THE PATH HOME

Howard County's Strategic Plan to End Homelessness

The Five-Year Plan ... 2020 to 2025

A PARTNERSHIP OF THE
Howard County Coalition to End Homelessness
AND THE

HC Howard County Office of
Community Partnerships

Department of Community Resources and Services

WHO WE ARE —
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 Howard County government, Howard County School System, non-profit agencies, the business and faith communities, citizen advocates, and individuals with lived experience. The Coalition fulfills the Department of Housing and Urban Development (HUD) requirement to have a planning body designed to promote a community-wide commitment to the goal of ending homelessness. The Coalition is responsible for and committed to creating and driving a system of housing and care that responds to the needs of homeless individuals and families in Howard County with the mission to make homelessness rare, brief, and non-recurring.

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A Message from the Howard County Executive

Howard County is a thriving and diverse community recognized nationally for its affluence, quality of life, and excellent schools. However, on any given day in Howard County, two households will experience homelessness for the first time. Despite county resources and services committed to resolving homelessness, we still wrestle with this complex issue and the wide-reaching effects on our community.

Over the last year, the Howard County Coalition to End Homelessness, in partnership with the Department of Community Resources and Services' Office of Community Partnerships, completed a planning process that produced *The Path Home*, a five-year plan to end homelessness in Howard County. It also underwent an assessment of our current homelessness response system to help ensure the right resources are available to make homelessness rare, brief, and nonrecurring in our community.

The Path Home demonstrates our commitment to be a housing first community focused on rapidly rehousing individuals and families and providing ongoing support to help them maintain their housing.

The Path Home seeks to align resources and services with our community goals, driven by performance standards and measurable outcomes. In keeping with our commitment to transparency and inclusion, we have asked the Coalition to share progress annually, so we can be aware of our impact and celebrate our accomplishments..

We thank the Coalition to End Homelessness, the National Alliance to End Homelessness, and all the nonprofits for their hard work to make this plan a reality. Communities across the country have been successful in ending homelessness by implementing strategies like those outlined in *The Path Home*, and we know it can be done in Howard County.

It will take a collected effort to ensure success — county government, businesses, education and health care systems, nonprofits, the faith community, philanthropic organizations, residents, and those who have experienced homelessness; we all have vital roles in creating a community where no one experiences homelessness. We invite you to join us in our commitment to end homelessness in Howard County.

Calvin Ball, County Executive

A Message from the Department of Community Resources and Services and the Coalition to End Homelessness

On behalf of the Howard County Department of Community Resources and Services (DCRS) and Howard County Coalition to End Homelessness, we are pleased to present *The Path Home*, an ambitious plan to outline critical goals, new strategies, and recommendations to effectively end homelessness for all people in Howard County. *The Path Home* is the result of a community-wide collaboration by individuals and organizations, led by the Howard County Coalition to End Homelessness Board and DCRS' Office of Community Partnerships.

Homelessness affects people in all stages of life. For children, it can result in disruptions to academic, social, and emotional development and stifle educational achievement. Homeless adults face additional barriers to employment and may lack the stability they need to advance in a career path. We join the Coalition in the belief that homelessness can and must be solved, and we are dedicated to implementing new solutions to accomplish this in Howard County.

We now know substantially more than we did in 2010, when Howard County's first Plan to End Homelessness was written; *The Path Home* highlights our achievements thus far and shows where there is opportunity for change through collaboration across systems, implementation of evidence-based practices, and streamlined processes led by a strong governance structure.

The report title, *The Path Home*, refers to the Coalition's goals to strengthen our homelessness response system and create a path that allows clients to return to stable, sustainable housing. We have learned many lessons since our initial efforts, and *The Path Home* takes these lessons from both local experience and national research to set goals around building a more effective homeless response system.

The Path Home presents our community with a path forward to make homelessness rare, brief, and non-recurring in Howard County. We hope you will join us on this important journey.

Jacqueline R. Scott, Director
DEPARTMENT OF COMMUNITY
RESOURCES AND SERVICES

Kelly Cimino, Board Chair
COALITION TO
END HOMELESSNESS

Notes to the Reader

ABOUT THIS PLAN

The Path Home reflects community-wide collaboration and the efforts of individuals and organizations, led by the Howard County Coalition to End Homelessness Board, and the Howard County Department of Community Resources' Office of Community Partnerships, the Continuum of Care Lead Agency. From May 2018 through August 2019, community voices shaped this plan through the following activities:

• community focus groups and listening sessions
• key informant interviews
• training and guidance from the National Alliance to End Homelessness
• Coalition to End Homelessness Board, Planning Committee, and Plan to End Homelessness Workgroup meetings
• comparative analysis of effective interventions in high-performing communities
• analysis of national and local best practices for diversion, prevention, street outreach, emergency shelter, permanent housing programs, coordinated entry systems, and targeted interventions for homeless subpopulations

Low-Barrier Shelter Street Outreach
Unaccompanied Youth Housing Choice Voucher
Prevention Rapid Re-housing Eviction Prevention
Homeless Coordinated Entry By-name List

Housing First

Critical Time Intervention Progressive Engagement Unsheltered
Host Homes Rent Burdened Point In Time Count
Motivational Interviewing HMIS Permanent Supportive Housing

TERMINOLOGY

The language in this document includes specific terminology used by homelessness services providers. See Glossary of Terms (page 34) for definitions following the NOTES page. **All defined terms are designated in bold-face type the first time they appear.**

COALITION TO END HOMELESSNESS VISION

A community where no one experiences homelessness. The Coalition believes this vision can be realized through a dynamic, comprehensive system of housing and services focused on ending homelessness, so every member of the community has a safe and stable home.

EXECUTIVE SUMMARY

Howard County, Maryland is recognized nationally for affluence, quality of life, and excellent schools. However, on any given day in Howard County, two to three new households will experience homelessness for the first time.[1] Despite the county's resources and services committed to resolving homelessness, a significant number of residents struggle to maintain housing and are at risk of or are experiencing homelessness.

The complexities of homelessness have a profound impact on the individual, family, and community. The trauma of homelessness has a lasting effect on the physical, mental, and emotional wellbeing of those who enter the **homeless** services system. For children, homelessness results in disruptions in their academic, social, and emotional development, stifling educational achievement. Homeless adults face additional barriers to employment and the stability needed to advance in a career path. Furthermore, homelessness is costly to the county-wide systems of care, including hospitals, emergency services, and correctional institutions. The Howard County Coalition to End Homelessness (the Coalition) believes homelessness can and must be solved, is committed to examining efforts thus far, and is dedicated to implementing new solutions in Howard County.

Despite the progress made in the decade since the adoption of the first Howard County Plan to End Homelessness (the 2010 Plan), much work remains to be done. Currently:

- The homeless response system has the capacity to serve approximately one-third of eligible citizens.
- **Emergency shelter** space is often full; clients may wait as long as a year for a shelter bed.
- The system has limited **rapid re-housing** resources, a practice that has worked well in communities which have shown a significant reduction in homelessness.
- There is no standardized process for diverting people from the homeless system.
- The homeless response system is intended to be a crisis service, but people must wait to be served.

Over the last year, the Coalition began working together to update and further the work of the 2010 Plan. *The Path Home* refers to **The Coordinated Entry System** (formerly the Coordinated System of Homeless Services) and the Coalition's goals to strengthen the system — the path — to allow clients to return to stable, sustainable housing. It is a five-year strategic plan to end homelessness in Howard County, and will be implemented by the Coalition through annual action plans.

The Path Home defines "ending homelessness" as achieving a **functional end** to homelessness by developing a system that ensures homelessness is prevented whenever possible or is otherwise rare, brief, and a one-time experience. This definition is based on standard industry language established by the United States Interagency Council on Homelessness.

The Path Home establishes strategic goals that will align resources and services within the homeless response system. The strategic goals will guide specific annual action plans. The goals and action plans will place emphasis on ensuring that the coordinated entry system includes necessary, appropriate, quality interventions and sufficient capacity to meet the needs of those presenting to the system. These interventions will be **housing first** and housing resources focused.

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1   FY18 Coordinated Entry System Activity Report, Howard County Homeless Management Information Systems

Executive Summary, continued...

THE PATH HOME GOALS

1 Ensure there are no new or repeat episodes of homelessness in Howard County

2 Ensure that every person experiencing homelessness in Howard County has access to immediate, safe and appropriate shelter

3 Increase access to permanent housing for people experiencing homelessness in Howard County

4 Increase collaboration, communication and coordination of services across industry sectors and systems that homeless individuals may touch

These goals are designed to bring the system:
- clear goal-setting and accountability;
- standardized and coordinated prevention and **diversion** programs to help people access safe alternatives to entering the homeless system whenever possible;
- a shift of resources to rapid re-housing for those who do enter the system; and
- innovative partnerships with landlords, businesses, developers, foundations, and surrounding communities to leverage resources and improve services.

The Path Home builds upon the goals of the 2010 Plan to return those experiencing homelessness in Howard County to stable, permanent housing. Based on data analysis of efforts since 2010, the Coalition found the system to have insufficient capacity to serve all households experiencing homelessness and requested further evaluation to measure effectiveness and set strategic goals.

From July through September 2019, The National Alliance to End Homelessness (NAEH) conducted an in-depth system evaluation and provided the Coalition with specific recommendations to improve system functions and track progress. The Coalition incorporated NAEH's recommendations into *The Path Home* and crafted goals to address capacity limitations with a focus on incorporating diversion, increasing emergency shelter exits, and expanding rapid re-housing programs. Both NAEH's recommendations and the goals of *The Path Home* will be implemented concurrently to ensure homelessness in Howard County is rare, brief and non-recurring.

Communities across the country have had success in ending homelessness by employing similar strategies to those presented in this plan. As of summer 2019, 76 communities reported a functional end to veteran homelessness, and four communities have reported a functional end to **chronic homelessness**. The Coalition believes Howard County can be a community where no one experiences homelessness and envisions doing so through a comprehensive system of housing and services for every citizen in need.

VISION

> **A community where no one experiences homelessness. The Coalition believes this vision can be realized through a dynamic, comprehensive system of housing services focused on ending homelessness, so every member of the community has a safe and stable home.**

I. Background – The 2010 Plan

In 2010, the first Howard County Plan to End Homelessness was created by the Committee to End Homelessness, a subcommittee of the Howard County Board to Promote Self-Sufficiency, now independently established as the Coalition to End Homelessness.

With the adoption of the 2010 Plan, Howard County recognized the national shift in homelessness response systems, as many communities moved away from managing homelessness and sought to effectively end homelessness. The 2010 Plan drew on the successes of other communities, researched national **evidence-based practices**, and incorporated guidance from the United States Interagency Council on Homelessness. It outlined goals to end chronic and family homelessness using the principle methods of prevention and a housing first approach. A community-wide effort, the 2010 Plan established a bold path for coordination of efforts that strengthened and advanced Howard County's homelessness response system. The following sections discuss some of the major accomplishments of the plan from 2010 to the present.

II. Key Accomplishments — What Worked

System Improvements

The implementation of the 2010 Plan was successful in creating a more structured and accessible homeless response system that aligned with national trends and best practices. A defined coordinated entry system and single-point of entry for all homelessness services eliminated the confusing and burdensome process of clients contacting multiple organizations to access shelter and housing resources. Improved quality and accuracy of data entry enabled the Coalition to measure progress, analyze outcomes, and identify what is and is not working.

1. Establishment of the Coordinated System of Homeless Services (CSHS) (The Coordinated Entry System), a single-point-of-entry hotline (for coordinated entry) that used a standardized housing assessment and prioritization method for all households seeking services;
2. Expansion of **Homeless Management Information System (HMIS)** to track and monitor performance across all system resources. The U.S. Department of Housing and Urban Development's (HUD) system performance measures were incorporated and formally adopted by the Coalition;
3. Establishment of the Coalition to End Homelessness, formerly a part of the Howard County Board to Promote Self-Sufficiency. The Coalition, its Board, and four committees were created: Coordinated Entry, HMIS, Planning, and Rating and Ranking.

Key Accomplishments, continued...

Housing First Interventions

The addition of **Permanent Supportive Housing** units, funded with Howard County and HUD dollars, increased successes in housing chronically homeless households. Accessing new funds for rapid re-housing programs since 2017 increased exits to permanent housing by 17 percent.

1. Addition of Permanent Supportive Housing (PSH) units:
   a. The Howard County Housing Commission **Project-Based Housing Choice Voucher** program — Development of a 35-unit, single-efficiency apartment building (the Residences at Leola Dorsey) for chronically homeless individuals with disabilities;
   b. Housing Stability Support Program (HSSP) — locally funded housing subsidy program that currently serves 22 households;
   c. Permanent Supportive Housing Program — gradually increasing dedicated units for the chronically homeless from eight to 40; this was done through reallocation of low performing projects, bonus projects, and dedicating turned-over units to the chronically homeless.

2. Launch of three rapid re-housing (RRH) programs, two of which serve specialized populations: survivors of domestic violence and individuals with a criminal background.

3. Building of a new Day Resource Center (co-located with the Residences at Leola Dorsey). The Day Resource Center is open three days a week, and serves 20 to 30 individuals daily.

4. Up to 15 **housing choice vouchers** annually set aside by the Housing Commission for The Coordinated Entry System clients.

New Local Resources

The addition of flexible financial assistance (FFA) provided a valuable tool for helping households exit or avoid homelessness. Housing-focused services were added to the system, including a housing navigation specialist and the Landlord Guarantee Program. These additional resources recognized that people experiencing homelessness not only need financial assistance to be rehoused, but also need guidance navigating housing applications and landlord relationships. These new resources improve the likelihood of clients securing and maintaining permanent housing.

1. Support Services
   a. Two dedicated coordinated entry system case managers
   b. One dedicated housing locator
   c. One dedicated employment support staff member
   d. Addictions treatment funds covering the cost of inpatient treatment in rehabilitation settings. (NOTE: Due to state restructuring of addiction treatment access, this resource was no longer needed in the system, effective 2018.)

2. Housing Supports
   a. Landlord Guarantee Program (landlord incentive program for high barrier households)
   b. FFA grant dollars for partners to rehouse homeless households, and prevent homelessness for those at imminent risk
      • FFA Funds pay for expenses such as utility bills, security deposits, and car repairs
      • During 2019 Fiscal year, FFA was used for 202 households[2]
   c. Housing Stability Subsidy Program (HSSP), a locally-funded permanent supportive housing program

III. What Lies Ahead

System Improvements

Data shows that over the past four years, the coordinated entry system has the capacity to meet the needs of only an estimated 33% of those eligible for homeless and housing services. The amount of emergency shelter space remains the same and is unable to respond to the high need for beds. Best practices recommend complimenting emergency shelter with other services such as **Rapid Rehousing (RRH)** and diversion to increase system flow from shelter and exits to housing. This plan identifies action steps that will help determine the right balance between emergency shelter beds and other interventions.

> Quality street outreach will help to locate, engage, and build relationships with persons living outdoors, and connect them with services and housing.

Recognizing the inextricable link between health and housing, the 2010 Plan sought to build partnerships with the local healthcare system to increase access to behavioral and medical care for people experiencing homelessness. This remains a gap in the coordinated entry system, and strategies to increase collaboration are addressed in *The Path Home*. The 2010 plan outlined coordinated discharge, referred to as "smoothing transitions," as a strategy to ensure that youth aging out of foster care and individuals exiting detention centers or hospitals were not discharged into homelessness. Understanding that the health care system, schools, correctional institutions, child welfare, and homelessness response systems often serve the same individuals and families, this level of planning and coordination is highly valuable to individuals experiencing homelessness as well as service providers. It will allow for seamless, streamlined services and cost savings through reduced duplication of services and collaborative funding opportunities.

2 FY19 Coordinated Entry System Activity Report, Howard County Homeless Management Information Systems

Housing First Interventions

The 2010 plan identified the Day Resource Center (DRC) as the principal means of outreach to **unsheltered** homeless individuals, offering food, clothing, showers, laundry facilities, and connection to the single point of entry for emergency shelter, housing resources, and educational and job coaching services. Since its opening in 2012, the DRC has succeeded in providing on-site services and has expanded by co-locating with the Residences at Leola Dorsey (PSH apartments). However, current data indicates more is needed to engage this highly vulnerable unsheltered population residing in places not meant for human habitation. Not all unsheltered persons are aware of or able to access the DRC, which emphasizes the critical need for **street outreach** to be a priority of *The Path Home*. Quality street outreach will help to locate, engage, and build relationships with persons living outdoors, and connect them with services and housing.

> **Not all unsheltered persons are aware of or able to access the DRC, which emphasizes the critical need for street outreach to be a priority of *The Path Home*.**

The 2010 plan also included addictions treatment and sober housing as strategies to end homelessness. From 2013 through 2018, local grant dollars were provided for outpatient addictions treatment through the Howard County Health Department. However, housing for persons with substance abuse disorders, including access to sober houses in the community, has not increased since identified in the 2010 Plan. In addition, the process of accessing substance use treatment changed across the State and fewer and fewer individuals were served with the County funding. As of fall 2019, Grassroots Crisis Intervention Center began providing expanded substance use disorder crisis services, including a 23-hour Stabilization Center. The center provides a safe place to stay under the care of a registered nurse while transitioning into a treatment program.

Increased employment services and greater access to mainstream benefits were identified as necessary support services within Howard County's homelessness response system. Although dedicated employment supports have been added to the system, during community interviews, both consumers and service providers reported unstable employment and the lack of a livable wage as persistent barriers to exiting homelessness and securing stable housing. Howard County HMIS data shows nearly half (47%) of homeless adults currently enrolled in homelessness programs receive non-cash government benefits (mainstream benefits). Since 2014, an average of four **SSI/SSDI Outreach Access and Recovery (SOAR)** applications have been annually submitted in Howard County. Based on the data, many more homeless individuals are eligible for these resources and the Coalition will ensure increased access and attainment of these benefits while implementing *The Path Home*.

Prevention efforts of the coordinated entry system have historically focused on **eviction prevention**. However, at times this intervention happens far enough upstream that it is unclear whether or not the recipient would have become homeless if not for this assistance. Other communities have experienced successes through **targeted homelessness prevention** and diversion. Increased focus on these two strategies has the potential to significantly reduce the number of households entering the homeless response system.
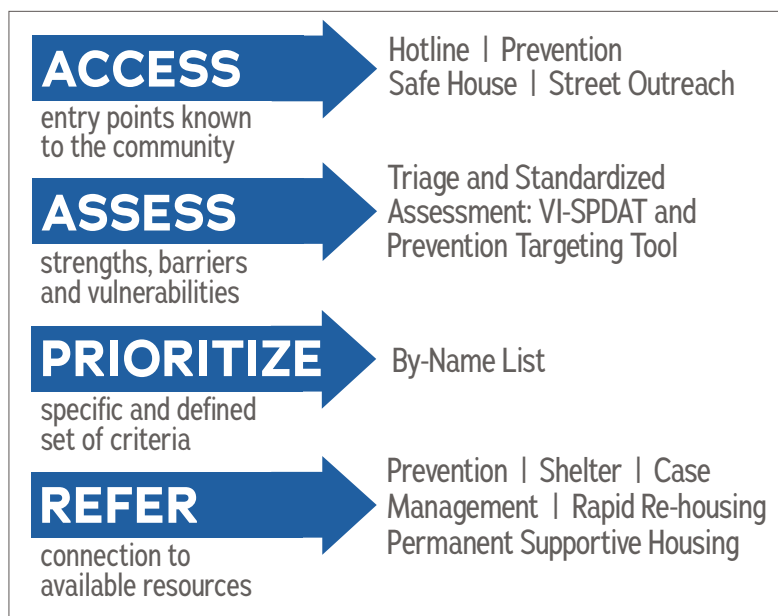
New Local Resources

Landlord relationships are one of the most important resources for building a path that moves clients quickly from literal homelessness into stable housing. To make RRH and PSH programs successful in Howard County, new strategies for establishing and maintaining these relationships must be developed.

As the homeless response system is built to scale to meet the needs in the community, additional funding will be required to expand housing programs and services. Annual action plans will identify strategies for locating new funding streams and identifying collaborative funding opportunities.

IV. Homelessness Response in Howard County

FOUR TENETS OF THE COORDINATED ENTRY SYSTEM

Pictured right is a current visual representation of how clients move through The Coordinated Entry System from entry to exit. Typically, persons present at one of the listed ACCESS points and receive a standard ASSESSMENT. Once eligibility is confirmed, they are added to the **by-name list**, PRIORITIZED and REFERRED for services based on their level of need and vulnerability at presentation. This may include a variety of services and programs, as shown.

ACCESS
entry points known to the community
→ Hotline | Prevention Safe House | Street Outreach

ASSESS
strengths, barriers and vulnerabilities
→ Triage and Standardized Assessment: VI-SPDAT and Prevention Targeting Tool

PRIORITIZE
specific and defined set of criteria
→ By-Name List

REFER
connection to available resources
→ Prevention | Shelter | Case Management | Rapid Re-housing Permanent Supportive Housing

V. Landscape of Homelessness in Howard County

HOUSING COST AND INCOME

In 2018, Howard County, the wealthiest county in Maryland and the third wealthiest county nationwide had a reported median household income of $115,576 for a family of four.[3] Many are drawn to the area for the renowned public-school system and proximity to the Washington, DC metropolitan area. Still, this wealth does not extend to all residents.

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3 United States Census Bureau. Quickfacts Howard County, Maryland. July 1, 2018
   https://www.census.gov/quickfacts/howardcountymaryland

The disparity between housing costs and income leaves many households burdened by the high cost of living in Howard County. The weighted average market rent price for rental housing is $1,555.[4] The 2017 American Community Survey (ACS) 5-year estimates state that there are approximately 111,337 households in Howard County, and 29,255 of those are renting; of those renting households, 6,813 earn $34,999 or less annually. In contrast, according to the Massachusetts Institute of Technology's Annual Living Wage Calculator, a household of four (two adults and two children) must earn $28.83/hour, ($59,966 annually) to rent a three-bedroom housing unit in Howard County.[5]

AVERAGE
MARKET PRICE of RENTALS $1,555
$59,966
Living Wage Required
for 2 adults / 2 children

AVERAGE
MARKET PRICE of RENTALS $1,555
$59,966
Living Wage Required
for 2 adults / 2 children

333 ADULTS
SERVED IN FY'19
207 ADULTS
WITH ANY INCOME
126 HOMELESS
WITH NO INCOME

From July 1, 2018, through March 31, 2019, 333 homeless adults were served through the Howard County Coordinated Entry System. Of these adults, 207 (62%) had an average annual income of $16,437. The remaining 126 adults (38%) had zero annual income. These figures show the challenge to afford housing alone is significant for those experiencing homelessness.

Chart 1, below, shows a detailed breakdown of the number of households in Howard County that are renters by income range. Specifically, Chart 1 highlights 93% of renting households with incomes under $34,999 as **rent burdened**, which national experts say can put them at-risk for homelessness.

Chart 1[6]
Renter Households in Howard County by Income Range

Income Range	# of Households	Rent Burdened Households	
		NUMBER	PERCENT
$0 to $19,999	3,453	3,109	90%
$20,000 to $34,999	3,360	3,110	93%
$35,000 to $49,999	2,900	2,534	87%
$50,000 to $74,999	5,384	2,776	52%
$75,000 +	12,806	875	7%
TOTAL Households	**27,903**		
*Not included in ACS 2017 data computation All Renting Households	*1,352 29,255		

4   Real Property Research Group, "2018 Howard County Rental Survey," December 2018. Page vi. Accessed on August 9, 2019. https://drive.google.com/file/d/1Rne8OA4QgGOdbxqjDrdgotoSz5gZ06H6/view

5   Living Wage Calculator, "Living Wage Calculation for Howard County, Maryland," Accessed August 1, 2019. http://livingwage.mit.edu/counties/24027

6   U.S. Census Bureau; American Community Survey, 2013-2017 American Community Survey 5-Year Estimates, Table B25074, generated by Michelle Hippert; using American FactFinder: <http://factfinder.census.gov>; (14 March 2019).

AFFORDABILITY DEMAND

Consumer and community feedback indicates an extreme shortage of affordable housing. When coupled with limited living-wage employment opportunities and inadequate public transportation, it is extremely difficult for lower income earners to maintain housing. For those who are experiencing homelessness, it is even more challenging to find housing. As an affordable housing shortage is a growing concern on both a national and local level, steps must be taken to ensure that the housing needs of those experiencing homelessness —many of whom are under 30% AMI — are met.

Key findings from the 2018 Howard County Rental Survey conducted by Real Property Research Group Inc. indicate "Households who qualify for extremely low rent and subsidized units are under-served [throughout sub-markets] within the county, but particularly in Elkridge and the southeast part of the county, where few units can be found in this category. On the other end of the income spectrum, the county currently has a significant oversupply of high rent and very high rent units. Given the oversupply of higher income rental units in the majority of the sub-markets, it is likely that many moderate-income households throughout the county are devoting more than 30 percent of their income towards their rent burden."[7]

Notably, there are many households waiting for a federal housing choice voucher through the Howard County Housing Commission. While the Housing Commission is undergoing a purge to ensure their list is accurate and up-to-date, the HUD funding that supports these vouchers continues to be wholly insufficient for the amount of demonstrated community need for subsidized housing.

ACCESS TO BEHAVIORAL HEALTH

While behavioral health needs are not the main driver of homelessness for most people, lack of accessible mental health and substance use disorder treatment are notable contributors to homelessness and can exacerbate a person's homelessness experience. Throughout the course of community interviews and listening sessions, many providers shared that they are seeing consumers experiencing progressively complex barriers to housing stability such as disabilities and co-occurring disorders. Some individuals cycle between homelessness and institutions of care and need intensive services to end their homelessness. Like so many communities across the country, Howard County is grappling with the effects of a worsening opioid crisis, and addiction may cause or prolong an individual's homelessness, which in turn complicates their ability to engage in treatment. In 2018, there were 226 fatal and non-fatal opioid overdoses in Howard County.[8] Emergency shelter providers estimate that — at any given time — approximately one-third of those in shelter struggle with addiction.

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7 Real Property Research Group, "2018 Howard County Rental Survey," December 2018. Page 81. Accessed on August 1, 2019. https://drive.google.com/file/d/1Rne8OA4QgGOdbxqjDrdgotoSz5gZ06H6/view

8 Howard County Health Department, "Howard County Opioid Scorecard," January 2019. Accessed on August 1, 2019. https://www.howardcountymd.gov/LinkClick.aspx?fileticket=i6G_uUpLIjI%3d&tabid=1413&portalid=0

HEALTH CONSEQUENCES OF HOMELESSNESS

Homelessness has a negative impact on both physical and mental health. Living without a home can cause illnesses and make existing illnesses worse. According to Maryland Health Care for the Homeless, the average life expectancy for someone experiencing homelessness is 48 years.[9] Between 2017 and 2018, 12 community members in Howard County died while literally homeless. We also know that the impact of homelessness on a person's physical and mental health can have a lasting impact even after housing is secured. During this same time, 18 community members who had a history of literal homelessness passed away.
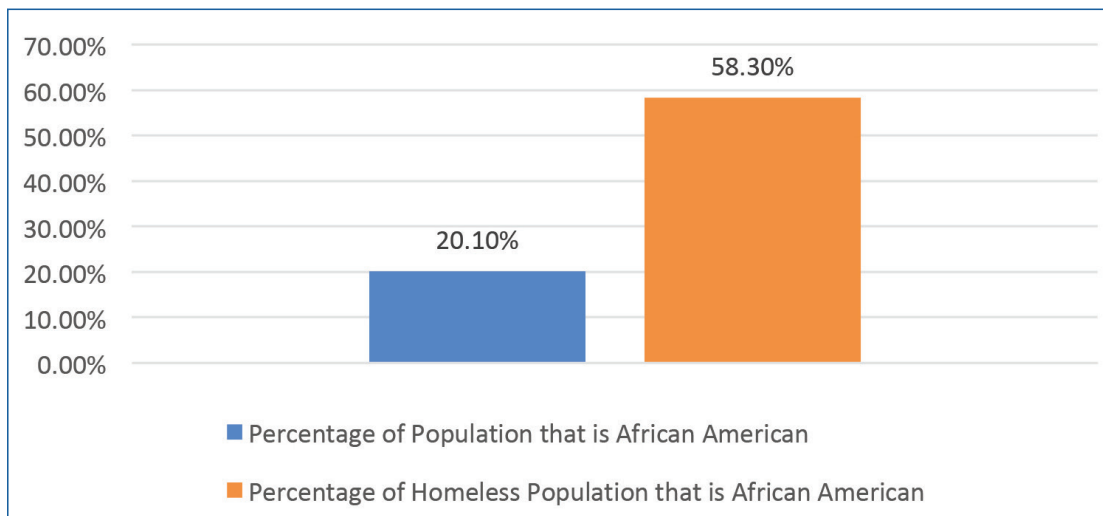
RACIAL EQUITY

Racial inequality among people experiencing homelessness can be traced back to housing discrimination, high incarceration rates, and deep poverty (a household with income below half the federal poverty level).[10] The imbalance of risk factors for homelessness and barriers to obtaining housing for people of color compared to their white counterparts is cause for examination and evaluation to address this imbalance and develop strategies to meet the needs of this population.

In Howard County, African Americans represent 20% of the general population but make up 58% of the homeless population.[11] This is consistent with — and higher than — national trends and is reason to look at the root causes of housing instability, vulnerability for homelessness, and barriers experienced by people of color in Howard County.

Chart 2

Race and Homelessness in Howard County

Legend:
- ■ Percentage of Population that is African American
- ■ Percentage of Homeless Population that is African American

Values shown: 20.10%, 58.30%

9   Maryland Healthcare for the Homeless, "Homelessness Makes You Sick," accessed on August 9, 2019.
     https://www.hchmd.org/homelessness-makes-you-sick

10 Olivet, Jeff. "Homelessness is a Symptom of Racisim," T3 Think. Transform. Teach. January 16th, 2016. Accessed
     August 1, 2019. http://us.thinkt3.com/blog/homelessness-is-a-symptom-of-racism

11 The U.S. Census Bureau's "QuickFacts Howard County, Maryland, as of July 1, 2018", accessed February 2019, and
     The National Alliance to End Homelessness 'A Systems Approach to Ending Homelessness in Howard County'
   Presentation, given January 2019.

VI. Current Data

Each year in January a nationwide **Point in Time (PIT)** count is conducted to capture the number and characteristics of persons experiencing homelessness in America. Howard County's local participation provides data on the unduplicated number of individuals who are living in **transitional housing**, emergency shelter, or who are unsheltered, and living in a place not meant for human habitation. In recent years, based on the volume of need, service providers suspected there was more homelessness in Howard County than was being captured in the annual PIT count. As seen in Chart 2 (page 16), the 2019 PIT Count, which employed new tactics — a resource fair and provider reports on clients they knew to be literally homeless — to identify persons experiencing homelessness, confirmed this with a count of 201, up from 168 counted in 2018. The 2019 PIT count also revealed that the unsheltered homeless population count increased from 43 in 2018 to 72 in 2019.[12]
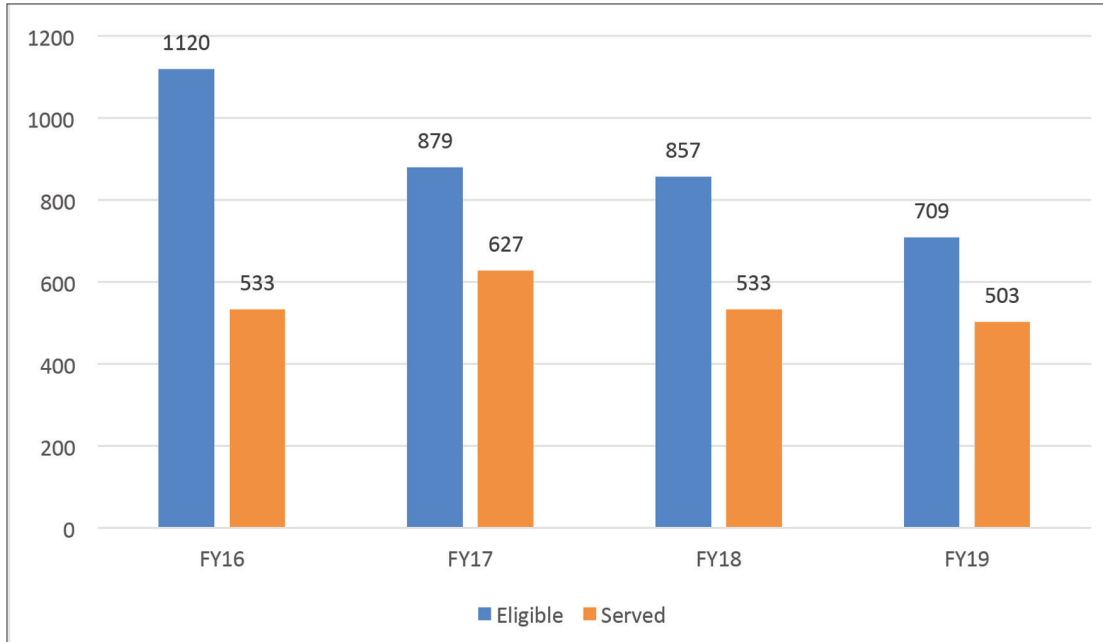
Chart 3

Howard County Point in Time Count: 2010 – 2019
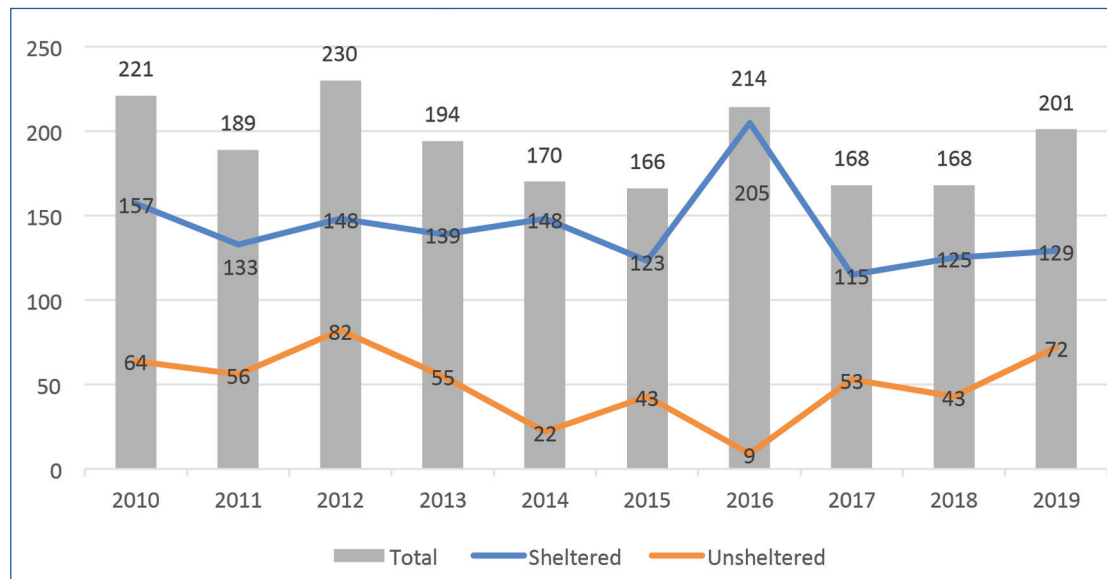
12   Howard County, Maryland, MD-504, Point in Time Reports to U.S. Department of Housing and Urban Development, 2018 and 2019, February 2019.

Chart 4

Coordinated Entry Households Eligible vs. Served Howard County, MD: FY16 – FY1913

Chart showing Eligible vs. Served households:
- FY16: Eligible 1120, Served 533
- FY17: Eligible 879, Served 627
- FY18: Eligible 857, Served 533
- FY19: Eligible 709, Served 503

Legend: ■ Eligible ■ Served

In 2019, 709 eligible homeless households sought services through the coordinated entry system. While 503 households were served in FY19, this number accounts for some households that carried over from the prior year. A closer review of system data shows that, in FY19, only 265 were newly referred and able to access services due to the limited capacity of providers within the coordinated entry system. Analysis of the number of households who received services and exited the system from FY16 through FY19 indicate current capacity can serve only one-third of eligible households seeking assistance.[14]

For more detailed information on Howard County Homeless Response System data, see the NAEH Recommendations for Howard County's Homeless Response System report at https://www.howardcountymd.gov/LinkClick.aspx?fileticket=ZO6BKNqd6Mg%3d&tabid=1696&portalid=0.


13   FY19 Coordinated Entry System Activity Report, Howard County Homeless Management Information Systems

14   "A Strategy for Targeted Intervention in the Coordinated System of Homeless Services," Howard County Office of Community Partnerships' Analysis, February 2019.

VII. Characteristics of Subpopulations

In Howard County, homelessness is experienced by a diverse range of residents. By monitoring homelessness across distinct subpopulations, the coordinated entry system will know the characteristics of households presenting to the system and ensure that the needs of each person in need are being met. The United States Interagency Council on Homelessness has identified veterans, families with minor children, the chronically homeless, and **unaccompanied youth** as uniquely vulnerable homeless subpopulations, each of which are represented in Howard County's homeless population. Additionally, data shows that single adults make up a significant percentage of Howard County's homeless population. Finally, community feedback highlighted concerns around seniors and survivors of domestic violence and human trafficking. Over the next five years, the Coalition will determine what percentage these groups represent within the local homeless population and ensure that appropriate housing services are available to them. *The Path Home* seeks to monitor all subpopulations more closely and work to ensure that there are partnerships and sufficient resources within the system to make homelessness rare, brief, and non-recurring.

Howard County Point in Time County 2019
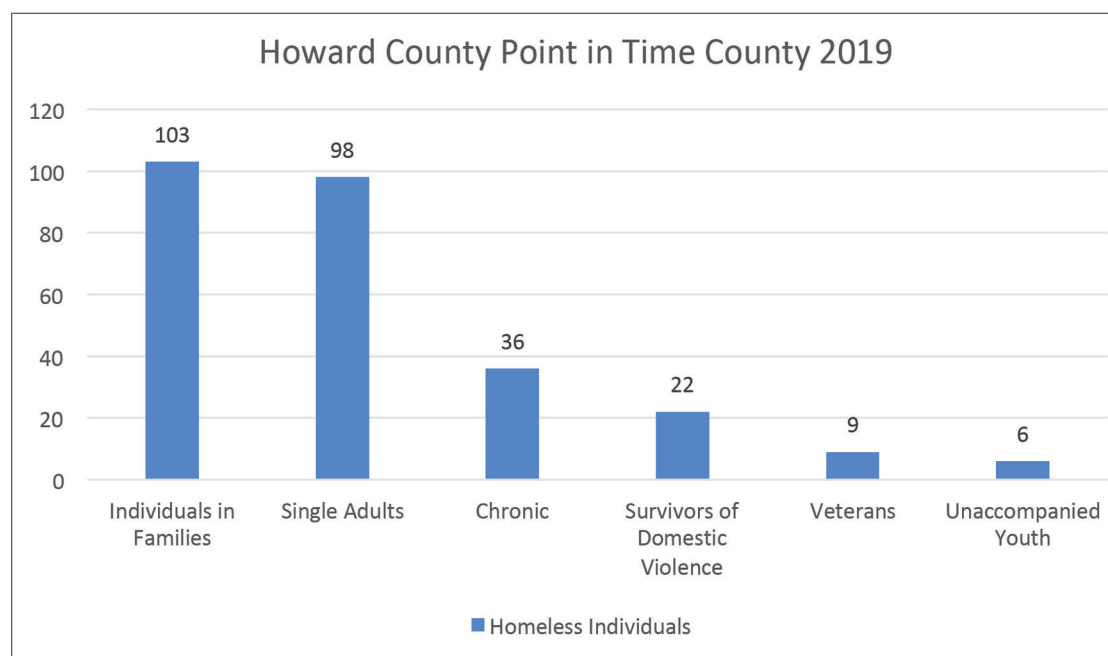
Families with Minor Children

Family homelessness accounts for one-third of all people experiencing homelessness nationally. Three-quarters of these households are headed by women, and more than 80% of these women are survivors of domestic violence. Families with children are twice as likely to face eviction compared to households with no children.[15] Disability rates of adults and children in these households are higher than the general population. The children also experience higher rates of developmental delays, depression, and other mental health conditions. Homeless families with minor children are best served by subsidy-only-vouchers, rapid re-housing, or permanent supportive housing, depending on the intensity of their needs. Families often have more natural supports than other subpopulations and, as a result, can be served well by diversion services that assist them in relying upon these natural supports as an alternative to entering the homelessness system.

15   United States Interagency Council on Homelessness, "Homelessness in America: Focus on Families with Children," September 2018. Accessed on August 1, 2019. https://www.usich.gov/resources/uploads/asset_library/Homeslessness_in_ America_Families_with_Children.pdf

Unaccompanied Youth

Unaccompanied youth are 18- to 24-year-olds who are not accompanied by a parent or guardian and are experiencing homelessness. Nationally, more than half of homeless unaccompanied youth are unsheltered. They are more likely to be unsheltered than other subpopulations and experience high rates of substance use disorders and mental health conditions. Almost three-fourths of homeless youth report experiencing major trauma such as sexual or physical abuse. There is also a disproportionate representation of unaccompanied youth who identify as Lesbian, Gay, Bisexual, or Transgender (LGBT). Their age and developmental stage make them extremely vulnerable to unsafe situations, human trafficking, victimization, and exploitation.[16] Unaccompanied youth are best served by a variety of interventions such as family reunification; connection to mainstream benefits; and housing programs, including rapid re-housing, permanent supportive housing, transitional housing, and **host homes**.[17] All services provided should be individualized to meet their developmental needs and should be provided differently than services for single adults and families with minor children.

83% ARE FIRST-TIME HOMELESS
Howard County FY 2017-18

Chronically Homeless

The chronically homeless are individuals who have a disability and have experienced homelessness 12 continuous months or have had four episodes of homelessness within the past three years, amounting to a total of 12 months. More than two-thirds of individuals experiencing chronic homelessness are unsheltered. These individuals often have severe physical and behavioral health challenges including mental health and substance use disorders, chronic illnesses, and physical and developmental disabilities. They are frequent users of emergency services, often hospitalized and receive institutional care that is extremely costly. Chronically homeless individuals often need permanent supportive housing to end their homelessness and sustain stable housing.[18] However, in the absence of PSH, some communities have begun providing RRH services to chronically homeless households as an alternative to waiting on the streets for PSH to become available. These communities have seen that through the use of a **progressive engagement** model, the chronic households truly needing a higher level of intervention such as PSH would be revealed over time, while many other households would successfully stabilize with RRH services alone.[19]

16   United States Interagency Council on Homelessness, "Homelessness in America: Focus on Youth," October 2018. Accessed on August 1, 2019. https://www.usich.gov/resources/uploads/asset_library/Homelessness_in_America_Youth.pdf

17   National Alliance to End Homelessness, "An Emerging Framework for Ending Unaccompanied Youth Homelessness. Accessed on August 1, 2019. https://b.3cdn.net/naeh/1c46153d87d15eaaff_9zm6i2af5.pdf

18   United States Interagency Council on Homelessness, "Homelessness in America: Focus on Chronic Homelessness Among People with Disabilities," August 2018. Accessed on August 1, 2019. https://www.usich.gov/resources/uploads/asset_library/Homelessness-in-America-Focus-on-chronic.pdf

19   Culhane, Dennis. The Center for Evidence-Based Solutions to Homelessness. "Chronic Homelessness" April 2018. Pg. 8-9. Accessed on September 18, 2019. http://www.evidenceonhomelessness.com/wp-content/uploads/2018/04/evidence-page-chronic-homelessness-April-2018.pdf

Veterans

Most veterans who experience homelessness tend to be male, over the age of 50, and not part of a family with minor children. Many have a diagnosed disability or chronic health condition and are more likely than civilians to experience homelessness. They have high diagnosis rates for depression, post-traumatic stress disorder, and substance use disorders. During and after their military service, veterans have a wide range of experiences that may increase their risks of homelessness. These experiences include mental health conditions, substance abuse disorders, trauma, unemployment, relationship conflicts, incarceration, and difficulty returning to civilian life. Services most appropriate for this subpopulation are rapid re-housing or permanent supportive housing in partnership with the United States Department of Veterans Affairs.[20]

> **Veterans have a wide range of experiences that may increase their risks of homelessness... mental health conditions, substance use disorders, trauma, unemployment, relationship conflicts, incarceration and difficulty returning to civilian life.**

Survivors of Domestic Violence and Human Trafficking

Approximately 38% of all survivors of domestic violence will become homeless at some point in their life.[21] Domestic violence results in a lack of safety in the home that often requires survivors to flee their housing. Financial abuse frequently accompanies domestic violence, making it difficult for survivors to get approved for and afford housing, as they may have poor credit and ruined rental histories caused by their assailants. Survivors of human trafficking may have similar experiences and additional challenges, including being trafficked to unfamiliar locations where they have no supports or connections. Recent studies suggest that one in five homeless unaccompanied youth are victims of human trafficking.[22] Survivors of each of these subpopulations experiencing homelessness are best served by an adapted housing first model that includes safety planning, client empowerment, and trauma-informed care. Housing interventions appropriate to their level of vulnerability and safety needs can be successful in ending their homelessness; these interventions include rapid re-housing, permanent supportive housing, and transitional housing.

20 United States Interagency Council on Homelessness, "Homelessness in America: Focus on Veterans," June 2018. Accessed on August 1, 2019. https://www.usich.gov/resources/uploads/asset_library/Homelessness_in_America_Focus_on_Veterans.pdf

21 Safe Housing Partnerships, "Featured Statistics," Accessed on August 2, 2019. https://safehousingpartnerships.org/stats

22 Murphy, Laura. "Labor and Sex Trafficking Among Homeless Youth," 2016. Page 4. https://www.covenanthouse.org/sites/default/files/inline-files/Loyola%20Multi-City%20Executive%20Summary%20FINAL.pdf

Seniors

Individuals age 50 and over who are experiencing homelessness are a growing subpopulation. Some are aging with an existing history of long-term homelessness, while others are experiencing homelessness for the first time as the result of a loss in income or medical emergency. Limited income supports and medical fragility increase seniors' vulnerability to homelessness. Seniors are best served by prevention services that ensure they are not discharged into homelessness from medical institutions. Other appropriate services include medical respite shelters that provide short term residential programs for homeless individuals recovering from hospitalization, permanent supportive housing informed by geriatric health care principles, and senior affordable housing.[23]

Single Adults

Nationally, single adults without minors make up the largest subpopulation experiencing homelessness. Of these individuals, half stay in unsheltered locations, and 75 percent are male.[24] Access to and availability of affordable housing would resolve much of the homelessness for single adults. In the absence of affordable housing units, shared housing and rapid re-housing programs are considered the next best-effective interventions.[25] Since this demographic intersects with many others (veterans, chronically homeless, etc.) it may be represented in other subpopulations as well. This subpopulation is being researched on a national level and best practices for housing interventions are emerging. The Coalition will follow this research in order to determine next steps for meeting the needs of this population in our community.

23   Justice in Aging, "How to Prevent and End Homelessness Among Older Adults," April 2016. Accessed on August 2, 2019. https://www.justiceinaging.org/wp-content/uploads/2016/04/Homelessness-Older-Adults.pdf

24   United States Interagency Council on Homelessness, "Homelessness in America: Focus on Individual Adults," November 2018. Accessed on August 1, 2019. https://www.usich.gov/resources/uploads/asset_library/HIA_Individual_Adults.pdf

25   National Alliance to End Homelessness, "Single Adults," January 2019. Accessed on August 2nd, 2019. https://endhomelessness.org/homelessness-in-america/who-experiences-homelessness/singleadults/

VIII. Goals

Goals include relevant recommendations from The NAEH Recommendations for Howard County's Homeless Response System Report. For more information on these recommendations please see https://www.howardcountymd.gov/LinkClick. aspx?fileticket=ZO6BKNqd6Mg%3d&tabid=1696&portalid=0.

To realize this vision, the goals of *The Path Home* are:

Goal 1: Ensure that there are no new or repeat episodes of homelessness in Howard County

An effective homeless response system is one that safely and appropriately diverts households from homelessness and provides targeted homelessness prevention whenever possible. Howard County's Coordinated Entry System will provide comprehensive, housing first services that apply a lens of racial equity, are culturally competent, and are guided by evidence-based best practices to minimize the duration and compounding impact of homelessness. This will include supportive pathways for those who do experience homelessness to achieve income maximization, exit to stable housing quickly, and prevent a repeat episode of homelessness in the future.

NAEH System Assessment Recommendations

- Undertake a review and analysis of all prevention programs and prevention-type services services that are both, 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
- 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
- The Coalition, led by the CoC Board, should explore and identify factors driving racial and ethnic disparities to determine 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 measured outcome goals to track progress on these efforts
- Re-assess and streamline current coordinated entry core elements — the ACCESS, ASSESS, PRIORITIZE and REFER processes — to achieve simplicity, clarity and transparency in system coordination and decision-making
- Develop a dashboard using HMIS to track progress on system flow improvements and outcomes

Goal 1 — Highlighted Strategies

Diversion

Local HMIS data shows 33% of all households exiting the coordinated entry system left to stay with family members or friends, suggesting that diversion may be an appropriate intervention for them. Without a diversion strategy, these households are receiving expensive resources that could be directed to others more vulnerable.[26] System capacity for diversion will be established. This will not only prevent households from experiencing the trauma of homelessness unnecessarily, but will also create more space in emergency shelter and rapid re-housing programs for those who have no safe alternatives.

Targeted Homelessness Prevention

In Howard County, there has been a strong emphasis on eviction prevention in contrast to the need for targeted homelessness prevention for households that will become homeless without financial and support services, such as landlord mediation and case management. Research shows that it's difficult to predict who will become homeless, and without predictive indicators, systems may spend funding on prevention programs for households who would never have become homeless. Studies conducted in Alameda County (CA) and New York City with families and single adults seeking prevention services found that a previous episode of homelessness was the single greatest predictor for future homelessness. Other strong predictors include receiving public assistance, involvement with child protective services, having a pending eviction, and high levels of family conflict. In an effort to address this, the coordinated entry system will roll out a research-based targeted homelessness prevention tool and customize it to the needs of Howard County residents. This targeted homelessness prevention tool will help direct services to those most likely to benefit from them for homelessness prevention, rather than eviction-only prevention.[27]

Ensuring Equity

Any efforts to end homelessness in our community must also address racial equity. African Americans are greatly over-represented within the homeless system both nationally and locally. Multiple tools have been used in recent years to analyze racial inequities in homelessness including mapping technologies such as Geographic Information Systems (GIS), which can map concentrations of race (based on zip codes) to determine if people are entering homelessness disproportionately in certain areas. Mapping tools can also examine housing placements to see if people of color are being concentrated to certain neighborhoods once they exit homelessness. HUD has introduced a Race and Ethnicity CoC Analysis tool to support communities in examining racial disparities. With equity as a county-wide priority, the Coalition will use these tools and develop strategies — including engaging an outside entity — to evaluate and address drivers of racial disparities within our homeless response system and address this critical issue.

26   Local Fiscal Year 2017-2018 subpopulation presentation to Coordinated Entry, Howard County, MD

27   Center for Evidence-Based Solutions to Homelessness, "Homelessness Prevention A Review of the Literature," January 2019. http://www.evidenceonhomelessness.com/wp-content/uploads/2019/02/Homelessness_Prevention_Literature_Synthesis.pdf

Comprehensive Client-Centered Support Services

Employing evidence-based practices across the homeless response system at every level will improve the likelihood that individuals secure and maintain stable housing. It is important that we continuously measure services to clients against best practices to ensure the most effective approaches to end homelessness are used. These practices may include **motivational interviewing, harm reduction**, trauma-informed care, progressive engagement, **critical time intervention**, and housing first principles.

Goal 2: Ensure that every person experiencing homelessness in Howard County has access to immediate, safe, and appropriate shelter.

An effective homeless response system includes immediate access to **low-barrier** emergency shelter coupled with skilled, engaged street outreach. The Coalition is committed to ensuring that no person is forced to sleep in a place not intended for human habitation or loses their life because of their homeless experience. The Coalition will provide continuous outreach to unsheltered homeless individuals who otherwise might not seek out services, and ensure sufficient emergency shelter capacity to meet the needs of the community.

NAEH System Assessment 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
- 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
- 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
- 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

Goal 2 — Highlighted Strategies

Street Outreach

The current street outreach capacity has been limited to one part-time staff person. At times, providers have received referrals for rapid re-housing or permanent supportive housing but are unable to reach or locate the client. Increased capacity for street outreach would allow the system to maintain connections supported by ongoing documentation, with those experiencing unsheltered homelessness so, when a shelter bed or re-housing program placement becomes available, they can be quickly connected to the resource. Street outreach teams can also provide life-saving tangible resources such as food, water, clothing, and first-aid supplies. Increased street outreach would help reach individuals least likely to reach out for services themselves, and those most likely to die due to their homelessness experience.

Coordinated Discharge Planning

Through coordination with other institutions including health care, mental health care, correctional facilities, and the foster care system, individuals being discharged without housing can be identified, and these systems can collaborate with the coordinated entry system to ensure, whenever possible, that no one is discharged to homelessness.

> **Increased street outreach would help reach individuals least likely to reach out for services themselves, and those most likely to die due to their homelessness experience.**

Emergency Shelter and Re-Housing Programs (Also Strategy under Goal 3*)

Howard County data shows a bottleneck at emergency shelters, as there are not enough shelter beds to meet the need of those who are literally homeless. Due to the lack of permanent housing resources such as rapid re-housing, permanent supportive housing, and subsidy-only vouchers, persons in emergency shelter are not exiting at a rate that creates enough space for all literally homeless households. By increasing capacity for

rapid re-housing and permanent supportive housing, a system flow will be established that supports access to both shelter and housing more quickly. The success of these programs is dependent upon available affordable housing, landlord relationships, and full implementation of evidence-based practices for RRH and PSH. Action steps throughout *The Path Home* are identified to support efforts to increase affordable housing and create more landlord relationships.

Goal 3: Increase access to permanent housing for people experiencing homelessness in Howard County.

An effective homeless response system has an affordable and diverse supply of housing that meets the needs of the most vulnerable persons. Currently, households experiencing homelessness in Howard County struggle to access permanent housing in a timely manner. Challenges include limited landlord engagement and recruitment; limited affordable housing; and limited rapid re-housing program capacity.

NAEH System Assessment Recommendations

- 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 compliance with federal and state requirements, HopeWorks HSP (ESG) funded program should more fully participate in the coordinated entry system.
- 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.
- 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.
- 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.

Goal 3 — Highlighted Strategies

Expand the Use of the By-Name List

The by-name list was established in 2017 to maintain a real-time list of all persons experiencing homelessness in Howard County. Communities that utilize by-name lists often find that it is easier to locate individuals experiencing homelessness and connect them to housing resources when they become available. The Coalition is committed to ensuring the Howard County by-name list is current and accurate, and will be used to identify those in need for openings in emergency shelter and housing programs such as rapid re-housing and permanent supportive housing. More frequent use of the list will allow the Coalition to see and respond to subpopulation-specific trends. For example, an increase in the number of unaccompanied youth experiencing homelessness may prompt the Coalition to explore options for appropriate programming to respond to the unique needs of homeless youth.

Landlord Engagement and Housing Navigation Services

Linking clients to available housing and landlords committed to working with local rapid re-housing and permanent housing programs is critical for the success of the homeless response system. The Coalition will explore how current housing navigation roles and services can be enhanced to create a larger network of landlord partnerships.

Monitoring Homeless Subpopulations

By monitoring homeless sub-populations, the Coalition will better understand the gaps in the coordinated entry system and how unique groups are served or under-served. This will ensure that the homeless response system has outreach strategies and housing interventions that meet the needs of diverse groups experiencing homelessness in Howard County. Through monitoring subpopulations, the Coalition will know where progress is being made toward effectively ending homelessness and for which groups strategies need to be adjusted and resources need to be reallocated. The knowledge and data that arise from monitoring subpopulations can be used to pursue new resources and funding streams that support efforts to end homelessness for specific subpopulations.

Set-Aside Homeless Preference Units

As the availability of affordable housing is one of the largest challenges in Howard County, it will be important to create awareness and advocacy around the needs of those experiencing homelessness whenever new housing developments are being planned and created. The Coalition has experienced some success with securing set-aside homeless preference units by leveraging available funding to pay for support services and financial assistance for the residents who will occupy those units. Because of this success, the Coalition will seek out additional opportunities for partnership on future housing developments to increase the number of homeless preference set-aside units developed in Howard County.

Affordable Housing Advocacy

An increased supply of affordable housing that is accessible to homeless individuals and families is critical to effectively ending homelessness in Howard County. The Coalition will achieve this through partnership with and support of the Howard County Housing Commission, the Howard County Housing Affordability Coalition, and other community groups addressing housing affordability. The Coalition will participate in affordable housing advocacy opportunities to shed light on the connection between homelessness and affordable housing as well as the specific affordability needs of people experiencing homelessness.

> **As the availability of affordable housing is one of the largest challenges in Howard County, it will be important to create awareness and advocacy around the needs of those experiencing homelessness whenever new housing developments are being planned and created.**

Goal 4: Increase collaboration, communication, and coordination of resources and services across industry sectors and systems that homeless individuals may touch.

An effective homeless response system requires cross-sector collaboration and integrated services to ensure that homelessness is rare, brief, and non-recurring. The Coalition will facilitate mission-driven collaboration with other systems and institutions including health care, mental health care, education, businesses, social services, and department of correctional institutions to create coordinated discharge planning across institutions, so no one exits a system of care into homelessness.

NAEH System Assessment 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 performers," and engage these providers in a performance improvement plan
- Create a collaborative structure that aligns funding resources and services
- Align and integrate Howard County's Coordinated System of Homeless Services (CSHS) Flexible Financial Assistance (FFA) into new and current system core components and associated strategies and interventions

Goal 4 — Highlighted Strategies

Build a More Representative Coalition

The Coalition recognizes that no single entity can end homelessness alone. People experiencing homelessness touch and receive services through many systems, not just the homeless response system. Innovative partnerships and collaborations are necessary to build community investment in support of *The Path Home* goals and build a stronger, more representative Coalition. Nationally, communities working to end homelessness are finding success by collaborating with businesses, housing developers, private foundations, and others, and by connecting with surrounding CoCs to coordinate funding opportunities and services to address regional homelessness. *The Path Home* seeks to explore these potential relationships to expand reach and maximize resources.

Communication and Coordination

In the past, some community efforts to address homelessness have been siloed across agencies and departments, creating the potential for a fragmented system. Progress requires consistent communication and well-defined, transparent, decision-making processes. The Coalition will implement strategies that will ensure partners of the coordinated entry system are knowledgeable and able to inform one another of mandates and system changes that impact collective efforts.

Maximize Resources

The Coalition seeks to maximize resources that will support the goals of *The Path Home* and ensure a well-resourced, effective response system to homelessness in Howard County. To accomplish this, the Coalition will work to identify financial and service resources across sectors that are not currently connected to the system. This research will inform potential partnerships to:

- ensure services across the system are appropriately resourced, informed by **evidence-based practices**, and aligned for greatest impact;
- identify gaps in resources and avoid duplication and under-utilization of services; and
- look for opportunities for collaborative programming and funding.

In addition, the Coalition will look at other communities which have had successes in realigning resources to decrease the number of people experiencing homelessness, increase exits from homelessness to permanent housing, and decrease returns to homelessness.

Other Strategies in Support of All Goals

Additional strategies will focus on building upon effective programs and interventions to meet the needs of Howard County residents. These include rapid re-housing, permanent supportive housing, landlord engagement, and housing navigation resources. To promote greater impact of the programs and services provided by the coordinated entry system, and to increase client outcomes, the Coalition will work with service providers to affirm the use of evidence-based best practices; ensure that individuals presenting to the system are connected to income and employment supports and mainstream benefits; and align resources and funding (both old and new) with the goals of this plan.

IX. Goals and Strategies Summarized

GOALS

STRATEGIES

1. Ensure that there are no new or repeat episodes of homelessness in Howard County

   - 1a Establish system capacity for diversion
   - 1b Operate homeless prevention programs based on system prioritization and emerging research
   - 1c Develop supportive pathways for income maximization
   - 1d Offer comprehensive client centered support services for all households across the system

2. Ensure that every person experiencing homelessness in Howard County has access to immediate, safe, and appropriate shelter

   - 2a Establish system capacity for increased street outreach
   - 2b Bring existing shelter services in-line with best practices for emergency shelter
   - 2c Establish coordinated discharge planning with correctional institutions, hospitals, and the foster care system

3. Increase access to permanent housing for people experiencing homelessness in Howard County

   - 3a Manage by-name list to better understand the housing need (i.e., type, quantity) for those experiencing homelessness
   - 3b Increase RRH capacity
   - 3c Increase permanent housing capacity (PSH & subsidy-only)
   - 3d Analyze homeless sub-populations and the unique services and housing interventions needed to end their homelessness
   - 3e Increase impact of housing navigation services
   - 3f Support affordable housing initiatives in Howard County

4. Increase collaboration, communication, and coordination of resources and services across industry sectors and systems that homeless individuals may touch

   - 4a Build a more representative Coalition to end homelessness
   - 4b Engage partners to build understanding around shared impact of homelessness across sectors
   - 4c Increase Coalition synergy through improved communication and coordination among partners
   - 4d Maximize use of existing resources and identify new, diverse funding sources for alignment with the plan

X. Implementation Process

The Coalition to End Homelessness will begin its work on *The Path Home* immediately, by developing actionable steps with timelines to ensure progress on goals are made. Guided by *The Path Home* and the NAEH Recommendations, the Coalition will be working to ensure that Howard County is a community where no one experiences homelessness, and everyone has a safe and stable home. To accomplish this over the next five years, the Coalition will undergo an annual planning process to outline priorities, key partners, action steps, timelines for completion, and performance measures and outcomes. The Coalition Board may designate committees and workgroups to accomplish each year's goals. The action plan will be published on the Howard County Coalition to End Homelessness website and progress will be reported annually.

> **Guided by *The Path Home* and the NAEH Recommendations, the Coalition will be working to ensure that Howard County is a community where no one experiences homelessness, and everyone has a safe and stable home.**

It is the Coalition's hope that *The Path Home* will inform all community stakeholders when making decisions about programs, funding, and priorities to meet identified needs. There will be many opportunities to get involved in the implementation process. The County Executive, the Department of Community Resources and Services, and the Coalition to End Homelessness are calling on all government agencies, health care and education systems, businesses, philanthropic organizations, nonprofits, the faith community, and residents —including those who have experienced homelessness — to commit to making Howard County a community where no one experiences homelessness.

NOTES
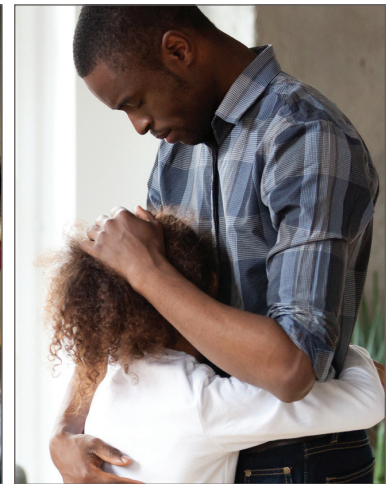
GLOSSARY OF TERMS

Each initial reference in this publication has been designated in bold-face type.

BY-NAME LIST

A real-time list of all people experiencing literal homelessness in your community. It includes a robust set of data points that support coordinated entry, prioritization at a household level, and an understanding of homeless inflow and outflow at a system level.

CHRONIC HOMELESSNESS

(1) A "homeless individual with a disability," as defined in section 401(9) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11360(9)), who: (i) Lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and (ii) Has been homeless and living as described in paragraph (1)(i) of this definition continuously for at least 12 months or on at least 4 separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living as described in paragraph (1)(i). Stays in institutional care facilities for fewer than 90 days will not constitute as a break in homelessness, but rather such stays are included in the 12-month total, as long as the individual was living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter immediately before entering the institutional care facility;

(2) An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (1) of this definition, before entering that facility; or

(3) A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (1) or (2) of this definition, including a family whose composition has fluctuated while the head of household has been homeless.

CONTINUUM OF CARE (COC)

A regional or local planning body that coordinates housing and services funding for homeless families and individuals. Howard County's CoC is known as The Coalition to End Homelessness.

Purpose and Activities of the CoC are to i) promote community-wide goals to end homelessness; ii) provide funding to quickly rehouse homeless persons; iii) promote access to mainstream resources; and, iv) improve self-sufficiency among people experiencing homelessness.

Responsibilities of a CoC include operating the CoC, designating and operating an HMIS, planning for the CoC (including coordinating the implementation of a housing and service system within its geographic area that meets the needs of the individuals and families who experience homelessness there), and designing and implementing the process associated with applying for CoC Program funds.

CONTINUUM OF CARE BOARD

The Continuum of Care must establish a board to act on behalf of the Continuum. The CoC Board is to act as a governing body on behalf of the CoC. The CoC Board must: (i) Be representative of the relevant organizations and projects serving homeless subpopulations; and (ii) Include at least one homeless or formerly homeless individual. The Purpose of the CoC Board is to act as a governing body on behalf of the Continuum of Care.

COORDINATED ENTRY

A centralized process developed to ensure that all people experiencing a housing crisis have fair and equal access and are quickly identified, assessed for, referred, and connected to housing and assistance based on their vulnerabilities and needs. Howard County has a single point of entry through which all homelessness services are accessed. The single point of entry is operated by Grassroots Crisis Intervention Center hotline.

CRITICAL TIME INTERVENTION

An evidenced-based practice which focuses on providing time-limited, community oriented support for society's most vulnerable individuals during times of transition such as: military discharge, experience of mental illness, homelessness or re-entry from a criminal justice institution. Services assist individuals with reintegration in their community and building lasting support systems.

DIVERSION

A strategy that helps people identify and access alternatives to entering emergency shelter at the point at which they lose housing. Diversion activities resolve the immediate housing crisis to help the household avoid homelessness and connect them, if necessary, with services and financial assistance to help them return to permanent housing.

Services may include: conflict mediation; short-term case management; provision of financial, utility, and/or rental assistance; housing search; and connection to mainstream benefits.

Many of the services provided through diversion are the same as those provided in prevention and rehousing programs. The difference is the point at which the services take place. An activity is defined as diversion when it occurs at the front door/homeless system entry point, when someone presents looking for shelter for that night.

EMERGENCY SHELTER

Defined by HUD as any facility, the primary purpose of which is to provide a temporary shelter for the homeless in general or for specific populations of the homeless and which does not require occupants to sign leases or occupancy agreements.

EVICTION PREVENTION

A prevention strategy that provides financial assistance to households at-risk of eviction to assist them with maintaining their housing and avoiding an eviction or homelessness episode. This assistance can be used for someone who may never become homeless even if evicted, whereas targeted homelessness prevention seeks to provide assistance to those most likely to become homeless if not for this assistance.

EVIDENCE-BASED PRACTICE

A process in which the practitioner combines well-researched interventions with clinical experience, ethics, client preferences, and culture to guide and inform the delivery of treatments and services.

FUNCTIONAL ZERO

When the number of individuals or families experiencing homelessness within a community is less than the average number of individuals or families being connected with housing each month. "In achieving this measure, a community has demonstrated the system and capacity to quickly and efficiently connect people with housing and ensure that homelessness within the community will be rare, brief, and non-recurring."

HARM REDUCTION

A set of practical strategies that reduce the negative consequences of drug use, and other addictive behaviors. It incorporates a spectrum of strategies from safer use, to managed use, to abstinence.

In the context of homelessness services, harm reduction has been embraced as an evidenced based practice to inform the low barrier shelter model and supportive housing. Since historically, addiction has been used as a factor to screen individuals out of shelter or say they are not "housing ready", the harm reduction approach helps address this barrier.

HOMELESS

HUD defines Homelessness in four separate categories

1) Literally Homeless: People who are living in a place not meant for human habitation, in emergency shelter, in transitional housing, or are exiting an institution where they temporarily resided.

2) At Imminent Risk of Homelessness: People who are losing their primary nighttime residence, which may include a motel or hotel or a doubled-up situation, within 14 days and lack resources or support networks to remain in housing.

3) Homelessness under other Federal Statues: Families with children or unaccompanied youth who are unstably housed and likely to continue in that state. This is a new category of homelessness, and it applies to families with children or unaccompanied youth who have not had a lease or ownership interest in a housing unit in the last 60 or more days, have had two or more moves in the last 60 days, and who are likely to continue to be unstably housed because of disability or multiple barriers to employment.

4) Fleeing or attempting to flee domestic violence: People who are fleeing or attempting to flee domestic violence, have no other residence, and lack the resources or support networks to obtain other permanent housing.

HOMELESS MANAGEMENT INFORMATION SYSTEM (HMIS)

A local information technology system used to collect client-level data and data on the provision of housing and services to homeless individuals and families and persons at risk of homelessness. Each Continuum of Care is responsible for selecting an HMIS software solution that complies with HUD's data collection, management, and reporting standards. Howard County uses WellSky as its local HMIS software.

An HMIS can be used to produce an unduplicated count of persons experiencing homelessness for each CoC; describe the extent and nature of homelessness locally, regionally, and nationally; identify patterns of service use; and measure program effectiveness

HMIS LEAD

The entity designated by the Continuum of Care in accordance with the Interim Rule to operate the Continuum's HMIS on its behalf. Howard County's HMIS lead is the Office of Community Partnerships.

HOST HOMES

A housing model used to address youth homelessness, host homes are temporary placements for homeless unaccompanied youth with screened volunteers in the community that provide a safe and stable base while the youth searches for permanent housing.

THE HOUSING CHOICE VOUCHER PROGRAM (FORMERLY SECTION 8)

The federal government's major program for assisting very low-income families, the elderly, and the disabled to afford decent, safe, and sanitary housing in the private market. Since housing assistance is provided on behalf of the family or individual, participants are able to find their own housing, including single-family homes, townhouses, and apartments.

The participant is free to choose any housing that meets the requirements of the program and is not limited to units located in subsidized housing projects.

Housing choice vouchers are administered locally by public housing agencies (PHAs). The PHAs receive federal funds from the U.S. Department of Housing and Urban Development (HUD) to administer the voucher program.

A housing subsidy is paid to the landlord directly by the PHA on behalf of the participating family. The family then pays the difference between the actual rent charged by the landlord and the amount subsidized by the program. Under certain circumstances, if authorized by the PHA, a family may use its voucher to purchase a modest home.

HOUSING FIRST

An evidence-based homeless assistance approach 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 guided by the belief that people need basic necessities like food and a place to live before attending to anything less critical, such as getting a job, budgeting properly, or attending to substance use issues. Additionally, housing first is based on the theory that client choice is valuable in housing selection and supportive service participation, and that exercising that choice is likely to make a client more successful in remaining housed and improving their life.

LOW-BARRIER SHELTER

A shelter model that emphasizes welcoming guests in as they are, while having clear and simple behavioral expectations that apply to anyone residing in the shelter. These expectations are narrowly focused on maintaining a safe environment for all. Staff are trained in trauma-informed care and de-escalation techniques in order to help residents understand and conform to these expectations. This model attempts to remove as many preconditions to entry to shelter as possible (i.e., sobriety, employment, etc.).

MOTIVATIONAL INTERVIEWING

A style of working with clients that focuses on collaborative communication and empowering individuals to direct the change they'd like to make in their life rather than being told what they should do by a provider. It is a successfully proven, evidence-based practice originating in substance use disorder treatment.

PERMANENT SUPPORTIVE HOUSING

An intervention that combines affordable housing assistance with voluntary support 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.

THE POINT-IN-TIME (PIT) COUNT

A count of sheltered and unsheltered people experiencing homelessness that HUD requires each Continuum of Care (CoC) nationwide to conduct in the last 10 days of January each year.

PROGRESSIVE ENGAGEMENT

A strategy of providing a small amount of assistance to everyone entering the homelessness system. For most households, a small amount of assistance is enough to stabilize, but for those who need more, additional assistance is provided. This flexible, individualized approach maximizes resources by only providing the most assistance to the households who truly need it. This approach is supported by research that household characteristics such as income, employment, substance use, etc., cannot predict what level of assistance a household will need.

PROJECT BASED VOUCHERS

A component of a public housing agency's (PHA's) Housing Choice Voucher (HCV) program. PHAs are not allocated additional funding for PBV units; the PHA uses its tenant-based voucher funding to allocate project-based units to a project. Projects are typically selected for PBVs through a competitive process managed by the PHA; although in certain cases projects may be selected non-competitively.

RAPID RE-HOUSING

A housing program that provides short-term rental assistance and services. The goals are to help people obtain housing quickly, increase self- sufficiency, and stay housed. It is offered without preconditions (such as employment, income, absence of criminal record, or sobriety) and the resources and services provided are typically tailored to the needs of the person.

Core components include housing identification, rent and move-in assistance, and rapid re-housing case management and support services.

RENT BURDENED

When a household is paying more than 30 percent of their income toward housing.

SOAR

SSI/SSDI Outreach, Access, and Recovery (SOAR) is a program designed to increase access to SSI/SSDI for eligible adults and children who are experiencing or at risk of homelessness, have a serious mental illness, medical impairment, and/or a co-occurring substance use disorder.

STREET OUTREACH

Moving outside the walls of an agency to engage people experiencing homelessness who may be disconnected and alienated not only from mainstream services and supports, but from the services targeting homeless persons as well. Most often these are individuals experiencing unsheltered homelessness (i.e., sleeping outside, in their car, or other places not meant for human habitation) and are the most vulnerable homeless population. Street outreach teams are critical to ending unsheltered homelessness.

Street outreach providers typically:
- identify, engage, and assess individuals in need of services
- build relationships with individuals experiencing homelessness to eliminate barriers to services
- refer and keep engaged individuals connected to services
- provide input to the local by-name list on households' health and housing status
- document contact and collect needed documentation for referred programs and services
- provide harm reduction services until an individual is connected to shelter or permanent housing

TARGETED HOMELESSNESS PREVENTION

Programs and services designed to help vulnerable households find or maintain stable housing before a first time or repeat episode of homelessness occurs. Successful targeted homelessness prevention must be both effective (helps those at risk of homelessness find and maintain stable housing to avoid homelessness), and efficient (provides assistance to those most likely to experience homelessness if not for this assistance).

Services may include eviction prevention, connection to mainstream benefits, referral to legal services, landlord mediation, and provision of financial, utility, and/or rental assistance. This intervention is used for those that are at imminent risk of losing their housing but not yet homeless.

TRANSITIONAL HOUSING

A project that is designed to provide housing and appropriate supportive services to homeless persons to facilitate movement to independent living within 24 months, or a longer period approved by HUD. For purposes of the HOME program, there is no HUD-approved time period for moving to independent living.

UNACCOMPANIED YOUTH

Defined by HUD as youth age 18-24 not accompanied by a parent or guardian.

UNSHELTERED

Living in any place not meant for human habitation such as outdoors, cars, or abandoned buildings