans and African Americans are overrepresented within the population experiencing homelessness. In Howard County, Hispanic people and African Americans are disproportionately living in poverty and experiencing homelessness: while Hispanic people represent only 6% of the county's population (a number that has been growing in recent years,) they represent 15% of those living in poverty in the county, and 13% of the county's homeless population; while African Americans represent only 18% of the county's population, they represent 33% of those living in poverty in the county, and 58% of the county's homeless population. Additionally, between July 1, 2017 - June 30, 2018, Hispanic people represented a disproportionately low

Racial Disparities

- **Assess Disproportionality and Disparity:** Look at community data on population percentages by race and ethnicity in the community and compare it to the percentage of people living in poverty and experiencing sheltered or unsheltered homelessness by race and ethnicity.
- **Assess for Disparate Outcomes:** Use community homeless services data to compare key outcomes- including length of stay, placement rates in permanent housing, and returns to homelessness- based on race and ethnicity.
- **Analyze and Respond to Data:** Look at your data and, if disparities are found, use the data to target and restructure programs and interventions across your system in order to reduce disparities based on race and ethnicity.

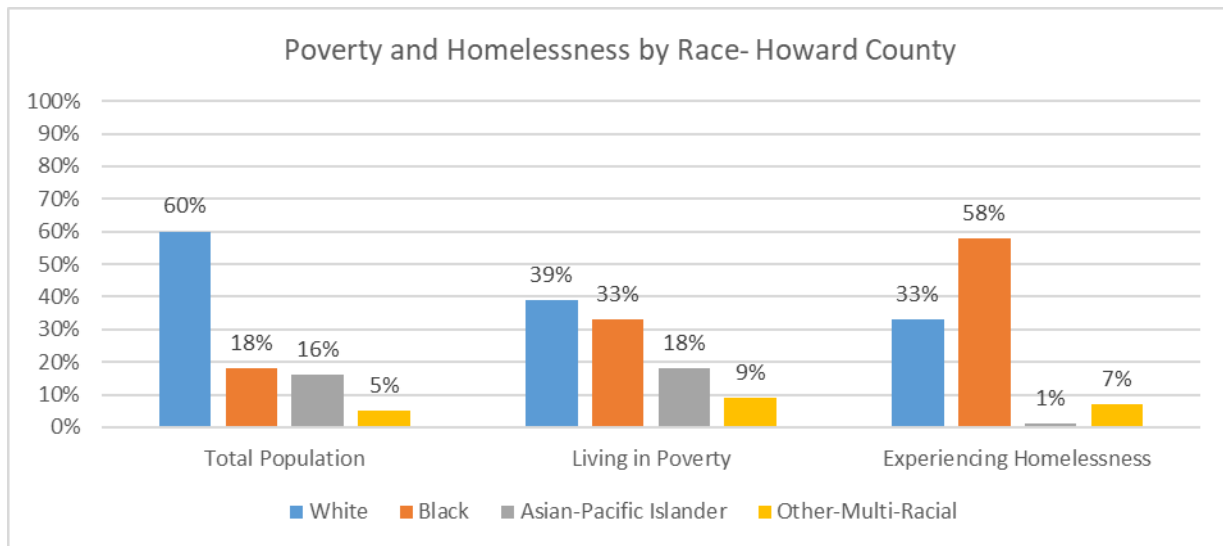
percent of the homeless population entering permanent housing (2%), and African Americans represented a disproportionately high percent of those returning to homelessness (85%). These disparities are influenced by the historical and structural racism within larger systems like child welfare and criminal justice. However, homelessness systems and providers must also ensure that they are not perpetuating inequity. Homelessness programs and systems have a significant and direct responsibility to ensure that they are not, themselves, having a disparate impact on people based on race or ethnicity by assessing disproportionality and disparities, assessing for disparate outcomes, and analyzing and responding to the data.

Assessing Disproportionality and Disparity in Howard County

The Department of Housing and Urban Development (HUD) recently released a "[CoC Analysis Tool on Race and Ethnicity](#)" that can help identify disproportionality and disparity in populations experiencing homelessness in Howard County. Howard County's total population by race is 60% White, 18% Black, 16% Asian/Pacific Islander and 5% Other/Multi-Racial. Native Americans make up less than 1% of the population, and thus are not included in this report.

Of the populations living in poverty in Howard County by race, 39% are White, 33% are Black, 18% are Asian/Pacific Islander and 9% are Other/Multi-Racial. This indicates that Black people are more likely to live in poverty than White people based on the population of Howard County. 5.2% of the total population of Howard County lives in poverty.

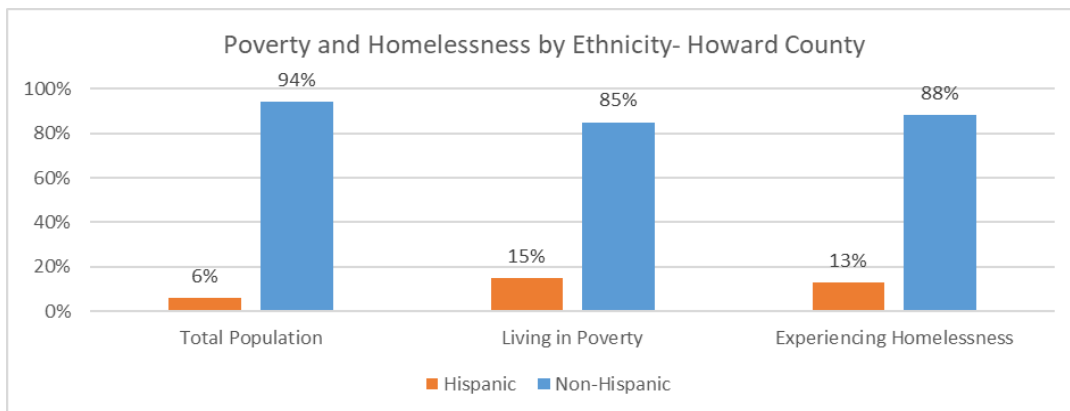
Looking at the homeless population of Howard County by race as enumerated in the Point in Time count, 33% are White, 58% are Black, 1% are Asian-Pacific Islander, and 7% are Other/Multi-Racial. Asian/Pacific Islander households, while equally likely to be poor in Howard County, are less likely to experience homelessness. White households are under-represented both as a percentage of who is living in poverty and who is experiencing homelessness in Howard County. Black households are over-represented as a percentage of who is living in poverty and, to a greater degree than can be explained by poverty rates alone, who is experiencing homelessness in Howard County.



When looking at ethnicity in Howard County:

- 6% of the total population is Hispanic and 94% non-Hispanic
- 15% of the population living in poverty in Howard County is Hispanic and 85% non-Hispanic
- 13% of the population experiencing homelessness in Howard County is Hispanic and 88% non-Hispanic

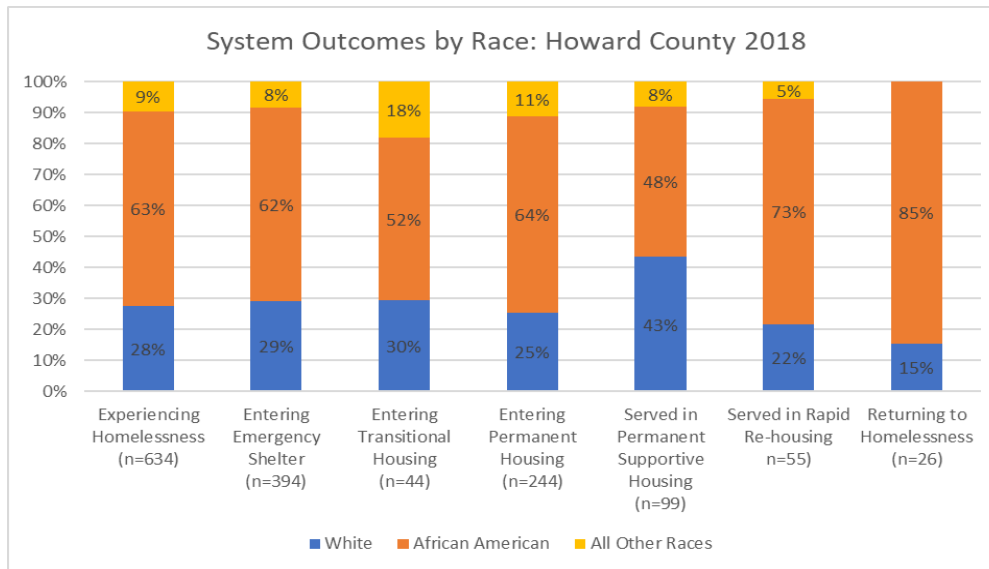
Hispanic people are over-represented among the population of people living in poverty and, at a similar rate to their



percentage of households living in poverty, the population of people experiencing homelessness in Howard County.

Assessing for Disparate Outcomes in Howard County

The Alliance has developed a [Racial Disparity Tool](#) to help communities identify disparate outcomes by race and ethnicity within the homeless services system. The HMIS lead completed this tool for this assessment using Howard County HMIS data for the Fiscal Year 2018 (7/1/17-6/30/18) and the data is analyzed below, in addition to data from the HUD Stella tool as noted.



Annualized data show that 28% of people served are White, 63% are Black, and 9% are another race. These percentages demonstrate a slightly higher disparity among racial minorities than the racial disparities noted in the Point in Time count.

When looking at the racial composition of who accesses crisis housing, the population of people entering Emergency Shelter is nearly identical to the population experiencing homelessness in the community. However, Black people are less likely to enter Transitional Housing than their share of the population experiencing homelessness.

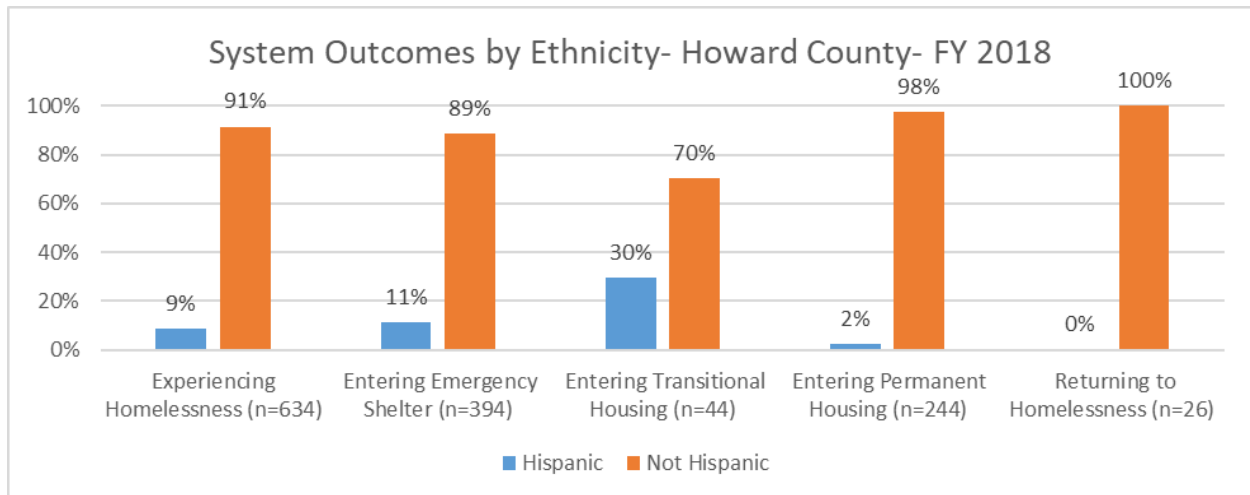
People of each racial group moved into permanent housing at rates approximately comparable to their share of the population during the reporting period analyzed for this assessment. However, data from HUD's Stella tool indicate disparities in the types of housing assistance provided. While Black households made up 73% of households served through rapid re-housing, just 48% of households served through permanent supportive housing were Black. 16% of households receiving rapid re-housing were White, compared to 43% of households served through permanent supportive housing.

Black people are more likely to return to homelessness than their share of the population, while White people and people of all other races are less likely to return to homelessness.²⁹

In FY2018, 9% of people served across the system identified as Hispanic while the remaining 91% identified as non-Hispanic. This is slightly lower than the ethnicity disparities noted in the Point in Time count, although they still represent a slight over-representation of Hispanics in the homeless population.

Hispanic people enter emergency shelter at comparable rates to their share of the homeless population, but they are more likely to enter transitional housing than their share of the homeless population.

When looking at who enters permanent housing in Howard County, Hispanic people are significantly under-represented: only 2% of the population moving into permanent housing is Hispanic. Nobody of Hispanic ethnicity returned to homelessness in Howard County in FY2018.



Analyzing and Responding to Howard County Data

Howard County mirrors national trends regarding racial disparities in homeless populations. While the County has a majority White population, the population of people experiencing homelessness is majority Black. Some of this disparity may be explained by differential poverty rates, however Black people still appear over-represented in the homeless population. The system must also address how resources are distributed, and examine racial disparities in who is accessing higher levels of support like permanent supportive housing.

RECOMMENDATION: The Howard County Coalition to End Homelessness, led by the CoC Board, should explore and identify factors driving racial and ethnic disparities in who is experiencing homelessness and how different types of permanent housing resources are distributed by the homeless services system. The CoC Board should develop an action plan to reduce disparities and establish community level performance measure outcome benchmarks and goals to track progress on these efforts.

The CoC Board, utilizing cross-system collaboration with representatives from health care, criminal justice, child welfare among others, should analyze its data further and develop action plans to specifically address:

- Income and housing loss relating to race and ethnicity and monitor trends over time
- Disparate outcomes from the homeless response system in who accesses transitional housing, rapid re-housing, permanent supportive housing based on race and ethnicity
- Exit rates to permanent housing based on race and ethnicity

While Howard County's percentages of people accessing permanent supportive housing do not reveal racial disparities, there exist disparities in housing resources to which households are connected. Coalition leadership should examine why a disproportionately low amount of permanent supportive housing resources are provided to Black households and why Black households reflect higher rates of return to homelessness, even though overall return rates are low.

In Howard County, Hispanic people disproportionately live in poverty and experience homelessness. However, the percentage of Hispanic people living in poverty is comparable to the percentage of Hispanic people experiencing homelessness which may help explain disproportionalities. Yet, Hispanic people are under-represented in exits to permanent housing, indicating that the homeless service system may be having a disparate impact on who is experiencing homelessness. Additional research should be done on where Hispanic people exit to other than permanent housing, as well as why so few are connecting with permanent housing.

Transitional housing disproportionately serves people based on race and ethnicity: White people and Hispanic people are both over-represented in transitional housing programs. While the overall number of transitional housing beds are low and thus have a minor impact on the system, additional research is needed on screening and selection processes for transitional housing programs to determine why they are serving a population that does not reflect the total population of people experiencing homelessness.

HOWARD COUNTY COALITION TO END HOMELESSNESS RECOMMENDATIONS

Building upon the strategic analysis and comprehensive road map provided in *The Path Home: Howard County's Strategic Plan to End Homelessness – 2019-2024*, the Alliance shares recommendations within this report. These include: affirm and/or better align specific strategies within *The Path Home*, such as targeting prevention resources, establishing a robust diversion strategy and housing-focused street outreach, and scaling up rapid re-housing, with nationwide best practices, provide details for implementation, and help inform decisions to prioritize the development, implementation, and funding of key strategies. Given the commitment, passion, and experience of Coalition members, the capacity of the CoC Lead Agency staff, and the current resources within the system, the Alliance believes that implementing these recommendations will work to achieve the goals identified in *The Path Home*.

The following recommendations address the following parts of the Howard County homeless response system:

- **Governance Structure and Performance Measurement**
- **Leveraging and Coordinating Resources and Funding**
- **Efficient and Aligned Interventions to Ensure System Flow**
 - **Coordinated Entry System**
 - **Homeless Prevention**
 - **Diversion Strategies**
 - **Housing Focused Outreach**
 - **Crisis Response System**
 - **Emergency Shelter**
 - **Transitional Housing**
 - **Permanent Housing Solutions**
 - **Rapid Re-Housing**
 - **Permanent Supportive Housing**
- **Making Data Work for the Community**

GOVERNANCE STRUCTURE AND PERFORMANCE MEASUREMENT

Outcomes highlighted in *The Path Home* include:

- Creation of the Coalition to End Homelessness
- Establishment of key committees to strengthen the homeless response system
- Improve the quality and accuracy of data entry to better equip the Coalition to “measure progress and analyze outcomes.”

These system improvements represent critical and continuous work needed to build the capacity of the CoC Governance Board and Coalition members, and to understand that system and program level performance must inform the work that lies ahead (including funding resources).

To know whether ***The Path Home*** is accomplishing the goal of making homelessness rare, brief, and one-time, the CoC Board must:

- Focus its leadership on adopting housing-focused policies and standards
- Strategically align all available funding sources to fulfill the goals of the plan to end homelessness
- Regularly analyze performance measures and make strategic decisions to support positive housing outcomes.

RECOMMENDATION: Focus the CoC Governance Board and Lead Agency roles and primary activities on data-driven and outcome driven policy-making

A Systemic Approach to Homelessness Requires Effective Governance

The Coalition must continue to affirm a systemic response to homelessness that is transparent, coordinated, and accountable for quickly rehousing people and helping them to stabilize. The work accomplished since the 2010 Plan to End Homelessness and ***The Path Home*** has provided a solid foundation to build upon.

Since the *HEARTH Act*³⁰ was passed in 2009, communities have made significant changes to their responses to homelessness. Rather than several programs serving their clients independently, communities are building effective systems to produce a coordinated response to homelessness. These have moved away from *managing* homelessness with a program by program approach and moved towards *solving* homelessness with a systemic approach, and have seen significant reductions in the numbers of people experiencing homelessness.

At the community level, leadership is required to coordinate an outcomes-focused system and persuade programs, agencies, and organizations to abrogate legacy operations. An effective governance structure must make systemic data-driven program, funding, and policy decisions to achieve this structure as well as the goals laid out in ***The Path Home***. To accomplish its role, at a minimum, the CoC's Governance Board must focus its time and activities on supporting the Lead Agency Staff and these efforts:

- Implement policies that support desired system outcomes to end homelessness
- Address complex challenges and take decisive steps to ensure systemic coordination and flow so that not only do people experiencing homelessness quickly enter the system but there are capacity and resources to quickly exit them
- Guide the community's system change process from a programmatic response to a transparent systemic response
- Evaluate and improve the performance of programs and the overall system by utilizing shared performance measures
- Evaluate investments and strategically re-align funding and resources to achieve systems goals, and
- Engage leaders in governing activities with the authority to set system-wide policy, vision, and direction

The CoC Governance Board and CoC Lead Agency must regularly assess whether the governance charter matches what happens in practice, and address obstacles to ineffective governance. Such obstacles include:

- Leaders who are not regularly engaged in governance activities
- Lack of clarity as to the decision-making authority of the Governance Board to set system-wide policy, vision, or direction
- Governance members who only make decisions around homeless response system funding during the CoC Notice of Funding Availability (NOFA) competition and are not engaged in year-round activities to improve the system's performance in responding to homelessness
- A leadership group in which only or mostly CoC or locally funded agencies participate
- CoC Lead Agency staff serve as decision-makers
- Lack of transparency or clarity around how decisions are made
- Lack of data-driven decision making
- No shared performance measurement benchmarks or goals
- Siloed funding sources

The Role of the Howard County CoC Governance Board

In 2010 a community effort resulted in the original Howard County Plan to End Homelessness. A new board, codified by the county council, The Board to Promote Self Sufficiency (BPSS) adopted the Plan. In 2017 BPSS voted to establish an independent Coalition to End Homelessness that would serve as the CoC of Howard County. The inception of the Coalition also meant the creation of a new CoC Board and new members. The CoC Board "seeks to promote community-wide goals to end homelessness; support funding outcomes to quickly rehouse homeless persons; promote access to mainstream sources; and improve self-sufficiency among people experiencing homelessness. The CoC Board will be presented with progress of work from all Committees in place and will review and approve initiatives developed by the CoC. Annually, the Board will develop and review existing performance targets to end homelessness by population type and intervention needed."³¹ The role and purpose of the Howard County CoC Governance Board, as outlined in the Governance Charter, is structured to provide systemic guidance and strategic decision making for the homeless response system. However, the CoC Board, as well as the CoC Lead Agency, need a roadmap on how to operationalize these activities.

Challenges with the Current Role and Activities of the CoC Board and Lead Agency

Although the Coalition built the CoC's governing capacity centered on the creation and implementation of an independent Coalition and governing body, observations by the Alliance, interviews with key CoC leadership and providers, and a survey of key stakeholders indicate that the CoC/Coalition has not fully established a systemic approach. Work remains to ensure that the CoC is fully coordinated and more importantly, that the CoC can effectively measure its performance. The following reasons contribute to why the CoC Board and Lead Agency are challenged by creating a system change environment rooted in data and outcome driven decision making:

- There is a lack of clarity as to where decision-making authority lies on funding and policy decisions on the part of both the CoC Board and Lead Agency that needs further clarification
- CoC Board meetings typically consist of reports from Committee meetings and CoC Lead Agency staff. A more helpful approach would include agenda items focused on system issues impacting policy:
 - How to create flow in the system to address the increase in time households are spending homeless
 - How to coordinate and align numerous prevention, diversion, and re-housing funding
 - Ensuring consistent system wide performance measures for these strategies
 - Developing and approving policies for ES, TH, RRH, and PSH standards of care with accompanying performance measures
- CoC Lead Agency staff struggle to find an effective balance between providing direct service supervision to funded homeless providers and focusing on delivering system level coordination and analysis to guide CoC Board strategic decision making
- Although data on performance outcomes and outputs are reported at CoC Board meetings, performance data is not reviewed and analyzed regularly, and the measures reported on are not always consistent
 - CoC Board member time is spent receiving the report and asking technical questions versus a presentation of performance data, analysis of what the data means and its impact on the system, and what resulting strategic decisions need to be made
- Need for collaboration between CoC Board members and Lead Agency staff to develop robust board and committee meeting agendas focused on promoting positive system strategies and identifying and addressing system strategies performing poorly
- Need for clarity regarding CoC Board members and Lead Agency staff in who should lead timely Board meeting preparation, meeting execution, and needed follow-up
- CoC Board members are not fully prepared to discuss agenda items, don't always know what the goal or the outcome of the meeting should be, and often don't understand what call to action is required for upcoming meetings

The following recommendations are meant to build the capacity of the CoC Board and Lead Agency to focus their roles and activities that support data-driven and outcome focused policy making.

RECOMMENDATION: Clarify the Roles and Functions of the CoC Board and Lead Agency

The CoC Board Executive Committee and Lead Agency should collaborate in a timely manner to develop upcoming CoC Board meeting agendas, informed by system accomplishments, gaps, or challenges identified through committee work and ensure that the agenda directly relates to system improvement analysis. Collectively, staff and Board members should make known, ahead of time, the purpose of the meeting, and any decisions/recommendations to be made by the CoC Board. CoC Board members should have time to review the meeting agenda and accompanying materials and be prepared to fully participate in the upcoming meeting.

The CoC Board should have an annual strategic plan informed by the goals of system performance as its focus. The Annual Implementation Plans of *The Path Home*, can serve as a significant portion of the strategic plan along with other activities related to funding recommendations and policy decisions to improve overall system performance (i.e. reviewing and approving system and project level performance metrics, reviewing and approving written standards for key system components, making recommendations on funding allocation based on evaluation of CoC, ESG, County projects, determining priority areas for cross-system collaboration). A review of other CoC Governance Charters provides a description of the roles/responsibilities of both the CoC Board and Lead Agency.³²

To support the CoC Board's capacity to focus on continuous system improvement, the Lead Agency should clarify for the CoC Board and Coalition members the role and function of its staff. Whether due to historic precedent on how the CoC was previously staffed, current job descriptions that do not reflect the system coordination changes of the past few years, or lack of provider capacity, or a combination of these and other reasons, CoC Lead Agency staff spend a significant time providing direct case management and/or administrative supervision to provider staff, troubleshooting client challenges, and in the minutia of developing responses and workarounds to ensure flow for a system still needing coordination. All the time and energy spent on these activities leaves little capacity for CoC Lead Agency staff to act as system thinkers, able to quickly analyze, through data and research, where system bottlenecks occur, develop a recommended response (i.e. funding allocation, required policy, resource development, provider capacity building), and implement a solution. The CoC Lead Agency must determine what role it should play in providing direct service supervision and how to staff such involvement while at the same time ensuring it's coordinating system activities.

To support these clarified roles among the CoC Board and Lead Agency staff, the Coalition must develop performance measures to understand how well the system is coordinated to achieve the goals identified in *The Path Home* to make homelessness rare, brief, and one-time in Howard County.

RECOMMENDATION: Establish system and program level performance measure outcome benchmarks and goals and structure the CoC Board and Lead Agency Staff to support data and outcome driven decision making

The Howard County Coalition to End Homelessness must measure how the homeless response system is performing to understand its progress on meeting the goals of *The Path Home*. Expansion of HMIS to track and monitor performance across all system resources and incorporation and adoption of HUD's System Performance Measures³³ by the Coalition is a critical beginning for the Coalition in tracking performance.³⁴ These actions mean developing and supporting a performance measurement outcome structure to increase the effectiveness and efficiency of the homeless response system. However, the Coalition must go further and establish simple, clear outcome measures (that may be in addition to HUD's System Performance Measures). Regular assessment of progress on those measures, and shared accountability to achieve outcomes will combine to support activities, and provide incentives to housing and support service providers, funders, and key stakeholders.

Through research, data collection, surveys, and interviews with CoC leadership, providers, and key stakeholders, the Alliance found that most Coalition members don't understand the process for establishing performance outcome benchmarks and goals, how system and program level performance is evaluated, and how performance guides strategic decision making in funding allocations. This confusion and/or lack of understanding is likely because system or program level performance measure outcome benchmarks and goals do not exist or are not communicated to members of the Coalition. Funders do not contract for performance measure outcomes, and performance is not regularly reviewed and analyzed except during funding competitions or annual performance reports like the Point-In-Time Count.

The expansion of HMIS, the creation of HUD's new Stella tool and ***The Path Home*** provide an excellent opportunity to establish system and program level performance measure outcome benchmarks and goals, and regularly measured a consistent set of outcomes and conduct progress comparisons. The CoC Board, through the establishment of a new performance evaluation committee, should establish system-wide and program level performance measure outcome goals to include uniform standards, benchmarks and outcomes, and the ability to track progress based on the following minimum, simple, clear metrics:

System-wide Metrics:

- Decrease in the number of people experiencing homelessness
- Decrease the number of first time homeless
- Decrease the average length of time people experience homelessness
- Increase in exits from homelessness to permanent housing
- Decrease in returns to homelessness

The Coalition can also establish benchmarks and outcome goals for all of HUD's System Performance Measures as well as determine Community level performance goals. To learn more about other CoC Performance Measure Outcome Benchmarks and Goals and how they are established and evaluated, see the [Greater Richmond Continuum of Care's Performance Measurement, Your Way Home, Montgomery County, PA, Performance](#), and [Santa Clara County Continuum of Care Performance Measure Workgroup](#).

Program Level Metrics: Crisis Response System (Emergency Shelter and Transitional Housing)

- Decrease average length of stay in shelter and transitional housing
- Increase in exits from shelter and transitional housing to permanent housing
- Decrease in exits from shelter and transitional housing to homelessness
- Decrease in returns to homelessness
- Increase shelter utilization

For additional crisis response system performance measures, see the [Alliance's Emergency Shelter Learning Series, "Keys to Effective Emergency Shelter: Using Your Data to Evaluate and Improve Performance"](#) and accompanying

Emergency Shelter Outcome Metrics Form. The Alliance recommends that all emergency shelters, collect, review, and analyze this data monthly. Additionally, the Alliance recommends that funders contract for these performance measures, and that public data dashboards be made available on the CoC website.

Program Level Metrics: Rapid Re-Housing³⁵

- Decrease the average length of time program participants experience homelessness (i.e. reduce the average length of time from RRH program entry to move in date for all households)
- Increase in exits from homelessness to permanent housing
- Decrease in returns to homelessness

Program Level Metrics: Permanent Supportive Housing

- Decrease the average length of time program participants experience homelessness (i.e. reduce the average length of time from PSH program entry to move in date for all households)
- Increase in exits to or retention of permanent housing
- Decrease in returns to homelessness

Additionally, community level performance metrics for crisis and permanent housing interventions can include measures relating to increasing income (cash and non-cash income) and accessing mainstream benefits. When establishing performance measure outcomes, the CoC Board should ensure that outcomes reflect changes in a household's housing situation as a result of a service received and not activities or outputs of the provider in attempting to assist a household in reaching these outcomes. For example, tracking the number of people served, referred, enrolled, receiving case management or prevention services may be important, but it is an output not an outcome. Establishing performance measure outcome benchmarks and goals for program types should be guided by system-wide performance benchmarks. Numeric benchmarks should reflect a percentage or number target for each outcome (based on baseline data from the most recent year the needed data is available).

As policy, the CoC Board should ensure that all potential homeless funding sources are explored and where appropriate, make recommendations to align resources with the goal to make homelessness rare, brief, and one-time. At a minimum all funders within the Coalition should structure their RFPs, grant making processes and contracts to support system change with an emphasis on Housing First and performance-based outcomes.

Transitioning to a performance-based funding approach should be phased in and reflected in the implementation of ***The Path Home***. The transition should include notice and meetings for currently funded and potential providers to make them aware that performance is the new basis for funding decisions, and that they can engage in a performance improvement plan if concerned about their performance.

Establish a CoC Board Committee and Lead Agency Staff position to Coordinate and Evaluate System and Program Performance

The CoC Board should establish a new committee (i.e. System Performance Evaluation Committee) to take primary responsibility for establishing system and program level performance measure outcome benchmarks and goals annually. The Committee should also collect, report and analyze system performance outcomes on a bi-monthly or quarterly basis, and collect, report and analyze program level performance outcomes on a monthly basis. The committee should report the data and analysis to the full board and make recommendations for the Board to act upon. In addition, these reports should be made available to all homeless assistance stakeholders and the public. Accessible and shared information keeps all Coalition members abreast of the system's overall performance and helps identify effective strategies and needed improvements.

To accomplish the above, the CoC Board, in partnership with the Lead Agency should engage in the following activities:

- Refine system planning, monitoring, and oversight
- Coordinate written standards across all program types
- Evaluate data to identify gaps in service
- Evaluate cost effectiveness of program types
- Work with other funders to promote consistent standards/policies; and
- Measure performance outcomes

In support of the above activities and to effectively staff this new Board Committee, the Lead Agency must have staffing support in key roles to ensure that progress is achieved. The Alliance proposes that the Lead Agency identify staff to serve as System Performance Coordinator. The role of this person is to coordinate the establishment, collection, analysis and reporting of system and program level performance measure outcome benchmarks and goals, as well as to coordinate system and program improvement. This includes:

- Staffing the System Performance Evaluation Committee in support of establishing all performance benchmarks and goals
- Reviewing system and provider outcomes and identifying low performers
- Proposing incentives for high performers
- With the HMIS Administrator, produce data dashboards for programs, program types, and system performance
- Developing and evaluating the components of performance improvement plans
- Working with low performing programs to create performance plans
- Monitoring progress on performance system-wide
- Reporting to the CoC Board and partners, and
- Working closely with HMIS to ensure data systems can produce information on desired outcomes.

The person in this role should excel in relationship building, provide excellent communication, facilitation, and influencing skills, synthesize input and feedback in the moment, and drive stakeholder-informed action steps. The System Performance Coordinator should bring excellent strategic planning and evaluation skills, superior data analysis skills, and solid experience in change management.

RECOMMENDATION: Through a newly formed System Performance Evaluation Committee establish a performance improvement plan process, identify “low performers,” and engage these providers in a performance improvement plan.

Once system-wide performance measure benchmarks and appropriate benchmarks for each homeless program type are established, programs that fall below standard can be identified. These programs should be obligated to engage in a performance improvement process in order to continue receiving funding. The obligation to engage in a performance improvement process if performing below established outcome measures should be written into future contracts and grant agreements. Responsibilities related to performance improvement should be tasked to the System Performance Evaluation Committee and supported by the System Performance Coordinator.

Reasons for poor performance vary, and the System Performance Coordinator should meet one-on-one with provider leadership to explore areas where performance can be improved and provide an opportunity to identify and discuss possible shortcomings. Working collaboratively, the System Performance Coordinator and the provider should create a sensible improvement plan that does not impose an undue burden on the provider. The following strategies, among others, may be appropriate to consider when addressing poor performance:

- **Adopting a Provider Mentor:** set-up a system where higher performing providers can mentor providers struggling to meet performance goals. Mentorship strategies and models can be shared via one-on-one meetings, site visits, and informal learning opportunities.
- **Require More Frequent Data Review:** struggling providers should review their data more frequently - without consequences for poor data and data quality – identifying data or programming issues easily and earlier. Data requests may be made monthly of these programs, and each report should include a meeting between CoC Lead Agency and provider staff to review the data and discuss and troubleshoot issues.
- **Offering Technical Assistance:** if performance is related to limitations in staff training or knowledge, providers should be offered opportunities for available technical assistance resources. Providers may be required to participate in online trainings, attend in-person trainings or conferences, or engage other educational/staff development resources to improve performance.
- **Encouraging Program Conversion:** some providers may be performing well by their own perception, but their goals and outcomes may not align with the rest of the Coalition’s goals.

Performance Improvement plans should include timelines and milestones, and clearly convey consequences if the provider is unable to improve performance within the allotted timeframe. If the performance is not improved, the

CoC Lead Agency in partnership with the CoC Board should develop a plan to ensure that impact on service delivery is non-existent or minimal and reallocate funding.

In addition to developing a performance improvement plan for providers struggling to meet outcomes, the Coalition should explore incentivizing positive performance. The Alliance recommends the following strategies to consider:

- Performance based contracting pays bonuses for positive outcomes
 - The System Performance Evaluation Committee should create and recommend a higher set of performance benchmarks resulting in financial rewards
 - Funders should create and expand performance-based incentives in individual contracts and/or grant agreements, and phase them into future contracting
 - First-year of contracts and/or grant agreements could require providers to begin measuring performance on agreed upon outcomes; second-year contracts and/or grant agreements could provide financial incentives for meeting higher performance benchmarks
 - Outcomes are measured on a quarterly basis with payments awarded over the next quarter
- Preference in ranking for new projects in the CoC NOFA Competition if applicable
- County-wide recognition through non-financial award

LEVERAGING AND COORDINATING RESOURCES AND FUNDING

The goal of the homeless response system is to solve a household's immediate housing crisis and re-house people as quickly as possible. CoC's across the country are successfully building their capacity to make homelessness rare, brief, and one-time by ensuring that current and potentially available homeless housing and support service funds are aligned and leveraged towards the system's goals.

RECOMMENDATION: Create a collaborative structure that aligns funding resources and services

To quickly end a household's housing crisis, CoC's must ensure that critical partners are at the table where cross-system collaboration can be explored and executed, and funding committed to ensure flow through the homeless system, and all entities agree on the expected performance. Though not exhaustive, critical partners include, the Health and Hospital System, Child Welfare, Law Enforcement and Corrections, Mental and Behavioral Health, Managed Care Organizations, Public Housing Authority, private philanthropy, the business community, and Affordable Housing Coalitions. At a minimum, all dedicated Federal, State, and local homeless funding should be aligned with system goals and tied to performance measures to create system flow.

The Path Home highlights the importance of building regional and cross-sector collaborations and partnerships to accomplish the goals it has laid out, and the importance of communication and coordination to ensure that efforts to end homelessness aren't siloed among agencies and departments. ***The Path Home*** rightly identifies the need to maximize use of existing resources and the need to identify new, diverse funding sources for alignment with the Plan.³⁶

To accomplish cross-system collaboration, the Coalition should consider forming a structure that represents intentional and strategic collaboration among funding partners to ensure that collective efforts are focused on the most vulnerable individuals navigating the housing, health, mental health, criminal justice, child welfare, and other human and social service systems, as many systems likely have overlapping client populations.

The Coalition should consider a funding collaborative effort focused on specific system challenges, i.e., how to fund and scale up effective Rapid Re-Housing in the community. Howard County's homeless response system is currently not right-sized with PSH being its primary housing intervention providing little turnover. A focus on RRH would increase system flow, decrease average length of time people experience homelessness, and provide more housing interventions for populations the Coalition is committed to ending homelessness for, chronic and veterans. CoCs across the country partner with TANF to provide RRH for families, the VA to provide RRH through SSVF for veterans, and health and hospital systems and managed care organization to increase the permanent housing capacity.

The Coalition should also consider funding collaboration and coordination for the following initiatives: (1) identify, prioritize, and house high utilizers of the County's emergency services; (2) ending chronic homelessness; and (3) ending veterans' homelessness. This cross-system collaboration could be structured through blended funding, with the goal to create a strategic approach to funding housing and community services and determine where resources can best align to address population specific needs.

Federal and State Funding Sources for Possible Cross-System Funding Collaboration to serve households experiencing homelessness include:

- Continuum of Care (CoC) & Emergency Solutions Grants (ESG) Programs
- Projects for Assistance in Transition from Homelessness (PATH)
- SSI/SSDI Outreach, Access and Recovery (SOAR)
- Supportive Services for Veteran Families (SSVF)
- Housing Opportunities for Persons with AIDS (HOPWA)
- Veteran Affairs Supportive Housing Program (VASH)
- HUD Section 811 Project Rental Assistance
- Temporary Assistance for Needy Families
- Homelessness Solutions Program (HSP)
- Funding from:
 - Department of Education
 - Child Welfare
 - Medicaid
 - Department of Corrections
 - Health and Hospital system

The Path Home provides an initial roadmap with strategies to address homelessness in Howard County thus creating an opportunity for the Coalition and CoC Board to identify, review, and recommend where funding might be better aligned and meet the goals of various systems. Federal and State funding sources exist that provide opportunities for funding cross-system collaboration to serve households experiencing homelessness. Collaboration between these systems and partners will require identifying and articulating goals, agreeing on metrics for success, budgets to support the effort undertaken, and internal governance and membership. The Coalition should consider having the System Performance Coordinator coordinate such funding collaborations, including potentially building/facilitating joint RFPs, developing dashboards to measure progress, meeting

facilitation, and regular communication with members.

Although the Coalition has key stakeholders and decision makers on the CoC Board, it does not appear the coordination of various homeless funding sources is being explored among these stakeholders.

RECOMMENDATION: Align and Integrate Howard County’s Coordinated Entry System Flexible Financial Assistance (FFA) Grant into new and current system core components and associated strategies and interventions

Communities that provide flexible funding to address gaps in current homeless funding sources to quickly re-house and stabilize people experiencing a housing crisis contribute positive impacts on system coordination in the form of decreases in first time homelessness, increased system flow, and decreases in the average length of time persons experience homelessness. Given the potential impact of such funding, it is imperative that this funding be aligned with overall system goals, targeted to effective interventions, and tied to performance measure outcomes.

Howard County’s Flexible Financial Assistance (FFA) funds provide a significant amount of money to the homeless response system with the potential to have a measurable difference in people lives. However, this funding is not targeted, coordinated or integrated into current system strategies. Most importantly, it is not tied to performance measure outcomes thus making it difficult to determine the effectiveness of these funds.

Currently, FFA funds are used for (1) diversion (brief case management); (2) prevention; (3) strategic re-housing; (4) re-housing; and (5) stability supports³⁷. Through research and data collection as well as interviews with key system stakeholders and recipient agencies of FFA funding, these five funding activities fall into activities commonly provided through already existing interventions and interventions identified in *The Path Home*. Funds provided by the FFA often fund the same eligible activities funded under HSP prevention, emergency shelter, and rapid re-housing, with the added benefit of funding ineligible activities under HSP and CoC/ESG funding that, but for receiving assistance, a household would become homeless.

To ensure that FFA funds are aligned, integrated, coordinated, and performance measured, the Alliance recommends that instead of FFA funds being structured as a separate “service” within the homeless response system, the funds should be dedicated to the following system interventions (as defined later in this report by the Alliance and not by the FFA definition provided in the earlier endnote):

- Housing Focused Street Outreach
- Homeless Prevention
- Diversion Strategies
- Emergency Shelter
- Rapid Re-Housing

FFA funds can be braided and blended together on the back end with other funds to support staffing, case management, eviction prevention, diversion activities, housing identification, rental and move-in assistance, and case management stabilization to name a few. Additionally, FFA funds would be tied to housing performance measure outcomes, and the Coalition can see the impact they have on overall system and program level performance.

The Coalition should ensure FFA funds are targeted to the most vulnerable at-risk and literally homeless households. This requires determining what percentage of funds should be dedicated further upstream from potential homelessness (i.e. targeted prevention), closer to the front door of the system (i.e. diversion strategies), and to those who are literally homeless, living on the street or a place not meant for human habitation (i.e. housing focused street outreach) and sheltered homelessness (i.e. emergency shelter).

Understanding how FFA funds impact the CoC's goal of making homelessness rare, brief, and one-time is currently limited as the CoC only tracks output metrics, not housing outcomes. Recent data collection by the Alliance appears to indicate that Coordinated Entry makes more referrals for FFA funds to households who self-report literal homelessness than those who are at-risk of homelessness. However, FFA spending for both groups is the same, implying that literally homeless households are not being enrolled in re-housing activities. Based on other observations made by the Alliance, this may be because households with little to no income are often not enrolled in re-housing activities, an issue that requires further system analysis.

The Alliance recommends that the Coalition, through the CoC Board, adopt the above recommendations; evaluate how FFA funds can be better integrated, coordinated, and measured to align with overall system goals; and propose necessary changes to the County.

ENSURING EFFICIENT AND ALIGNED INTERVENTIONS TO CREATE SYSTEM FLOW

Homeless response systems must be right-sized, have efficient flow, and progressively engage households across the continuum of supports. A right-sized system boasts the right mix and appropriate scale of interventions to match the needs of the community and is informed by data and research. To maximize flow through the system, these interventions must be strategically targeted.

The Howard County Coalition to End Homelessness, in *The Path Home*, has identified System Improvement, Housing First Interventions, and New Local Resources as critical areas to build overall system capacity. Areas of focus include right-sizing crisis and housing interventions, forming cross-system partnerships to coordinate services for overlapping populations, establishing street outreach efforts, targeting prevention, implementing system-wide diversion strategies, and connecting households experiencing a housing crisis with services to stabilize them in their housing.³⁸ Through the recommendations below, the Alliance seeks to affirm these areas of focus and provide guidance for the Coalition's development of a homelessness implementation plan.

RECOMMENDATION: Ensure adoption of a system-wide Housing First approach by all Coalition members and eliminate policies and practices that do not embrace a Housing First approach, such as a County residency requirement, participation in services, income requirements, and behavior requirements not related to health and safety.

The goal of the HEARTH Act is to transform homeless services into crisis response systems, and ensure a rapid return for people who experience homelessness to stable housing within 30 days. The Housing First approach requires immediate access to housing, assertive engagement with consumer choice and robust support services, embracing harm reduction, and prioritizing housing for the community's most vulnerable. Housing First has been proven to end chronic homelessness, and leads to better access to housing, housing retention, lower returns to homelessness and reductions in the use of crisis services.

As *The Path Home* makes clear, the work to end homelessness in Howard County will require the continued adoption of a Housing First approach in housing and support services. The plan identifies key Housing First interventions needed such as Street Outreach, adapting the Housing First model for domestic violence and human trafficking survivors, and client-centered support services rooted in Housing First principles.

Based on leadership and provider surveys, interviews with key stakeholders, policy documentation, and data and information collection, the Alliance observed disconnects between adoption of Housing First principles and practice. For example, when surveying community leadership as to whether Coalition "members believed households experiencing homelessness are housing ready and should be assisted in moving into permanent housing as quickly as possible," there was an equal split between agree and disagree. When asked whether the "community had adopted a Housing First approach to help households quickly access permanent housing regardless of barriers" community leadership overwhelmingly agreed. When compared to provider survey responses, more providers disagreed than agreed that "people experiencing homelessness are housing ready and should be supported to immediately move into permanent housing as soon as a unit becomes available". However, most provider survey respondents indicated that the "community utilizes a Housing First approach to ending homelessness".

The above survey responses affirm Alliance observations, that Housing First is not yet fully embraced as a system approach, nor fully in program policy and practices. For example, the Coordinated Entry System eligibility requires that a person at-risk or literally homeless seeking services be a Howard County resident. This requirement is not Housing First and is not aligned with guidance from the Maryland Interagency Council on Homelessness (ICH), staffed by the Department of Housing and Community Development (DHCD). The *November 2018 Annual Report on Homelessness*, prepared for the Governor and the Maryland General Assembly, states that criteria that requires "proof of citizenship or residence in the jurisdiction should not be included as a condition of eligibility or continued stay" in shelter.³⁹ Ensuring that Housing First be fully adopted in all homeless response system interventions, the Alliance recommends, at a minimum, that the Coordinated Entry System remove the residency requirement for programs funded by CoC funds and state ESG funds. The Coalition should also collect and review data to determine the impact of residency requirements on the larger system by households experiencing unsheltered homelessness

within Howard County; people who remain unconnected to services and/or are forced to seek services in surrounding counties, like Baltimore, while their natural supports are in Howard County.

Other policies and practices in conflict with a Housing First approach include eligibility and continued participation in programs related to behavior not associated with health and safety, required participation in services, income requirements, and tenancy requirements above and beyond a standard lease. The Alliance will explore these practices in greater detail in the sections below.

COORDINATED ENTRY

An effective coordinated entry system is critical to a community's efforts to make homelessness rare, brief, and one-time. The CoC Program interim rule⁴⁰ requires CoCs to establish a coordinated entry system: a unified process for how people access homeless services and shelter, and a common process for access, assessment, prioritization, and referral to a housing intervention. The primary purpose of the coordinated entry system is to make assistance easily accessible no matter where or how people access services and ensure that people are matched to the most appropriate available intervention as quickly as possible.

Most communities lack the resources to meet all the needs of people experiencing homelessness. Combined with the lack of a well-developed coordinated entry system, this can result in severe hardships for people experiencing homelessness. Households often are offered insufficient services, face long wait times to receive assistance, or are screened out of needed assistance. *Coordinated entry allows communities to prioritize assistance based on vulnerability and severity of service needs to ensure that people who need assistance the most receive it in a timely manner.* Coordinated entry processes also provide information about service needs and gaps to help communities target vulnerable households, plan their assistance and identify needed resources. Most importantly, coordinated entry should provide easy navigation and entry into homeless assistance programs and ensure that people experiencing homelessness access housing solutions as quickly as possible.

RECOMMENDATION: Re-assess and streamline current Coordinated Entry core elements - Access, Assessment, Prioritization, and Referral processes - to achieve simplicity, clarity and transparency in system coordination and decision-making

As described in *The Path Home*, since 2010, the CoC has worked hard to establish a Coordinated Entry System, commonly referred to as the Coordinated System of Homeless Services (the Coordinated Entry System), with all HUD required core elements: Access, Assessment, Prioritization, and Referral.⁴¹ As all CoCs in the nation know, Coordinated Entry is a living entity and is in constant need of revision, and Howard County's CoC is no different. Over the course of the past decade, the CoC has experienced various iterations of the core elements and will continue to refine processes moving forward, addressing unintended consequences and adopting better practices as the country continues to innovate around a coordinated system. Surveys and interviews with community leadership, providers, and consumers in Howard County indicate that the Coordinated Entry System is known and generally understood within the community: 100% of community leaders and 69% of providers surveyed agreed that the community uses

a standardized process and tool for intake and assessment to determine the most appropriate resources for consumers based on their needs. Additionally, 78% of community leaders and 75% of providers agreed that consumers are prioritized for housing, financial assistance, and services based on their needs.

The Path Home describes the Four Tenets of Coordinated Entry and provides a visual representation of how consumers move through the Coordinated Entry System in Howard County⁴². Those interested in gaining a detailed understanding of the Coordinated Entry System can also reference the Howard County Coordinated Entry Policies and Procedures (May 20, 2019), available from the Department of Community Resources and Services. Given the complexity of the the Coordinated Entry System process this report will not reiterate the Coordinated Entry Policies and Procedures, instead the Alliance will focus on what is working well and highlight key obstacles and challenges in coordinated entry and provide recommendations for continued improvement for each of the Coordinated Entry System core elements. Since coordinated entry is used to prioritize households for emergency shelter (i.e. non-victim services emergency shelter) and housing interventions, both processes will be addressed within the overall recommendations.

The Alliance's recommendations for the Coordinated Entry System are based on the coordinated entry practices of other CoCs that continuously work to inform and improve their coordinated entry processes through innovation and best practices.⁴³ Through trial and error and innovation, these communities and many others across the country have learned that simplicity and clarity help to streamline process implementation, and improves service delivery to the most vulnerable concurrent with those who may need fewer services. Until the Coalition begins implementation of street outreach, system-wide diversion strategies, robust landlord recruitment efforts, and scales up rapid re-housing, the community queue/By Name List for shelter and permanent housing interventions will remain bottlenecked and placement slow. Once these other strategies and interventions are flowing, the system will start to experience results.

Access

To access crisis and homeless housing services in Howard County, the Coordinated Entry System offers multiple points of entry including a Hotline, run by Grassroots Crisis Intervention Center, Prevention (Eviction Prevention/School Mobility deterrent Family Stability Initiative), Safe House (victim services provider), and Street Outreach. In addition, while researching Coordinated Entry in Howard County, the Alliance found that the Maryland 211 system also serves as an informal access point for the Coordinated Entry System. Callers seeking shelter, depending on the option prompts chosen, may be automatically redirected to the Grassroots Crisis Hotline or connected with a 211 Representative. Often, 211 Representatives refer individuals to shelters and services closest to them geographically and/or Baltimore County, operating on the belief that the Grassroots shelter is full. Although Grassroots shelter may be full, in making a referral outside the the Coordinated Entry System, Maryland 211 may be inadvertently referring an eligible individual from other needed services or housing interventions that can only be accessed through assessment via the Coordinated Entry System.

Most of the above access points make sense as households experiencing or at-risk of homelessness are likely to seek crisis and permanent housing and support services through these entities. In addition, because the Grassroots Crisis Line operates 24/7 and shelter, when available, is accessible 24/7, the Coordinated Entry System can provide services around the clock.

To make accessing shelter and housing interventions easier and more streamlined, the Alliance suggests reducing access points to only three of the above mentioned entities: (1) Grassroots Crisis Hotline; (2) Street Outreach; and (3) Safe House. The Alliance also suggests that the Coordinated Entry System coordinate all prevention services through a single point of entry (see Prevention recommendations) and work with Maryland 211 to understand how individuals are being referred outside the Coordinated Entry System and put in place processes to ensure that no one experiencing a housing crisis is falling through the cracks.

the Coordinated Entry System should consider having these access points serve as initial assistance in a phased assessment approach for those experiencing or at-risk of homelessness. Staff within these access points should be trained to offer access consistently and transparently. Access points should focus on obtaining only enough information to address an imminent housing crisis and assist with self-resolution or connect persons to temporary or permanent housing options through diversion or if needed, emergency shelter. Specifically, access points should:

- Begin a phased assessment approach beginning with system-wide diversion strategies (see Diversion Strategy recommendations). This problem-solving conversation should include a screening for safety and immediate referral to Safe House, and if applicable, the Prevention Screening Tool (see Prevention recommendations)
- HUD required Universal Data Elements entered in HMIS
- Connecting household with temporary options that may include emergency shelter as desired and available

Assessment

In Howard County, anyone presenting at any of the above access points (except for Safe House) is asked to provide information to:

1. Address immediate safety concerns
2. Identify vulnerability
3. Determine appropriate housing interventions
4. Make consistent prioritization decisions

Providing this information requires households to first meet the Coordinated Entry System eligibility requirements (i.e. County residency, annual income below 50%, be literally homeless (HUD Category 1), at imminent risk of homelessness (HUD Category 2, or fleeing or attempting domestic violence...(HUD Category 4)⁴⁴ and complete both a Housing Assessment and if the household is literally homeless, a VISPDAT). Currently, literal homelessness is not verified but is determined by the caller who self-reports their status. This practice can lead to determining service

needs based on inaccurate information and an inability to prioritize and target resources to the most vulnerable households. It also requires access point staff to administer the VISPDAT when one may not be needed.

Currently, the Coordinated Entry System must gather a significant amount of information to confirm eligibility for various services (i.e. prevention, brief case management, case management, re-housing, etc.) and use the information to prioritize for emergency shelter and/or housing interventions such as rapid re-housing, permanent supportive housing, and mainstream housing vouchers. Grassroots operates a crisis intervention hotline, not just a Coordinated Entry System hotline, and their assessments are more comprehensive in order to provide both Grassroots services and obtain information needed by the Coordinated Entry System.

To streamline the Coordinated Entry System assessment process, implement a phased approach to assessment and determine appropriate interventions for a household, the Alliance suggests adopting earlier recommendations to align all services and funding to a key system component (i.e. prevention, diversion, outreach, emergency shelter, rapid re-housing, and permanent supportive housing, etc.). By doing so, gathering relevant information will be prompted at various times along the path to permanent housing when needed and appropriate. A phased approach eliminates the possibility of entering households into the homeless system unnecessarily, focuses staff time on capturing only relevant information for available resources, and decreases the possibility of re-traumatizing households by recalling painful circumstances or continuously having to repeat information.

Since all prevention, diversion, emergency shelter, rapid re-housing, and permanent housing strategies and programs funded through CoC and ESG funds require a common assessment, all access points should use a standardized assessment process. For consistency, standardization, and transparency purposes, the Alliance encourages all funders of such services participating in the Coalition to participate in the Coordinated Entry System. Participation in the Coordinated Entry System will help to address repeated concerns (real or perceived) among providers and consumers, expressed through surveys, interviews, and focus groups that the assessment process is not used consistently by all organizations in the community that serve the same type of consumers (i.e. no two assessors will arrive at the same score, that providers and consumers “know how to work the tool to achieve a higher vulnerability score”, that the prioritization and referral process is not transparently based on assessment scores).

The Alliance suggests that the Coordinated Entry System access points initiate the steps described above and obtain only the information necessary to further determine:

1. Prevention assistance eligibility
2. If the household can be diverted
3. Literal homeless status⁴⁵
4. VISPDAT (for specific population) should be administered by Street Outreach and emergency shelter staff
 - a. The VISPDAT should be administered by Street Outreach to those living on the street or places not meant for human habitation, and by shelter staff for households that have been in shelter more than seven to 14 days.

- b. The Coordinated Entry System should consider reassessment at six months or if household has had a break in homelessness or a long unsheltered period or some other significant change since last assessment
- c. Except for Street Outreach, the VISPDAT should not be completed at the initial access point
- 5. Applicable supporting documents collected if available (identification, photo, birth certificate, social security care, income verification)

A phased assessment approach means that access point staff may or may not complete every part of the assessment process, but it is recommended that once initiated it should be completed within one business day of engaging with the Coordinated Entry System. Based on a household’s need, access point staff should be able to provide a phone or in-person assessment that ensures a safe and confidential environment so a household can share private information.

Prioritization

For those seeking shelter, once eligibility is determined and a Housing Assessment and VISPDAT (if applicable) is conducted, the household is referred to the Coordinated Entry System, who prioritizes them based on the following factors and then places them in a queue for referral to shelter when space is available.

Coordinated Entry System Shelter Prioritization		
1. Literally Homeless	Chronic Unaccompanied Youth	Veteran
	Chronic Families	VISPDAT Score
	Chronic Singles	Length of time homeless & Severity of service needs
	Non- Chronic Unaccompanied Youth	Veteran
	Non-Chronic Families	VISPDAT Score
	Non-Chronic Singles	Order of Priority
2. Imminently Homeless	Chronic Unaccompanied Youth	Veteran
	Chronic Families	VISPDAT Score
	Chronic Singles	Length of time homeless & Severity of service needs
	Non- Chronic Unaccompanied Youth	Veteran
	Non-Chronic Families	VISPDAT Score
	Non-Chronic Singles	Order of Priority

Prioritization for permanent supportive housing and Housing Choice Vouchers (when available) and rapid re-housing is as follows ***with the only exception being that families living in places not meant for human habitation are prioritized above all other subpopulations for rapid re-housing.***

The Coordinated Entry System Permanent Housing Prioritization		
Literally Homeless	Families living in places not meant for human habitation (RRH Only)	
	Chronic Unaccompanied Youth	Veteran
	Chronic Families	VISPDAT Score
	Chronic Singles	Length of time homeless & Severity of service needs
	Non- Chronic Unaccompanied Youth	Veteran VISPDAT Score
	Non-Chronic Families	Order of Priority
	Non-Chronic Singles	

Surveyed providers (75%) and community leaders (78%) agree that consumers are prioritized for housing, financial assistance, and services based on their needs. However, feedback gathered from provider staff, consumers, as well as Lead Agency staff included concerns about:

- Self-reporting literal homelessness without verification results in incorrect prioritization based on vulnerability (See [U.S. Department of Housing and Urban Development Recordkeeping Requirements](#) for the documentation of homelessness status and [accompanying training](#))
- Prioritizing by subpopulation does not reflect actual need in the community (i.e. very few chronic unaccompanied youth versus non-chronic singles)
- The Coordinated Entry System prioritization results in a lengthy, stale shelter waitlist, often requiring 10 referrals before a bed is filled and beds have and continue to remain unutilized.
- There are issues of trust as to whether the Coordinated Entry System follows consistent and transparent criteria when prioritizing households, especially when determining severity of needs
- Placement into permanent housing interventions is determined by VISPDAT assessment scores which “bucket” households into interventions and then prioritizes from there

Based on research of coordinated entry policies and procedures, interviews with Coordinated Entry System staff, and a review of Coordinated Entry System performance data, the Alliance shares some of these same concerns and recommends the following to streamline and simplify the Coordinated Entry System prioritization process. First, the Coordinated Entry System should consider eliminating prioritization based on subpopulation as this does not fully reflect the data and need on who is homeless in the County. There are very few, unaccompanied youth who are also chronically homeless and a veteran, there are very few veterans experiencing homelessness in the County, nor does the system often see chronically homeless families. However, non-chronic singles are currently prioritized last for resources despite the fact that they represent the largest number of households experiencing homelessness and are the largest population living in places not meant for human habitation.

The Coordinated Entry System should consider more comprehensive strategies requiring cross system collaboration to end chronic, veteran, and youth homelessness. Working with the VA to increase Supportive Services for Veteran Families (SSVF) and HUD-VASH in Howard County is critical as is ensuring that the Coordinated Entry System can easily identify homeless veterans and that both the CoC and the VA are regularly communicating and coordinating per the Department of Veteran Affairs Memorandum on VA Medical Centers and Homeless Programs Participation in CoC Coordinated Entry System⁴⁶. Because the number of veterans in Howard County is low, robust coordination with the VA may be all that is needed to ensure that homelessness for veterans is rare, brief, and one-time. Resources also exist to provide a roadmap for setting benchmarks and goals for ending chronic homelessness⁴⁷, and recently funded CoC funded rapid re-housing for youth can server as a key strategy to address youth homelessness long term.

The Coalition should consider a dynamic prioritization approach to match individuals and families to an appropriate housing intervention. Dynamic prioritization is a process that uses prioritization criteria (i.e., assessment result, unsheltered status, length of time homeless) to identify the most vulnerable (preferably through a case conferencing process) based on the number of anticipated housing placements across all resources that will occur in the next [determined number] days. ⁴⁸ The Alliance offers the following or a similar simplified prioritization order for shelter and permanent housing interventions and use of a dynamic prioritization approach to match to an appropriate housing intervention:

	Eligibility	Prioritization
Emergency Shelter	Literally Homeless (verified and documented) Households at imminent risk of homelessness (14 days), ⁴⁹ AND cannot be diverted	1. Households that are literally homeless (verified and documented); AND 2. Cannot be diverted from shelter ⁵⁰ ; AND 3. Longest current episode of homelessness (if needed)
Rapid Re-Housing	Households who are literally homeless (verified and documented) AND are without other housing resources	1. Highest VISPDAT Score 2. Longest current episode of homelessness
Permanent Supportive Housing	Households that meet the chronic homeless definition (verified and documented)	1. Longest current episode of homelessness 2. Highest VISPDAT Score

Using the above prioritization criteria and taking it a step further to prioritize households into cohorts/groups/pools provides flexibility ensures a real-time, up-to-date list of people experiencing homelessness that reflects a system that cannot entirely be automated. This further allows for a human element, through case conferencing, to make transparent decisions to fill vacancies using current information about persons in the prioritized groups. The process allows for discussion on what current vacancies are, who is “document ready” to move in, of those who are

document ready, who has the highest need and is eligible for the vacancy, etc. For a detailed example of a CoC using Dynamic Prioritization, see the [Greater Richmond Continuum of Care's Coordinated Entry Policies and Procedures](#) as well as the guidance in earlier endnotes.

The above suggested prioritization process is a starting point for the Coalition to encourage a streamlined and transparent process that better reflects the needs of the community and uses key resources already available to address homelessness among subpopulations. In addition to the above suggested prioritization, the Alliance encourages the Coalition, through the CoC Board, to consider implementing a community-wide decision-making process to further target prioritization criteria for emergency shelter. For example, Your Way Home Montgomery County, PA engaged in a community-wide decision-making process to further prioritize shelter to include unsheltered homeless families and pregnant women. Other communities prioritize frequent users of other system's resources such as the emergency room, jail, mental health. The Alliance also encourages prioritization for all transitional housing programs participating in the Coalition or funded by the County, such prioritization could mirror emergency shelter or rapid re-housing prioritization.

An important note for the Coalition to consider about prioritization for Housing Choice Vouchers: currently Housing Choice Vouchers (HCV) follow the same prioritization as PSH. In doing so, the Alliance assumes that the intensive case management supports normally accompanying PSH for chronic households are not guaranteed to be available. If true, this is even more of a reason to consider dedicating HCV's towards a PSH Move-On strategy and then utilize the PSH slots available for chronic households. If all HCV's cannot be utilized for PSH Move-On strategy each year, the Coalition should ensure that the HCV's are resourced with the needed case management services.

Referral

Referrals from the Coordinated Entry System are outlined clearly in the Coordinated Entry System Policies and Procedures and are reasonable in comparison to other CoC's studied by the Alliance. However, based on interviews with community leadership, provider staff, CoC Lead Agency staff, and consumers, there exist concerns that successful referrals are not being made due to some key challenges. The first among these challenges is that without an outreach team in regular engagement with individuals and/or families living on the street, there is no warm handoff between the Coordinated Entry System and empty shelter beds. This can result in long waits for shelter, under-utilization of resources, and difficulty connecting with those most in need of shelter. "It takes quite a lot to get someone in here," a shelter provider told the Alliance during a focus group. On average, it takes between six and 10 referrals to identify one household for a shelter bed opening.

The most common challenges associated with making connections to referrals whether for shelter or permanent housing solutions are disconnected numbers or other lack of response and numerous households no longer in need of these resources when reached. The referral process is time consuming for staff, and results in negative outcomes for people experiencing homelessness. While staff are trying to connect with someone who may have been assessed

weeks or months ago and are unreachable or no longer need system resources, provider staff out in the community are aware of numerous people living unsheltered who cannot access it due to the current shelter entry process.

The Coordinated Entry System is also still evaluating and putting into policy guidance around how providers must notify the Coordinated Entry System of vacancies, how to determine timely referrals to emergency shelter when working with a stale By Name List, and timeframes and expectations for responses to referrals by housing providers. Along with the recommendations within the Housing Focused Outreach section, the Alliance recommends that the Coordinated Entry System review and consider adopting practices as a starting place for evaluation from other CoC's who have found success in the more technical aspects of implementing coordinated entry. Such examples may be found among the CoC's referenced earlier in this section.

RECOMMENDATION: To ensure that the most vulnerable households fleeing domestic violence, dating violence, sexual assault, and stalking are prioritized for all available housing resources within the CoC, and to come into alignment with federal and state requirements HopeWorks HSP (ESG) funded program should fully participate in Coordinated Entry

Currently, HopeWorks, the CoC's only Victim Service Provider does not participate in Coordinated Entry for their HSP (ESG) funded Rapid Re-Housing program. Based on the Alliance's review of both their shelter and rapid re-housing program performance data and our understanding of their program design and implementation, it is not clear that HopeWorks has a process to ensure that the most vulnerable households are being targeted for permanent housing or enrolled in rapid re-housing. Currently, Safe House is exiting only 16.3% of single adults and 41.2% of families to permanent housing despite all households in Safe House being offered rapid re-housing. With a built-in resource to exit shelter with a permanent housing resource there is opportunity for greater shelter performance and more enrollments into rapid re-housing.

The Alliance recommends that HopeWorks, per HSP/ESG funding requirements and expectations, begin participating in the Coordinated Entry System and that the Coordinated Entry System and HopeWorks consider the following structure, taken from the Santa Clara County Continuum of Care, found in Appendix B to begin the conversation on how to implement integration.

RECOMMENDATION: To increase permanent housing opportunities and decrease the time people experience homelessness in Howard County, the CoC Lead Agency should coordinate a system-wide landlord engagement strategy to create a pipeline of available units informed by data and the coordinated entry process.

CoCs across the country combating high market rents and low vacancy rates are targeting their housing navigation efforts at the system level to create a pipeline of landlords who will rent to clients served by homeless housing and support services providers. These CoCs are seeing greater successes in moving people quickly back into permanent

housing then when individual providers seek to find individual after individual units for their clients. A system level approach to landlord recruitment and retention eliminates or minimizes competition in the market for the same landlords, avoids confusion among landlords about a myriad of homeless programs, and pools incentives so that landlords are more willing to work with providers. A systems approach focusing on landlord engagement includes the following strategies:

- Centralized and coordinated landlord recruitment based on data and information from coordinated entry on the real time and future need of units
- Coordination with housing locators and/or case managers from all providers into a single group to share information, research, and retention methods
- Use of common messaging and outreach methods
- Use of common incentives to minimize “shopping around” by landlords for the best deal with a focus on high opportunity areas
- Involvement of political and elected officials to grow landlord participation

The Coalition is ahead of many CoCs in the country as they have already adopted housing navigation as a system strategy and developed a Landlord Guarantee Program to support those efforts. *The Path Home*, highlights the Coalition’s continued commitment to this strategy with the expansion of a pipeline of available units⁵¹. This commitment is critical to the success of housing focused emergency shelter, scaled up rapid re-housing, and a PSH move-on strategy. Based on a review of permanent housing exit performance data for emergency shelter and rapid re-housing and the wait time for permanent supportive housing, as well as interviews with the Community Housing Specialist, community and provider leadership, the Alliance has identified key obstacles to the CoCs current challenge of creating a robust network of landlords and pipeline of available units:

- A clear understanding of the roles and responsibilities of the Community Housing Specialist and provider case managers and their relationships to the clients and the landlord
- The identification of units when a referral is received versus an ongoing, intentional strategy targeted on identifying, creating, and sustaining effective partnerships with housing providers (big and small) and connecting provider case managers to these housing opportunities
- The need for increased skills and knowledge to house people with little to no income resulting in households with no income not being referred to the Community Housing Specialist

The Alliance recommends that the role of the Community Housing Specialist be part of the CoC Lead Agency staff and work closely with the Coordinated Entry System staff, and that the job description focus solely on increasing the available housing stock to better meet the needs of those experiencing homelessness in Howard County. The primary responsibilities of this role are to develop partnerships with housing providers to increase housing opportunities for households enrolled in crisis and permanent housing programs within the CoC. The Community Housing Specialist partners with housing location and/or case managers program staff to disseminate housing opportunities; client engagement by the Community Housing Specialist is minimal. The Community Housing Specialist promotes not the client to the potential landlord but the services and reputation of the program supporting the client. For a detailed

example of a system level Housing Specialist, the Alliance recommends the Community Housing Program Manager job description from ECHO, the CoC Lead Agency, for the Austin/Travis County CoC. (See Appendix C).

In addition to a system-level housing specialist, the Alliance recommends as a further best practice, that provider level case managers not also serve as the liaison to the Community Housing Specialist. Housing navigation best practice shows that having a Housing Navigator/Specialist work with system level staff to coordinate housing identification and lease-up as well as serve as the contact person for landlords when/if problems arise, frees case managers to focus on providing needed case management to the project client. CoC's across the country structure Housing Navigation/Specialist roles in a variety of ways at the system or provider level. For a provider level Housing Navigation/Specialist job description see the Emergency Shelter Section of this report as well as the [Alliance's Rapid Re-Housing Toolkit](#). A system level Housing Navigation/Specialist job description from ECHO can be found in Appendix D. It should be noted that if a provider level case manager will be tasked to provide both housing case management to a client and serve as the housing navigator/specialist, case loads should be reduced to a reasonable number, as the case manager now has two "clients."

The Alliance also recommends that the Landlord Guarantee Program be realigned as a risk mitigation fund instead of a program where funds are associated with a specific client and follow program rules that are not in accordance with a Housing First approach. A risk mitigation pool is used as a landlord incentive to alleviate concerns associated with renting to someone with poor credit or rental histories, little to no income, or a criminal history, or if damage to the unit occurs or rent is not paid. The pool creates a guaranteed source of funds that cover damages, missed payments, and/or rental deposits, with the goal to increase the number of landlords willing to accept tenants with barriers that pose specific risks, thus increasing the number of units of affordable housing. Risk mitigation pool funding is generally controlled by a legal agreement that specifies eligibility, and a process and procedure for drawing down funds.

RECOMMENDATION: To increase employment opportunities for household experiencing homelessness in Howard County, the CoC Lead Agency should coordinate a system-wide employment strategy informed by data and the coordinated entry process.

Although the role of the homeless response system is not to solve a household's poverty, increasing income through employment is critical to assist households in stabilizing and sustaining their housing. Like system level housing navigation, the CoC has funded a dedicated Employment Supports staff and through *The Path Home* there is continued commitment to increasing income and employment for those experiencing homelessness.⁵² As *The Path Home* indicates and interviews conducted by the Alliance confirm, a challenge to exiting homelessness, securing and stabilizing permanent housing is a lack of stable employment with a livable wage.

Data received by the Alliance on the impact of the work of the Employment Support staff indicates that in FY2018-2019, 58% (73 of 125 cases) of clients found full- and part-time employment. It is unclear from the data provided what percentage of the 58% was full time and part time employment, data was not available for the wages range

were for these positions (minimum, above minimum, and living wage), or on retention rates. Having a dedicated Employment Support staff is a critical resource for the CoC and the Alliance recommends that the Lead Agency implement the following to improve outcomes for consumers⁵³:

- Closer coordination with the Coordinated Entry System and consider employment referrals to the Employment Support staff through the Coordinated Entry System, not through provider case managers (Note: must determine a reasonable client case load)
- Case conferencing (when applicable) with housing provider staff and the Employment Support staff to ensure quality support of participant's housing and employment goals that goes beyond providing updates on client's employment search
- If not done already, the Employment Support staff should be trained in HMIS and use HMIS for client enrollment, assessment, and tracking of performance measure outcomes
- Develop performance measure outcome benchmarks and goals. As an example:
 - X% of program participants will be placed in State approved apprenticeship, employment, and/or post-secondary education
 - X% of program participants will attain employment in construction (other identified) related fields
 - X% of program participants will increase their income from entry to completion of services, as measured by case management records comparing income at entry versus income at exit
 - X% if program participants will exit the program with household cash income greater than or equal to \$X a month, as measured by paystubs
 - X% number of living wage employment placements for FY
 - Targeted retention percentages of placements lasting:
 - 90 days: X%
 - 180 days: X%
 - 365 days: X%

CoC Lead Agency staff meeting regularly (monthly/bi-monthly) with the Employment Support staff to review successes, challenges, and performance measure outcomes will provide an opportunity for system level strategizing and decision-making on an important resource to supplement the work being done by housing providers to stabilize their clients in housing.

HOMELESS PREVENTION

Prevention resources help households at risk of losing their housing and becoming literally homeless maintain permanent housing. Prevention often includes partnerships and collaboration across diverse systems to increase the supply of affordable housing, enhance discharge planning from institutions like hospitals, mental health facilities, prisons and jails, and address racial inequities in who becomes homeless. An effective system will target prevention resources for those who will become literally homeless without assistance. Resources may include funds to pay off back-owed rent or utilities to avoid eviction, but also include supports like landlord mediation, legal services, employment assistance, and other service connections.⁶

Based on research, data collection, and interviews with CoC Lead Agency and provider staff, the Alliance concludes that there are many services and programs – operated by numerous providers delivering services identified as prevention – and many services being delivered that are referred to by other names but that operate in the same or similar manner as prevention services (as understood and described by the Alliance). The Alliance is challenged to understand how the various prevention programs and services operated in the County are coordinated to target and prioritize households at-risk of homelessness as some services assist:

- households further upstream than eviction prevention,
- households that are/have been evicted, and
- households already experiencing literal homelessness.

Some prevention services appear as programs primarily meant to alleviate poverty which includes housing stabilization and generally connected to the role and goals of a homeless crisis response system. Prevention services are not guided by a standardized assessment, nor is there a standard way to measure performance measure outcomes.

RECOMMENDATION: Undertake a review and analysis of all prevention programs and prevention-type services currently operating in Howard County and, based on the goals of *The Path Home*, determine which programs most appropriately align with the role of the homeless response system and which may be better funded outside the system. Establish a system-wide homeless prevention program, with written standards, to include a standardized assessment and performance measure outcome benchmarks and goals.

In other areas of this report, the Alliance recommends that the Coalition align its system around core components highlighted in the Key Concepts section of this report. The core component of prevention should provide short to medium term housing stabilization services that may include financial assistance and referrals to community resources. The services should focus on preventing housing loss, and housing stabilization for households who are at-risk of becoming homeless and who, but for prevention services, will become homeless. The at-risk threshold should be distinguished from those households for whom diversion strategies are more appropriate. Some communities define the prevention threshold as two weeks before a household will become homeless while others more narrowly define it as three to 14 days. The Coalition should determine how it will target its homeless prevention dollars to ensure that the most vulnerable households receive it. An analysis of the data and typology of sheltered households can provide valuable information to identify potential prevention households who most resemble those in shelter. An important step in determining how to target prevention dollars is to begin verifying literal homelessness at coordinated entry, and align the various current FFA funding activities (diversion, prevention, strategic re-housing, and stability supports) into a single prevention core component.

The Coalition should include Humanim's Community Support Services (CSS) program, the United Way's Financial Stability Initiative, Department of Social Services prevention dollars, and prevention funds provided to the Community Action Council when reviewing current prevention services.

Currently, how a household is determined eligible for the above identified prevention programs and services varies as does the population targeted, and how they are assessed. The Alliance recommends that standard eligibility criteria be developed for a prevention program under the purview of the homeless response system, and a common assessment/process used. An example of an eligible population is households who will become homeless within three to 14 days, and who have less than 30% of Area Median Income (AMI). A community may prioritize households for prevention services based on prioritization factors that closely resemble households in shelter.⁵⁴ The Coalition should investigate the lessons learned and current prevention policies and practices of CoC's referred to throughout this report.

The Coalition is currently using a local prevention targeting tool to assess for prevention services, based on the research of Marybeth Shinn and Andrew Greer on New York City's Home Base program. This tool will be evaluated and adjusted over time to reflect conditions in Howard County. The Alliance encourages the Coalition, as outlined in ***The Path Home***, to conduct research (collect and analyze data, and host focus groups with providers and consumers) to develop a more localized tool before implementation⁵⁵. The Home Base tool is based on data and information collected for New York City and not Howard County. With little effort, the Coalition can gather enough information to identify trends and a typology of those households who eventually enroll in shelter to help inform a screening tool. The Alliance recommends that the Coalition review what other best practice communities are doing to screen for prevention and make any needed revisions to its current tool.

Upon review of current prevention services delivered within Howard County and alignment of homeless prevention services under a system-wide prevention program, the Coalition and funders of homeless prevention programs should establish performance measure outcome benchmarks and goals to ensure that the Coalition can monitor and track the impact of the services provided through prevention. Basic performance measures outcomes and outputs include:

- Reduce the number of households experiencing first time homelessness
- Increase in exits to permanent housing
- Decrease in the percentage of households that did not become homeless within one year of receiving prevention services
- Amount of funding for prevention assistance and the number of households who received prevention assistance and became homeless

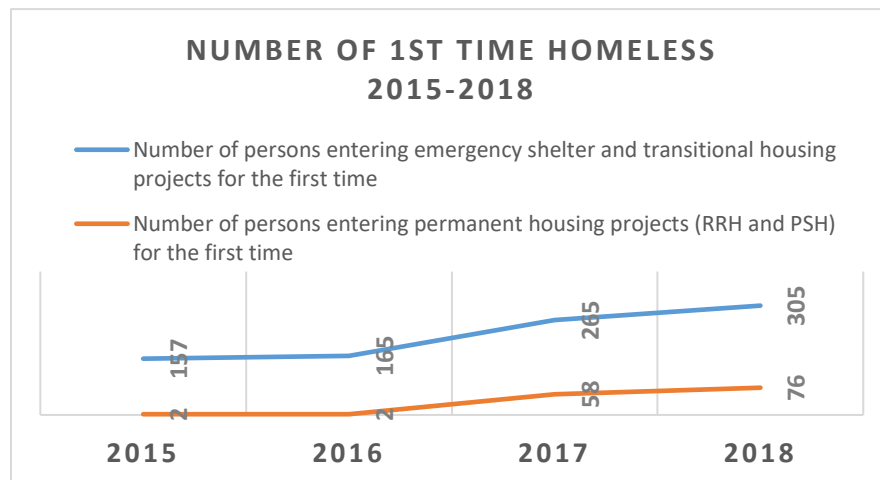
In addition to the identified prevention program and services above, the Alliance suspects there are other prevention services also being provided throughout the County. Because homelessness can be prevented through intentional and strategic cross-system collaboration, funders and stakeholders of all prevention services within the County are

encouraged to come together, under the leadership of the Coalition. Collectively they can determine the role and purpose of all prevention activities, and determine which make the most sense to be aligned, coordinated and measured by the homeless response system versus those that may more appropriately fit into efforts to end poverty within the County. “When multiple systems provide prevention assistance, it is critical that they be coordinated and utilizing common assessment tools to identify and assist those at the greatest risk of homelessness.”⁵⁶

DIVERSION STRATEGIES

“Diversion strategies and practices assist people to resolve their immediate housing crisis by accessing alternatives to entering emergency shelter or the experience of unsheltered living. This typically occurs at the point people request emergency services, such as entry into emergency shelter, or could take place in a day center or through outreach before a person spends a night unsheltered.”⁵⁷ Diversion strategies can significantly reduce the number of households becoming homeless, the demand for shelter beds, and the size of waitlists. Effective diversion should be seen and felt by people experiencing a housing crisis as an option that connects them to resources, not a denial of service.

Data is a helpful tool to inform the development of a system-wide diversion strategy. Data provided to the Alliance and discussed in the recommendations for emergency shelter show that 61.4% of households entering shelter came from a prior living situation making the household ripe for implementing a diversion strategy: 41.6% of households were living with friend or family prior to entering shelter; 16.1% were living in their own unsubsidized rental or home; and 3.7% of households were living in their own subsidized housing.



Another important piece of data to review is HUD’s System Performance Measures, specifically, Measure 5: *Number of persons who became homeless for the first time*. The Alliance reviewed Measure 5.2 – Change in the number of persons entering ES, SH, TH, and PH projects with no prior enrollment. In 2018, 381 people who had not entered

ES, SH, TH, or PH during the previous 24 months entered one of those programs. The data shows a steady increase in households experiencing first time homelessness since 2015. Effectively implemented diversion strategies can reduce the number households experiencing homelessness the first time. Data also highlighted in *The Path Home* indicates that in 2018, 33% of all households exiting the homeless response system move in with family or friends.⁵⁸

This prior residence and program exit destination data can serve as a benchmark on which to set performance goals and measure outcome progress, and assist in determining the types of resources to include in a diversion strategy.

2018 data also showed that 38.4% of households were already in the system (i.e., came from either emergency shelter including motel paid for with a voucher, transitional housing, or an institutional settings) before entering shelter. Because such a significant number of households are re-entering crisis services, The Coalition should examine the causes of these entries and whether the housing and service interventions are being matched to the strengths and needs of these households.

Within the Coalition members there is understanding and support of system-wide diversion as a strategy and not a denial of service. To build upon *The Path Home's* goals of continuing to build and expand the capacity of the homeless response system, the Alliance recommends the following:

RECOMMENDATION: Develop and support a robust structure to implement diversion strategies and measure the impact on the homeless response system.

Implementing diversion strategies within Coordinated Entry requires coordinated entry and shelter staff who are skilled at problem solving and negotiating and, if available, can provide access to flexible financial assistance for things like rental assistance, utility arrears, food, and transportation. Innovative communities have staffed coordinated entry with diversion specialists who are trained mediators able to negotiate with landlords and family members, help households problem solve, and explore other housing options available to them. Based on the effectiveness of diversion practices in other CoC's, the Alliance recommends that staff implementing the diversion strategy in Howard County be trained and supported to implement the following:

Exploring Housing Solutions

The homeless response system in Howard County is implementing diversion strategies and practices – effective to varying degrees, and specifically through Grassroots Crisis Hotline. However, the Alliance recommends further enhancing diversion efforts at the system's front door to ensure that providers are implementing the most effective and promising practices with Diversion. As the data above and in the emergency shelter recommendations show, a significant number of households are entering shelter from and exiting to friends and family. Additional training and efforts at the system's front door are needed to ensure that all households are engaged in thorough problem-solving allowing them to return to where they came from or identify another safe, alternative to shelter or the street. Also, to avoid confusing the community on the role and purpose of a system-wide diversion strategy, the Alliance recommends that the United Way's Shelter Diversion program be aligned with a system-wide rapid re-housing approach given the population it serves and its current program design.

Implementing a system-wide diversion strategy begins at the front door of the homeless response system. As described in the Coordinated Entry recommendations, access points should be staffed with a dedicated diversion specialist(s) trained to conduct problem-solving conversations before conducting intakes or assessments. This

conversation serves as the beginning of a phased-in approach to determine the strengths and needs of a household, and what interventions are most appropriate and available to them. Staff conducting a problem-solving conversation should be trained to provide this service in the context of the homeless response system, with a strong understanding of a phased-in assessment approach and up-to-date knowledge of all homeless housing and support services, their eligibility requirements, and availability in order to provide real time, transparent information.

Currently, Grassroots Crisis Hotline staff engage in a triage type diversion conversation, exploring what led the caller to seek shelter or services and possible housing options that may be available given that the shelter is often full. According to Grassroots Hotline staff, a typical crisis hotline call lasts about 20 minutes; with a Housing Assessment and a VISPDAT assessment, a call may last 45 minutes. Walk-ins to the shelter typically engage in an hour-long assessment. Depending on a household's situation, Hotline staff may spend more time to determine how best to address their needs. In order to increase the effectiveness of the problem-solving conversation, the Alliance recommends that access point staff have both time and the appropriate environment (private/confidential) to engage with a household. If an initial triage conversation is needed to gain an understanding of a household's situation, a follow-up appointment should be made for a more in-depth exploration of a household's situation.

In a review of United Way's Shelter Diversion program, the Alliance found that the program utilizes many of the skills and practices embodied in a diversion strategy but that despite its name, the program serves literally homeless households thus operating more as a rapid re-housing program. An initial review of the Shelter Diversion's program performance also indicates long stays in the program (approximately 15 months) and a cost of \$19,000 per exit to permanent housing. As such, per the recommendations above about aligning program, practices, funding, and outcomes to core system components as well as to avoid confusion about the purpose of the program, the Alliance recommends the Coalition, align the Shelter Diversion program with the written standards and performance outcomes of system-wide rapid re-housing.

A problem-solving conversation requires staff to employ a Housing First approach and be trained in areas such as: harm reduction, conflict resolution, mediation, negotiation and cultural competencies. Conversations require active listening, the use of open-ended questions, exploration of a household's strengths and supports, as well as time to reality test options identified. Staff conducting the problem-solving conversation must listen and validate a household's experience and use a client-centered approach. Through the problem-solving conversation, staff and the household together identify and explore options to move forward a temporary or permanent housing plan.

Resolving a Household's Immediate Housing Crisis

Based on the information gleaned in the problem-solving conversation and the identification of possible safe, alternative housing options other than shelter, staff and the household explore and "reality check" each of the options (i.e. what does this housing option look like to you, how long do you think you can stay there, have you done something similar to this before, what resources do you think would help make this option happen, etc.).

Access to resources to leverage the success of a person's housing placement or provide support not only to the household but to friends/family often can make all the difference. These resources may come in the form of flexible funds for specific eligible activities or through connections to community partners. The latter requires a command of all available resources in the community, their eligibility requirements, and more than a referral to another agency.

Stabilizing a Household Through Community Connections and Supports

To increase the success of diversion, warm hand-offs from staff to extended family, friends and/or community-based partners are critical. Staff may need to serve as negotiator, mediator and advocate with and for the household with family, friends or a landlord. Connecting households to supports tailored to short- and long-term goals of households and their family/friends is key to stabilization. When doing so, staff should include the household in all conversations with community partners when possible, households should be aware of all eligibility requirements and needed documentation. Warm hand-offs also require staff to follow-up with household and community partners and supports to confirm connections or learn if the household needs further assistance.

Evaluating Performance

To determine whether diversion strategies are positively impacting the homeless response system, the Alliance recommends that the Coalition develop written standards for system-wide diversion that include a standardized process for service delivery by all access points. This should take into consideration the populations being served, training requirements, qualifications of staff, and performance measure outcomes. Metrics that indicate successful diversion strategies include:

- Decrease in the number of first time homeless
- Decrease in the number of people on shelter waitlists
- Decrease in the number of people diverted from the homeless response system who return seeking services, enroll in shelter, or enter the system through another intervention. To be tracked within various timeframes (i.e. three, six, and 12 months)
- Decrease in the number of households coming from a specific prior residence
- Type of diversion service provided (financial and non-financial)
- Destination or resolution

In developing the written standards, the Alliance recommends that the Coalition address:

- The role, purpose, and definition of diversion for the CoC
- Eligibility Criteria and the process for determining eligibility (i.e. households 3-5 days or less from losing their housing)
- Types of assistance (non-financial and financial)
- Guidance on the amount, duration, and limitations with regard to the number of times a household seeks

assistance

- Data collection

In order to leverage and possibly model successful programs and practices elsewhere, the Alliance recommends that the Coalition explore diversion strategies that use phone and/or walk-in access points, including staffing structures, how they distinguish between prevention and diversion, how data is tracked in HMIS, performance measure outcome benchmarks, and how goals are established. Specific communities the Alliance recommends the Coalition speak to include Your Way Home (Montgomery County, PA), the Connecticut Coalition to End Homelessness, and the Greater Richmond Continuum of Care.

HOUSING FOCUSED OUTREACH

Homeless outreach plays a critical role in connecting people who are unsheltered, sleeping outside or in other places not meant for human habitation, with housing and support services. Outreach workers often engage people who are highly vulnerable and may need several engagements before they accept assistance. Outreach should be coordinated and include or have strong relationships with such entities as veteran service providers, law enforcement, first responders, health care providers, and others who may also serve the unsheltered population. While outreach staff assist people, who do not wish to enter shelter or cannot enter shelter due to lack of availability or barriers to access, to survive by offering items such as blankets and water, the goal of outreach is to help individuals obtain permanent housing.

Over the past few years, outreach in Howard County has been staffed by different providers including Grassroots Crisis Intervention Center and the Department of Corrections and has focused on engaging unsheltered households to provide basic necessities for survival and connecting them to appropriate housing and support service providers based on their needs. As a coordinated homeless response system was developed in Howard County, efforts began to connect engagement with the larger system. With the creation and development of the Leola Dorsey Community Resource Center, outreach efforts also operated out of the Center, however it appears those efforts are now more informal, led by Day Resource Center staff who, though not a part of their formal job description, engage with individuals in nearby encampments.

Today, the Day Resource Center primarily serves as a hub for some persons experiencing unsheltered homelessness, providing services such as mail, showers, meals, clothing, and medical services. The Day Resource Center also assists with obtaining cell phones, identification, and housing. Time spent in the Day Resource Center Facebook pages indicates that seven households housed this summer and requests for housing opportunities was also promoted. The Alliance was encouraged to see these activities and learn of them through interviews with providers and consumers. When the Alliance asked what a consumer focus group what they would tell someone, sleeping outside for the first time, to do to get quickly back into housing, three persons (in unison) exclaimed, "go see Melinda!" The Alliance was also encouraged to see a monthly "data dashboard" made available by Grassroots. This data dashboard includes outputs on how many people served, resources given, etc., all important metrics to track. In addition, the Alliance

suggests also sharing (if available) the number of literally homeless persons served and the number of households housed through Day Resource efforts (whether in collaboration with other providers through RRH and PSH programs or without the assistance of these programs).

Recently, the CoC's street outreach services have been contracted to Humanim to fund an Outreach and Engagement Specialist. An overview of the grant application and job description show that Humanim and the CoC recognize many of the important elements of effective street outreach as reflected in the Key Concepts section of this report (i.e. a commitment to a Housing First approach, connecting unsheltered households with the coordinated homeless response system for both shelter and permanent housing solutions, a required skill set encompassing motivational interviewing, trauma informed care, and a harm reduction approach).

In addition to the above approach already embraced by the CoC and Humanim, the Alliance recommends greater emphasis on a housing focused approach to street outreach coupled with clear roles and responsibilities for this newly funded position. He/she will facilitate a problem-solving approach to quickly obtain housing while households wait for deeper resources to become available, ensure that households are document ready to move into housing quickly when it becomes available, ensure warm hand-offs and close coordination with case managers in rapid re-housing and permanent supportive housing programs, and assist with stabilization once a household is housed.

To assist the Coalition in ensuring that outreach is housing focused and targeted to the most vulnerable populations, the Alliance offers the following recommendations below.

RECOMMENDATION: Establish a housing focused street outreach team whose primary responsibility is to identify and engage people experiencing unsheltered homelessness and connect them to shelter (if available and desired) and coordinated entry for permanent housing resources.

Based on the unsheltered data and analysis of those numbers by the Alliance reflected earlier in the State of Homelessness: Howard County section of the report, Howard County has seen little change to its unsheltered numbers in the past five years. With a strategic, intentional, and coordinated outreach strategy focused primarily on housing and guided by performance measure outcomes, the CoC can make an impact in reducing the average length of time these households experience homelessness and increase exits to permanent housing. To do so, the Coalition should consider increasing the number of Outreach and Engagement Specialist to two not including current staffing at the Day Resource Center. The Day Resource Center provides "in-reach" services, requiring households to go there for services.

Additionally, outreach staff should have strong presence in workgroups and/or committees meant to coordinate the system like coordinated entry, case conferencing, prioritization, etc. Other responsibilities should include:

- Working with Coordinated Entry staff and shelter providers to connect households for referrals and connection to shelter

- Employing a diversion strategy skill set to reconnect households with possible safe and appropriate temporary or permanent housing (outreach staff should have access to flexible dollars, similar to that of those implementing the system wide diversion strategy)
- Ensuring that all unsheltered households are assessed for appropriate housing resources
- Leading efforts to ensure that unsheltered households are document ready to quickly obtain housing services (i.e. verifying chronic and non-chronic homeless status, understanding eligibility and documentation requirements for all permanent housing interventions (RRH and PSH) and gathering required information)
- Establishing contact with rapid re-housing and permanent supportive housing provider staff when unsheltered household is referred to program to ensure introduction and warm hand-off of household as well as establish coordination until lease up
- Continuing coordination with housing provider staff after lease-up as needed (i.e. home visits once housed to support housing stabilization goals)

More information on street outreach standards, staffing, coordination with coordinated entry and shelter is available from Continuums of Care previously highlighted within this report. The Alliance encourages the Coalition to connect with system leaders in these CoCs to learn more about how they are coordinating, implementing, funding, and evaluating their street outreach efforts as before and as *The Path Home* is rolled out.⁵⁹

RECOMMENDATION: The CoC should collect, review, and analyze key output and performance measure outcome data to ensure on-going effectiveness of street outreach services.

It is important that the Coalition measure the effectiveness of street outreach efforts using both outputs and outcomes. The Coalition should consider collecting the following outputs to assist in outreach efforts:

1. Geographic locations so people can be found when a referral to shelter or housing resources become available
2. HMIS Universal Data Elements
3. VI-SPDAT/assessment tool score (unless the person does not wish to be assessed)
4. Total number of contacts and intakes made annually
5. Total number of persons assessed and document ready

The Coalition should establish benchmarks and goals for the following performance measure outcomes:

1. Exits to permanent housing
2. Returns to homelessness after placement in permanent housing
3. Decreases in unsheltered homelessness
4. Increases of number of unsheltered households accessing emergency shelter

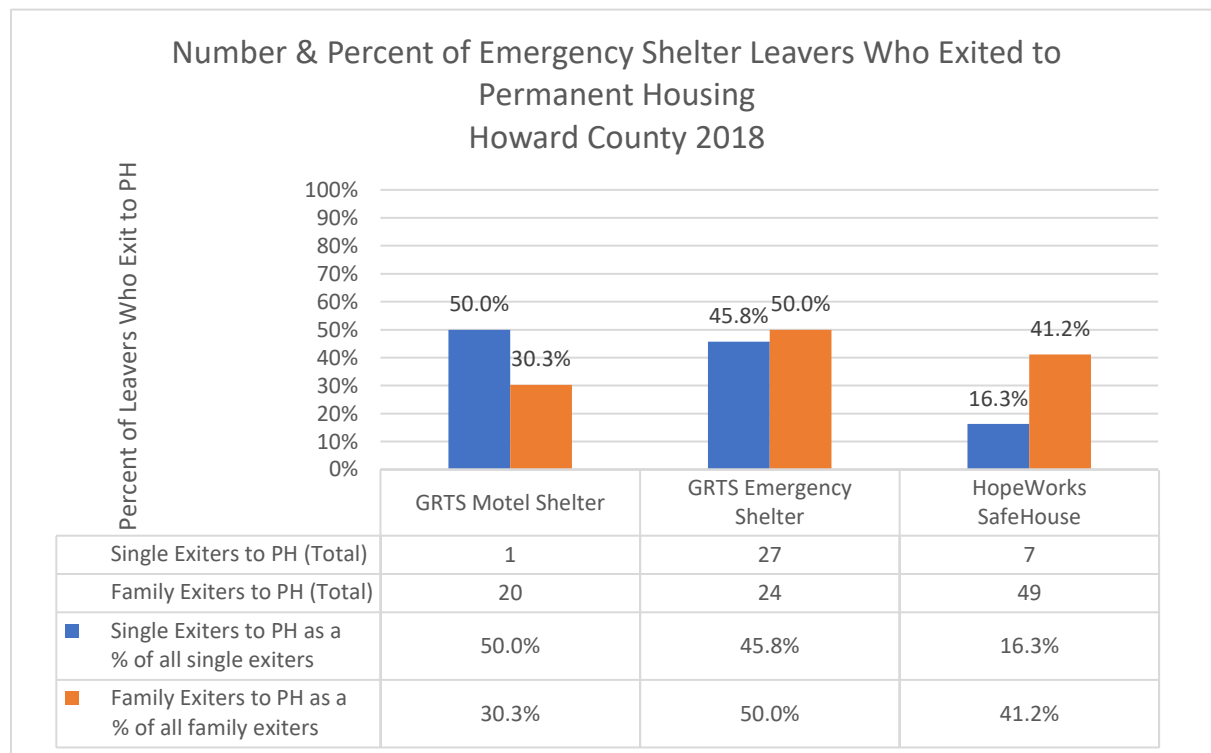
Implementing the above recommendations, developing CoC wide standards for outreach, and establishing performance measures will allow the Coalition to positively impact the number of households living unsheltered homelessness and move away from managing what feels like a static number.

EMERGENCY SHELTER

Emergency shelters play a critical role in ending homelessness. Shelter is often a community’s immediate response to a housing crisis and may be the only support a household will receive given limited resources for more intensive interventions like rapid re-housing or permanent supportive housing. As a result, it is critical for communities to ensure that households who need it have immediate and low-barrier access to life-saving shelter resources and to establish pathways out of shelter back into permanent housing. Shelters’ ability to help people quickly access permanent housing plays a significant role in improving system flow by reducing the amount of time people experience homelessness and increasing exits to permanent housing across the system.

Through extensive research and consultation with effective shelters across the country, the Alliance developed the [Five Keys to Effective Emergency Shelter](#) to highlight common elements these shelters incorporate into their approach. The Five Keys include embracing a Housing First approach, practicing safe and appropriate diversion, providing immediate and low-barrier access, housing-focused and rapid exit services, and using data to measure performance. The elements of effective shelter align with Goals 2 and 3 in *The Path Home*; ensuring that every person experiencing homelessness in Howard County has access to immediate, safe and appropriate shelter and increasing access to permanent housing for people experiencing homelessness in Howard County.⁶⁰

According to data submitted to the Alliance through the Homeless System Evaluator Tool, the CoC spent over \$2,000,000 on emergency shelter in 2018, accounting for 46.5% of the community’s investments in ending



homelessness. 133 individuals and 263 people in families were served in emergency shelter in Howard County in 2018. 128 people exited shelter to permanent housing throughout the year, accounting for 38% of exits. While individuals and families were equally likely to exit shelter to permanent housing, exit rates across programs varied dramatically, as low as 16% and as high as 50%.

While the CoC has effectively implemented several of the key elements in emergency shelter across the community, including structuring a low-barrier approach into existing shelter practices and investing in community-wide landlord engagement efforts to identify housing, there continue to be areas for growth in effective shelter practices. The Coalition should continue the shift toward lowering barriers to entering and remaining in shelter to ensure that everyone in need of emergency shelter can access services as they are. They should prioritize support strategies to increase flow through shelter to serve more people and reduce lengthy shelter wait lists, and continue refining housing-focused services and landlord engagement efforts to ensure that every household has a pathway out of shelter and back into permanent housing, regardless of their barriers.

RECOMMENDATION: Continue implementation of a low-barrier, Housing First approach to accessing and staying in emergency shelter in Howard County, and eliminate requirements unrelated to health and safety to access and remain in shelter

A low-barrier, Housing First approach to shelter ensures that anyone experiencing homelessness, regardless of their barriers or presenting challenges, can enter and stay in emergency shelter. Shelter is available to any household that needs it, regardless of their composition, with rules based on promoting health and safety and not on controlling or changing behavior. All services provided are voluntary, and ongoing shelter stay is not contingent on participation in any service. Further guidance on these approaches is available through the Alliance’s [Emergency Shelter Learning Series](#) sessions on “Safely Serving Families and Survivors of Domestic Violence” and “Serving Single Adults in Congregate Settings.”

In 2018, emergency shelters in the community began the shift to a low-barrier approach in alignment with a system-wide focus on Housing First principles and a statewide trend to incorporate shelter best practices into operations. Shelter providers re-wrote policies and procedures and client orientation documents, and re-trained staff in evidence-based models for effective engagement. While significant improvements have been made, there remain gaps in policy and practice to ensuring that emergency shelter in Howard County is truly low-barrier and aligned with a Housing First approach.

Areas of Strength

The CoC is currently implementing a significant number of effective practices in low-barrier shelter:

- All referrals to emergency shelter come through the coordinated entry system, thus shelters cannot screen out households based on characteristics like sobriety, income or treatment compliance
- Shelters do not conduct drug or alcohol screening as a contingency for entering shelter
- Shelters remain open 24 hours a day, 7 days a week and residents are not required to leave during the day

- Shelter residents are provided with access to storage lockers for medications and other small items
- A variety of room arrangements, including limited funding for motel stays, are available to meet the needs of various types of households who may present for shelter.

Interviews with shelter leadership indicate that the change in focus from a higher-barrier to a low-barrier approach allows them to serve people not previously being served in the system.

These are just a few examples of ways in which the CoC is effectively implementing a low-barrier, Housing First approach to shelter. The CoC and its providers are to be commended for the steps taken thus far and continue the practices noted above. However, there remain key areas for improvement in both access and retention in shelter that are discussed in further detail.

Challenges with Accessing Shelter

Despite the CoC's shift to a lower-barrier approach, about half of the providers and community leaders anonymously surveyed by the Alliance either disagreed or strongly disagreed with the statement that "Emergency Shelter is low-barrier and accessible to those who need it." This is one indication that there remains work to do to ensure access for all people who may need shelter.

One of the most significant barriers of Howard County's homeless response system identified by the Alliance is the requirement that all households receiving homeless services in the county prove at least six months of Howard County residency. While key stakeholders interviewed for this assessment primarily agreed that this requirement is a "necessary evil" to ensure that the community is not overwhelmed with people from other communities coming into the County to access services, they also acknowledged that documentation of residency is difficult. Families typically rely on school enrollment to prove residency, but no comparable system exists for single adults, who make up almost half of the population of people experiencing homelessness. Mail received through the Day Resource Center, where many literally homeless individuals access services, is not considered appropriate for proving residency, and a lack of outreach infrastructure in the community means that unsheltered individuals are unlikely to have a documented history of contact with the homeless response system.

This requirement makes it difficult for households with the greatest needs to navigate services due to high documentation barriers and results in significant delays in accessing services. Furthermore, the Alliance has been unable to identify data that would indicate large numbers of people entering services from outside Howard County to justify this regulation; in fact, some interviews confirmed that people experiencing homelessness may be referred to surrounding counties when resources are not immediately available in Howard County. As noted above, the Alliance recommends the CoC eliminate the residency requirement to align with a low-barrier approach to services.

Challenges with Staying in Shelter

10 Steps to Evaluating Your Shelter Rules

1. Review incidents that resulted in clients being barred and examine whether those rules are a necessity.
2. Recognize similar issues and identify new ways to manage those issues.
3. Meet with staff and clients to discuss changing the rules and gather input.
4. Review each rule. Do they help people get out of shelter and into housing quickly?
5. Eliminate rules that make it difficult for people to get into permanent housing quickly.
6. Drop rules that don't make sense, especially those created in reaction to a one-time incident that is unlikely to happen again.
7. Ensure that remaining rules are directly related to health and safety.
8. Post new rules and put them into effect within 30 days.
9. Hold frequent meetings with staff and clients to assess how the new rules are working and revise as needed.
10. Track the numbers. Are fewer people being turned away? Are people moving into permanent housing at higher or faster rates?

In order to follow a low-barrier, Housing First approach, services in shelter must be voluntary and should be focused exclusively on health and safety while in shelter, not on controlling people or changing their behavior. It should be difficult to discharge a household from shelter except in rare occasions where someone's actions and behavior demonstrate a clear threat to health and safety. Shelters in Howard County currently impose limited service requirements on residents as a condition of their stay. Shelters also continue to have extensive rules that, while they may not result in people being asked to leave regularly, are unrelated to health or safety issues and seek to control behavior. Finally, conversations with shelter staff indicate that shelters bar households due to past behaviors at rates that the Alliance recommends the CoC further research to determine whether these individuals remain homeless and how they are or can be reconnected to services.

The most frequently cited rules in the CoC's emergency shelters are related to health and safety issues including acts or threats of violence and possession of drugs or weapons on shelter property; however one handbook provided to the Alliance included over 25 pages of rules and instructions for residents. While many of these instructions may make sense to maintain the shelter's community environment, outlining them as rules creates a culture of enforcement and compliance that may be traumatizing for shelter residents, and difficult and time-consuming for staff to implement. Shelters should utilize the Alliance's [10 Steps to Evaluating Your Shelter Rules](#) tool to significantly reduce the number of regulations in their policies and procedures.

Shelters do not have a "zero tolerance" approach regarding these rules, however interviews with shelter staff indicate that people continue to be removed from shelter for rule violations and barred from re-entry for up to a year. While the Alliance could not obtain data on exactly how many households were asked to leave shelter or barred from re-entering, staff suggested that it is a regular occurrence that someone who has been barred from services is referred back to the shelter through Coordinated Entry. Particularly since resources for households not fleeing domestic violence are limited to just one shelter in the community, barring should be used sparingly and for only the most extreme circumstances where a household presents an ongoing threat to the health or safety of the shelter community if they were to re-enter.

Services in a low-barrier shelter are expected to be voluntary, however one of the first pages of a shelter resident handbook states that “length of stay is dependent on your adherence to your case plan and to agency policies” and later adds, “you may be asked to leave the program if you are not making progress.” One such requirement for ongoing shelter stay is that residents save 30% of their income. While households should be regularly engaged in conversations about locating and paying for housing, which likely involves budgeting and saving money, requiring this for all shelter residents is inconsistent with a low-barrier, Housing First approach.

Shelter staff must be well-equipped to provide services in a low-barrier, Housing First environment. Since services are not required or enforced through compliance, staff must have skills in assertive engagement techniques such as motivational interviewing and trauma informed care. To ensure a healthy and safe environment that may include people who are under the influence of drugs or alcohol or who have serious, unaddressed mental or physical health challenges, harm reduction training is also critical. A majority of anonymous survey respondents (94% of providers) stated they had received Motivational Interviewing training and 75% reported they received Harm Reduction training. While this high rate of professional development in the community is encouraging, the high rate of turnover in the field means that providers must have ongoing opportunities for training so that new staff are also well equipped to meet the needs of working in this environment.

Safe and Appropriate Diversion

Communities implementing effective diversion strategies integrate this critical system strategy within coordinated entry, placing diversion at the front door of the system, prior to a shelter referral and prior to a coordinated entry assessment. Adoption of the recommendations in the Diversion Strategies section of this report will have a significant

Prior Living Situation	Persons in Families	Singles	Total	% entering
Already in Homeless System	11	15	26	16.1%
Institutional Setting	0	11	11	6.8%
Unsubsidized rental or home	16	10	26	16.1%
With Family or Friends	33	34	67	41.6%
Hotel/Motel	18	7	25	15.5%
Subsidized Housing	4	2	6	3.7%
Other	0	0	0	0.0%
Don't Know	0	0	0	0.0%
Refused	0	0	0	0.0%
TOTAL	82	79	161	

impact on emergency shelter utilization. However, emergency shelters also serve an important role in determining that households presenting for shelter are truly in need of this limited resource. According to data submitted to the

Alliance through the Homeless System Evaluator Tool, the most common prior residence of both individuals and families entering shelter in the CoC is staying with family or friends: 41.6% of all entries into emergency shelter came from this location. An additional 16.1% of entries came from a household renting or owning their own housing. Such a high number of households entering from a doubled-up situation or their own unit provides an excellent opportunity to employ diversion strategies and thus target emergency shelter beds for those who need it most and decrease the number of people experiencing homelessness for the first time.

To implement effective diversion strategies, both system level diversion staff and shelter staff must have training and resources to support problem-solving conversations with households to determine if they can safely and appropriately maintain their current or other appropriate housing arrangement rather than enter shelter.

Despite having engaged a household in a problem-solving conversation when attempting to access shelter through coordinated entry, if a household is referred to shelter diversion strategies should continue as part of the shelter intake process to confirm that the household seeking shelter continues to have no other safe or appropriate options. This may include mediation supports with the individuals residing in the household a person is leaving, access to flexible financial assistance resources to support a rapid re-connection with permanent housing, and outlining what housing and support serves are and are not available by coming in to shelter. Interviews with emergency shelter staff confirm that many households continue to seek shelter as a path to accessing a housing voucher and that when explained during intake that they are not more likely to receive a voucher by entering shelter, many households pursue other options.

More information on how to support these conversations in emergency shelter can be found through the Alliance's resources on [The Role of Emergency Shelter in Diversion](#).

Expanding Shelter Capacity

In the Alliance's anonymous surveys of providers and leaders in the community, no providers and only one community leader agreed that there was adequate shelter space in the community. Six of the nine community leaders who responded to the survey strongly disagreed with the statement. Lack of shelter capacity came up in narrative responses to the survey, as well as during in-person focus groups with key stakeholders, provider staff, and consumers across the County. One consumer stated "it is very hard to get into a shelter in Howard County. There is one shelter for family and men but extremely hard for a family who is homeless to get into. But if you are lucky enough to get in there they help you so much." Data on the length of time households are on the wait list for shelter confirm that shelter capacity in the community is a clear concern: in 2018, the average time on the shelter waitlist was 346 days based on data shared with the Alliance by the HMIS lead.

Assessing the Need for More Shelter

1. Look at your data to determine need
 - Do you have a high number of unsheltered people in your community?
 - Do you have less than 95% utilization rates in your shelters? If yes, why?
2. Assess whether you are optimizing your current shelter capacity
 - Are people unable to enter shelters because of restrictive shelter policies?
 - Are people unable to enter shelter because there are long waitlists to get in?
 - Are you practicing diversion across your system so that people may be diverted from homelessness before having to enter shelter?
3. What are the outcomes for people staying in shelter?
 - What percentage of people exit shelter to permanent housing?
 - What percentage of people exit to other shelters or to transitional housing?
 - What percentage of people return to homelessness?

While there seems to be a community consensus that shelter capacity in Howard County is lacking, building additional shelter may not be the fastest or most effective solution to meeting the goal of ensuring access to all households in need of emergency shelter. Looking at waiting lists alone is not enough to understand a community's need for emergency shelter, particularly if the community has not implemented a targeted prevention and diversion strategy or if shelter is not low-barrier. While people may be calling seeking shelter, it does not necessarily mean that shelter is the only or best option for that household. Because the CoC doesn't verify literal homelessness for those calling for shelter but instead relies on self-report, calls to the coordinated entry line seeking shelter may not be an adequate indicator of the actual need for shelter in the community.

The community must understand where households on the waiting list are waiting. One way to do so is to track unsheltered data. A growing unsheltered population in a community in which shelter is low-barrier and has a high utilization rate may indicate a need for expanded capacity. Since CoC shelter beds are low-barrier and utilization rates high, increasing unsheltered homelessness may point towards a need for increased capacity. Unsheltered homelessness has been relatively low and steady in Howard County over the past five years until a spike in the 2019 Point in Time count. It may be helpful to examine other data sources, such as the Housing Inventory Count (HIC) alongside the PIT, system and program level performance measures, street outreach contacts, as well as considering methodology changes to the PIT count to determine whether this spike is an anomaly or indicative of a trend before making major strategic changes based on one data point.

The quickest way to expand shelter capacity in a community is by helping households in shelter move into permanent housing faster, allowing for more households to be served utilizing the current inventory of emergency shelter beds. According to data from the Homeless System Evaluator Tool, only 34% of individuals exiting to permanent housing from emergency shelter did so in under 60 days in Howard County in 2018, but 74% of family households did so. The CoC should look at provider-level outcomes to determine why some programs and sub-populations are having greater success in quickly connecting households to permanent housing, ensure that the most vulnerable households are being prioritized for assistance, and expand on the strategies that are effective in the community. ***The Path Home*** identifies that community data confirms this bottleneck at the front door of the shelter system because households are not exiting shelter rapidly enough, and that "by increasing our capacity for Rapid Re-Housing and Permanent Supportive Housing we can create a system flow that supports people in accessing both shelter and housing more quickly."⁶¹ Housing-focused supports and services in shelter may also be able to assist in reaching this goal without expanding intensive supports like rapid re-housing or permanent supportive housing, which will be explored in the following recommendation.

As flow is created through the system through increased housing-focused, rapid exit shelter and scaled up rapid re-housing, the Coalition should evaluate shelter utilization and determine if and when reallocating crisis beds to permanent housing resources may be necessary and advantageous in creating more permanent housing opportunities.

RECOMMENDATION: Provide housing-focused, rapid-exit services to quickly connect all households residing in emergency shelter to safe and appropriate permanent housing

Effective shelter in a community committed to ending homelessness must make housing the primary focus of its services and supports, and hold providers accountable to housing-related outcomes. While this may include assisting shelter residents in connecting with intensive supports like rapid re-housing and permanent supportive housing available in the community, it also means facilitating self-resolution and rapid exit out of shelter that may or may not involve such supports.

Developing Housing Plans

Interviews with leaders and front-line staff and review of written shelter guidance confirms that housing is an intended focus of shelter in the CoC. Shelter staff described the kinds of conversations about housing they have with clients, including strategies such as identifying shared housing, rooms for rent, and housing in surrounding areas that may be more affordable. “We are really pushing housing,” one leader responded. Staff highlighted the need for honesty in these conversations: “what do you need in a house?” “What can you realistically afford?” “What are the options at that price level?”

While leadership and staff expressed concerns that some residents take a long time to start pursuing their housing goals, the shelters are committed to exiting households within 90 days of entry. Setting goals to exit households within 90 days or even less is encouraging, however, Grassroots limits their shelter stay to 90 days with the possibility of extensions. The Alliance recommends that shelters not set arbitrary discharge timeframes but work to reduce the average overall length of stay as some households may need assistance for a lesser or greater amount of time. Flexible financial assistance resources are available to support move-in costs such as security deposit and utility fees, and connections are made to a local funder to pay first months’ rent. All the above-named strategies are consistent with a housing-focused, rapid-exit approach to shelter.

However, a focus group with current shelter residents highlighted challenges and concerns relating to the implementation of this approach. While residents expressed a high level of satisfaction with the services received at the shelter, only two of the residents interviewed indicated they had a clear picture of what their next steps were regarding moving out of shelter and into permanent housing, and both had vouchers. Only one individual had a definitive answer regarding how long they thought they would stay in shelter, and that was six months because that’s how long this person wanted to stay in shelter in order to save up money. Most indicated that their case managers were not discussing housing with them, but that the focus was on employment, physical health, and mental health. Many still seemed unclear of the process of how vouchers are distributed in the community and believed that if they stayed in shelter longer, they may qualify for this resource.

In 2018, 34% of individuals and 40% of families exited shelter to permanent housing across the system. While these numbers on the system level are consistent with other exit rates from shelter across the country, outcomes across different shelters and populations in the CoC vary dramatically, as demonstrated in the graph at the beginning of this section. Some providers demonstrated greater success with families while others had better outcomes for individuals.

Some exited a high percentage of households to permanent housing but accounted for very few total exits. The CoC should regularly monitor shelter performance and provide incentives for shelters who increase their exit rates to permanent housing.

Housing Navigator Roles and Responsibilities- LA Family Housing Example

- Conduct Initial Meeting and Assessment for each participant accessing services to build rapport and relationship while evaluating participants' housing needs, history, barriers, and available services and support
- Ensure clients have the necessary items to secure housing (e.g. valid identification, income verification, bank statements)
- Strategize and present housing leads to participants that include listings from agency, housing authority, internet, and internal database of landlords/management firms/owners
- Provide information and instruction to clients regarding how to complete a housing application, housing searches, and tenant rights and responsibilities, including observation of rental agreement rules and being a good tenant
- Provide advocacy to help address issues and barriers between landlord and Participant that may prevent move-in
- Connect program Participants to community resources that will support the goal of permanent housing (e.g. benefits advocacy, food pantries, employment services, mental health)
- Ensure a "warm" hand-off and transition to the housing stabilizer to provide ongoing in-home case management services

Building upon the adoption of housing-focused services in policy and written guidance, CoC leadership and shelter providers must continue to work on successfully translating these policies into the practice. A first step in doing so is to have providers examine their job descriptions and ensure that the focus of activities is consistent with a housing-focused, rapid-exit approach. LA Family Housing in Los Angeles, California provides a strong example with their [Housing Navigator](#) role.

Finally, staff reported that resources for cold-weather shelter are limited and do not include housing-focused conversations. Housing services should be available in all shelter across the system, including inclement weather shelters.

Serving Households with No Income

While shelter staff consistently reported that housing was the primary focus of their case management efforts, their confidence in the efficacy of this approach was frequently tied to a household already having income. "You need an income to get out of here. A job, benefits, something," one staff member said. Since the CoC has limited rapid re-housing funds to assist households to pay rent after being housed while they work on increasing their income (see the Rapid Re-Housing section for more information about taking this critical intervention to scale), shelter staff feel like focusing on increasing income through employment or benefits must be a

priority to assist shelter residents in moving forward to permanent housing. Although resources such as the dedicated Employment Support staff are available, it is not clear how closely and effectively this role works with shelter case managers. Additionally, per the recommendations above regarding flexible financial resources, the CoC should determine whether more of the FFA funds should be allocated to help households in shelter that otherwise

might not be prioritized for interventions like rapid re-housing or permanent supportive housing pay for costs associated with moving into permanent housing.

Several shelter staff are SOAR-certified, meaning they are credentialed to assist households in applying for Social Security benefits through a special expedited process. SOAR is a key strategy for helping households who may qualify for benefits access them quickly. According to data available through HUD's Stella tool, about 48% of people in shelter or transitional housing in Howard County in 2018 had a disabling condition, indicating a large potential pool of people who may qualify for benefits. However, while several staff are trained to provide this critical service, only four applications were processed in the County in 2018, according to *The Path Home*. Like the recommended performance measure outcomes for the work of the Employment Support Specialist noted above, the CoC should set performance measure outcomes for SOAR staff and time should be allocated to processing SOAR applications to ensure that households have access to benefits in a way that facilitates rapid exit from shelter into permanent housing.

Howard County has several mainstream resources dedicated to helping people develop resumes and find employment. Recommendations earlier in this report highlight opportunities for improvement and growth in these supportive services to ensure that they are able to meet the needs of people experiencing homelessness in the community. However, it is critical that shelter staff develop relationships with these providers to facilitate effective connections to these services rather than duplicating efforts and dedicating precious shelter resources towards job development and employment initiatives. At a minimum, the Alliance recommends that system leadership provide guidance and training on how shelters and the Employment Support Specialist can work more collaboratively.

While limited or no income can significantly limit housing options for households living in shelter, shelter staff must still assist these households in developing reasonable housing plans related to their goals. This may include strategies outlined in the Diversion recommendation section to facilitate connections with family or friends who can provide housing at very low or no cost. It should also include utilization of flexible financial assistance dollars to quickly assist households who are working on the employment or benefits strategies mentioned above to access and maintain housing while those processes play out by providing for costs such as application fees, security deposits, or short-term rental assistance. This strategy both resolves the households' experience of homelessness more quickly, decreasing trauma and provides the stability of a home to pursue other goals, and opens critical emergency housing resources to another household. While engaging landlords to rent to households with no income can be difficult, landlord engagement and retention strategies highlighted throughout this report can provide a road map for marketing the supportive services and temporary financial assistance that can entice landlords to work with shelters despite a households' barriers. Shelter staff should work closely with the Community Housing Specialist to identify landlords amenable to renting to households who currently have no income.

Landlord Engagement

Perhaps the most essential component of a housing-focused, rapid-exit shelter are relationships with landlords who are willing to rent to households residing in the shelter who may have barriers including poor or no credit, low or no income, or previous evictions. Landlord engagement must be a primary focus of shelter staff. Developing and maintaining these relationships must be an ongoing task, not just when a household needs to begin looking for permanent housing options. The goal is to have a network of landlords identified and a pipeline of available units to offer.

The CoC has invested in a community-wide Housing Specialist position that can bolster landlord engagement processes in emergency shelter. Shelter staff highlighted their relationship with the Housing Specialist as a critical piece of helping households exit shelter to permanent housing. However, this partnership retains some of the same challenges noted above. While households with fewer barriers to entering permanent housing are quickly assisted, those with higher barriers and those with no income have few to no options, as the current Housing Specialist noted they are unable to assist unless a household has income. None of the shelter households who participated in the Alliance's consumer focus group indicated that they had received help identifying housing or working with landlords. These households with the highest barriers are the ones who need the most support. Landlord engagement at the community level include marketing the program by identifying the financial assistance and supportive service packages potential tenants are supported with in order to encourage landlords to work with households they would typically screen out for vacancies (see FIND section of Rapid Re-Housing for additional resources).

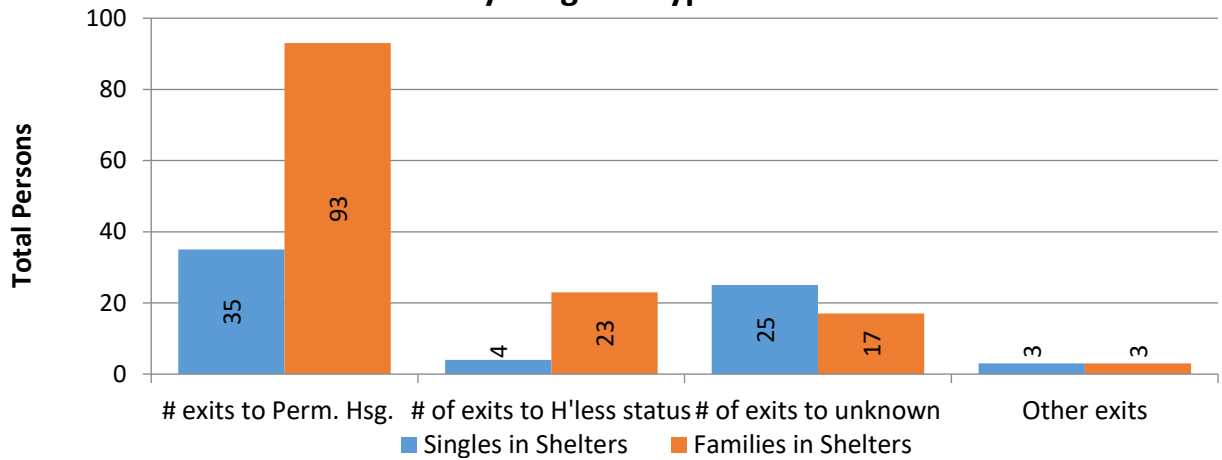
It is essential that the behind-the-scenes functions of community landlord engagement coordinate effectively with the shelter case management functions of identifying housing options that meet the needs outlined in a household's housing plan. It is also important to develop a process for shared housing opportunities that is easily accessible to both shelter residents and case managers and kept up-to-date to reflect accurate current availability. While the Community Housing Specialist works to recruit and support landlord partners, shelter staff will still need to work with participants to identify the right housing fit, view apartments, and prepare documentation, among other housing-related tasks.

RECOMMENDATION: Regularly review program level data on shelter outcomes related to placement rates to permanent housing, timely exits, and cost-effectiveness to target system performance improvement strategies

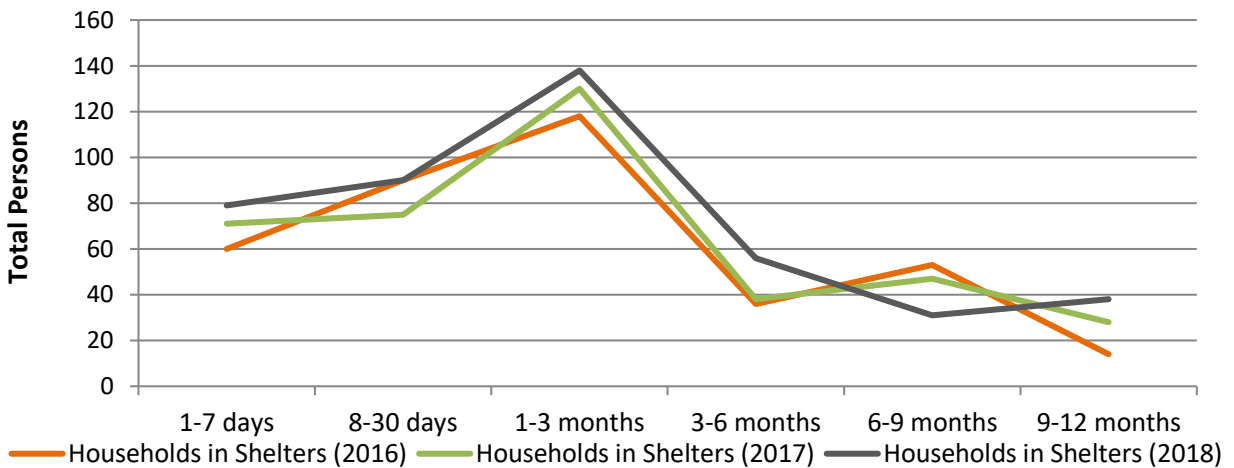
Community leaders and shelter staff should regularly review key data and outcome trends to ensure progress towards established goals and benchmarks related to lengths of shelter stays and placement rates to permanent housing. The Alliance has developed an [Emergency Shelter Outcome Metrics](#) tool that Howard County shelters should adopt to measure their progress in key areas. Further guidance on how to track, analyze and respond to shelter data at both the CoC and provider level can be found through the Alliance's Emergency Shelter Learning Series webinar "[Keys to Effective Emergency Shelter: Using Your Data to Evaluate and Improve Performance](#)"

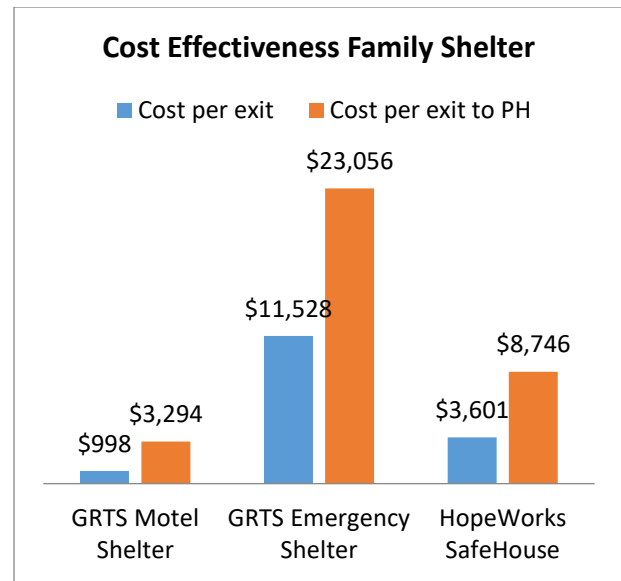
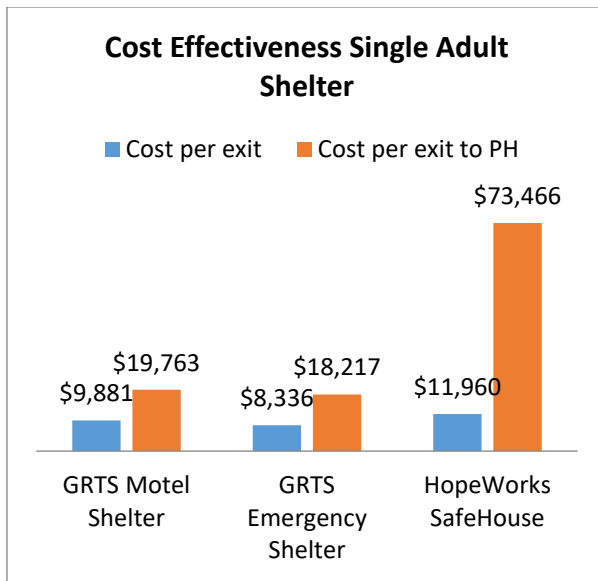
Data submitted to the Alliance through the Homeless System Evaluator Tool indicate wide variations in outcomes around placement rates to permanent housing, timeliness of exits, and cost effectiveness between different shelters in Howard County. By regularly reviewing these data points at the system and provider level, system leaders can begin to identify strengths and areas for improvement in their program and develop targeted goals to address specific programs or areas where providers are falling short of past performance and established benchmarks.

Exit Outcomes by Program Type - Shelters FY 2018



Trends in Length of Stay - Shelters 2016-2018





TRANSITIONAL HOUSING

The Howard County CoC has significantly decreased its system-wide investment in transitional housing over the past five years but continues to maintain a small inventory of transitional beds dedicated to survivors of domestic violence and people re-entering the community following incarceration. It is important to take these resources into account when analyzing the homeless services system to ensure that the approaches are in alignment with the elements of an effective homeless crisis response system, are cost effective, and achieve desired performance measure outcomes, as well as the goals outlined in *The Path Home*. Limited homeless services dollars should be used to impact ending homelessness rather than longer-term anti-poverty efforts.

All transitional housing resources in Howard County in 2018 were dedicated to one provider, HopeWorks, serving households fleeing domestic violence. The CoC invested just \$78,621, or 1.8% of its total funding, to transitional housing in 2018. While 69% of exits from transitional housing were to permanent housing, this represented just nine households out of a total of 44 served through the program in 2018, indicating long lengths of stay in the program. In 2019, the community added five new transitional beds for people leaving the prison and jail system at Guilford House, a partnership between the County, the Howard County Department of Corrections, and Bridges to Housing Stability. While it is too early in this pilot program to examine outcomes, the following recommendations rely on interviews with program staff and a review of program materials to assess the program’s focus and goals.

RECOMMENDATION: Target limited transitional housing resources to the most vulnerable people experiencing homelessness by participating in the coordinated entry system and eliminate rules that screen people out due to perceived barriers

Transitional housing is designed to provide longer-term, higher intensity services than standard emergency shelter. As such, when used in a community it should be targeted towards households with the greatest service needs. In

order to do this across the CoC, all transitional housing program vacancies should be filled through the coordinated entry system in order to prioritize those with the highest service needs across the County. Additionally, staff and services in transitional housing programs must be equipped to support those with the greatest needs through a low-barrier, Housing First approach.

Currently, neither HopeWorks nor Guilford House utilize the coordinated entry system to fill transitional housing vacancies. By beginning to work with the Coordinated Entry System, both programs can ensure that these enhanced resources are made available to households fleeing domestic violence, dating violence, sexual assault, and stalking, and re-entering the community from incarceration with the greatest service needs. While all HopeWorks participants meet the federal definition of homelessness due to fleeing domestic violence, dating violence, sexual assault, and stalking, not all Guilford House residents have experienced literal homelessness, some households are targeted for the resource for other service needs.

By connecting to coordinated entry and not running a parallel homeless system, there is a standardized approach and shared performance measurement outcomes between transitional housing programs and other homeless crisis responses. Funders are also assured that their investment is part of a strategic systems approach, and providers have adopted best practices, and can demonstrate success through established benchmarks. The Alliance recommends that the Coalition, through the CoC Board, examine overall system needs and make any necessary policy and funding recommendations for transitional housing to the County funders of Guilford House to ensure that available homeless system resources be targeted and prioritized to those with the highest needs

Written program rules and requirements and supportive services at HopeWorks transitional housing are indistinguishable from their emergency shelter approach and consistent with a Housing First, low-barrier approach. Guilford House, however, is designed to screen out households with active substance use or unaddressed mental health concerns in favor of households that demonstrate motivation towards service goals like obtaining employment, increasing income, or accessing treatment programs. Employment and saving 50% of a household's income are mandated as a condition of continued residence. Transitional housing rules and requirements should be in alignment with the Five Keys to Effective Emergency Shelter outlined in this report, as it relates to a Housing First and low-barrier approach. All supportive services should be voluntary, and participation should not be a condition of continued residency.

RECOMMENDATION: Shift the focus of supportive services in transitional housing programs to align with a housing-focused, rapid-exit approach

A housing-focused approach to transitional housing understands that permanent housing, not a temporary setting like the transitional program, provides the strongest foundation for households to meet their long-term service needs. Supportive services should primarily be focused on helping households quickly identify and move into permanent housing.

The Guilford House manual states that the program’s focus is to provide temporary shelter while residents work with re-entry staff to identify permanent housing, and key stakeholder interviews indicate that there has been a significant shift in approach from re-entry towards housing as the best foundation for success following incarceration. It is too early to determine whether the program is demonstrating outcomes that meet these intended goals. While HopeWorks exited a small number of households from transitional housing in 2018, the only individual exit was to permanent housing and eight of the twelve family exits were to permanent housing. Written documents and key stakeholder interviews conducted by the Alliance indicate a commitment to housing as a focus of services, although the program and funders should track timeliness of exits to ensure a rapid-exit approach. Establishing transitional housing performance measure outcome benchmarks and goals is critical in understanding the effectiveness of this intervention and per the performance measure outcome recommendations above, the Alliance encourages funders to do so.

The Department of Housing and Urban Development (HUD) recently outlined an approach known as Transitional Housing-Rapid Re-Housing (TH-RRH), or the joint component, to help communities meet the goal of housing-focused, rapid-exit transitional housing. TH-RRH provides a model for transitional housing that highlights the importance of housing as the solution to homelessness and works to quickly connect households in transitional housing to permanent housing with case management services that continue in permanent housing to achieve service goals. The Coalition, through the CoC Board, should review the TH-RRH model and consider adopting these and other recommended transitional housing best practices as written standards for transitional programming in the County.⁶² More information on assessing the value of and implementing TH-RRH in a community can be found [here](#). The United States Interagency Council on Homelessness has also made [recommendations for re-entry housing](#) supports which may be beneficial to review in assessing the effectiveness of the Guilford House pilot project.

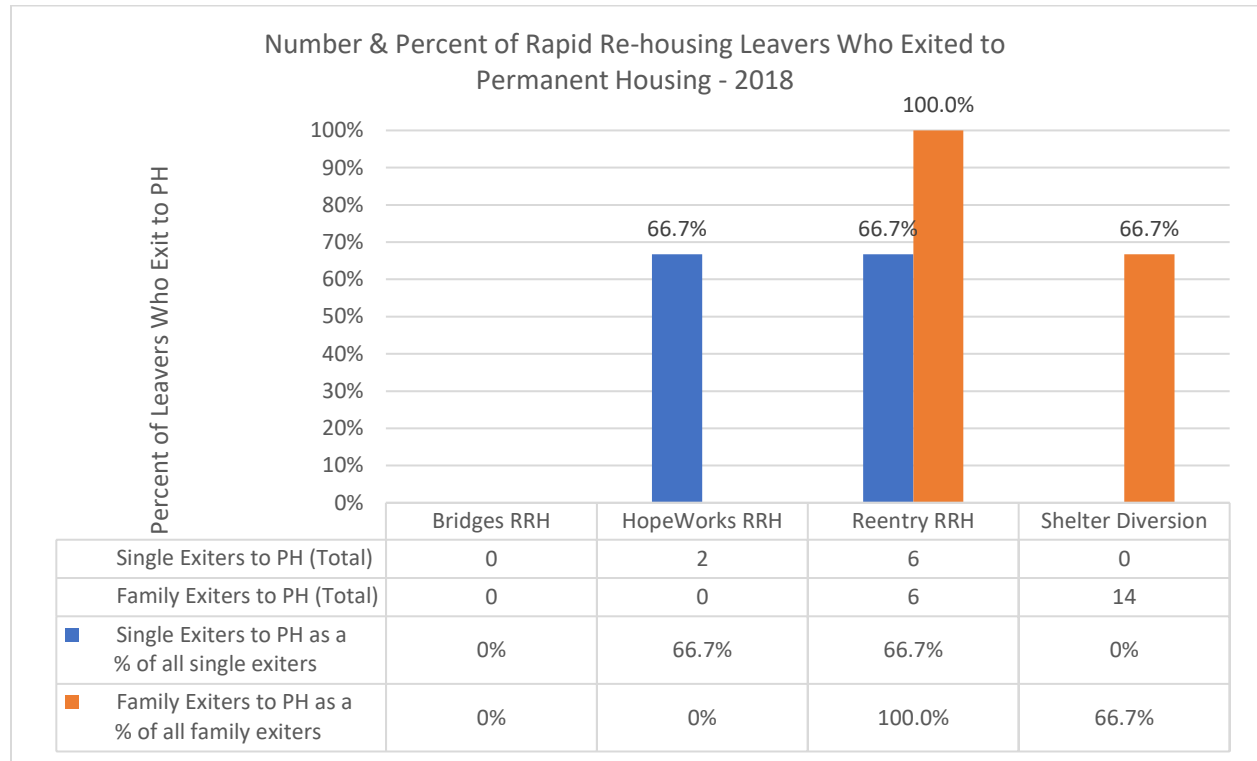
PERMANENT HOUSING SOLUTIONS

RAPID RE-HOUSING

Rapid re-housing is a Housing First intervention that helps households experiencing homelessness quickly find, pay for, and stay in permanent housing. While communities across the country are significantly expanding rapid re-housing resources and making the intervention a primary component of their homeless services system, the Howard County CoC has only recently introduced the intervention into the system. Rapid re-housing accounts for a small amount of community spending and exits to permanent housing, and what minimal resources are available have historically been targeted towards sub-populations of people experiencing homelessness. Additionally, a variety of interventions across the CoC provide supports and services like rapid re-housing, but do not have standards or outcomes in alignment with rapid re-housing best practices.

In 2018, the CoC dedicated just under \$250,000, or 5.6% of its total homelessness funding, to rapid re-housing. In that time, 18 individuals and 81 people in families were served through rapid re-housing, with 28 households exiting to permanent housing (65% of all exits). HopeWorks served only households fleeing domestic violence, dating

violence, sexual assault, and stalking, and the Howard County Department of Corrections, served only people exiting prisons or jails, and a third, United Way’s Shelter Diversion, served only families. The only program serving the general population of individuals experiencing homelessness was Bridges to Housing Stability and based on data received by the Alliance no households exited to permanent housing during the annual reporting period.



In order to meet the goals of ***The Path Home*** and improve flow through the homeless system, the CoC should adopt the Alliance’s [Rapid Re-Housing Performance Benchmarks and Program Standards](#) to ensure that all households have access to the three core components of rapid re-housing, and significantly increase the community’s investment in rapid re-housing to take it to scale and make it the primary strategy to re-connect all people experiencing homelessness to permanent housing.

RECOMMENDATION: Adopt the National Alliance to End Homelessness’ Rapid Re-Housing Performance Benchmarks and Program Standards to fully incorporate the three core components and current best practices into CoC rapid re-housing projects.

Communities effectively implementing rapid re-housing establish common standards across providers in the system to ensure that services and supports are consistent. The CoC has developed a Rapid Re-Housing Guide that sets community-wide standards for service providers across a variety of funding types. However, the Guide incorporates an outdated National Alliance to End Homelessness Rapid Re-Housing Triage Tool that should be removed and replaced with the current [Rapid Re-Housing Performance Benchmarks and Program Standards](#) developed in

collaboration with the U.S. Department of Housing and Community Development, the United States Interagency Council on Homelessness, and the Department of Veteran Affairs.

While written policies in the Rapid Re-Housing Guide and provider-level policy and procedure manuals reviewed by the Alliance indicate adherence to many rapid re-housing best practices, the Alliance is concerned that rapid re-housing as currently implemented in Howard County is ill-equipped to serve households with the highest needs. A variety of different interventions, Brief Case Management, Coordinated Entry System Re-Housing, Shelter Diversion, Flexible Financial Assistance, provide households across the system with services and supports like rapid re-housing. However, among these interventions, in varying degrees, it is unclear who these interventions are targeting, what the standards are for service delivery, or what outcomes are being tracked to gauge effectiveness.

Another implementation concern relates to serving households with no income through rapid re-housing. CoC and provider level guidance state that rapid re-housing projects “must not place preconditions or additional eligibility requirements”⁶³ on households and are “proactively adhering to a Housing First approach”⁶⁴ and working with people who are chronically homeless and have no income.⁶⁵ However, interviews with leadership and staff indicate practice does not match the written standards. Anonymous feedback submitted through Alliance surveys and interviews and echoed in CoC summaries of provider focus groups suggested that some providers are skeptical that rapid re-housing can work for people with high barriers and is best suited for households with low barriers who can stabilize quickly and require minimal assistance. There was significant concern among leadership and providers about long-term sustainability of housing.

Rapid re-housing has proven to be an effective intervention in communities across the country, including in communities with very high rents and low vacancy rates – similar to or worse than Howard County and with households that have low or no income or other barriers to entering or maintaining housing.⁶⁶ People experiencing homelessness in Howard County identified rental assistance, help finding an apartment, other financial assistance, and case management as their most desired services in an anonymous Alliance survey and consumer focus groups. These areas align with the Alliance’s core components of rapid re-housing: housing location (Find), temporary financial assistance (Pay), and housing-focused case management (Stay). When these core components are delivered effectively, in adherence to the Rapid Re-Housing Program Standards, communities see success in rapidly re-connecting people experiencing homelessness to permanent housing.

FIND- Housing Search Assistance

Assisting households in identifying available housing is one of the most critical services provided by rapid re-housing programs. Since rapid re-housing resources are targeted towards those with the highest barriers to re-entering housing, including people with poor or no credit history, low or no income and previous evictions, providers must be equipped to identify and engage landlords willing to rent to people with these barriers. The CoC has dedicated resources at the system level to engage landlords, although interviews with key stakeholders suggest difficulty identifying landlords willing to make concessions to screening criteria and work with rapid re-housing providers. Written guidance at the CoC and provider level outline an effective process for landlord engagement and housing

placement, but the Community Housing Specialist and rapid re-housing providers are struggling to implement the approach.

Only 24% of provider respondents to the Alliance’s anonymous survey agreed that, “The community has been successful engaging landlords and finding new ones who are amenable to housing formerly homeless people.” The most common response was “Neither Agree Nor Disagree,” with 35% of responses, indicating a general ambivalence towards the effectiveness of housing options currently. This assessment of housing location services was further borne out in conversations with front-line staff. Staff felt like they could generally engage landlords if a client had sufficient income to support housing but were unsure how to engage landlords if a client had very low or no income and no long-term voucher or subsidy. Staff expressed concerns about the housing costs in Howard County and in households’ ability to afford rent in the community and stated that they frequently assist households in looking for housing outside of Howard County.

Incentives for Landlords in a Difficult Market

- Cut checks fast and on time
- Double damage deposit if/when needed for “risky” client
- Risk Mitigation Fund for damages caused by tenant
- Help with minor repairs
- Steady referral source of new tenants; no need to advertise
- Calls returned within one business day
- Staff teach “good tenant” skills
- If problems can’t be solved, assist tenant to move out without an eviction
- Annual recognition event, positive media exposure

Providers in communities across the country in difficult housing markets and serving homeless households with high barriers have had success in marketing the services and supports associated with rapid re-housing programs to engage landlords to work with them despite tenants’ barriers. Engaging landlords takes a marketing strategy that speaks to what landlords want: long-term renters who will pay their rent on time, take care of the property, and be good neighbors. Howard County’s Landlord Guarantee Program, which can assist in mitigating costs associated with tenant damages to a unit up to \$3,000, is one strategy that can help engage landlords who may be hesitant to work with service providers based on financial concerns. Giving landlords a direct point of contact within the rapid re-housing program is a unique benefit of

working with a provider that unsupported tenants cannot provide. While a provider cannot guarantee there will be no issues with a tenant, they can provide immediate support if a problem does arise.

The Coordinated Entry System Rapid Re-Housing Guide outlines clear action steps to support housing search and placement and provides tools for service providers to incorporate into their services. Providers, such as Bridges to Housing Stability in their “Housing Advocate Handbook,” provide front-line staff with actionable wisdom and advice on landlord engagement. The strategies outlined in these materials, including identifying the lowest-cost housing options possible, exploring shared housing, and practicing pitching the program to potential landlord partners, are

well-aligned with the Rapid Re-Housing Standards and should prove effective if implemented in practice and consistently across providers in Howard County.

PAY- Temporary Financial Assistance

The Coordinated Entry System Rapid Re-Housing Guide states, “a graduated subsidy model must be used and tailored to the individual household served...The exact subsidy amount and schedule must be determined collaboratively with the household as part of the assessment and planning process, but should be adjusted during program enrollment if household circumstances change.”⁶⁷ This progressive approach to financial assistance directly

Using Data to Adjust Financial Assistance Levels

Are you noticing unacceptable rates of return to shelter?

- Recalculate case management and/or financial assistance, assist more intensively or longer, check-in more often, develop new partnerships

Do you have almost no returns to homelessness?

- Try giving less support; households may not require as much assistance as they are receiving
- Examine admissions criteria-- are you “creaming” by screening out households with the highest needs?

Some households succeed and some don't?

- Is there a pattern that can help you improve outcomes?
 - Household composition or barriers?
 - Different results across programs or staff members?

aligns with the Alliance’s Rapid Re-Housing program standards that financial assistance should be flexible and tailored to individual households’ needs rather than a standard package of assistance. Further, the guide acknowledges that the conventional wisdom of “affordability” where a household pays no more than 30% of their income towards housing is likely not a realistic goal for a rapid re-housing program. These standards and approaches are consistent in program-specific guides, as well, which also highlight the need for a progressive engagement approach to assistance “to house as many homeless or re-housing clients as possible using the minimal amount of funds necessary so the greatest number of clients can be served.”⁶⁸

Due to the small number of households assisted through rapid re-housing in Howard County, it is difficult to assess how well these standards are being implemented. Average costs per exit vary

widely between programs, from as low as \$1,429 up to \$10,971⁶⁹. This wide range indicates an ongoing need for standardization of practice across providers. Community-wide training for providers in how to assess the appropriate amount of financial assistance and indicators for transitioning off assistance will help ensure that practices are consistent regardless of what program a household is connected to for assistance. The Coalition, through the CoC Board and Lead Agency, in collaboration with program leadership, should regularly assess spending on financial assistance to ensure that practice is consistent with rapid re-housing written standards.

STAY- Rapid Re-Housing Case Management

Effective rapid re-housing case management helps households connect to services and supports in the community that will assist them in sustaining housing. This may include increasing income by connecting with benefits or

employment, medical or mental health supports, and informal supports like friends, family, faith communities and civic organizations. Services are home-based and mobile rather than office-based, and prioritize making warm-handoff connections to supports. These principles and practices are written into the CoC's Rapid Re-Housing Guide and further reflected in agency policy and procedure manuals, however the CoC must continue to monitor program activities and outcomes to ensure that practice matches policy.

The Coordinated Entry System RRH Guide states that services should be consumer-driven, housing-focused and strengths-based, requires at least monthly home visits, and that "rather than simply making referrals to programs, case managers should walk participants through how to access services on their own and ensure that any issues with access are resolved before exit."⁷⁰ A support map in the appendix provides front-line staff with a tool to help identify ongoing supports with a household. The Bridges to Housing Stability "Housing Advocate Handbook" outlines clear steps in a housing-focused case management process and actionable activities related to each step, providing a solid road map for rapid re-housing case management. "Basically a Housing Advocate is a case manager with a housing focus,"⁷¹ the guide states. Assessment, Search, Application, Approval, and Follow-Up are identified as the steps the case manager helps guide a household through from program intake through exit to permanent housing. The activities outlined in this section represent an effective model of rapid re-housing case management.⁷²

However, several topics raised in surveys and interviews conducted as part of this assessment raise serious questions regarding whether rapid re-housing case management aligns with these written standards in practice. One community stakeholder interviewed shared that rapid re-housing applicants can be denied if they are not making progress on case management goals. Several community stakeholders expressed concerns that rapid re-housing could work for people with no income and preferred to connect only households with moderate needs to the intervention. At least one rapid re-housing provider, HopeWorks, takes referrals outside of the coordinated entry process and thus are not prioritizing these limited resources for the most vulnerable in the community.

In order to help rapid re-housing staff implement the current written standards in practice, the CoC should provide for ongoing training opportunities for staff in assertive engagement techniques such as motivational interviewing, trauma informed care, and harm reduction to ensure they are equipped to work with households with the greatest needs. Staff and leadership can familiarize themselves with proven practices from other communities that have had success serving high-need households in rapid re-housing, such as this Alliance webinar on "[Rapidly Re-housing Households with Zero Income](#)" and the [Rapid Re-Housing Toolkit](#).

Another resource highlighted elsewhere in this report is increasing the capacity of providers in the system to assist with SOAR applications. SOAR is well-aligned with the time-frame and goals of rapid re-housing, allowing for an expedited connection to Social Security benefits for households who may qualify. While Howard County has the infrastructure for this intervention, providers expressed that they do not have the time to support these applications. Data provided to the Alliance indicated that since 2014, 22 SOAR applications had been submitted with an 86% success rate. Increasing staff capacity to increase household income through SOAR applications is an effective first step in helping households increase income and better support high-barrier households in rapid re-housing.

The CoC should also track trends and outcomes relating to length of participation in program to ensure that service delivery is both effective and efficient. Rapid re-housing services are intended to be short-term in length, and cases should be closed as soon as possible once a household has accessed permanent housing and will not imminently return to homelessness. This helps ensure that limited financial and case management resources can serve as many households as possible. Guidance in the Coordinated Entry System and program-specific written materials encourages this principle but is vague in terms of how to make determinations regarding case closure. Current guidance requires recertification only every six months, which may encourage longer lengths of stay. The CoC should consider recertification every three months to encourage more frequent check-ins regarding a household’s stability and readiness to transition away from rapid re-housing assistance. The Alliance has provided guidance on factors to consider when closing a case, through an online webinar, [“Knowing When to End Rapid Re-Housing Assistance”](#) which should be incorporated into the written case management standards

RRH Outcomes and Benchmarks

While the core components, Find, Pay and Stay, outline the minimum services that must be provided in a rapid re-housing program, they do not identify what constitutes effectiveness in services. And while the standards and

Rapid Re-Housing Performance Benchmarks

1. Reduce the length of time program participants spend homeless
 - Households served by a rapid re-housing program move into permanent housing in an average of 30 days or fewer from program entry.
2. Increase exits of households to permanent housing
 - At least 80 percent of households that exit a rapid re-housing program exit to permanent housing.
3. Limit returns to homelessness
 - At least 85 percent of households that exit a rapid re-housing program to permanent housing should not become homeless again within a year

recommendations above outline effective strategies, the only true way to measure progress in the effectiveness of rapid re-housing is to set benchmarks and regularly track outcomes to see if those benchmarks are being met. The Alliance’s [Rapid Re-Housing Performance Evaluation and Improvement Toolkit](#) outlines the key outcomes systems should be measuring, how to calculate the metrics, and steps to analyze and respond to the data to improve system outcomes.

Limited data on rapid re-housing outcomes in Howard County make a full assessment of the intervention difficult to complete at this time. As the CoC expands rapid re-housing as an intervention,

providing for a larger data set to study, and as providers establish several years of outcomes data to assess trends, tracking progress towards achieving the rapid re-housing benchmarks will be a critical task of the CoC.

Based on data reported to the Alliance through the Homeless System Evaluator Tool, rapid re-housing providers in Howard County did not achieve the benchmarks on reducing length of time homeless or increasing exits to permanent housing but did reach the benchmark on limiting returns to homelessness. Just 35.7% of exits to permanent housing from rapid re-housing programs were within 60 days. In addition to this timeliness metric in the Homeless System Evaluator Tool, the CoC should track (1) average length of time from program entry to housing placement and (2) average length of program enrollment for each rapid re-housing provider to establish benchmarks,

identify trends, and make comparisons between provider outcomes. Just 65.1% of rapid re-housing program exits were to permanent housing, short of the 80% benchmark. It was reported that no households housed through rapid re-housing returned to homelessness. This represented only one individual and 26 people in families. While this meets the benchmark, a 0% rate of return raises some questions regarding data quality as well as whether rapid re-housing programs are serving households with the highest needs.

RECOMMENDATION: Scale up Rapid Re-housing resources to make it the primary housing intervention in the Howard County CoC.

Rapid re-housing continues to represent a small portion of the CoC's homeless response system, accounting for just 5.6% of funding across the system in 2018. Rapid re-housing programs in the CoC are small and primarily dedicated towards serving sub-populations of people experiencing homelessness, including youth, people fleeing domestic violence, dating violence, sexual assault, and stalking, and re-entering the community from incarceration. The CoC should scale up rapid re-housing resources, making them the primary intervention for all households experiencing homelessness in the system who need additional help to access permanent housing. In particular, the CoC should align current investments, such as Flexible Financial Assistance funds and the United Way's Shelter Diversion resources which are providing rapid re-housing to the larger community rapid re-housing efforts to streamline prioritization and referral to these critical resources.

Rapid re-housing is currently significantly under-resourced in the CoC. Only 24% of providers and 11% of community leaders anonymously surveyed by the Alliance agreed that the community had enough rapid re-housing. Conversely, 59% of providers and 66% of leaders disagreed or strongly disagreed. The 2020 HSP Application identified that only 16% of the demand for rapid re-housing in Howard County's homeless response system is currently being met. Community leadership acknowledged that expanding rapid re-housing has allowed for them to serve households that previously had no pathway out of homelessness. They also expressed concerns that current resources and staff were not sufficient to effectively work with the hardest-to-house populations in the community. Increasing rapid re-housing resources will have a significant impact on system flow in the homeless response system by providing additional pathways out of homelessness for households still working towards goals like increasing income or accessing services so that they can do so in permanent housing rather than shelter, opening up critical shelter resources for newly homeless households to access.

As rapid re-housing expands across the CoC, it must be aligned with the community's goals to prioritize and quickly serve those with the greatest needs. All rapid re-housing referrals should come through the coordinated entry system. Currently, at least one provider, HopeWorks, self-selects households for rapid re-housing openings rather than utilizing coordinated entry as is required by the funding source. The CoC should eliminate the residency requirement for receiving services to better align with a Housing First approach and ensure households experiencing homelessness in the community can be served as quickly as possible. Rapid re-housing providers should also be working alongside street outreach, per earlier recommendations in this report, to facilitate warm handoffs between coordinated entry and rapid re-housing and reduce the amount of time it takes to locate a household and enroll them

in services. As one respondent to the anonymous surveys of service providers identified, "One of the hardest things with rapid rehousing is our lack of outreach staff. I will receive referrals of individuals who are street homeless and they have no cellphone. I have no way of contacting them and end up having to close them." Building capacity for rapid re-housing in the CoC requires increasing financial resources dedicated to the intervention and building the capacity of the system and the providers delivering services to ensure they have adequate staffing and structures in place to support the households prioritized for the intervention.

PERMANENT SUPPORTIVE HOUSING

Permanent Supportive Housing is permanent housing with intensive supports for people who are chronically homeless, and those with the highest level of vulnerabilities and barriers to maintain permanent housing. As defined by HUD, chronically homeless households are individuals (or head of household for families) with a disability who have experienced homelessness four times in the past three years or for more than one year continuously. These households include some of the most vulnerable people in Howard County, and often consist of people living on the streets, in encampments, and other places not meant for human habitation. Prolonged street living exacerbates poor health and increases incidents of injury and disease. Additionally, chronically homeless people experience incidents of severe and persistent mental illness and substance use as well as HIV/AIDS, diabetes, and cardiovascular disease.

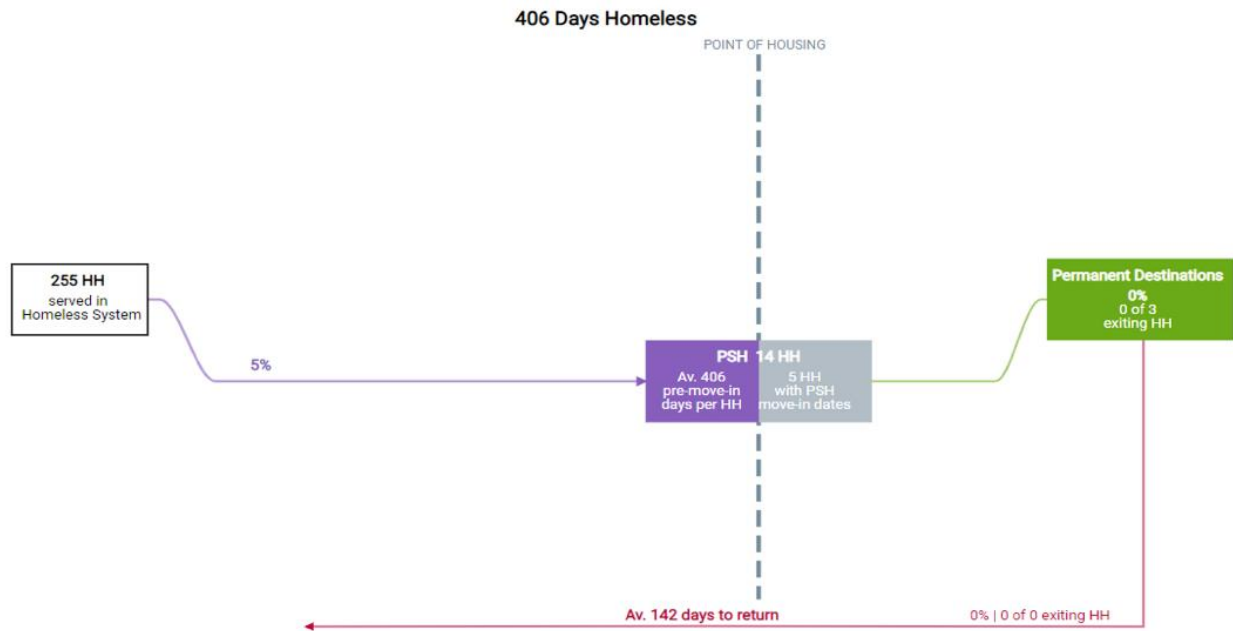
Permanent supportive housing is among the best solutions for quickly housing chronically homeless households off the street and out of shelters into permanent housing. Permanent supportive housing is largely responsible for a decrease in chronically homeless individuals nationally over the past 20+ plus years. By pairing subsidized housing, such as a Housing Choice Voucher, with services to meet the needs of people experiencing chronic homelessness, permanent supportive housing provides housing stabilization and reduces costs to the homeless response system as well as other mainstream systems, like hospitals and jails. Howard County has already developed a supply of permanent supportive housing units, through projects like The Residences at Leola Dorsey, which exemplifies what effective relationships between the CoC and local Public Housing Authority can accomplish. *The Path Home* also commits the CoC to continued expansion of permanent supportive housing through CoC bonus funds, and to ensuring that all turned over units are dedicated to chronically homeless households.⁷³

As was referenced above, according to HUD's Stella Performance Module, between October 1, 2017 and September 30, 2018, 18% of adults (65 persons) served in shelters, transitional housing, rapid re-housing, or permanent supportive housing were chronically homeless. Eighty-four households (made up of 113 persons, 99 of which were adults) were in permanent supportive housing. Within this population, most adults were men (65 persons, or 66%). 11.5% (13 persons) in permanent supportive housing were under the age of 18.

Additional important data provided to the Alliance shows that due to the lack of system flow and bottlenecks with the coordinated entry system, the homeless response system itself is at times creating chronic homelessness. For example, in 2017, one individual and one family achieved chronic homelessness status after being identified and

assessed by coordinated entry. In 2018, three individuals and one family reached chronic status after being identified and assessed by coordinated entry, and that number currently, in 2019, is two individuals and one family.

Of the current chronic homeless households in the system, nine households will achieve chronic status in one month, ten in the next three months, and twenty-eight in the next six months. According to HUD’s Stella tool, the average amount of time that a household waits between assessment and coordinated entry to lease up is 406 days.



Effectively implemented, the recommendations below can expand the number of available permanent supportive housing units and ensure they are utilized at the right times and for the right populations.

RECOMMENDATION: Ensure that all permanent supportive housing has adopted and implemented a Housing First approach in both policy and practice

Permanent Supportive Housing with a Housing First approach is meant to “... quickly and successfully connect individuals and families experiencing homelessness to permanent housing without preconditions and barriers to entry, such as sobriety, treatment or service participation requirements. Supportive services are offered to maximize housing stability and prevent returns to homelessness as opposed to addressing predetermined treatment goals prior to permanent housing entry.”⁷⁴

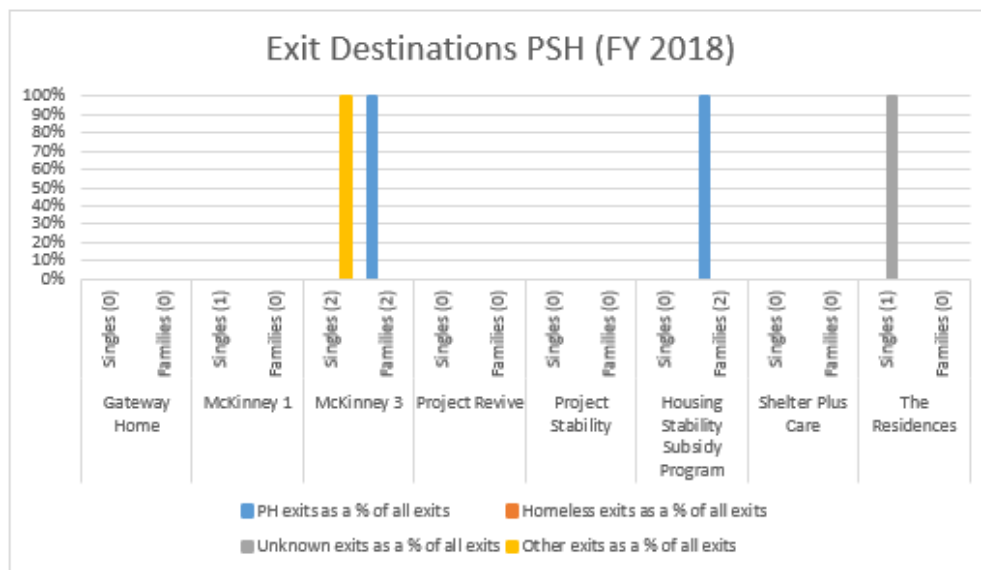
The adoption of a Housing First approach in delivering housing and support services in permanent supportive housing in the Howard County CoC is similar to the research, feedback, and observations provided to and made by the Alliance. Namely, a Housing First approach may have been adopted philosophically by system leaders and provider staff, however adoption is not borne out in practice. The Alliance was unable to review policies and procedures from permanent supportive housing projects in the CoC, except for the Community Lease Agreement (CLA) for The

Residences at Leola Dorsey. The CLA does not represent a Housing First approach, and includes rules and requirements not found in standard landlord-tenant lease. The Residences at Leola Dorsey is a project based permanent supportive housing and tenant guidance may be necessary as to what constitutes “quiet enjoyment of community space” the CLA also goes beyond community expectations of health and safety, and instead attempts to control behavior relating to recovery, participation in services, and use of one’s private unit. The CoC and the VOA Chesapeake should review this document with a Housing First lens and make necessary adjustments.

The Alliance also recommends that the Coalition and all permanent supportive housing project providers – and any providers subcontracted for this service delivery – review policies and procedures to ensure they reflect a Housing First approach. They would benefit from focus groups with staff and consumers to inform whether practice matches policy in order to make the necessary changes to program delivery. In addition, written standards should be developed and adopted by the Coalition for the delivery of permanent supportive housing and permanent supportive housing case management. These written standards should include:

- Applicable performance measure outcomes, (exits to permanent housing, exits to homelessness, retention/stabilization outcomes, returns to homelessness, increase and maintenance of cash and non-cash income, average lengths of time from assessment to referral and referral to lease up)
- Use and access to the above referenced landlord mitigation fund, and transfer processes to avoid eviction
- Guidance for warm hand-offs between street outreach, shelter, and rapid re-housing programs, if applicable.

RECOMMENDATION: Assess current permanent supportive housing projects and formalize a “Move On” strategy to increase system flow and ensure this deep resource is targeted to the most vulnerable households using a dynamic prioritization approach



In 2018, 84 individuals were served through the CoC’s permanent supportive housing projects. Among those 83 individuals, the number of exits to homelessness was four, and the number of unknown exits and “other”⁷⁵ exits was two and one respectively.

Among families, 46 households were served in the CoC's permanent supportive housing projects with four households exiting to another permanent housing destination.

This data suggests that individuals and families are either provided permanent supportive housing and are appropriately matched to housing and support services, and/or that many persons in these projects have been in the program for a duration of time that they have reached housing stability and have been able to maintain it with little to no housing case management services. The Alliance was not able to obtain information on how many households in permanent supportive projects have a housing case manager, a service typically required for those in permanent supportive housing in order to maintain housing stability. However, through interviews with permanent supportive housing provider staff, there is consensus that many participants in these projects no longer require the intensity of services needed when they first moved in but do need a long-term housing subsidy to sustain their housing.

Given the data and information above, the Howard County CoC, like many other CoC's with long time participants in permanent supportive housing, should explore a permanent supportive housing Move-On strategy for participants no longer in need of the intensive services offered with these units. These participants may be interested in moving to a different location with fewer supports. They should be assisted in finding other options, both to increase their independence and to free up permanent supportive housing units for people experiencing chronic homelessness. Permanent supportive housing providers should provide training to their staff on how to assist households that may be ready to transition, and the Coalition should develop and adopt a process for helping them move. This process should be included in the permanent supportive housing written standards as an ongoing strategy to increase flow in the system. The Housing Choice Vouchers currently provided annually to the CoC – and any additional vouchers – should be used to create a pipeline of opportunity to assist participants to move out of their units and transition off supportive services.

The Alliance recommends that the Coalition seek guidance from organizations like [Brilliant Corners](#)⁷⁶ based out of California, as well as review the CSH resource, *CSH Moving On Toolkit*⁷⁷. Other resources include the U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration Center for Mental Health Services, *Evaluating Your Program: Permanent Supportive Housing*⁷⁸ when developing written standards for permanent supportive housing and formalizing a Move-On strategy.

Over the past decade, the Howard County homeless response system has improved the data infrastructure of its system. Data quality has improved, and collection and reporting are more robust. Perhaps most crucial, a culture of understanding continues to strengthen among system leaders and providers relating to understanding the importance of data and the need to collect, analyze and act upon it. Despite these efforts, challenges remain in the areas of data analysis and strategic decision making. Absent establishing performance measure outcome benchmarks and goals, the Coalition and providers will not know how effective their efforts are. Along with the recommendations made within the report, the Alliance further suggests the following to assist the Coalition in making data work for the community.

RECOMMENDATION: Develop a dashboard using HMIS to track progress on system flow improvements and outcomes

To support quality data collection and the ability to make strategic systems decisions, the Coalition should build capacity track system flow and outcomes in a streamlined and user-friendly way. This will strengthen the homeless response system data capabilities, and more importantly provide strong incentive for data sharing across systems. With the inception of Stella, the Coalition can regularly provide a public data dashboard on the system performance measure outcomes outlined in the governance section above. Additionally, data exists to provide public dashboards on aggregation by component type like emergency shelter, transitional housing, rapid re-housing, and permanent supportive housing. The data can also be refined to show outcomes by providers within these components which can be shared publicly with all members of the Coalition.

The Coalition should also consider creating data performance dashboards for initiatives like ending chronic, youth and veteran homelessness.

Many CoC's across the country have or are creating publicly available data dashboards to inform and educate their communities about the effectiveness of their homeless response systems, measure their progress against stated goals, and provide transparency and accountability to the community, consumers, and funders. The Alliance encourages the Coalition to learn more about these CoC efforts to create dashboards to track system outcomes and data quality⁷⁹.

APPENDIX A

Proposal to Provide Consulting to Howard County Office of Community Partnerships

This proposal is for the National Alliance to End Homelessness to provide consulting services, including analysis of and recommendations for improving the performance of Howard County's homeless crisis response system.

Systemic Response to Homelessness Recommendations

The Alliance will provide analysis and recommendations to the Howard County Office of Community Partnerships on implementation of best practices in crisis response systems, including reviewing core system components such as Coordinated Entry, Outreach, Emergency Shelter, Rapid Re-Housing, Permanent Supportive Housing and others, analyze data including System Performance Measures and key housing outcomes by program type, and develop recommendations on strategies, including the role of CoC governance and its critical role in coordinating this system, to address identified challenges to ensure homelessness is rare, brief, and non-recurring in Howard County.

The Alliance will conduct this assessment through collection and analysis of data (demographics, utilization rates, performance outcomes, etc.), review of CoC and program documents, such as written standards and policies and procedures, and surveys and interviews of key stakeholders (leadership, providers, consumers, etc.).

The Alliance will identify system-level strengths and areas for improvement, as well as identify gaps within the system and make recommendations on realigning and/or reallocating resources to improve overall system performance.

Systemic Response to Homelessness

The total cost of consulting services includes:

- Coordinate data collection for the Homeless System Evaluator Tool (i.e. performance measures, trends in program usage, length of stay, positive exits, and cost effectiveness); review HMIS and Annual Performance Reports, System Performance Measures and other available community resources
- Analyze Homeless Evaluator Tool data and other data and identify strengths and areas for improvement based on findings
- Review CoC Written Standards and governing documents and Program-level policies and procedures
- Conduct on-site and remote meetings, interview and survey key stakeholders (CoC leadership, providers, and consumers) relating to elements of an effective systemic response (i.e. Housing First, Coordinated Entry to include Diversion and Outreach, Crisis Housing/Crisis Services, Quick Return to Permanent Housing, and Access to Stabilization Supports)
- Share best practices and research of comparable communities
- Develop and present recommendation report to key stakeholders identified by the Howard County Office of Community Partnerships

Costs and Timeline

Total estimated costs of this proposal, including research, development of the written report, presentation to key stakeholders and related travel costs are \$25,000.

Report will be delivered as determined in conversation with the Alliance and the Howard County Office of Community Partnerships.

Contact

For more information, please contact Cynthia Nagendra, Director of the Center for Capacity Building.

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APPENDIX B

Proposal To Integrate HopeWorks Rapid Re-Housing Project into the Howard County CoC Coordinated Entry process

Access

To access HopeWorks' Safe House, the Coordinated Entry System should continue to follow its current access process and if not already implementing diversion strategies at the front door (prior to intake) of Safe House, staff should be trained to implement this new system-wide strategy.

Assessment

Once a household enters Safe House, assessment should follow similarly to the recommendations within the Coordinated Entry section of this report. HopeWorks staff should be trained to administer the VISPDAT which should be conducted sometime between seven and 14 days after shelter entry. In order to keep client confidentiality, the Alliance recommends utilizing an assessment process similar or the same as is conducted in Santa Clara County's CoC. Currently VSPs in Santa Clara County administer the VISPDAT and additional eligibility criteria on paper form. VSPs then enter limited, deidentified information (i.e. unique id which consists of agency identifier and client number, - YWCA1234, the VISDPAT Score, VISPDAT Risk Score, and household size) into a Google Form which then populates a VSP community queue used for referrals. For more information, see [Santa Clara County CoC Quality Assurance Standards](#), page 67-68.

Prioritization

Prioritization for Victim Services Providers (VSP) permanent housing resources, like HopeWorks HSP/ESG funded rapid re-housing and non-VSP resources is the same as described in the Coordinated Entry section of this report. The Alliance also recommends looking at the [Greater Richmond Continuum of Care, Coordinated Entry Policies and Procedures](#), page 17, for information on how they prioritize Category 4 populations.

Referral

When a housing referral (VSP or non-VSP) becomes available Coordinated Entry System staff refers to both "By Name Lists"/Community Queue to determine the most highly prioritized individual. Households that have been assessed by non-victim service providers and identified as being a survivor may also be receive a victim service provider housing referral. The Coordinated Entry System then alerts HopeWorks of the housing referral and it is the responsibility of HopeWorks to contact the client and connect them with the housing provider and to communicate to the Coordinated Entry System whether the client accepted or declined the referral.

Participating fully in the Coordinated Entry System, provides both the homeless response system and HopeWorks with the assurance that the most vulnerable households are being prioritized for all services in the continuum, assurance that assessment is standardized across the system, and that the program follows federal and state

requirements. The Coalition should set a target date to fully integrate HopeWorks into the Coordinated Entry System and until then, every household enrolled in Safe House should be enrolled in HopeWorks rapid re-housing if they continue in shelter past two weeks.

APPENDIX C

Community Housing Program Manager – Job Description



Position Summary

ECHO assists a continuum of programs working to end homelessness in Austin/Travis County by providing community-wide technical assistance and strategic systemic changes to the continuum. The primary goals of the Community Housing Program Manager are to identify, create, and sustain effective and innovative partnerships with housing providers and to further develop the system through which partner agencies can access the resulting housing opportunities for their clients. The Community Housing Program Manager supports and supervises the Community Housing Liaisons, who will directly provide housing opportunities and consultation to ECHO's partner agencies. The Community Housing Program Manager will strategically expand housing stock to better meet the needs of those served by partner agencies providing Rapid Rehousing and Permanent Supportive Housing services. This work will help increase and diversify housing opportunities for families and individuals experiencing homelessness.

Essential Duties & Responsibilities

Develop partnerships with housing providers and housing advocates to secure increased and diversified housing opportunities to be made available for households enrolled in housing stability programs led by ECHO partner agencies. Partnering with these entities will result in a shortening of the length of time a household needing Permanent Supportive Housing or Rapid Rehousing interventions remains homeless and assist in their return to permanent stable housing.

Housing Resource and Partnership Development

- Conduct on-going **community outreach** and **presentations** to various housing providers, community partners and potential supporters about housing assistance programs, the ECHO housing toolkit, "Housing First" strategies and other subject matter as needed.
- **Collaboratively identify the housing needs** of those served by the Community Housing Department and **establish partnerships** with relevant housing providers to allow for expedited access to low barrier housing opportunities for individuals exiting homelessness, enrolled in partner agencies' programs to meet this need
- **Maintain** existing housing partnerships and relationships with regular meetings with their management teams and responsiveness to regular needs
- **Stay abreast** of local, regional or federal affordable housing policies that may affect the deeply affordable housing stock and **represent** ECHO in these arenas
- **Possess a skilled, working knowledge of general property management practices**, Fair Housing legislation, as well as policies and culture of local real estate trade organizations, i.e. Austin Apartment Association, Austin Board of Realtors, etc.
- Possess a skilled **working knowledge of Public Housing Authority practices**, including Housing Authority for the City of Austin and Travis County Housing Authority practices to be demonstrated by understanding of Housing Choice Voucher (HCV) processes, including navigating the Housing Assistance Payment (HAP) and Housing Quality Standard (HQS) processes and expectations.

- **Track and report** efforts to recruit property owners/property managers to participate in low barrier housing programs and monitor units netted and maintained through outreach efforts.

Departmental and Community Collaboration

- Maintain collaborative communication amongst ECHO departments and with ECHO partner agencies to remain informed on program and process changes. Additionally, maintain **focus on partner agency buy-in** to ensure sustainability of ECHO housing tools and partnerships
- Create and conduct on-going **trainings** to community partners and potential supporters about housing assistance programs, ECHO housing toolkit, “Housing First” strategies and other subject matter as needed.
- Regularly **assess** community partners’ need for affordable housing opportunities
- Establish and maintain effective working relationships with a variety of individuals and groups
- Bring attention to the issue of homelessness amongst the real estate and local government community at community events and forums
- **Partner** with community groups working on creative solutions to the affordable housing crisis that would allow for individuals exiting homelessness to access housing.
- Update community-wide listserv weekly, describing potential housing opportunities, including those accessible through the MLS.
- Ensure ECHO Listings, the community resource website, is updated regularly with any housing related material
- Exercise appropriate authority when needed using sound judgment; Uphold program and personnel policies and procedures while also supporting other ECHO staff.

Supervise ECHO Community Housing Liaisons

- Under the direction of the Director of Community Housing interview and hire Community Housing Liaisons (CHL) who will disseminate ECHO housing opportunities to community partner programs
- Provide training to CHLs as needed
- Provide regular supervision and guidance to CHLs
- Performs other duties as assigned by supervisor.

Qualifications

Experience

- 2-3 years’ experience locating housing for households experiencing homelessness or other disadvantaged populations **AND/OR**
- 2-3 years’ experience working in property management, leasing, marketing, or sales
- Valid Driver’s License and dependable vehicle required.

Education

- Required: Knowledge and skills in building relationships, identifying accessible permanent housing units, working with the public and marketing a program.
- Preferred: Knowledge and skills related to Fair Housing legislation, affordable housing guidelines and funding sources, and local rental market.
- Bachelor’s and/or Master’s degree preferred.

Computer Skills

- Computer literate – HMIS Service Point, Outlook, Excel, Word, PowerPoint (strong Excel skills).

Competencies

Ability to meet deadlines, exhibit critical thinking skills, communicate clearly and anticipate problems, strong customer service, organization skills, and attention to detail. Excellent communication skills both oral and written, ability to manage and organize multiple tasks (short and long term), ability to manage and prioritize time and responsibilities. Excellent customer service skills.

- **Job Knowledge/Technical Knowledge:** Demonstrates a sound working knowledge of current role and the technical systems, applications and equipment used in performing this role, and understands the impact this role has on other business functions within the organization
- **Communication:** The ability to write and speak effectively using appropriate convention based on the situation; actively listens to others, asks questions to verify understanding, and uses tact and consideration when delivering feedback to others. Comfortable with public speaking and “cold calls”
- **Organization:** Uses time efficiently by prioritizing and planning work activities
- **Integrity and Respect:** Demonstrates utmost level of integrity in all instances, and shows respect towards others and towards company principles, including households receiving services
- **Judgment:** Demonstrates ability to make independent and sound decisions in all situations
- **Teamwork:** Shares key information with others involved in a project or effort, works in harmony to accomplish objectives, responds with enthusiasm to directives, and shows support for departmental and organizational decisions
- **Quality:** Sets high standards and measures of excellence to ensure quality assurance in every aspect of work performed
- **Accountability:** Takes personal responsibility and ownership for adhering to all company policies and procedures while also completing work timely and in accordance with performance expectations
- **Customer Service** The ability to demonstrate a series of activities designed to enhance the level of customer satisfaction.
- **Interpersonal Communication:** Writes and speaks effectively based on the psychological, relational, environmental and cultural dynamics within the situation
- **Manages Change:** Demonstrates effectiveness and flexibility with changing environments, responsibilities, tasks, and people

- **Attention to Detail:** Follows detailed procedures to ensure accuracy in the entry and reporting of data.
- **Problem Solving:** Identifies and resolves issues timely by gathering and analyzing information skillfully

Work Hours/Schedule

- Regular – Normal work hours and days assigned based on a 40 hour workweek. Some nights and weekend meetings might be required to meet the need of property owner schedules.

APPENDIX D

Community Housing Liaison – Job Description



Position Summary

ECHO assists a continuum of direct service programs working to end homelessness in Austin/Travis County by providing them with community-wide technical assistance and strategic systemic input. The primary responsibilities of the ECHO Community Housing Liaison are to connect ECHO's partner agencies with housing opportunities and resources. The Liaison will also work collaboratively to maintain the housing partnerships and housing placements by addressing landlord concerns as they arise during and after tenancy. The Liaison will serve as the main point of contact for Permanent Supportive Housing and Rapid Rehousing teams working to connect households transitioning from homelessness back into stable housing.

In 2017, the Austin community was awarded \$5 million to develop a system to end youth homelessness. As part of this system, the ECHO Community Housing Liaison will work directly with individuals enrolled in youth programming and their case managers to connect them to housing resources.

Essential Duties & Responsibilities

Liaise between the ECHO Community Housing Department and partner agency staff to ensure smooth access to housing resources.

Housing Opportunity Liaising & Application Processing

- Maintain standards of confidentiality with regards to sensitive client information between community agencies and landlords
- Field questions and inquiries about specific ECHO housing opportunities from direct service staff at partner agencies
- Review rental applications for completeness, and provide respectful and conscientious feedback, as needed, to partner agencies
- Submit rental applications to partner properties and ensure that the process from application processing to lease signing proceeds in a timely manner
- Field inquiries and process requests for ECHO housing tools requiring financial assistance
- Maintain notes on issues arising at partner properties, addressing them when appropriate or reporting to supervisor as needed
- Possess a skilled, working knowledge of general property management practices, partner agency programming, application processes
- Possess a skilled working knowledge of Public Housing Authority practices, including Housing Authority for the City of Austin and Travis County Housing Authority practices to be demonstrated by understanding of Housing Choice Voucher (HCV) processes, including navigating the Housing Assistance Payment (HAP) and Housing Quality Standard (HQS) processes and expectations.

Community Collaboration

- Represent ECHO with partner agencies and housing providers
- Maintain collaborative communication with ECHO partner agencies' direct service staff
- Exercise appropriate authority, when needed, using sound judgment;
- Advise partner agencies on completing rental applications and other support materials
- Provide trainings, as needed, on Community Housing Department resources and/or skills related to housing individuals exiting homelessness
- Uphold program and personnel policies and procedures, while also supporting other ECHO staff.

Partner Property Relationship Maintenance

- Ensure timely follow up to property management concerns
- Communicate issues expressed by property management to supervisor
- Collaboratively address consistent concerns expressed by property management staff, and consider systemic fixes if needed
- Update internal resources to ensure knowledge of partner properties' level of occupancy

Youth Programming Housing Location and Landlord Outreach

- Comfort with and ability to meet directly with individuals experiencing homelessness to identify their housing barriers and needs
- Complete application materials in close collaboration with program participants and supporting case managers
- Submit application materials to landlords and complete necessary follow-up to facilitate the application process and move-in
- Collaborate with case managers when issues arise during clients' tenancy

Performs other duties as assigned by supervisor.

Qualifications

Experience

- 1-2 years' experience locating housing for households experiencing homelessness or other disadvantaged populations **AND/OR**
- 1-2 years' experience working in property management, leasing, marketing, or sales **AND/OR**
- 1-2 years' experience providing housing stability services to households who have recently exited homelessness
- Valid Driver's License and dependable vehicle required.

Education

- Required: Knowledge and skills in completing rental applications, collaboration with others, and basic understanding of mediation.
- Preferred: Knowledge and skills related to Fair Housing legislation, affordable housing guidelines and funding sources, and local rental market.
- Associates and/or bachelor's degree

Computer Skills

- Computer literate – HMIS Service Point, Outlook, Excel, Word, PowerPoint (strong Excel skills).

Competencies

- **Accountability & Self Motivation:** Takes personal responsibility and ownership for adhering to all company policies and procedures. Proactively addresses problems. Completes work timely and in accordance with performance expectations. Excels at meeting deadlines
- **Job Knowledge/Technical Knowledge:** Demonstrates a sound working knowledge of current role and the technical systems, applications and equipment used in performing this role, and understands the impact this role has on other business functions within the organization; Is comfortable asking questions when questions arise
- **Communication:** The ability to write and speak effectively using appropriate convention based on the situation; actively listens to others, asks questions to verify understanding, and uses tact and consideration when delivering feedback to others.
- **Organization:** Uses time efficiently by prioritizing and planning work activities; maintains open communication with team about work-related activities; ability to manage and organize multiple tasks (short and long term).
- **Integrity and Respect:** Demonstrates utmost level of integrity in all instances, and shows respect towards others and towards company principles, including households receiving services
- **Judgment:** Demonstrates ability to make independent and sound decisions in all situations; exhibits critical thinking skills
- **Teamwork:** Shares key information with others involved in a project or effort, works in harmony to accomplish objectives, responds with enthusiasm to directives, and shows support for departmental and organizational decisions
- **Quality:** Sets high standards and measures of excellence to ensure quality assurance in every aspect of work performed
- **Customer Service:** The treatment of any party, regardless of relationship with respect and humility; ability to demonstrate a balanced approach when liaising between different parties; ability to maintain composure and respect when fielding concerns, questions and feedback
- **Manages Change:** Demonstrates effectiveness and flexibility with changing environments, responsibilities, tasks, and people
- **Attention to Detail:** Follows detailed procedures to ensure accuracy in the entry and reporting of data on housing placements, completion and submission of applications and all other tasks
- **Problem Solving:** Identifies proactively and resolves issues innovatively and collaborately

Work Hours/Schedule

- Regular – Normal work hours and days assigned based on a 40 hour workweek. Some nights and weekend meetings might be required to meet the need of property owner schedules.

¹ U.S. Department of Housing and Urban Development, Homeless Assistance Programs, [Stella](#) is a strategy and analysis tool that helps CoCs: (1) Understand how their system is performing and (2) Model an optimized system that fully addresses homelessness in their area. Accessed August 19, 2019.

² Tsemberis, S. & Eisenberg, R. Pathways to Housing: Supported Housing for Street-Dwelling Homeless Individuals with Psychiatric Disabilities. 2000.

³ U.S. Dept. of Housing and Urban Development, [Coordinated Entry Core Elements](#), accessed August 25, 2019.

⁴ U.S. Dept. of Housing and Urban Development, [Coordinated Entry Core Elements](#), page 40, accessed August 25, 2019.

⁵ United States Interagency Council on Homelessness, [Homelessness Prevention, Diversion, and Rapid Exit](#), July 2019, accessed August 25, 2019.

⁶ Poppe, Barbara, [Unlocking doors to homelessness prevention](#), March 2018, Barbara Poppe and Associates, accessed August 25, 2019.

⁷Ibid.

⁸ United States Interagency Council on Homelessness, [Homelessness Prevention, Diversion, and Rapid Exit](#), July 2019, accessed August 25, 2019.

⁹ United States Interagency Council on Homelessness, [Core Elements of Effective Street Outreach to People Experiencing Homelessness](#), June 2019, accessed August 25, 2019.

¹⁰ National Alliance to End Homelessness, [The Five Keys to Effective Emergency Shelter](#), accessed August 25, 2019

¹¹Oliva, Ann Marie, [SNAPS Weekly Focus: What about Transitional Housing?](#), HUD Exchange, September 18, 2013, accessed August 25, 2019.

¹²"[What is the new Joint TH – PH-RRH component type and are there special requirements that interested project applicants need to be aware of?](#)", HUD Exchange e-snaps FAQ, August 2017, accessed August 25, 2019.

¹³ National Alliance to End Homelessness, [Rapid Re-Housing Performance Benchmarks and Program Standards](#), February 15, 2016, accessed August 25, 2019.

¹⁴ Howard County's high PIT count could be explained by the CoC's updated 2019 PIT Count methodology and may not accurately reflect trends.

¹⁵ According to county representatives, 28 beds reported as "Other Permanent Housing" in the 2019 HIC operated as PSH at the time of the count. When including these beds in the PSH total, 52.1% of all beds reported in the HIC were dedicated to PSH.

¹⁶ According to county representatives, 20 RRH units were in operation during the time of the 2019 HIC but were not included in the data submitted to HUD, and therefore not included here. Rapid re-housing resources are described later in the report.

¹⁷ Rapid Re-housing and Transitional Housing data submitted to HUD conflicts with data reported to the Alliance by the County. For more information on transitional housing and rapid re-housing in Howard County, see, "The State of Homelessness in Howard County" section.

¹⁸ The Coc Lead Agency provided the recently adjusted Fair Market Rent for HUD Funding, 130% for Housing Choice Vouchers, Small Area 21042 Fair Market Rent for the CoC. Comparison data for Fairfax and Frederick Counties comes from RentData.org, [Washington-Arlington-Alexandria Fair Market FY2018](#), accessed August 27, 2019.

¹⁹ U.S. Census Bureau, [Housing Vacancies and Homeownership \(CPS/HVS\), Annual Statistics: 2018](#), accessed August 27, 2019.

²⁰ Howard County's high unsheltered rate could be explained by the CoC's updated 2019 PIT Count methodology and may not accurately reflect trends.

²¹ Totals do not always add up to 100% because "Other PH" beds are not included in this calculation.

²² National Alliance to End Homelessness, [Homeless System Evaluator Tool](#), August 6, 2017, accessed August 25, 2019.

²³ The 2016 PIT count increase might be explained, in part, by the temporary opening of 92 overflow beds due to a snowstorm in January. The 2019 PIT count increase could be attributed to the CoC's updated PIT Count methodology and may not accurately reflect trends.

²⁴ United States Census Bureau, [QuickFacts: Howard County, MD](#), accessed August 25, 2019.

²⁵ Joint Center for Housing Studies of Harvard University, [Nearly Half of American Renters are Cost Burdened](#), accessed August 25, 2019.

²⁶ The increased proportion of families experiencing homelessness in 2016 might be explained, in part, by the temporary opening of 92 overflow beds due to a snowstorm in January. The increased proportion of families experiencing homelessness in 2019 could be attributed to the CoC's updated PIT Count methodology and may not accurately reflect trends.

²⁷ These 92 beds are not reflected in the "HIC by Year" chart in the "Homeless Program Investments" section below, as only year-round beds are included.

²⁸ This chart includes only year-round beds, and does not include beds reported as "Other Permanent Housing".

²⁹ Data on "Served in Permanent Supportive Housing" and "Served in Rapid Re-Housing" is from HUD's Stella tool for the time period 10/01/2017 - 09/30/2018. The rest of the data was reported through the Alliance's Racial Disparity Tool and represents the time period 7/1/17-6/30/18.

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- ³⁰ U.S. Department of Housing and Urban Development, [Homeless Emergency Assistance and Rapid Transition to Housing Act](#), 2009, accessed August 27, 2019.
- ³¹ Howard County Continuum of Care, *Governance Charter*, October 2018, Section 3.02(a).
- ³² See the [Columbus and Franklin County Continuum of Care Governance and Policy Statements](#), [Board of Governance Charter](#), [County of Riverside Continuum of Care](#), [Sacramento City and County Continuum of Care Governance Charter](#), accessed September 12, 2019.
- ³³ U.S. Department of Housing and Urban Development, Continuum of Care Program, [System Performance Measures](#), July 2014, accessed August 20, 2019.
- ³⁴ *The Path Home*, Howard County's Strategic Plan to End Homelessness: 2019-2024, Draft #3, Section II(A)(2), page 8.
- ³⁵ See the [Rapid Re-Housing Performance Benchmarks and Program Standards](#), adopted by the Alliance, HUD, the VA, and USICH. National performance benchmarks are provided along with how to calculate the performance measures.
- ³⁶ *The Path Home*, Howard County's Strategic Plan to End Homelessness: 2019-2024, Draft #3, Sections VII and VIII.
- ³⁷ Howard County THE COORDINATED ENTRY SYSTEM Policies and Procedures, Appendix A: Flexible Financial Assistance (FFA), page 2. **Diversion:** An attempt to divert a household from shelter and from entering the THE COORDINATED ENTRY SYSTEM. Activities include: crisis intervention, education, mediation, prevention, and brief case management. Households appropriate for THE COORDINATED ENTRY SYSTEM diversion services can resolve their housing crisis with assistance lasting less than 30 days, have a history of housing stability and reason for the current housing crisis is clear and concrete; resolution of the current crisis can reasonably be expected to lead to housing stability for at least 6 months. **Prevention:** to prevent a household living in permanent housing from becoming homeless (*Alliance note: this definition could also apply to diversion*). **Strategic Re-Housing:** To move a household living in permanent, unstable housing into stable permanent housing before they become homeless (*Alliance note: depending on how close a household is to losing housing this definition could apply to prevention or diversion*). **Re-Housing:** to rehouse a household that is homeless (*Alliance note: this definition could apply to activities carried out by Street Outreach, Shelter, and Permanent Housing interventions like RRH*). **Stability Supports:** to offer non-rental financial assistance as a support to stabilize a household (*Alliance note: this definition could apply to housing stabilization case management in activities carried out by Street Outreach, Diversion, Shelter, and Permanent Housing interventions*)
- ³⁸ *The Path Home*, Howard County's Strategic Plan to End Homelessness: 2019-2024, Draft #3, Section II, pages 9-10.
- ³⁹ Maryland Interagency Council on Homelessness, [2018 Annual Report on Homelessness](#), page 26, accessed August 16, 2019.
- ⁴⁰ Homeless Emergency Assistance and Rapid Transition to Housing: Continuum of Care Program, § 24 CFR 578.7(a)(8). (2012).
- ⁴¹ U.S. Department of Housing and Urban Development, [Coordinated Entry Core Elements](#), June 2017, accessed August 20, 2019.
- ⁴² *The Path Home*, Howard County's Strategic Plan to End Homelessness: 2019-2024, Draft #3, Section III, page 10.
- ⁴³ Within the recommendations, the Alliance suggests practices used in [The Greater Richmond Continuum of Care](#), [Santa Clara County Continuum of Care](#), [Your Way Home Montgomery County Continuum of Care](#), [The Connecticut Coalition to End Homelessness](#), [Columbus and Franklin County Continuum of Care](#).
- ⁴⁴ U.S. Department of Housing and Urban Development, HUD Exchange, [Homeless Definition, Criteria and Recordkeeping Requirements](#), accessed August 21, 2019.
- ⁴⁵ Literal homeless status should be verified by the Street Outreach team; if not at-risk of homelessness or literally homeless, should be referred to applicable community resources.
- ⁴⁶ U.S. Department of Veteran Affairs, [Memorandum, VA Medical Center Participation in the Continuums of Care Coordinated Entry System \(VAIQ#7844648\)](#), October 17, 2017, accessed August 22, 2019.
- ⁴⁷ United States Interagency Council on Homelessness, [Criteria and Benchmark for Achieving the Goal of Ending Chronic Homelessness](#), accessed August 26, 2019.
- ⁴⁸ White, Matt and Rian Watt, [Moving Past a Waiting List to Nowhere: The Case for Dynamic Prioritization](#), Abt Associates, Inc. 2018, accessed August 23, 2019 and White, Matt and Rian Watt, and Marcy Thompson, National Alliance to End Homelessness, 2018 National Conference on Ending Family & Youth Homelessness, [4.04 Coordinated Entry: Dynamic Prioritization and Real-Time Data Management](#), March 2, 2018, accessed, August 23, 2019.
- ⁴⁹ 24 CFR § 576.2(2)(i)(ii)(iii).
- ⁵⁰ The problem-solving conversation and accompanying skills and services highlighted in the diversion strategies section can be and should be used with persons who have become literally homeless, to identify a temporary or permanent, safe housing options (i.e. with family, friends, family reunification out of state, etc.) and avoid a shelter stay if possible.
- ⁵¹ *The Path Home*, Howard County's Strategic Plan to End Homelessness: 2019-2024, Draft #3, Section VII, page 21.
- ⁵² *The Path Home*, Howard County's Strategic Plan to End Homelessness: 2019-2024, Draft #3, Section II(B)(1)(C), page 8 and Section VII, page 22-23.
- ⁵³ For more information on other community's efforts to provide employment pathways, see [Destination: Work](#) which operates in coordination with the Santa Clara County Continuum of Care and the Greater Richmond Continuum of Care, [Connection to Employment](#).

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- ⁵⁴ See the [Greater Richmond Continuum of Care, Policies and Procedures](#), May 2019, accessed August 26, 2019 and [Standard for Prevention](#), September 2017, accessed August 26, 2019.
- ⁵⁵ *The Path Home*, Howard County's Strategic Plan to End Homelessness: 2019-2024, Draft #3, Section VII, page 19.
- ⁵⁶ United States Interagency Council on Homelessness, [Homelessness Prevention, Diversion, and Rapid Exit](#), July 2019, accessed August 25, 2019.
- ⁵⁷ Ibid.
- ⁵⁸ *The Path Home*, Howard County's Strategic Plan to End Homelessness: 2019-2024, Draft #3, Section VII, page 19.
- ⁵⁹ See the Greater Richmond, Continuum of Care, [Standards for Street Outreach Services](#), 2019, accessed August 24, 2019 and [Your Way Home Montgomery County](#).
- ⁶⁰ *The Path Home*, Howard County's Strategic Plan to End Homelessness: 2019-2024, Draft #3, Section VII, pages 20-22.
- ⁶¹ *The Path Home*, Howard County's Strategic Plan to End Homelessness: 2019-2024, Draft #3, Section VII, page 21.
- ⁶² For more information on assessing the value of implementing the TH-RRH model in Howard County, see [The Scoop on the Transitional Housing-Rapid Re-Housing Joint Component Model](#), August 8, 2017, accessed August 23, 2019.
- ⁶³ Howard County Office of Community Partnerships, *Rapid Rehousing Guide*, page 3.
- ⁶⁴ Bridges to Housing Stability, *Housing Advocate Handbook*, page 2.
- ⁶⁵ Bridges to Housing Stability, *Housing Advocate Handbook*, page 5.
- ⁶⁶ Cunningham, Mary, and Samantha Batko, [Rapid Re-housing's Role in Responding to Homelessness: What the Evidence Says](#), Urban Institute, October 2018, accessed August 25, 2019.
- ⁶⁷ Howard County Office of Community Partnerships, *Rapid Rehousing Guide*, page 10.
- ⁶⁸ Bridges to Housing Stability, *Housing Advocate Handbook*, page 12.
- ⁶⁹ Cunningham, Mary, and Samantha Batko, [Rapid Re-housing's Role in Responding to Homelessness: What the Evidence Says](#), Urban Institute, October 2018, page 7 (average amount received per household in HUD's national Family Options Study was \$6,578), accessed August 23, 2019.
- ⁷⁰ Howard County Office of Community Partnerships, *Rapid Rehousing Guide*, page 4.
- ⁷¹ Bridges to Housing Stability, *Housing Advocate Handbook*, page 4.
- ⁷² Bridges to Housing Stability, *Housing Advocate Handbook*, page 7.
- ⁷³ *The Path Home*, Draft #3 Section II(A)(4), page 8.
- ⁷⁴ See U.S. Department of Housing and Urban Development, [Housing First in Permanent Supportive Housing, Housing Brief](#), July 2014 accessed, August 26, 2019.
- ⁷⁵ Please see U.S. Department of Housing and Urban Development, [HMIS Data Standards, Data Dictionary](#), June 2017, Version 1.2, Universal Data Element 3.12 Destination Responses: Psychiatric Hospital or other psychiatric facility; Substance abuse treatment facility or detox center; Hospital or other residential non-psychiatric medical facility; Jail, prison, or juvenile detention facility; staying or living with family, temporary tenure; staying or living with friends, temporary tenure; hotel or motel paid for without emergency shelter voucher; foster care or foster care group home; other; safe haven; and deceased, accessed August 27, 2019.
- ⁷⁶ Feiss, Anna, Joshua Bamberger, and Josh Leopold, [Moving On Initiative: Findings from Participant Interviews](#), Urban Institute, May 2019, accessed August 25, 2019.
- ⁷⁷ CSH, [CSH Moving On Toolkit](#), accessed August 27, 2019.
- ⁷⁸ U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration Center for Mental Health Services, [Evaluating Your Program: Permanent Supportive Housing](#), accessed August 27, 2019.
- ⁷⁹ See: [Your Way Home, Montgomery County](#), [Decade to Doorways, Chester County, PA Continuum of Care](#), [The Way Home, CoC System Dashboard](#), [Houston/Harris County, TX](#), [Connecticut Coalition to End Homelessness](#)