



Rushern L. Baker III
County Executive

TEN YEAR PLAN TO PREVENT AND END HOMELESSNESS IN PRINCE GEORGE'S COUNTY 2012-2021



**THE MANY FACES OF
HOMELESSNESS**





Rushern L. Baker, III
County Executive

PRINCE GEORGE'S COUNTY GOVERNMENT OFFICE OF THE COUNTY EXECUTIVE

December 26, 2012

To the Residents and Businesses of Prince George's County:

I am pleased to present the County's "Ten Year Plan to Prevent and End Homelessness in Prince George's County 2012 – 2021". This plan was developed in consultation with the National Alliance to End Homelessness with funding from the Freddie Mac Foundation and represents the collective hard work of sixty-eight (68) key stakeholders over a period of eight months.

The plan seeks to align the County's Continuum of Care with the new tenets of the HEARTH Act of 2009 and to take advantage of lessons learned and best practices from homeless programs across the Country. More specifically this plan:

- Aligns County efforts with the federal goals;
- Shifts system focus from short-term "shelter" to longer-term "housing";
- Prioritizes programming for special populations;
- Enhances system accountability;
- Builds on current system success; and
- Provides increased flexibility and opportunity

Its creation marks the *beginning* of comprehensive homeless services system change and I am excited about the opportunity this plan presents to make a real and sustainable difference in the lives of our most vulnerable citizens. I invite each of you to become familiar with its contents and to join us in our work to prevent and end homelessness in Prince George's County.

Sincerely,

Rushern L. Baker, III
County Executive

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VISION

Prince George's County envisions a comprehensive housing crisis response system through which homelessness can be prevented, and when this is impossible, episodes of homelessness can be quickly ended. Our plan is designed to identify and align our future homeless support systems to meet the distinct needs of people at risk of, or experiencing homelessness.

The County shares the goals of the Federal Strategic Plan to Prevent and End Homelessness: to end chronic and veterans' homelessness within five years; to end family, unaccompanied youth and child homelessness within ten years; and to create a path toward ending all other types of homelessness. To make this vision a reality, we as a County - working in partnership with the Homeless Services Partnership (HSP) - commit to:

- Preventing homelessness whenever possible;
- Ensuring easy access to communitywide, culturally competent, safe and effective housing and homeless services;
- Ensuring people exit homelessness as quickly as possible;
- Connecting people to communities and the resources needed to thrive; and
- Building and sustaining the political will and community support to end homelessness.

PART I: INTRODUCTION

Prince George's County's Ten Year Plan to Prevent and End Homelessness was developed to bring our homeless services system into alignment with best practices and regulatory changes in HUD's homeless assistance programs and goals. The plan's creation marks the beginning of a homeless services system change, and provides comprehensive strategies to move forward in the reduction of homelessness.

It was created with input from a diverse group of stakeholders from the public and private sectors and technical assistance from the National Alliance to End Homelessness. The sixty eight organizations that participated are identified at the end of this document (Appendix C).

In FY 2011, 1,932 homeless persons of all ages received housing assistance through emergency shelter, temporary motel placement or shelter diversion services, representing 33% of all households requesting assistance. From the outset, the Homeless Services Partnership (HSP) was spurred to develop a plan not only by the new HUD regulations, but more importantly by the large number of homeless persons in the County.

Every jurisdiction is now required to develop a Ten Year Plan to Prevent and End Homelessness. This plan utilizes best practices learned from communities nationwide to identify local strategies that will prevent more families from becoming homeless. For those who do become homeless, these strategies will reduce the length of time that they experience homelessness.

This plan is a countywide effort. It is created as a living document providing a blueprint for meeting the needs of homeless persons and those at risk of homelessness and the County's homeless service providers and stakeholders have committed to work diligently to ensure its successful implementation.

PART II: NEW FEDERAL REGULATIONS

Homeless Emergency Assistance and Rapid Transition to Housing Act (HEARTH Act)

The HEARTH Act, enacted into law in May, 2009, consolidates three separate homeless programs administered by HUD under the McKinney-Vento Homeless Assistance Act into a single grant program, and revises the Emergency Shelter Grant (renamed the Emergency Solutions Grant) to shift program emphasis from addressing the needs of homeless people solely through emergency or transitional shelters to assisting people to quickly regain stability in permanent housing after experiencing a housing crisis and/or homelessness. Homelessness prevention is significantly expanded and new incentives place more emphasis on rapid re-housing, especially for homeless families. The HEARTH Act also codifies into law the Continuum of Care planning process, a longstanding part of HUD's application process to assist homeless persons by providing greater coordination in responding to their needs¹.

¹ 75954 Federal Register/Vol. 76, No.233/Monday, December 5, 2011/Rules and Regulations

Finally, the HEARTH Act expands the definition of homelessness to include:

- Persons who are at imminent risk of homelessness - where a person must leave their current housing situation within the next 14 days (increased from 7 days) with no other place to go and no resources or support networks to obtain housing;
- Unaccompanied youth living unstably; and
- The existing emphasis on creating permanent supportive housing for people experiencing chronic homelessness will continue, although families could also be considered chronically homeless.

PART III: UNDERSTANDING THE CONTINUUM OF CARE

Purpose:

To reduce and ultimately eliminate homelessness in Prince George's County through the combined efforts of the County's public and private sectors.

Who:

The Prince George's County Continuum of Care (CoC) for homeless persons is coordinated through the County's Homeless Services Partnership (HSP) and addresses issues of homelessness through on-going coordination, collaboration, planning, development and evaluation. The HSP is a coalition of more than 100 organizations that includes public and private non-profit agencies, faith-based organizations, service providers, mainstream programs, consumers and concerned citizens. The Prince George's County Department of Social Services serves as the lead administering agency for the CoC.

How:

- Outreach
- Prevention & Rapid Re-housing
- Emergency Shelters
- Transitional Housing
- Supportive Services
- Permanent and Supportive Housing Programs

PART IV: HOMELESS SERVICES PARTNERSHIP- BACKGROUND AND LEGISLATION

1980's: The County's Homeless Advisory Board was established to develop a unified countywide network of strategies to prevent and reduce homelessness.

1994: The Homeless Advisory Board was re-named the Homeless Services Partnership (HSP) and became the official Advisory Board to the County Executive.

1998: - The County received its first HUD grant for a Continuum of Care Program.

1999: County Resolution CR-68-1999 was proposed by the County Executive and unanimously passed by the County Council emphasizing the County's commitment to alleviating homelessness.

2002-2011: The County significantly increased non-profit/private vendor participation in the CoC application process, expanded the number of HUD funded programs from 1 to 18, and raised the total funding from \$118,972 to \$4,834,828 per year. The current list of CoC programs and providers appears in Appendix D.

2009: The Prince George's County Department of Social Services and its partners held the first Homeless Resource Day in Prince George's County.

2010: The HSP developed an administrative strategic plan to further improve its' infrastructure. The plan included increasing membership, developing an orientation process for new members, engaging members in educational workshops (including HUD / CoC program changes), strengthening the board structure, developing the HSP Annual Report and advocacy.

2011: The County conducted the 2nd Homeless Resource Day.

2012: The HSP, in partnership with the National Alliance to End Homelessness and the Human Service Coalition with funding from Freddie Mac, developed a strategic plan to re-design the homeless service delivery system in the County consistent with the tenants of HEARTH and "Opening Doors"; the federal plan to prevent and end homelessness. In addition, the Homeless Youth Work Group (an HSP subcommittee) commissioned a study by Johns Hopkins Bloomberg School of Public Health / Center for Adolescent Health with funding from the County, into the nature and scope of homeless and unstably housed young people between the ages of 16 and 24.

PART V: PLANNING PROCESS

Community Input: The monthly HSP meetings were used to develop the plan between the fall of 2011 and the spring of 2012. In order to expedite the process, all members of the HSP were invited to join a Ten Year Plan Work Group that met in addition to regular monthly meetings. Sixty-eight organizations had representatives who participated in the planning process and many organizations had more than one representative. At the HSP meetings, representatives of the National Alliance to End Homelessness presented new research that has reshaped what we know and model programs where the outcomes have demonstrated success. Members of the HSP then generated ideas on which best practice elements fit the unique needs of the County as well as how those practices might be implemented. A summary of those ideas is incorporated into the core strategies detailed in Part VIII.

Customer Surveys: Representatives of the HSP went to existing emergency shelters and transitional housing programs and met with unsheltered persons living on the street during the spring of 2012. Homeless individuals completed surveys about strategies in the plan, resources needed to become self-sufficient and satisfaction with the current continuum of care. Information was also collected on the length of homelessness and where they were living before entering the shelter program.

The survey results support the plan’s recommendations in three key areas:

Prevention assistance – Numerous individuals indicated the need for additional prevention assistance and affordable housing

The need for increased shelter diversion – 49% of the individuals completing the survey indicated that they were living with family prior to becoming homeless and 21% were living with friends, a total of 70%. Since many households return to family or friends after leaving the emergency shelters, shelter diversion resources should be expanded to help families stay out of the shelter system.

Prioritization of referrals for permanent housing – Only 27% of the customers surveyed felt that permanent housing should be provided on a first-come, first-served basis, which is the County’s current practice for allocating permanent supportive housing units. Seventy-three percent stated that permanent housing units should be prioritized based on vulnerability or length of homelessness or both, which is what this plan recommends.

In addition, the surveys provided direct insight into supportive services and resource needs. The survey results are summarized in Appendix B.

PART VI: WHERE WE ARE NOW

FY’2011 Housing Requests and Placements:

Number of Shelter Requests (Individuals)	6,008
Number of Individuals Served in Emergency Shelters	1,015
Others Served (Motels/Shelter Diversion)	629
Number of Individuals Turned Away	4,364

Source: Prince George’s County Department of Housing and Community Development FY’2011 Consolidated Annual Performance and Evaluation Report (CAPER)

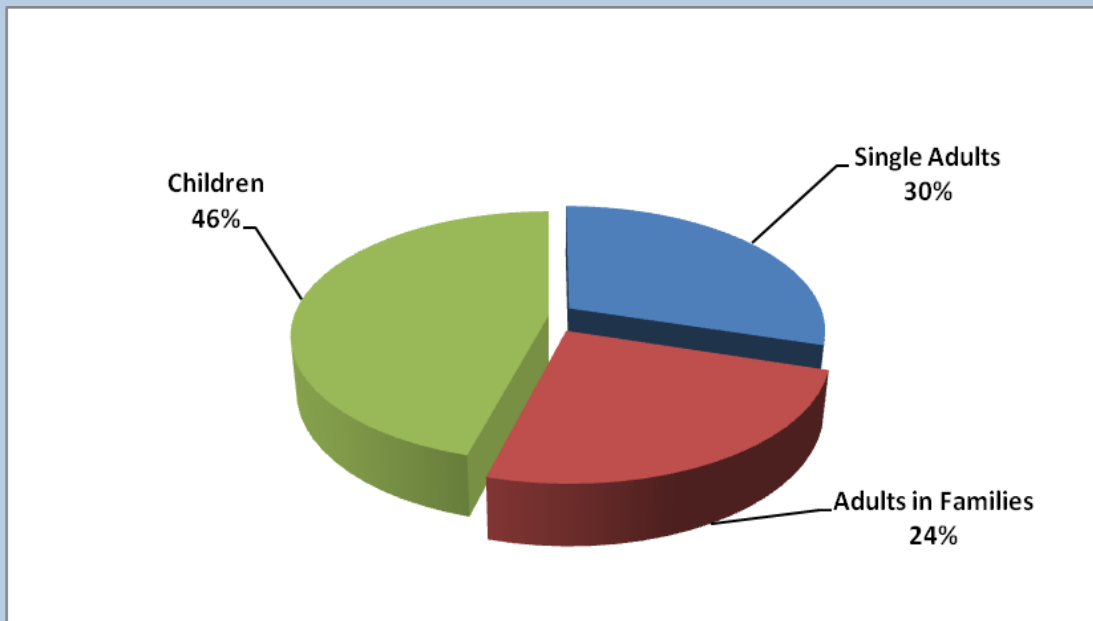
FY’2011 Housing Inventory:

Program	No. of Beds For Persons in Families	No. of Beds for Single Adults	Total Beds
Winter Hypothermia beds*	11*	39*	50
Emergency Shelters	142	44	186
Transitional Housing	192	39	241
Permanent Supportive Housing	181	84	265
CoC Total	526	206	742
Other non-CoC Permanent Supportive Housing (Eastern Avenue Apts. & VASH)	184	90	274
Total	710	296	1,016

**The Winter Hypothermia Program has no bed designation for families versus single adults. Beds were split to demonstrate bed availability in both groups.*

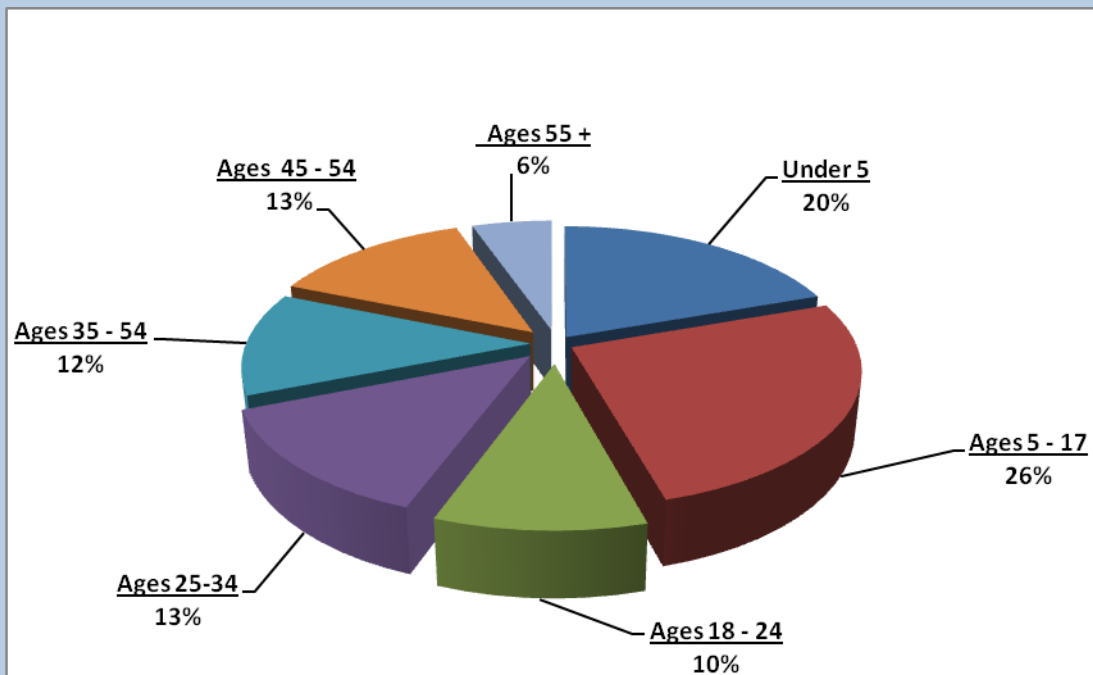
FY'2011 Demographics:

Chart 1: Homelessness by Household Composition - 70% of the homeless persons served were in families and 46% were children.



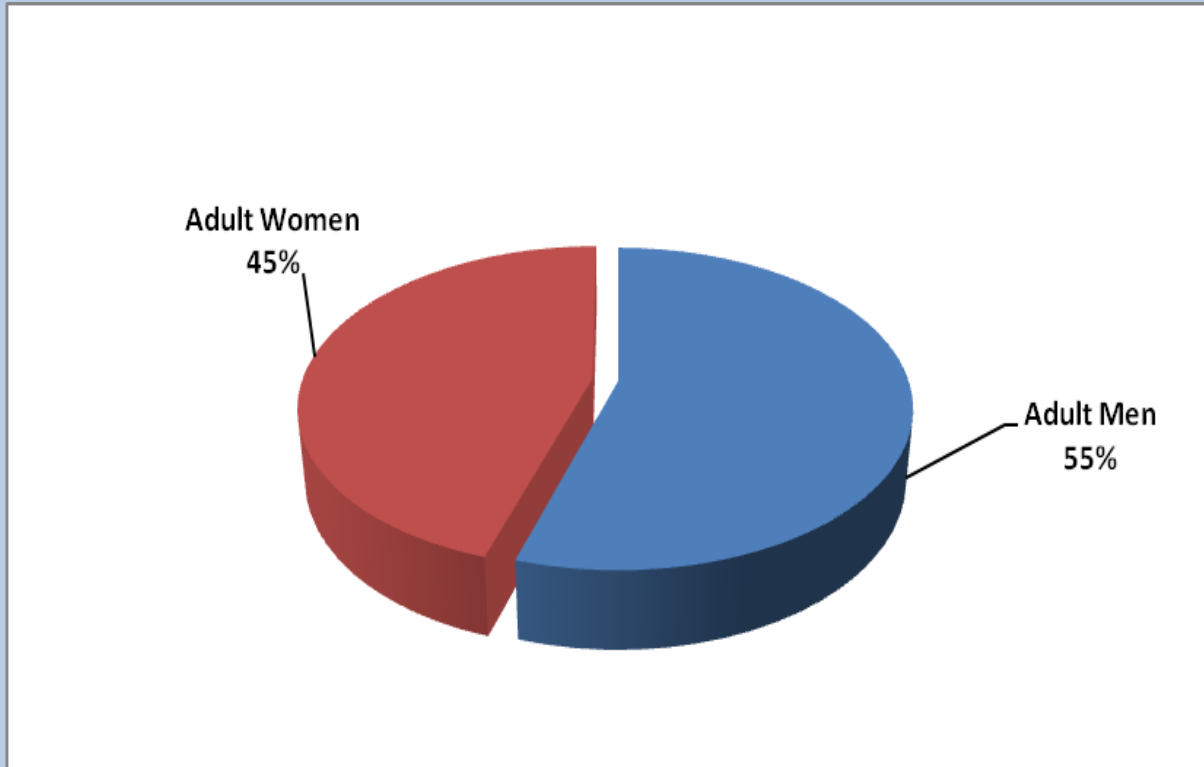
**Source: HMIS*

Chart 2: Homelessness by Age Range



**Source: HMIS*

Chart 3: Homelessness by Gender – Women represent a significant percentage of the homeless adults in Prince George’s County.



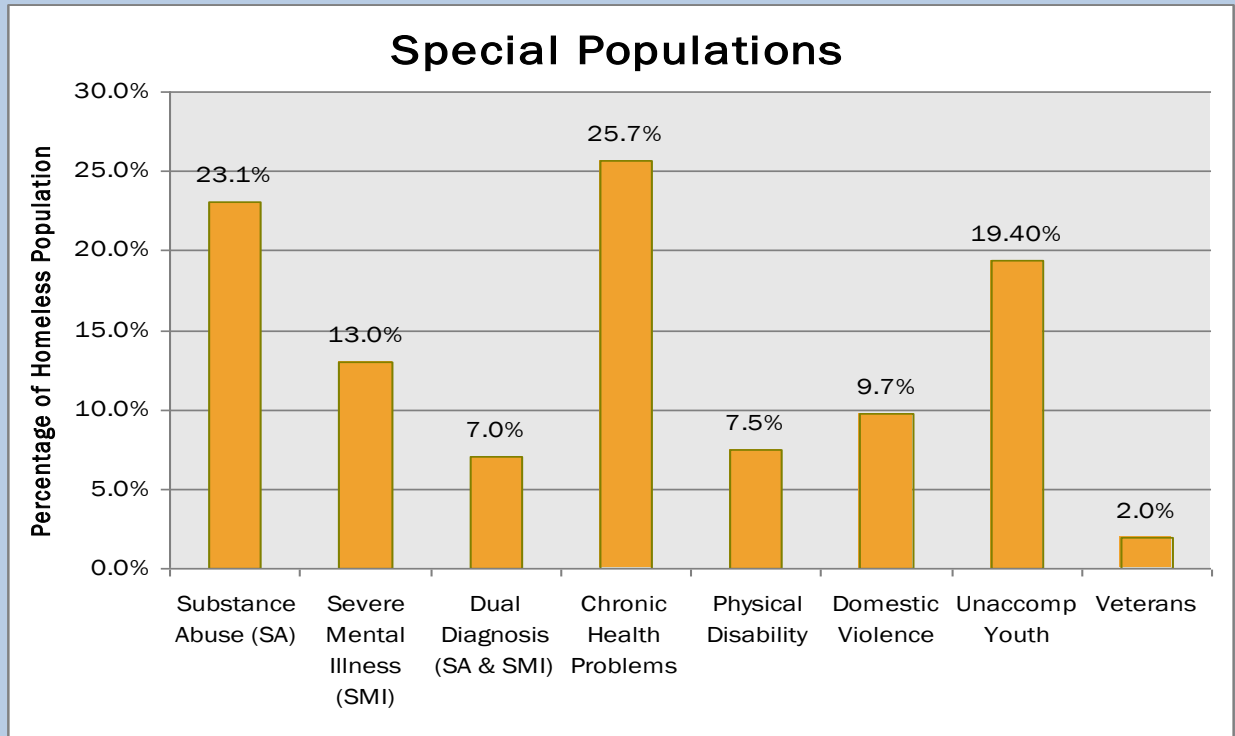
*Source: HMIS

Chart 4: Homelessness by location – Snapshot from the FY’2011 COG Point-In-Time Survey

	Persons in Families	Single Adults	Total	Percentage
Unsheltered (on the street)	0	102	102	9%
Winter Hypothermia beds	0	95	95	9%
Emergency Shelters	139	78	217	20%
Transitional Housing	206	153	359	33%
Subtotal-Literally Homeless	345	428	773	
Permanent Supportive Housing	216	108	324	29%
Total Persons Served	560	536	1,096	100%

Source: 2011 PIT Survey

Chart 5: Homelessness by Special Populations



Source: 2011 PIT Survey & 2011 JHU Youth Survey

Sources of Data:

The County uses two primary sources of data to track homelessness; the Homeless Management Information System (HMIS) and the annual Point-in-Time Survey.

Homeless Management Information System (HMIS)

The Department of Social Services implemented the homeless management information system in January of 2002, and since that time DSS has licensed, trained and provided ongoing technical support to 29 organizations servicing individuals and families in crisis. Prince George's County was the first County in the State to utilize an HMIS, which is now a national requirement for the receipt of federal and state funds. Collectively, these organizations have entered more than 54,000 customers into the system.

HMIS maintains a record of each customer accessing services regardless of their point of entry and allows critical data sharing among agencies to reduce duplication and maximize utilization of resources. The HMIS data provides a systemic and long term look at the issues of homelessness affecting the County not captured by the multi-jurisdictional Point in Time Survey.

Point-in-Time Survey

The Homeless Services Partnership (HSP) conducts an annual inter-jurisdictional one-day count of homeless individuals in Prince George's County in January of each year which is planned and conducted in partnership with the Washington Metropolitan Council of Government's Homeless Advisory Board and the Governor's Advisory Board. Staff and volunteers associated with HSP

recruit survey respondents (homeless individuals) from street locations (parks, libraries, shopping centers, etc.), emergency shelters, transitional and supportive housing projects, state and county agencies, and community churches. This count does not include the many households that are at risk of homelessness, but did not reach out for service on the day of the survey. In addition, in 2011, the HSP initiated a separate annual street survey of unstably housed and homeless unaccompanied youth and young adults to begin collecting data specific to this special population.

PART VII: WHERE WE ARE GOING

Homelessness today is not limited to a unique place or class of people. It is an outward symptom of a wide array of socio-economic, episodic factors that result in people facing the loss of shelter. Since “one size does not fit all” a range of options are needed to prevent more households from becoming homeless or to reduce the time a household is homeless.

The data described in Part VI confirms the need for additional affordable housing options to assist the homeless families and individuals and those at risk of homelessness; highlighting the need for the County to make a concerted effort to make additional affordable housing resources available, either through development and/or subsidy programs, realignment of existing resources with prevention and rapid re-housing initiatives and targeting of permanent supportive housing for the most vulnerable homeless population.

Following the approval of this plan, the HSP will begin working on implementation. This will involve the following actions:

1. Develop a planning matrix with specific action steps with organizations responsible for the activity and timelines.
2. Re-design of the homeless continuum of services to deliver more effective, efficient and measurable services to individuals and families who are homeless and/or at risk of homelessness;
3. Design and implement targeted strategies for homeless and unstably housed unaccompanied youth, veterans, domestic violence survivors, chronically mentally ill, disabled and/or dually diagnosed and returning citizens (ex-offenders).

PART VIII: HOW WE WILL GET THERE: CORE STRATEGIES TO END HOMELESSNESS

Using best practices learned from communities nationwide, the plan focuses on six key strategies that have proven to be effective in reducing homelessness: coordinated entry, prevention assistance, shelter diversion, rapid re-housing, permanent housing and improved data collection and performance measures. In addition, accommodations were made for subpopulations that have distinct needs requiring separate exploration: homeless or at-risk unaccompanied youth, veterans, chronically homeless, mentally ill, substance abusing or dually diagnosed persons and/or disabled individuals, domestic violence survivors, and returning residents.

STRATEGY ONE: COORDINATED ENTRY

OUTCOME OF SUCCESSFUL IMPLEMENTATION: Reduction in the average number of days individuals or families stay in the homeless assistance system

Prince George's County and the HSP will strengthen and expand its coordinated entry process currently managed by the Homeless Hotline that includes 2-1-1 services. This process, available 24/7/365, has standardized the intake and assessment process for accessing homeless assistance and housing services, created a faster match between a household's needs and the program that fits those needs best, and moved households quickly from a state of housing crisis to permanent housing. This coordinated entry point is staffed by trained workers capable of conducting an initial intake, connecting callers (clients and providers), and entering initial data into HMIS. Staff will continue to be trained on a regular basis to ensure they are aware of all the resources available for callers' needs and can act quickly to resolve crisis situations (e.g., for households fleeing domestic violence). The re-designed coordinated entry point will also feature:

- **Clear communication and cooperation between providers.** Providers will continue to be responsible for sharing information on how their programs work, what their requirements are, and who they serve so that intake workers are able to make informed referrals. New providers will be added as they are identified to ensure consistency and seamless application of policy.
- **A clear and consistent assessment process.** The County and the HSP will re-evaluate its current assessment tool(s) to ensure they focus on assisting households based on their level of need, with referrals and admissions to more intensive services and programs being reserved for households with the most barriers to returning to permanent housing. The revised assessment tool will include questions that help capture information on the current system's ability to serve consumers properly. Data that shows where the households were sent and if this intervention was chosen based on available vacancy or best fit will be used to identify and address potential system gaps in services and programming. An Assessment Committee formed from the HSP membership will be responsible for undertaking these tasks.
- **Expanding the number of providers involved in HMIS.** All housing service providers that receive federal, state or county funding are required to enter data into HMIS. Other providers and/or organizations that are not currently entering data into HMIS will be encouraged to utilize the system. Increased data entry will allow the County to collect more accurate estimates on how many people are being served and how many are successfully being prevented from entering the homeless assistance system. We will attempt to increase the Continuum of Care's HMIS bed coverage rate every year until all homeless providers utilize the system.
- **Information warehousing.** The Homeless Hotline has information on relevant mainstream resources and keeps a record of who to contact at each organization, hours of service, etc. Consumers will receive referrals to these services whenever necessary. The HSP Assessment Committee will be charged with developing a process for making sure the list of available referral agencies contains current contact information and program summaries and is updated on an annual regular basis.

- **Data centralization.** Initial data entry happens through the Homeless Hotline call. Data is shared among providers so that if a referral to a program is made after an assessment has been completed, the individual program will not have to re-enter data that is already in HMIS. Currently, providers call in twice a day to report the number of beds available in their programs. In the future, HMIS will be programmed to show how many open beds are available in each program at any given time. Additionally, for the coordinated intake to be as effective as possible, all organizations that provide homeless assistance services will be included in the data centralization process, meaning they will share their data with the workers at intake and agree to receive referrals exclusively from it.
- **Warm hand-offs and referrals.** The Homeless Hotline is responsible for referring and, when possible, admitting eligible households to appropriate shelters. Referrals will happen through a warm handoff process, where intake workers share data with the provider and call to discuss the client and make sure they transition into the program smoothly. This referral and prioritization process will be written out and finalized by the HSP Assessment Committee. The Coordinated Entry Point will facilitate automatic admissions to the emergency shelters and will provide referrals for all other services.
- **Centralized Triage.** One or more locations will be identified to provide a coordinated 1-on-1 assessment that enhances the “warm hand-off and referral” process. The primary purpose of this effort will to be triage and facilitate the quickest route to permanency.
- **Emergency Shelters and Transitional Housing.** It is widely recognized that shelters of any kind are never a replacement for a home, however transitioning away from this component of the service delivery system will take extensive time and careful planning. The County and members of the HSP will continue to explore alternatives as they seek the best solutions for County residents.

COORDINATED ENTRY PERFORMANCE MEASURES:

- Number of households diverted from entering shelter
- Number of households returning to homelessness after being re-housed in permanent housing through the Homeless Hotline within 12 months
- Average number of days between initial contact with the coordinated entry point and placement into permanent housing
- Number of new households who become homeless

OTHER DATA OF INTEREST:

- Number of people coming to the coordinated entry point seeking assistance
- Number of households seeking homeless assistance after exiting an institution

STRATEGY TWO: PREVENTION ASSISTANCE

OUTCOME OF SUCCESSFUL IMPLEMENTATION: Reduction in the number of people entering the homeless assistance system, and increase in the percentage of individuals sustained in permanent housing

Prevention assistance, usually in the form of immediate and short-term rental and/or utility assistance, provides a means of preserving permanent housing situations and saving households from having to enter the homeless assistance system. Currently, a wide range of public and private organizations, including many faith-based organizations, provide prevention assistance funds to members of our community.

Over the next ten years, we will create and fully implement a publicly and privately funded and coordinated intervention system focused on preventing and addressing homelessness, providing this assistance in a way that maximizes the effectiveness of this limited pool of resources. The most effective use of resources will be accomplished through a focus on performance measurement, careful targeting of resources to the households most at risk of homelessness, and coordination with mainstream agencies that may be able to provide financial support to homeless households. A number of specific steps will be taken to meet these goals, including:

- **Providing prevention services through the coordinated entry process.** The Homeless Hotline will continue to screen all incoming at-risk or homeless households for prevention needs. Once the Prince George's countywide 3-1-1 comes online, the Prince George's Department of Social Services will work with the County to identify opportunities for integration of this new service with the current prevention screening system.
- **Careful targeting of households that are truly the most at risk of homelessness through the use of shelter data.** Members of the HSP will develop a consistent set of standards for providing prevention assistance based on data on the households that have entered shelter recently. Where feasible, all programs that receive prevention assistance funds will be required to adopt these standards. The County will continuously monitor its shelter data to identify changes in population that may impact these standards and the HSP will periodically review and update their standards accordingly, thereby ensuring that the system continues to target those most at risk. The HSP Assessment Committee will also monitor shelter data to update the tool used at intake.
- **Improving coordination with mainstream resources.** The HSP will build upon current partnerships to ensure maximum leveraging of all mainstream and entitlement programs in the plan to provide prevention assistance. Financial funding and support resources such as TANF, SNAP, OHEP, Medical Assistance, POC, and other similar programs that are often available to families in lower income brackets, are essential elements in helping individuals and families stretch limited income and help homeless assistance resources go even further. In addition, the HSP will reach out to private, foundation and faith-based organizations to supplement and expand the pool of funds available to provide direct intervention.
- **Improving coordination with the Department of Corrections.** The Department of Corrections will be brought into the prevention assessment process to enhance our ability to promote successful re-entry of ex-offenders back into the community. The Countywide Re-

Entry Roundtable, which is headed by the State's Attorney's Office, Parole and Probation and Adam's House is currently working on a protocol for establishing the housing needs and options of individuals exiting these facilities.

- **Providing case management, landlord/tenant conflict mediation, and development of a housing plan as needed or required by funding sources.** Intake workers or case managers will provide the services necessary to help a household preserve a safe housing situation. In addition to financial assistance, or in some cases, instead of financial assistance, case managers or intake workers may provide services such as mediation services, crisis intervention counseling, short-term case management, connections to relevant mainstream resources, and help seeking employment. The services each household receives will be tailored to their individual circumstances and level of need. A Housing Development Committee, consisting of HSP members, will work with frontline staff from provider organizations to develop and provide trainings on how to work with landlords on the consumers' behalf.
- **Follow-up services.** Case managers and intake workers will make contact three months after services have ended to see if the household has remained in a stable housing situation. A basic follow-up procedure will be developed by the Housing Development Committee
- **Identify gap financing.** Members of HSP will activate the Fundraising Committee to identify ways to fund the "gaps" in available resources.

PREVENTION PERFORMANCE MEASURES:

- Number of households coming to the coordinated entry point which are prevented from becoming homeless
- Number of households becoming homeless after being provided with prevention assistance within 6 months

OTHER DATA OF INTEREST:

- Number of people requesting prevention assistance
- Number of people receiving prevention assistance services and/or funds
- Average cost per household served
- Average cost per household that remained housed

STRATEGY THREE: SHELTER DIVERSION

OUTCOME OF SUCCESSFUL IMPLEMENTATION: Reduction in the number of people entering the homeless assistance system, and increase the number of people diverted from the homeless shelter by being placed in alternative housing options

The goal of this strategy is to help at-risk households seeking shelter to identify alternative housing options (avoiding entry into a shelter) and to offer support and services that will help them stabilize until a permanent housing opportunity opens up. Shelter diversion will be handled through the coordinated intake process. Diversion will be used in cases where it is a safe and practical alternative to shelter. Intake workers will identify all possibilities that might exist to help prevent unnecessary shelter entry, including staying with friends, relatives, or coworkers. When possible, coordinated intake staff will work to permanently re-house the household into a more affordable or appropriate unit.

Households that need funds or services to make an alternate housing situation work will be provided with financial assistance, case management, mediation, and/or other services as necessary. The HSP Assessment Committee will be responsible for ensuring that the shelter diversion methods currently being used by intake workers correspond with best practice. Organizations that may not yet participate in the coordinated entry process will be trained on what shelter diversion is and what questions to ask to determine if a household would best be served by diversion services.

Questions would include:

- Where did you sleep last night?
- What other housing options do you have for the next few days or weeks?
- What issues exist that jeopardize your ability to remain in your current housing situation? Can those issues be resolved with financial assistance, conflict resolution, case management, or other assistance?
- Is it possible / safe to stay in your current housing? What resources would you need to do that (i.e.; financial, case management, conflict resolution, mediation, or transportation)?

SHELTER DIVERSION PERFORMANCE MEASURES:

- Percent of people who apply for shelter entry and receive diversion assistance
- Number of diverted households that re-request homeless assistance services within 12 months of diversion
- Percentage of diverted households that end up entering shelter within 6 months

OTHER DATA OF INTEREST:

- Average cost per household of diversion assistance
- Average number of days a household is homeless (diversion can be partially successful if it reduces average shelter stays even if it can't prevent shelter entries) for people who receive diversion assistance and who subsequently enter shelter.

STRATEGY FOUR: RAPID RE-HOUSING

OUTCOME OF SUCCESSFUL IMPLEMENTATION: Shorter lengths of stay in homelessness and reduction in the number of returns to the homeless assistance system

Rapid re-housing is recognized as a national best practice. Nationally, many successful rapid re-housing programs have recidivism rates of less than 10%. Keys to the success of this approach include, but are not limited to: a well-developed housing barrier assessment process, good relationships with landlords, the presence of staff who are skilled in negotiation, housing location, and case management, and the availability of funds for short-to-medium rental and utility subsidies, as well as other costs associated with moving to housing. In Prince George's County, rapid re-housing will continue to be improved and expanded in the following ways:

- **Identification of funding opportunities.** The County intends to utilize new funding available through the Emergency Solutions Grant to support its rapid re-housing and prevention assistance efforts. Working cooperatively with the Department of Housing and Community Development, the County will also examine whether existing funds can better serve residents with housing needs and any proposed changes would be submitted through the appropriate process for incorporation into HUD's Five Year Consolidated Plan. Proposed changes in the Consolidated Plan could involve Rental Assistance Program (RAP), Community Development Block Grant (CDBG), HOME Investment Partnerships Program (HOME) or Housing Opportunities for Persons with AIDS (HOPWA) funding and set-aside vouchers (when they can be funded). In addition, the CoC will evaluate its current funds to identify opportunities for re-allocation as well as continue to advocate and apply for new funds as they become available. Finally, members of the HSP will increase outreach to partner faith-based organizations that might have capacity to provide funding, rental assistance or for housing units.
- **Conversion of the Transitional Housing Programs to New Models.** The County will explore converting transitional housing programs to "transition in place" and permanent supportive housing models. The "transition in place" concept involves the program identifying a unit, supporting the household with services and rental subsidies until the household has stabilized, and then moving the program rather than the family to another unit. Households are encouraged to transition to independence as quickly as possible.

This process will require HSP to work with the County to identify transitional housing programs that might be good candidates for changing their service delivery system and working with these programs to systematically transition to the new model. HSP and DSS will aid in the process of helping programs manage the changes that may be required in their operating procedures.

- **Bolster landlord outreach efforts and partnerships.** The County will need to work with providers to expand the network of landlords involved with rapid re-housing programs. This will require collaboration among providers and the sharing of information on landlords who have been friendly in the past. This information should be collected and entered into a landlord database accessible by all providers. Additionally, the Housing Development Committee will work with providers to arrange informational events for landlords and property management companies. Development of incentives for participation should be

considered. The Housing Development Committee should also be in charge of designing and carrying out all related outreach efforts.

- **Encourage reunification when possible.** In certain cases, the best permanent housing option for a household may be reunification with a family member, friend, or other person that can provide them with a stable housing situation. This is especially true in the case of an unaccompanied youth. Case managers will work with clients to ascertain when such situations are available and what might be done to make such a housing solution work.
- **Develop housing barrier tool.** While an assessment for housing barrier should take place through the coordinated entry point, it is likely that more information will be needed once the referral has been made to a rapid re-housing program. The HSP Assessment Committee will be responsible for making sure that a housing barrier section is included in the Assessment Tool that ensures households are provided with the right mix of subsidy and services based on their needs.
- **Training for case managers.** Case managers will need training in models that have been used in rapid re-housing in the past. They will also need to be trained on the differences in providing services in a voluntary, home-based setting as well as Fair Housing regulations. The HSP Housing Development Committee will coordinate times for these types of trainings.
- **Identify gap financing.** Members of HSP will activate the Fundraising Committee to identify ways to fund the “gaps” in available resources.

RAPID RE-HOUSING PERFORMANCE MEASURES:

- Number of households referred to rapid re-housing programs
- Average number of days between intake and placement into permanent housing
- Percentage of households housed in permanent housing
- Number of people re-housed in 30 days or less
- Percentage of people that remain in permanent housing 12 months after being housed

OTHER DATA OF INTEREST:

- Number of landlords participating in the rapid re-housing program
- Number of high barrier households served
- Average number of months a household receives a housing subsidy
- Average cost per household served
- Average change in income between referral and program exit

STRATEGY FIVE: PERMANENT SUPPORTIVE HOUSING

OUTCOME OF SUCCESSFUL IMPLEMENTATION: Shorter lengths of stay in homelessness, and fewer returns to the homeless assistance system

Permanent supportive housing is another way to “open the back door” of the homeless assistance system. This proven strategy has been very successful in providing a solution to homelessness for chronically homeless households and other households with very high barriers. By pairing a housing subsidy with intensive wraparound services as long as is necessary for the household, these units provide a supportive setting for these households as well as reduce the costs to other systems (i.e.; jails or emergency rooms). To ensure these units are targeted appropriately and are as effective as possible Prince George’s County and the HSP will:

- **Develop and consistently use of a vulnerability test as part of the universal assessment tool.** Having a vulnerability tool that is used by all permanent supportive housing providers will guarantee that targeting standards across the County are consistent. The tool will target deeply, meaning that higher-barrier and chronically homeless households will be prioritized for receiving permanent supportive housing units. Models from around the country, including the 100,000 Homes program, will be used to help develop a tool that identifies these customers and the HSP Assessment Committee will be responsible for developing the final product. Again, the uniform use of the tool by all permanent supportive housing providers will be crucial in reducing the number of chronically homeless households in the County. It is recommended that persons referred for the permanent supportive housing slots, be assessed prior to placement by a multi-disciplinary team, utilizing the assessment tools that have been developed.
- **Creation of new units; including conversion opportunities.** The HSP and the County will explore expansion of permanent housing units by converting transitional housing program beds into permanent housing beds. This process will require HSP to work with the County to identify transitional housing programs that might be good candidates for conversion and if identified and selected, HSP and DSS will aid in the process of helping programs manage the changes converting may require to their mission, by-laws, and operating procedures.

The HSP will also work in collaboration with the Housing Authority to identify opportunities to expand permanent supportive housing units (which may include applications for new vouchers as well as a set-aside of existing vouchers when they can be funded) for this target population.

- **Explore the use of Medicaid in funding supportive services.** The Affordable Care Act may create an influx of new resources available for funding supportive services for permanent supportive housing. We must be proactive in determining how these resources can best be used. A Medicaid Task Group that includes DSS, the Health Department and providers doing medical bill back will be formed to begin to discuss how this approach can be implemented on a wider scale.
- **Identify gap financing.** Members of HSP will activate the Fundraising Committee to identify ways to fund the “gaps” in available resources.

PERMANENT SUPPORTIVE HOUSING PERFORMANCE MEASURES:

- Percent of chronically homeless people successfully placed into permanent housing
- Percent of long-term tenants (more than one year of residency) who exit for negative reasons (eviction, corrections, homelessness, unstable doubled up situation, unknown, hospitalization)
- Percent of long-term tenants who exit for positive reasons
- Percent of tenants that exit and return to homelessness

OTHER DATA OF INTEREST:

- Retention rates of households in permanent supportive housing
- Percent of long-term tenants who are screened for placement in less intensive permanent housing
- Average level of barriers per new tenants (there are numerous ways to measure this, including a vulnerability index, length of homeless episode, number of homeless episodes, or level of involvement in corrections, public health, and mental health systems)
- Average increase in income during first year of tenancy
- Percent of tenants engaged in treatment
- Number of new units available for permanent supportive housing

STRATEGY SIX: IMPROVED DATA AND OUTCOME MEASURES

OUTCOME OF SUCCESSFUL IMPLEMENTATION: Improved performance data, data driven decision-making

Having comprehensive, accurate data and a continued focus on outcomes will be crucial to the success of this plan and the community in first reducing, then ending homelessness. All providers and stakeholders will need to share a common focus on improving our performance in reducing new entries into homelessness, lengths of stay in homelessness, and returns to homelessness. This focus will require an improved and expanded performance measurement structure.

- **Define performance measures that will drive funding requirements in the future.** The HSP and DSS will determine which performance measures it will be examining on the system, program, and program type basis. Each of these measures will need to be defined in plain language and reflect the goals of the system moving forward. HUD may define some of these measures for the County, however, measures will likely include:
 - New episodes of homelessness
 - Length of stay in homelessness
 - Returns to homelessness
 - Exits to permanent housing
 - Housing retention
- **Implement new measurement process.** Once new performance measures have been defined, the County must take responsibility for creating new benchmarks for each and in setting a process to report them out. Providers and stakeholders will need to meet to gather baseline data, decide on a benchmarking process, and share this process with all

providers. Data collection tools should be clearly aligned with the data requirements of the County's new CountyStat initiative.

- **Create an incentive process based on performance.** Along with the new performance measurement process, the County will have to determine how to incentivize high performing providers.
- **Create quality improvement process for low performers.** Providers that are struggling to meet the standards the CoC/HSP has set will go through a defined process to improve their performance. This may include peer mentoring, where staff is required to meet with representatives from high-performing agencies a certain number of times to learn about how they've been successful, attendance at required trainings, and/or other technical assistance from key providers or consultants.
- **New structures around performance measurement.** The CoC/HSP and the County will need to create a formal structure around performance measurement. This structure will include performance-based contracting, where the expectations for each program's performance will be written into their funding contracts with the County. The first round of these applications will simply require programs to provide data on the appropriate measures. The second round (or fiscal year) will require that programs meet the benchmarks. Programs that fail to meet the established benchmarks will receive technical support and if low performance continues, will begin to see reductions in the funding available to them.

Beyond the contracts, the CoC/HSP and the County will also have to make clear what the overall program type priorities are for the Continuum of Care. Preferred program types will be based on data on which ones have the most cost-effective and sustainable exits to permanent housing in the shortest period of time. These priorities will be published in all required places and made clear to all providers. Suggested performance measures are available in Appendix A of this document, which will be further refined by the HSP during the implementation phase of this plan.

PART IX. SPECIAL POPULATIONS

The strategies outlined above will apply to all at-risk and homeless populations that we work with however we want to include special consideration for homeless subpopulations that have distinct needs that require separate exploration. Identifying what these needs are and determining how they fit in with the rest of the ten year plan will be an ongoing piece of the work the County does around implementation of the ten year plan. As such, the contents of this section will continue to be updated over time. The Executive Committee of the HSP will be responsible for monitoring this work and progress on work done to address the issues each sub-population faces will be measured in a way that is compatible with the performance measurement strategies outlined in the rest of the plan.

A. UNACCOMPANIED HOMELESS AND UNSTABLY HOUSED YOUTH AND YOUNG ADULTS

OUTCOME OF SUCCESSFUL IMPLEMENTATION: Reduction in the number of unaccompanied youth and young adults experiencing a state of homeless and/or unstable housing.

Prince George's County has identified unaccompanied homeless and unstably housed young people under the age of 25 as a distinct group deserving of separate attention because the issues they are dealing with and the solutions to their homelessness are different from those of older adults and/or children who are living with parents or guardians. Their issues and solutions are related to developmental and socialization needs and challenges common to youth and young adults. Development of a single integrated system of care that is based upon meeting their immediate needs, connecting them with appropriate support systems, and supporting their personal development along their transition to adulthood is essential to reducing the numbers of vulnerable youth and young adults experiencing a state of homeless and/or unstable housing in Prince George's County. Important characteristics include:

- Cohesive and Youth-Needs Driven
- Capacity for Responsive and Immediate Engagement
- Recognition of 16–24 as a distinct developmental stage in life
- Successful Marketing and Outreach
- Comprehensive and Effective Services
- Sufficient and Diversified System-Driven Funding

Strategic efforts to eliminate homelessness for this subpopulation will focus on the following areas:

- Engaging Youth
- Building and Sustaining a Network
- Enabling Access
- Generating Support
- Benchmarking the Field
- Service System Development

B. CHRONICALLY HOMELESS, MENTALLY ILL, SUBSTANCE ABUSING, DUALY DIAGNOSED AND/OR DISABLED INDIVIDUALS

OUTCOME OF SUCCESSFUL IMPLEMENTATION: Reduction in homelessness and increased service utilization for the above-mentioned special populations.

Studies show that although chronically homeless people represent a small share of the overall homeless population, their effect on the homeless system and the community is considerable. Emergency shelters are not designed to address the extensive needs of people with serious mental illness or other disabilities and they tend to be difficult to place in permanent housing without supportive services. The result is they stay homeless in shelters for long periods of time, and use a disproportionate amount of shelter resources. Further, many individuals in these subpopulations do not access emergency shelter because they are not willing or cannot comply with the shelter regulations.

In a study conducted in Salt Lake City, Utah, chronically homeless people represented only 12 percent of the people who used the city's largest emergency shelter, but they accounted for 57 percent of shelter bed use.² In a ten year study of shelter use by chronically homeless people in New York City, Dr. Dennis Culhane found that "a chronically homeless person living on the streets used an average of \$40,449 in public resources each year. Placement of persons in supportive housing through the New York-New York program reduced service costs to an average of \$16,282 per housing unit per year. In New York, although the chronically homeless individuals represented only 10% of the population, they spent an average of 280 days per stay-virtually living in the system and utilizing half of its resources".³

Strategic efforts to eliminate homelessness for this subpopulation will focus on the following areas:

- Organize a collaborative workgroup comprised of all local organizations that specialize in serving the special populations mentioned above;
- Coordinate training for all service providers on an ongoing basis, and develop a service provider manual that clarifies eligibility criteria and program guidelines;
- Improve service delivery by increasing the number of organizations utilizing HMIS;
- Expand outreach efforts to engage this population, meeting them at their level/point of need;
- Expand housing options, including safe havens and/or a drop in center;
- Increase housing and resource opportunities for these populations by submitting grant applications for new funding opportunities;
- Develop and expanding advocacy efforts focused on serving these populations; and
- Develop a multi-discipline panel to review and prioritize all permanent supportive housing placements.

C. VETERANS

OUTCOME OF SUCCESSFUL IMPLEMENTATION: Reduction in the number of homeless veterans, increased VA and other support service utilization.

Prince George's County has the largest number of veterans in the State, and yet few access the homeless services system. According to statistics provided by the U.S. Department of Veterans Affairs, the agency projects that in 2012 there will be 65,565 veterans living in Prince George's County, representing 14% of the veterans in the State (459,918). The FY'2011 Point In Time count identified only 15 homeless veterans on the day of the survey.

Strategic efforts to eliminate homelessness for this subpopulation will focus on the following areas:

- Organize a vibrant and collaborative veteran workgroup comprised of all local organizations that specialize in veterans services;
- Develop an annual work plan, including a gaps analysis, to reduce and end homelessness for veterans in five years;

² Salt Lake County Long Range Planning Committee, 2005. *Ending Chronic Homelessness in Salt Lake County Ten Year Plan*

³ Kuhn, R. & Culhane, D.P. 1998 *Applying Cluster Analysis to Test a Typology of Homelessness*

- Target outreach to identify homeless veterans;
- Simplify access to services;
- Increase housing and resource opportunities; and
- Collect data and conduct performance assessments.

D. DOMESTIC VIOLENCE SURVIVORS

OUTCOME OF SUCCESSFUL IMPLEMENTATION: Increase in the number of domestic violence survivors who obtain safe, permanent housing, stabilizing their household.

There is a significant lack of emergency shelter beds for domestic violence survivors and serious gaps in who can be served. Prince George's County currently has no shelter beds for domestic violence survivors who meet the following criteria: families with children who are 18 years or older, males who are the head of a household, undocumented immigrant populations, domestic violence by a non-partner and LGBTQ domestic violence survivors. Thus, the County needs to improve services available to ensure that every person trying to flee domestic violence has a safe, secure place to stay regardless of their family configuration. Safe housing includes emergency shelter beds with an emphasis on rapid re-housing.

Strategic efforts to eliminate homelessness for this subpopulation will focus on the following areas:

- Organize a collaborative workgroup comprised of all local organizations that specialize in domestic violence survivors;
- Simplify access to services;
- Increase housing and resource opportunities for domestic violence survivors by submitting grant applications for new funding opportunities.
- Develop and expand advocacy efforts focused on serving these populations; and
- Conduct trauma-informed training for existing shelter programs to create competency within the regular homeless system to address the unique needs of survivors.

E. RETURNING CITIZENS

OUTCOME OF SUCCESSFUL IMPLEMENTATION: Reduction in the number of returning citizens (formerly called ex-offenders) entering the homeless assistance system.

In 2010, the County formed a Re-Entry Roundtable with the goal of improving the collaboration of criminal justice agencies, community organizations and service providers and promoting successful re-entry or integration of returning citizens to their families and community. Most returning citizens do not go back to family or friends, resulting in homelessness and/or an increased the risk of falling into circumstances that lead them back to a life of crime.

To improve successful re-entry, the Roundtable is focusing on the following areas:

- Develop a structured re-entry process since the current process is fragmented;
- Increase collaboration between all organizations that specialize in returning citizens;
- Initiate the development of an Individual Service Plan upon entry into the system.
- Focus efforts on the subset of the population that are likely to remain in County facilities (many of those who are incarcerated will be sentenced to a facility outside of the County);

- Create a viable discharge plan that ensures returning citizens are not discharged into homelessness; and
- Increase housing and resource opportunities for returning citizens by submitting grant applications for new funding opportunities.

PART X. WHAT HAPPENS NEXT

Completing the plan is only the first step in meeting our goal to prevent and end homelessness. The plan outlines key strategies and following approval of the Ten Year Plan, the HSP will develop an implementation matrix that provides concrete action steps that move the plan forward. Making changes in focus, direction and service priorities needed to prevent and end homelessness could require major changes in how programs are structured and what services are funded and it is important to remain mindful that true system change never ends. It is a circular process involving planning, implementing and evaluating; and then starting the cycle again.

Generate and Sustain Support

Systemic and sustainable change to the policies and programs affecting homeless individuals and families as well as to the external supportive systems such as housing and other human service agency programs is only possible when there is buy-in at every level. Therefore it is essential that policy makers, elected officials, funding agencies and other key decision makers are well informed and well armed to make difficult choices and provide the support necessary for real change to occur. Members of the HSP will work to ensure that the strategies presented in the 10 year plan are presently clearly, educate those in leadership roles about why these strategies are so important to the goal of preventing and ending homelessness, and help them embrace their role in moving this plan forward.

Educate and Involve the Community

Many people are not aware of the nature and extent of homelessness in the County. Further, most County residents are not aware of promising new strategies that have been successful in preventing and/or reducing homelessness in communities around the nation. Members of the HSP will conduct a countywide campaign to educate our community about homelessness and promote the strategies contained in this plan. The public will learn about the potential successes of the strategies and how the strategies are different from current practices. Concerns about implementation of the strategies will be addressed and the community will be encouraged to take an active role in reducing and ending homelessness.

Implementation Plan

Making the changes necessary to move from the current approach to providing homeless services to new systems that should prevent homelessness and/or reduce homelessness for an increased number of households is not an easy process. During the last quarter of FY'2012 and the first quarter of FY'2013, members of the HSP will develop an implementation matrix that will include specific actions needed to implement the strategies, identification of the organizations and HSP committees (see chart below) that will carry out the actions, projected dates for accomplishments and outcome measures for each action item. Implementation of the plan is scheduled to start in FY'2013.

HSP ORGANIZATION & COMMITTEES

***Ad Hoc Includes: Annual Report, Nominating, Partnership Structure (NEW), and Assessment (NEW) Committees*



Special Population Work Groups:

- A. Unaccompanied homeless and unstably housed youth and young adults
- B. Chronically homeless, mentally ill, substance abusing, dually diagnosed and/or disabled individuals
- C. Veterans
- D. Domestic violence survivors
- E. Returning citizens

Appendix A: Program-Level Outcome Measures

Note: System level outcome reports will also be prepared consolidating data from program-level reports for the measures below. Additional measures that are only system-wide are at the bottom of the chart.

<i>Program Type</i>	<i>Efficiency Measures</i>	<i>Output Measures</i>	<i>Quality Measures</i>	<i>Outcome Measures</i>
Coordinated Intake (CI)/Prevention (P)/Diversion (D) (programs intended to prevent homelessness for people who are seeking shelter assistance)	Average length of time per assessment (CI) Average cost per household served (P/D)	Number of people assessed (CI) Percent of assessed households receiving diversion assistance (D) Number of assessed households receiving diversion assistance (D) Percent of assessed households receiving prevention assistance (P) Number of assessed households receiving prevention assistance (P)	Average number of days from referral to program admission (CI) Number of cases where a program referral is sent back to intake (CI)	Percent of households diverted but requesting shelter placement within 12 months (D) Number of households diverted but requesting shelter placement within 12 months (D) Percent of households receiving prevention assistance but requesting shelter placement within 12 months (P) Number of households receiving prevention assistance but requesting shelter placement within 12 months (P) Percent of households exiting to permanent housing (CI/D/P) Number of households exiting to permanent housing (CI/D/P)

<i>Program Type</i>	<i>Efficiency Measures</i>	<i>Output Measures</i>	<i>Quality Measures</i>	<i>Outcome Measures</i>
<p>Rapid Re-housing</p> <p>Also includes performance measures for emergency shelter (ES), safe haven (SH), transitional housing (transition-in-place-TH)), and other non-permanent residential programs. These initiatives support rapid re-re-housing, and all components of the CoC system will be evaluated.</p>	<p>Average cost per household served</p> <p>(All)</p>	<p>Number of landlords participating in the rapid re-housing program (RRH)</p> <p>Percent of high barrier households served (households with zero income, previous evictions, substance use disorders, criminal histories)-(RRH)</p> <p>Number of households connected to rapid re-housing opportunities (ES)</p> <p>Number of households connected to permanent supportive housing opportunities (ES)</p> <p>Percent of households engaged in treatment (SH)</p> <p>Number of households who receive follow-up case management services after exiting to permanent housing (TH)</p>	<p>Average length of time between program admission and placement into permanent housing (RRH)</p> <p>Average number of months a household receives a housing subsidy (RRH)</p> <p>Average change in income between program entry and exit (TH/RRH)</p> <p>Average barrier level of new entries (ES)</p>	<p>All:</p> <p>Percent of households exiting to permanent housing</p> <p>Number of households exiting to permanent housing</p> <p>Percent of households permanently housed in 30 days or less</p> <p>Number of households permanently housed in 30 days or less</p> <p>Average length of stay for people who exit to permanent housing</p> <p>Percent of households exiting to permanent housing who return to homelessness within 12 months</p> <p>Number of households exiting to permanent housing who return to homelessness within 12 months</p>

<i>Program Type</i>	<i>Efficiency Measures</i>	<i>Output Measures</i>	<i>Quality Measures</i>	<i>Outcome Measures</i>
Permanent Supportive Housing	Average annual cost per household served	<p>Percent of new tenants experiencing chronic homelessness at time of entry</p> <p>Percent of tenants engaged in treatment</p> <p>Average barrier level of new tenants</p>	Average increase in income during first year of tenancy	<p>Percent of chronically homeless people placed into permanent supportive housing (PIT Count of CH households is denominator)</p> <p>Number of chronically homeless people placed into permanent supportive housing (PIT Count of CH households is denominator)</p> <p>Percent of tenants who exit for positive reasons</p> <p>Number of tenants who exit for positive reasons</p> <p>Percent of new entrants who remain housed after 12 months</p> <p>Number of new entrants who remain housed after 12 months</p> <p>Percent of program participants exiting to permanent housing who return to homelessness within 12 months</p> <p>Number of program participants exiting to permanent housing who return to homelessness within 12 months</p>

<i>Program Type</i>	<i>Efficiency Measures</i>	<i>Output Measures</i>	<i>Quality Measures</i>	<i>Outcome Measures</i>
Additional System Wide Measures				<p>Number of new entries into homelessness</p> <p>Average length of stay in homelessness (across programs)</p> <p>Percent of exits to permanent housing who return to homelessness within 12 months</p> <p>Number of exits to permanent housing who return to homelessness within 12 months</p>

Appendix B: Customer Survey Summary

SUMMARY OF RESPONSES TO A CUSTOMER SURVEY ON THE PLAN TO PREVENT AND END HOMELESSNESS

The following survey was completed during the spring of 2012 by Prince George's County homeless citizens residing in four emergency shelters, transitional housing programs and individuals who were unsheltered—living on the street. This summary represents feedback from a total of 76 respondents.

The homeless services system in Prince George's County is undergoing a review to improve services. The goal is to create a plan to eliminate homelessness in 10 years. We want to hear your opinion and your concerns about what is working now and what could be improved. Please take a few minutes to complete this questionnaire. Thank you for contributing your time to improve the system in our County.

1. How long have you been homeless? ____ month(s) or ____ year(s)

Length of Time	# of Responses	% of Total
1 – 3 Months	16	23%
4 Months – 1 Year	17	24%
2 Years	18	25%
3 Years	8	11%
4 Years	5	7%
More than 4 Years	7	10%

2. Where was your last residence before entering the emergency shelter?

	# of Responses	% of Total
With Family	31	49%
With Friends	13	21%
Car/Street	15	24%
Other (Jail, Apartment, etc.)	4	6%

3. Which do you think is the best way to prioritize referrals for permanent supportive housing? (Permanent supportive housing is the type of housing provided for people with disabilities such as mental health, etc.):

	# of Responses	% of Total
Vulnerability	16	27%
Length of Homelessness	19	32%
Combination of vulnerability and length of homelessness	8	14%
First come-first served	16	27%

The survey results confirm the plan's recommendation to utilize vulnerability and length of homelessness for prioritizing permanent supportive housing resources. Only 27% of the homeless individuals recommended using a "first come-first served" approach which is how the County is currently allocating permanent housing units.

Listed below is a representative sample of the responses.

4. To prevent people from becoming homeless, what service or services do you think are needed to keep people in their housing, instead of going to a shelter?
 - I think certain people should have basic home stability training. I believe that we should have better decision making classes and/or outreach programs.
 - Not everyone should stay where they were. Long term assistance would be great.
 - Place in hotels or with family members short term until we find better housing.
 - Better job training and financial assistance; job placement once they have completed the training.
 - More help in paying rent.
 - Use the houses that have been abandoned to make it more affordable for the less fortunate.
 - More places to house the ones that are on the streets or using their cars. It is not safe out there, especially if you have small children.

5. The current centralized Intake for persons that are homeless or about to become homeless is through the Homeless Hot Line, just a phone call away. What would you do to improve it or change it?
 - Update the intake process and/or create an intake office and make applications by phone.
 - Give the call to actual people that can physically speak to a person. That would be much more accurate and faster.

Appendix C: Community Participation in the Planning Process

Thank you to representatives of the 68 organizations listed below who assisted in the development of this plan, working diligently between November, 2011 and April, 2012 to produce this document.

Advocates for Children and Youth
Affordable Behavioral Consultants
American Aid of Humanity
American Red Cross
CASA de Maryland
Catholic Charities
City of Bowie
Community Crisis Services, Inc.
Community Health Advocate
Community Ministry of Prince George's County
Community Outreach and Development
Court Appointed Special Advocates
Covenant House Washington
Church on the Hill
District Heights Family and Youth Services
Family Crisis Center, Inc.
Fieldstone Properties
First Generation College Bound
Guide Program, Inc.
Hearts and Homes for Youth
Hillside Work Scholarship Connection
House of Ruth
Human Services Coalition of Prince George's County
Identity Plus
Jobs Have Priority, Inc.
John 14: 2, Inc.
Johns Hopkins Center for Adolescent Health
Kirstin's Haven
Laurel Advocacy and Referral Services
Maryland Department of Health and Mental Hygiene
Maryland Foster Youth Resource Center
Maryland Multicultural Youth Center
Methodist Training and Outreach Center, Inc.
Ministries of Hope
National Alliance to End Homelessness

New Revival Center of Renewal

N-Put

Office of the State's Attorney for Prince George's County

People Encouraging People

Prince George's County Community College

Prince George's County Council

Prince George's County Department of Corrections

Prince George's County Department of Family Services

Prince George's County Department of Housing and Community Development

Prince George's County Department of Juvenile Services

Prince George's County Department of Social Services

Prince George's County Economic Development Corporation

Prince George's County Fire Department

Prince George's County Health Department

Prince George's County Police Department

Prince George's County Public Schools

Prince George's Justice and Advocacy Council-Washington Archdiocese

QCI Behavioral Health

Reality House

Rehabilitation Services, Inc.

Sasha Bruce Youthwork, Inc.

Sexual Minority Youth Assistance League

St. Ann's Infant and Maternity Home

Stars of the Heart Outreach

Still I Rise, Inc.

The Open Door Community Center

The Training Source

TransManagement Corporation, Inc.

United Communities Against Poverty, Inc.

Unity Economic Development Corporation

University of Maryland-College Park

Unlimited Possibilities

U.S. Department of Veterans Affairs

VESTA

Volunteers of America, Chesapeake, Inc.

Washington DC VA Medical Center

Young Professionals Forum

Appendix D: PRINCE GEORGE'S COUNTY CONTINUUM OF CARE SYSTEM – 2012

I HOMELESS PREVENTION & RAPID RE-HOUSING	II OUTREACH / INTAKE ASSESSMENT	III EMERGENCY SHELTER	IV TRANSITIONAL HOUSING	V PERMANENT HOUSING
<p><u>Eviction Prevention & Foreclosure Assistance Programs</u></p> <ul style="list-style-type: none"> ▪ DSS ▪ JHP ▪ UCAP ▪ LARS ▪ Community Ministry ▪ Bethel House ▪ Interfaith Relief Fund ▪ CCSI <p><u>Service Linked Housing Programs</u></p> <ul style="list-style-type: none"> ▪ DSS ▪ UCAP ▪ HIP ▪ VOA <p><u>Re-Entry Programs</u></p> <ul style="list-style-type: none"> • Re-Entry Roundtable • New Revival Center of Renewal <p><u>Energy Assistance Programs</u></p> <ul style="list-style-type: none"> • UCAP • Salvation Army • Dept. of Soc. Services <p><u>Shelter Diversion / Rapid Re -Housing</u></p> <ul style="list-style-type: none"> • Faith-Based Outreach initiative • Community Crisis Services Inc. • JHP, Inc. • LARS • UCAP • Family Crisis Center 	<ul style="list-style-type: none"> • CCSI - Homeless Hotline • Crisis Response Center • Community Residences • Quality Care Internet • Family Crisis Center • Faith-based Organizations • Community Cafe-Soup Kitchen • 34 Community Food Pantries • 100 sites: Summer Food Program 	<ul style="list-style-type: none"> ▪ Shepherd's Cove-Women and Children ▪ Prince George's House - Single Men ▪ Family Emergency Shelter ▪ Hypothermia "Warm Nights" Shelter ▪ Winter Haven Programs ▪ Community Shelters - (Laurel Assorted small shelters) ▪ Safe Passage Program (Domestic Violence) ▪ Faith-Based Initiatives (small) ▪ Safe Journey House (crisis beds) <p><u>Supportive Services Programs</u></p> <ul style="list-style-type: none"> • Recovery Programs • Employment Programs • Training Programs • Counseling Programs • Credit Counseling Programs • Immigration Services • Legal Services • Medical/Dental Care Serv. 	<ul style="list-style-type: none"> • DSS Transitional Housing • Prince George's House- Single Men THP • LARS Supp. Housing Program • JHP - Supp. Housing Program • Faith-Based Entities 	<ul style="list-style-type: none"> • Homeownership • Rental Units • Section 8 Housing • RAP • FUP • VASH • Faith-Based Initiatives • Housing Init. Partnership <p><u>Permanent Housing with Support Services</u></p> <ul style="list-style-type: none"> • Rehabilitation Systems Inc. • UCAP • DSS • Dept. of Health & Mental Hygeine Shelter Plus Care • VOA Eastern Avenue Development <p><u>Permanent Housing for Chronically Homeless Persons</u></p> <ul style="list-style-type: none"> • LARS (1) • UCAP (2) • PEP (2)

Special thanks to the:

***Prince George's County
Department of Social Services***

***Human Services Coalition
of Prince George's County***

***Prince George's County
Homeless Services Partnership***

National Alliance to End Homelessness

Freddie Mac Foundation



Prince George's County Homeless Service Partnership, (HSP)

C/O Office of Housing and Homeless Services, 425 Brightseat Road, Rm. 369 Landover, MD 20785



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