

HOUSING AND HEALTH CARE FOR THE HOMELESS IN MONTGOMERY COUNTY

INTRODUCTION

The Metropolitan Washington Council of Governments (COG) conducts a regional enumeration of the homeless population on an annual one-day point in time survey. In 2007, the survey identified 1,139 homeless in Montgomery County, including 640 single adults, 499 individuals in 151 families, and 218 in permanent housing.¹

While "McMansions" are increasingly visible in many parts of our community, there are a disproportionate number of people who are without a home. A number of non-profit and faith-based organizations, with support from Montgomery County government, have established emergency shelters and other programs to help the homeless; however, the goal of ending homelessness still eludes us.

In the fall of 2006 the Health Committee of the League of Women Voters of Montgomery County (LWVMC) recognized that there were problems in providing adequate health services to the homeless in our community. An initial review appeared to verify the need for a more coordinated, comprehensive approach for providing services to this population. At the same time, the Housing Committee, following up on its 2005 consensus on special needs housing, observed the County Council's interest in housing for the homeless. The Committee also wanted to learn more about an exciting new approach called "Housing First." The two committees decided to collaborate in a joint study to gain an understanding of the issues surrounding housing and health care for the homeless.

The first part of this Fact Sheet defines homelessness and provides demographic data of the homeless in Montgomery County. This is followed by a description of housing programs and the movement towards a Housing First Initiative. The second part focuses on the organization of health services, special health problems of the homeless, and the Strategic Plan to deal with the problems.

WHO ARE THE HOMELESS IN MONTGOMERY COUNTY?

People who are homeless are a subset of people who are disadvantaged in terms of income and employment, state of physical health or disability, or accidents of circumstance or fortune. The McKenney – Vento Homeless Education Assistance Act of 2001 defines the homeless as individuals, adults and children, *who lack a fixed, regular, and adequate nighttime residence*. The homeless include individuals whose primary nighttime residence is an emergency or transitional shelter or a temporary residence for those intended to be institutionalized. "Homeless" includes an individual or family whose nighttime residence is a public or private place not designed for a regular sleeping accommodation for human beings (cars, parks, camping grounds, motels, sidewalks). The homeless include those who are moving among family, friends or hotels due to economic hardship, or are sharing the housing of other persons because of loss of housing and economic hardship. Some homeless individuals are on the streets all the time.

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¹ 2007 *Homeless Enumeration Report*, Metropolitan Washington Council of Governments, p.27

The Montgomery County Coalition for the Homeless has provided the following demographic information:

- 56% of the adults in MC homeless families are employed.
- 79% of chronically homeless adults have a history of mental illness and/or substance abuse, including alcoholism.
- 17% of single adults and 7% of family members who are homeless have a physical disability.
- 39% of single adults and 5% of family members who are homeless have been incarcerated.
- 24% of single adults and 17% of family members who are homeless speak a language other than English.
- 24% of chronically homeless single adults, whose average age is 50, have a chronic illness and 5% are developmentally disabled.
- Origin of homeless in MC: 9% from DC, 1% from VA, 5% outside local area and 85% from Maryland.
- 7% of the single adult homeless population are veterans.

The main causes of homelessness include:

- lack of affordable housing
- substance abuse and lack of needed services
- mental illness/disability and lack of needed services
- domestic violence
- poverty
- prison release and re-entry into society
- lack of affordable healthcare.

In Montgomery County, the principal cause of homelessness is the lack of affordable housing. The current Fair Market Rent limit for a one bedroom apartment in Montgomery County is \$1,289.00, an amount that exceeds the total monthly earnings (\$1,278.00) of an individual earning the minimum wage. Mental illness and long, severe drug abuse and/or alcoholism render individuals incapable of maintaining employment or managing their lives. An addicted individual often alienates friends and family who could provide a safety net. Individuals with a history of foster care have rates of homelessness that are eight times higher than those who had no history of foster care.

CURRENT HOUSING FOR THE HOMELESS IN MONTGOMERY COUNTY

The Montgomery County continuum of care is a public-private partnership between county government and non-profit and faith-based organizations. This partnership offers outreach services, emergency and transitional programs and permanent, supportive rental housing. Case management is provided at all levels to link homeless people with housing, employment, disability entitlements and other services with an emphasis on achieving housing solutions.

In Montgomery County, the Department of Health and Human Services (DHHS), the Department of Housing and Community Affairs (DHCA) and the Housing Opportunities Commission (HOC) work with the Montgomery County Coalition for the Homeless (MCCH) to provide housing and services for the Homeless. Many of the programs are implemented through partnerships with non-profit partners, including the Dwelling Place, Interfaith Housing, Interfaith Housing of Silver Spring, Housing Unlimited, St Luke's, Interfaith Works (formerly Community Ministries of Montgomery County), Catholic Charities, Victory Housing, Habitat for Humanity and the National Center for Children and Families.

Montgomery County Coalition for the Homeless

Designated as a 501C3 organization in 1991, the coalition has been a significant partner with the county and other non-profits in serving the homeless. In 2002, MCCH issued the *Beginning to End 2002-2012* plan to end homelessness in Montgomery County which has been adopted by the county. The plan called for at least 100 units of housing for the homeless to be produced each year. The Seneca Heights Apartments, operated by MCCH, opened last year in Gaithersburg and offers permanent single-room occupancy (SRO) housing for 40 single adults and transitional housing for 17 families. Dale Drive opened in December to house eight adults. In 2007, MCCH adopted a “Housing First” approach to end homelessness. MCCH operates the numerous programs for the homeless, as listed on the handout. The Partnership for Permanent Housing is an innovative program that reduces the amount of time families and individuals spend in homelessness by combining the case management component of transitional housing with quicker access to permanent housing. The program serves 137 households and is a prime example of collaboration between the private sector and county agencies that are critical to Montgomery County’s success. The Housing Opportunities Commission awarded rental Housing Choice vouchers to the nonprofit MCCH, to enable families to move into permanent housing. The Coalition provides individualized case management, after-school programs for children, assistance in locating housing and furnishing the home.

Department of Housing and Community Affairs

The role of this organization is to fund housing and services for the homeless using the County’s Housing Initiative Fund (HIF) and federal and state funds. The multi-family section oversees the HIF which acts as banker, and provides loans (forgivable) to non-profit groups acting as developers. The emphasis is on rehabilitation of older buildings and tends to be active down-county where most older housing is located. The emphasis is on rental housing. Finding land at a reasonable price and locating builders to redevelop older buildings are the biggest challenges. The Private Living Quarters Committee and the Interagency Housing Work Group meet weekly to coordinate housing development with the goal of providing 100 units per year. The HIF also plays a direct role in the Partnership for Permanent Housing by mitigating difficulties including late payments of rental subsidies by the Federal Department of Housing and Urban Development.

Housing Opportunities Commission (HOC)

The following list of programs, followed by the number of individuals that are served, is operated by HOC through the Department of Resident Services:

SHRAP--Supportive Housing Rental Assistance Program. Permanent housing – 28 adults
 SHP--Supportive Housing Program for homeless/chronically homeless with disability - 170
 S&B--Shelter Plus Care for homeless and disabled. MC Mental Health Assn. provider - 45
 NEW NEIGHBORS 1 AND II—for homeless/disabled through MCMHA - 22
 TURNKEY PROGRAM-- Permanent housing for chronically homeless who are mentally ill - 11
 MCKINNEY SUPPORTIVE HOUSING PROGRAM—for homeless individuals/families – 159

All participants are referred by MCDHHS. HOC also has programs to prevent homelessness such as emergency financial assistance, resident temporary assistance plan, security deposit loan and financial literacy counseling.

Department of Health and Human Services

This department has established the Special Needs Housing Office. DHHS operates the Crisis Center which is the primary entry point for homeless singles who can also access the system through day centers and other outreach centers. The three DHHS Emergency Services offices provide access to homeless families. The homeless can access the following services in Montgomery County:

EMERGENCY SHELTERS:

- Gude Drive Men's Emergency Shelter 60 – 100 men
- Rainbow Place 25 women
- Sophia House 30 women
- Community Vision at Progress Place Overflow Center 60 men; 20 women
- Betty Ann Krahnke Center 54 women and children

FAMILY SHELTERS

- Greentree Shelter 14 families
- Helping Hands Shelter 8 families
- Stepping Stones Shelter 7 families

TRANSITIONAL CENTERS FOR SINGLE INDIVIDUALS:

- Bethesda House 15 men with mental illness
- Community Based Shelter 20 men, 12 women
- Carroll House 32 men ready to work
- Chase Partnership House 36 men in recovery
- Safe Havens 15 men, 25 women with mental illness
- Dorothy Day Place 20 women
- Watkins Mill House 8 women with mental illness
- Wells Robertson House 10 men, 4 women in recovery

DAY CARE PROGRAMS:

Community Vision at Progress Place, Shepherd's Table, Bethesda Cares

Housing First

Currently considered a “best practice” nationally, Housing First is an approach based on the belief that individuals and families can respond best to assistance and services once they are secure in their own home. What differentiates a Housing First approach is an immediate and primary focus on helping homeless individuals and families quickly get and keep permanent housing. Once housed, families can begin to regain the self-confidence and control over their lives they lost when they became homeless.

In December of 2007, Councilmembers George Leventhal and Michael Knapp proposed that beginning in FY 2009, the County allocate a minimum of 10% of the Housing Initiative Fund (HIF) to the homeless. Their goal is to fund a Housing First approach to provide the homeless with permanent housing and a range of services, including outreach, assistance to the homeless, and prevention of recurrence. If the FY 2009 budget includes the proposed \$54 million allocation to the Housing Initiative Fund, a minimum of \$5.4 million would go to provide housing for the homeless. The traditional approach to housing the homeless emphasizes emergency and transitional housing and social services as stepping stones to permanent housing. The National Alliance to End Homelessness lists the following critical elements of the Housing First programs: a focus on helping the homeless to access and sustain permanent rental housing, which is not time limited, and the provision of a variety of services delivered primarily following housing placement to promote housing stability and individual well being. Services provided are time-limited or long term, depending upon individual need. Housing is not contingent on compliance with services.² Prevention of homelessness is an important strategy in Housing First programs.

Housing First programs have been adopted in Columbus, OH; Denver CO; Houston, TX; Los Angeles, CA; Portland OR; and Boston, MA. Housing First programs have proven to be cost effective. In the

² Fact Checker Series, National Alliance to End Homelessness, Tools: Housing First

District of Columbia, the non-profit Pathways to Housing placed 130 homeless via its Housing First program. After 4 years, 90% are still in housing at an average cost of \$23,000 per year. The annual cost for individuals treated by the traditional approach is more than \$40,000 which includes the cost of emergency room care, court system costs, police attention and detoxification. In another Housing First study, 225 homeless with severe mental illness were placed in permanent housing. Subsequently, 80% were still in housing while only 34% receiving the traditional approach, were still in housing.³

ORGANIZATION OF HOMELESS HEALTH SERVICES

Montgomery County government provides a broad array of housing programs for low income individuals and has supported the work of the Coalition for the Homeless, Interfaith Works, and other non-profit programs in the operation of emergency shelters and transitional housing for the homeless. However, health care for the homeless poses a significant challenge, and the services available have not been adequate to meet the complex needs of this population.

This study on health care was limited to adult homeless. This is not to underestimate the importance of health care for families and children, but rather to acknowledge that a more established health care system is accessible to them. Homeless families with children are generally eligible for the Maryland Medicaid program, Maryland Children's Health Insurance Program (MCHIP), the county's Care for Kids or the Maternity Partnership program for pregnant women.

Living on the street subjects the homeless to serious health pitfalls. In some cases, poor physical health or untreated mental illness may be the contributing factor leading to an individual's descent into homelessness. Without medical insurance coverage and access to care, small problems turn into major health crises. Without a primary care "home," the hospital Emergency Room too often becomes the default source of care. Emergency room care is not designed for providing comprehensiveness and continuity in health care. Furthermore, it is expensive and inappropriate use drives up the health care costs for everyone.

Montgomery Cares

In 2006, The Department of Health and Human Services initiated the county's Montgomery Cares program, a model for providing primary health care for medically uninsured, low income adult residents of the county. The program is funded in part by the county and helps to support a network of independent, non-profit clinics, each with a unique history, cultural focus and funding sources. DHHS has contracted with the Primary Care Coalition (PCC) to administer the program. While these clinics (currently 28) are spread throughout the county and are open to all who are eligible, the homeless present unique problems. In FY 2007 the County Council directed DHHS to carve out \$500,000 from the overall Montgomery Cares budget to develop a Health Care for the Homeless (HCH) program.

An HCH Work Group was convened made up of staff from DHHS Public Health, Behavioral Health, Aging and Disability Services, as well as PCC, local hospitals, and non-profit organizations that provide shelter and other services for the homeless. The Work Group was tasked with developing a comprehensive plan to address the health care needs of the homeless in Montgomery County. In 2007 the resulting strategic plan was presented to the County Council. Mobile Medical Care, Inc. was awarded a grant to provide medical services, case management and limited transportation.

³ "Ready or Not, a Home of Their Own", Marc Fisher, Washington Post, Dec. 27, 2007.

Special Health Needs Of Homeless People

Many of the chronic health problems found in the homeless population are extremely difficult to treat or control because of inadequate housing. Barbara Clark, nurse practitioner and clinical director of Mobile Med listed the following as the most frequent problems encountered in the population of homeless that they serve: Upper respiratory infections, skin problems, hypertension, diabetes, dental problems, asthma, peripheral vascular disease, allergies, seizures and joint pain.

The sick and homeless often ignore health problems since their first priority is obtaining food and shelter. Neglect can allow minor health problems to progress until they become life threatening. Effects of exposure to severe weather, infected insect bites and other skin lesions are common among the homeless. Many develop edema in their feet and legs from long periods of standing which may lead to varicose veins and leg ulcerations.⁴

In addition to numerous chronic physical problems, a large percentage of the homeless population struggle with mental illness and addictive disorders, compounding their other problems. Mentally ill homeless people present special problems for health care workers: they are often not as cooperative or motivated as other patients, they may not show up for appointments and are frequently unreliable in taking their medications. Without a permanent home, it is difficult for care givers to locate clients for follow-up or to ensure compliance with their treatment. A research study published in February, 2002 suggested that clinical treatment of the homeless be accompanied by efforts to help them find permanent housing.⁵

Important elements in designing a system of care for the homeless include identifying barriers that prevent individuals from seeking care, such as lack of money and health insurance, distrust of the system, lack of transportation and inadequate documentation (Social Security information, rent receipts, birth certificate). Aware of the special needs of this population and the barriers that impede their access to health care, the county contracted with Mobile Med to provide on-site health services at three shelters.

Mobile Medical Care, Inc.

For the past 40 years Mobile Med has provided quality care to the underserved in a community-based service delivery model. Each clinic is designed to reflect the unique character of the community it serves. The emphasis has been on cultural sensitivity and competence as it provides care to a widely diverse group of patients throughout the region, including the homeless.

As the provider of care to the homeless in Montgomery County, Mobile Med is now caring for approximately 1,000 homeless annually at the three shelters they serve. Primary health services are available each week for two four-hour periods – one morning and one evening session at each shelter.

The mobile vans have become a familiar sight at the shelters and allow easy access for the residents at multiple locations. Flexibility is important in dealing with this population and, although patients are seen by appointment, walk-ins are also welcome. The vans are staffed with volunteers, a nurse practitioner and an R.N. who assess, treat, prescribe and provide medication from their pharmacy. They also serve as health educators for clients and do follow-up and case management. Electronic medical records facilitate documentation. General medical and specialist referrals are made through Project Access, Catholic Charities or a list of Mobile Med providers. Efforts are being made to add to this

⁴ Information Series on Current Topics: *Homeless in America*, 2003.

⁵ L. Gelberg, R.M. Anderson, and B.D. Leake, *The Behavioral Model for Vulnerable Populations: Application to Medical Care Use and Outcomes for Homeless People*. Health Services Record, February 2000.

referral list. While simple laboratory work can be done in the van, major laboratory and radiology work is performed by county participating hospitals.

Payment for treatment is determined by a sliding fee scale, based on income and ability to pay, but no one is ever turned away from a clinic if unable to pay the fee. In addition to regular medical care, patients are provided with free flu, pneumovax and tetanus vaccinations at the clinics and shelters.⁶

For the many patients with behavioral health problems, minor psychiatric disorders, i.e., anxiety and simple depression, may be treated with psychiatric medication at the Mobile Med site. For other more serious problems, referrals are made to the Crisis Center, Threshold Services Inc. or to another provider through the Public Mental Health System (PMHS). Those with addiction problems are referred to the Outpatient Addiction Services (OAS) clinic. Coordination is maintained through case management. Connecting shelter clients with appropriate behavioral health care is a major problem for clinical staff and case managers. The need for integrated services, preferably on site, is considered critical. In a few instances, agencies involved with the care of the homeless have hired part-time psychiatrists to address the need for mental health treatment.

While the county is fortunate to have the services of Mobile Med for providing care to the homeless, how does the current system measure up to the expectations of the federal Bureau of Primary Health Care's Homeless Health Care Model Program?

RECOMMENDATIONS OF THE HCH WORK GROUP

In evaluating the current services provided to the homeless in the county, DHHS Public Health Services relied on a consultant's review of the program. The consultant's report indicated that Montgomery County falls short on meeting federal expectations for health care for the homeless and specifically identified the lack of coordination of services. The HCH Work Group developed recommendations to achieve the following goals:

1. Centralize the oversight and coordination of health services for the homeless within DHHS.
2. Provide both primary medical and behavioral health care services at locations accessible to homeless people.
3. Provide access to specialty medical care.
4. Provide access to recuperative care⁷

Over the past year planning has been underway to meet these goals. DHHS has created a Health Care for the Homeless Program, managed by a full-time program coordinator. Currently, there are no integrated, on-site programs in Montgomery County. However, after a number of delays, a shelter based clinic, which will provide both primary medical and behavioral health services, is scheduled to be completed in the fall of '08 at the Gude Drive Men's Shelter. It is recommended that a second on-site clinic be made available at Progress Place with integrated primary medical and behavioral services.

Nationally, at least 40% of homeless individuals have substance abuse disorders, 20% have a serious mental illness and 25 % have some form of disabling health condition.⁸ In 2007 DHHS received a state grant to create a primary care clinic that would integrate medical and behavioral health care services at the Outpatient Addiction Services (OAS). While this is not a homeless shelter, 40% of their clients are

⁶ Mobile Medical Care, Inc. *Report to the Community*, October 2007.

⁷ Department of Health & Human Services, *Health Care for Homeless Adults – Strategic Plan Recommendations*, FY 08 & FY 09

⁸ SAMHSA, *Blueprint for Change*, 2003.

homeless. The clinic, known as “Under one Roof,” opened in the fall of ’07. Funds for transportation will be needed to assist individuals to access this site from other shelter locations.

In order to improve coordination, full time nurse case management, recommended by the HCH Work Group, has been expanded with a goal of providing 24/7 assistance to all homeless service sites. It is also recommended that additional money be provided to increase access to dental services at DHHS’ dental clinic in Colesville. Homeless individuals often have extensive dental disease, many requiring emergency intervention, so expansion of these services is especially urgent.

Recuperative services are essential for a seamless continuum of care. The Work Group recommended that DHHS “develop a collaborative partnership to identify appropriate placement of these individuals in nursing homes and other types of facilities for those with less intensive nursing needs.” Discharge planning following hospitalization will be an important function of the nurse case managers.

Outreach to “find” the homeless and provide them with appropriate shelter services is being carried out by a number of county agencies and partners, including Volunteers of America, Community Vision and Shepherd’s Table at Progress Place, the ACT team, Bethesda Cares and HOC. A hypothermia outreach team has been recommended for winter months.

Montgomery County DHHS, through its Montgomery Cares program, has embarked on the daunting task of reorganizing and bringing best practice objectives to its Health Care for the Homeless program. The adoption of a Housing First philosophy, along with the combined efforts of the county government and its many partners in the housing and health communities, can achieve significant strides towards bringing about an end to homelessness

CONSENSUS QUESTIONS

1. Should the LWVMC support the Housing First model? Yes No
2. Should a formal coordinating mechanism for all of the programs and services for the homeless be established? If yes, which would be appropriate?
 - a. Part of an existing agency under the Executive Branch of government
 - b. An entity separate from government
 - c. A new government entity
3. As health care services for the homeless are reorganized within DHHS in Montgomery County, which of the following services should be included in an integrated model of health care for the homeless:
 - a. Primary medical care
 - b. Behavioral health services
 - c. Nurse case management
 - d. All of the above.

This study was conducted by Housing Committee members: Melpi Jeffries, chair, Brigitta Mulligan, Sally Roman, Carla Satinsky; and Health Committee members: Laura Ryan, chair, Myrna Bernstein, Pat Dougherty, Eva Feder, Regina McCormack, Dorothy Millon and Mary Jane Zusy.

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