



**City of Gaithersburg
Homeless Services Division**

**End of Year Outcomes Report
Fiscal Year 2018 (July, 2017 – June, 2018)**

Introduction and Definitions

Section I: Wells/Robertson House Three Year Outcomes (FY16 – FY18)

Section II: DeSellum House Outcomes (FY16 – FY18)

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Introduction

The City of Gaithersburg Homeless Services Division FY18 Outcomes Report offers a data driven account of its outcomes divided into four sections.

Section I details the outcomes for Wells/Robertson House (WRH). Because the maximum length of stay at WRH is 24 months, this report reflects outcomes over a three-year period to ensure that all residents are accounted for and individuals are not duplicated.

Data includes:

- Number of residents served
- Length of stay
- Number who graduated the program
- Number who left the program before completion
- Number who left for housing prior to completion
- Number discharged due to non-compliance, including relapse
- Number obtaining permanent housing
- Drug(s) of Choice related to challenges in the program
- Resident income and benefit types
- Self-sufficiency standard comparisons

Section II enumerates the success and challenges of resident outcomes at DeSellum House, including:

- Number of residents served
- Number of relapses
- Number moving on to permanent housing
- Number of residents employed

Section III provides information on Street Outreach contacts with homeless individuals and families in FY18. The total number contacted also represents individuals found during the annual Montgomery County Point-In-Time Count. Most of these individuals were never fully engaged by the City of Gaithersburg Street Outreach Team. The data chart represents:

- Individuals contacted
- Individuals engaged
- Number referred to shelter
- Number attaining permanent supportive housing
- No movement
- Admittance to WRH

Section IV offers information about individuals who are case managed by City of Gaithersburg staff on behalf of the Montgomery County Housing Initiative Program (HIP), for which the City is compensated via a contractual arrangement.

Definition of Terms

Program Completion (Graduates = Residents Who Complete the Program)

Program completion is defined as those who have completed Stages I through IV of their Master Plan, demonstrated by involvement in recovery support; maintaining a stable wellness status, both mentally and physically; attaining income; developing social skills and social supports; having a bank account and sustainable savings; removing barriers to self-sufficiency; and maintaining sobriety and transitioning to permanent housing.

Contact (Homeless Outreach)

An individual or family is identified as being homeless and an attempt is made to offer services to them. Oftentimes homeless people refuse services or help and the contact does not evolve to engagement.

Engagement (Homeless Outreach)

A homeless individual or family has been contacted and agrees to work with the outreach worker in obtaining services. Assessments and referrals are made and the individual is entered into the Montgomery County Homeless Tracking System database.

Harm Reduction

Harm reduction is a set of practical strategies that help people reduce the negative consequences of drug use, alcoholism and mental illness by addressing the conditions of use and treatment. Rather than focusing solely and immediately on cessation of drug use or acceptance of mental health treatment, harm reduction makes improving the quality of life and wellbeing a priority. Harm Reduction is a key principle in the Housing First approach.

Housing First

Housing First is an approach to quickly and successfully connect individuals and families experiencing homelessness to permanent housing without preconditions and barriers to entry, such as sobriety, treatment, or service participation requirements.

Housing Initiative Program (HIP)

This housing program is under the leadership of the Montgomery County Department of Health and Human Services (HHS) and provides supportive services to formerly homeless individuals. HIP uses a "Housing First" model, providing immediate access to permanent supported housing directly from shelters and the streets. HIP uses a Harm Reduction and Person-Centered philosophy to help individuals and families move towards self-sufficiency through contractors providing Case Coordination. The Special Needs Housing Division of HHS has contracted the City of Gaithersburg Homeless Services Division to provide Case Coordination to HIP clients within City limits.

Outcomes

Results of internal and external services provided to residents of the programs and individuals who we engage through street outreach.

Permanent Housing

Housing with no term limit. Permanent Supportive Housing is permanent housing with support services that usually include rent subsidy and case management.

Polysubstance

This term refers to a type of substance dependence disorder in which an individual uses at least three different classes of substances indiscriminately and does not have a favorite drug that qualifies for dependence on its own.

Wellness Recovery Action Plan (WRAP)

The Wellness Recovery Action Plan, or WRAP, is a self-designed prevention and wellness tool that allows individuals to get well and stay well. It is an evidenced-based strategy and is particularly used in the Peer models of recovery. The Homeless Services Division Manager is a certified WRAP facilitator and recognizes WRAP as a Best Practice for the WRH and DeSellum population. However, it can only be used voluntarily.

SECTION I

Wells/Robertson House

This information represents a three-year outcomes report, followed by three charts that break down the data by fiscal year.

- 71 (unduplicated) individuals were served during these three years
- 49 (69%) attained employment during occupancy; 7 (9.8%) were on disability; 15 (21%) remained unemployed
- Average length of stay over this period is 7.5 months

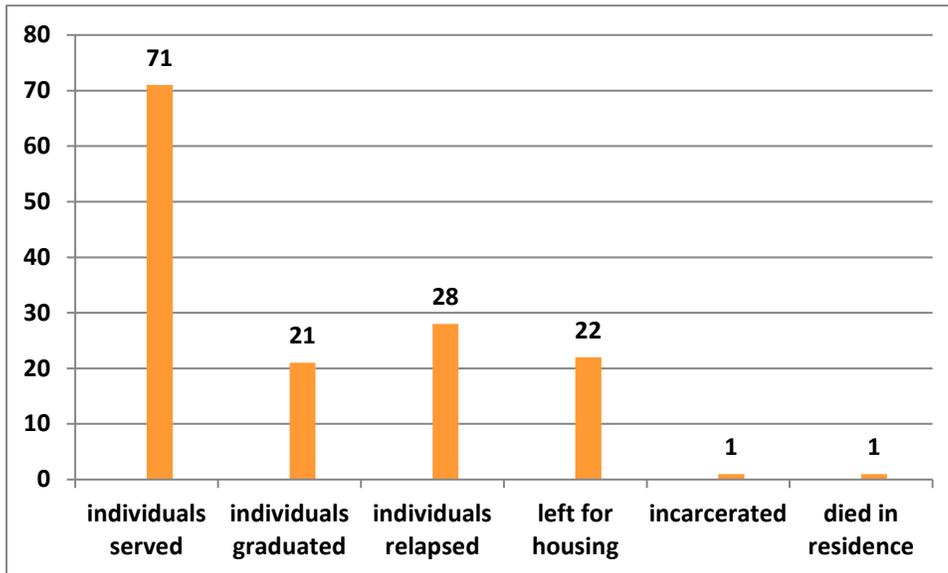
During this three-year period, 21 residents (29.5%) completed and graduated the program and moved to permanent housing. Twenty residents (28%) exited to permanent housing prior to completing the program, thus 57.5% of the residents served over a three-year period attained permanent housing.

Twenty-eight (40.8%) left the program for unknown places after relapsing. One resident died of a heart attack while in residency and one resident was discharged to a medical facility after having a stroke. Another resident was incarcerated (for Violation of Probation) while in residency.

Of the 21 residents who completed the program:

- 19 (90%) report current sobriety; three reported having a relapse at some period and two returned to sobriety.
- 19 (90%) are still housed and one returned to a shelter after losing housing that was attained through a Rapid Rehousing Voucher, but now has permanent housing on her own.
- One disappeared after relapsing.
- One graduate, a veteran, suffered a fatal overdose on prescription medication. He had received a Permanent Housing Voucher from the County's Veteran Housing Initiative Program and was living in the City of Gaithersburg.

WRH Residency Statistics FY16 – FY18



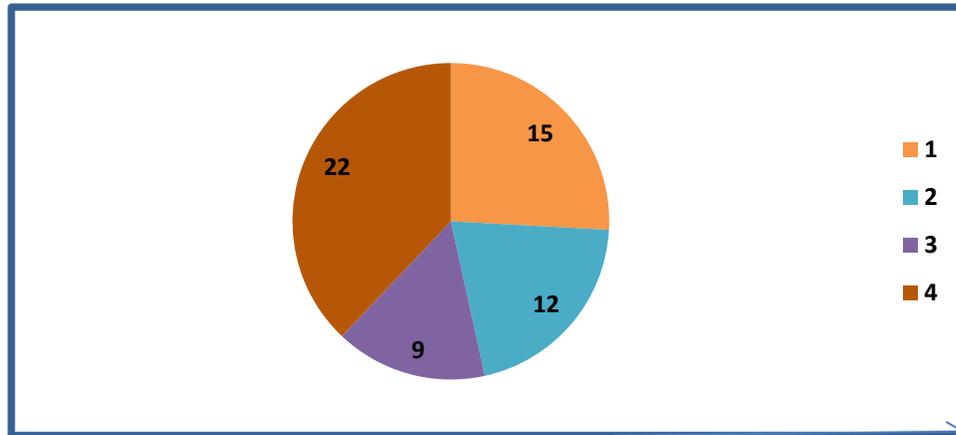
Individuals who complete their Master Plan and then graduate the WRH program are more likely to develop the skills and resources needed to attain self-sufficiency. Individuals who completed the program stayed an average of 56 weeks (14 months) compared to the overall average length of stay of 30 weeks (7.5 months). We believe that the longevity of residency in the WRH program is a strong indicator of resident success to be able to maintain housing and sobriety in the community.

The WRH program is able to offer appropriate resources for the population it serves. However, the program's rigid structure can present challenges for those who do not make the necessary commitment. In recent times we have noted that non-committed residents are more likely to be addicted to opiates. We are not only seeing an increase in opiate use, we are seeing that increase particularly among a younger adult population. In 2015, WRH lowered the admission age from 21 to 18 in recognition of this trend.

Drug of Choice

The chart below identifies Drug(s) of Choice by those admitted to the WRH program from FY16 – FY18.

1. Opiates/RX drugs
2. Alcohol
3. Cocaine
4. Polysubstance



Of the 28 individuals who relapsed while in residence:

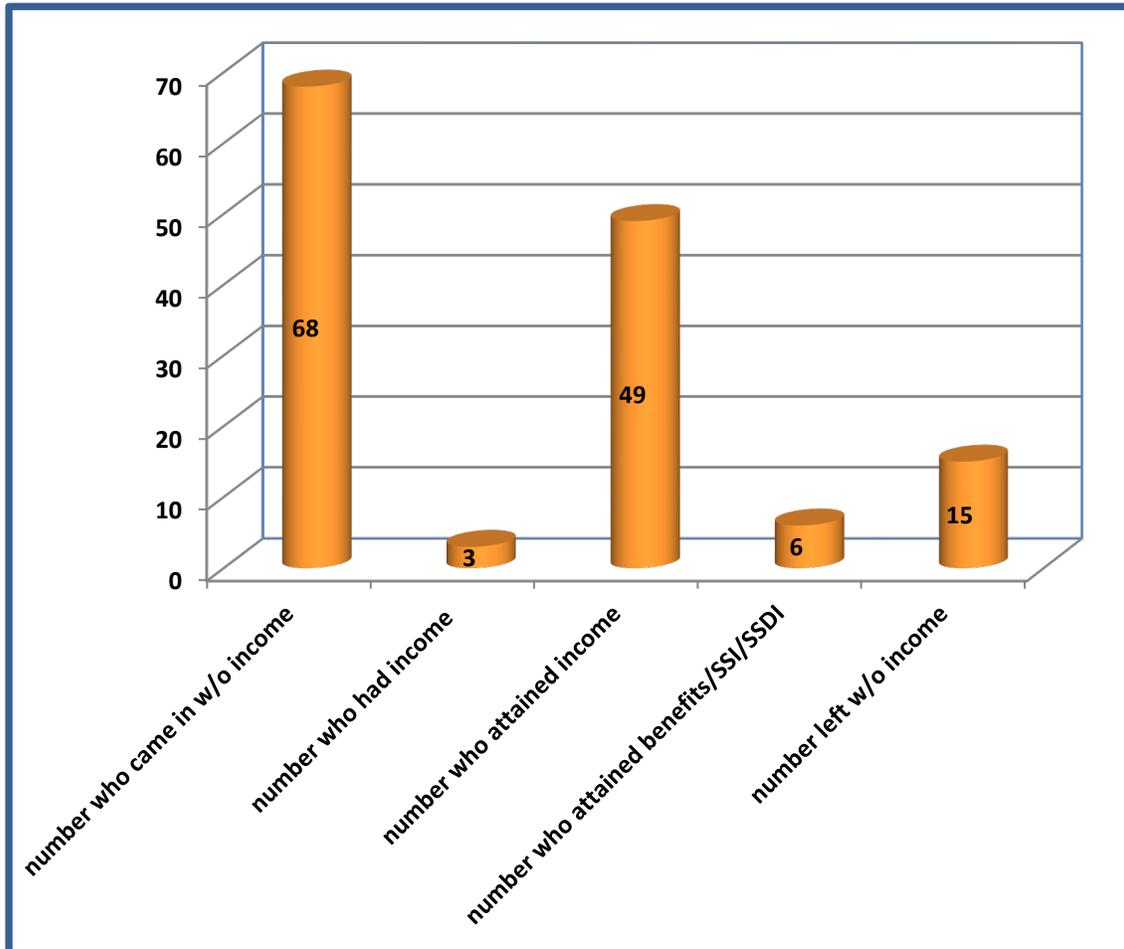
- 17 (60.71%) reported opiates and/or prescription drugs as their drug of choice. According to a Substance Abuse and Mental Health Services Administration (SAMHSA) article dated July 27, 2017, prescription drug misuse is the second most common illicit drug use in the U.S., second only to marijuana. The article also notes that most heroin users had used prescription drugs prior to using heroin.
- In most cases, the 28 individuals also used other substances. This information was gathered either from self-reporting or lab results from a treatment provider.
- Relapse is the prevailing reasons for individuals being discharged from the WRH program.
- Only two residents were discharged for non-compliance behavior problems not directly or known to be the result of relapse.

The data reflects the impact of the current opioid crisis. Many of the individuals who use opiates also drink alcohol excessively. We saw this same pattern at the height of the cocaine epidemic during the 1980s and '90s. Cocaine is still a popular drug and plays a significant role with individuals experiencing polysubstance use. Many of the polysubstance users combined alcohol, opiates (often prescription pills) and cocaine to get a desired effect. We have seen polysubstance use increase in the WRH population in the last few years.

Resident Income and Benefit Types

During the three-year period, 68 residents came into the facility with no income. Most attained some sort of income during residency:

- 49 (72%) attained earned income
- 6 (8.8%) secured Social Security Income or Social Security Disability benefits
- 15 (22%) left the facility with no income
- One resident died while in residence with a benefit application pending



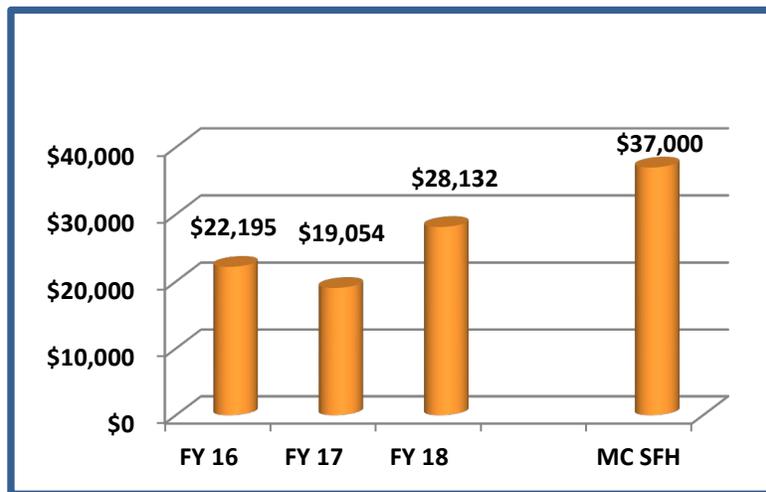
The program has been very proactive with helping our residents attain employment. We believe this has been particularly credited to our contract with an outside vendor for Vocational Counseling Services. We have also revised our application assessment in an attempt to admit individuals who are higher functioning, referring others to more appropriate programs. Our goal in part is to help our residents move towards self-sufficiency.

Self-Sufficiency Standard Comparison

Montgomery County Self-Sufficiency tables suggest that in order to be fully self-sufficient, a single person household needs to earn \$37,000 per year, outlined with the following monthly expense estimates:

| | | | |
|------------------|---------|---------------|--------|
| Rent & Utilities | \$1,511 | Health Care | \$ 179 |
| Food | \$ 294 | Miscellaneous | \$ 216 |
| Transportation | \$ 180 | Taxes | \$ 770 |

This chart compares WRH resident earned income with the Montgomery County Single Family Household (SFH) Self-Sufficiency standards:



In FY18, of the 17 residents that attained earned income, the combined income average was slightly above \$28,000. This was higher than the two previous years. Again we attribute this to the aggressive pursuit of career employment and the partnership for Vocational Counseling Services.

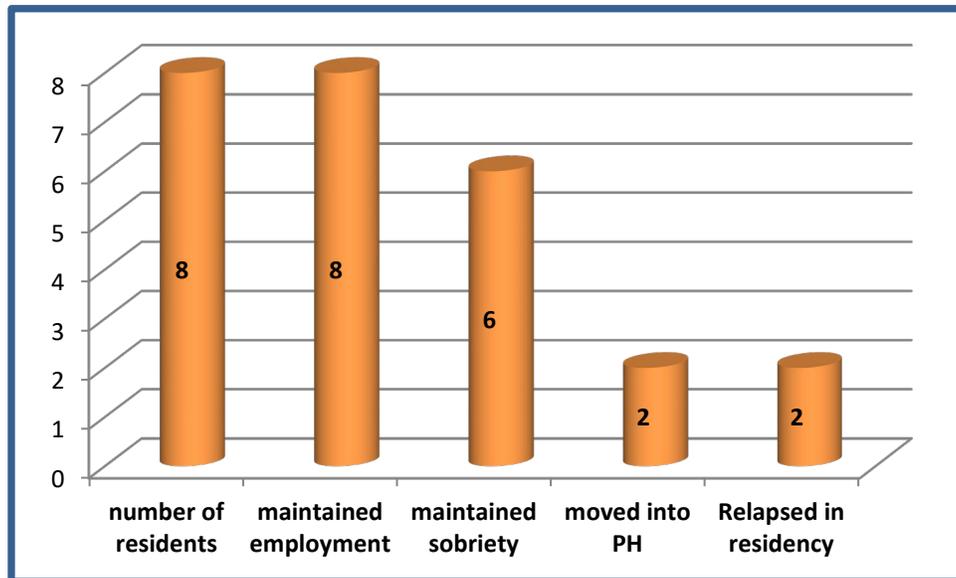
We teach our residents to put money in savings accounts and to work towards having at least three months of expenses in their savings accounts at all times. During the three-year period of this report, we utilized the services of Bank On Gaithersburg Counselor Sue Rogan, who conducted regular workshops and helped residents with budgeting and credit repair. Some residents also attended Bank On Gaithersburg workshops facilitated by the City's Community Services staff.

WRH serves approximately 21 individuals per year. Longevity of stay in the program has a direct correlation to what we term "success" – maintaining sobriety and attaining permanent housing. Attaining employment and securing other income have a direct bearing on moving toward self-sufficiency. The biggest impediment to success for our residents is relapse. The increasing effects of the opiate epidemic are reflected in this data. WRH is a Zero Tolerance program, unlike other recovery housing programs that utilize the Harm Reduction Model. Maintaining residency at WRH may be more difficult than at other facilities because relapse is grounds for discharge.

SECTION II

DeSellum House

FY16 – FY18



DeSellum House is a one- to three-year extension program housing up to five men exiting from WRH. In 2015 we changed the DeSellum House from a Permanent Supportive House with no term limits to an extension house, where residents agree to stay a minimum of one year and not more than three years. At the time of this report we have served eight (8) men under this new model. All maintained employment, six maintained uninterrupted sobriety, and two relapsed. We lost contact with one of the occupants who relapsed. The other contracted to go into treatment and thus maintained his residency at DeSellum.

We also had one resident move into an Oxford House, a chartered peer run sober house, and one resident move into permanent supportive housing with a Housing Opportunities Commission (HOC) voucher. We currently have five residents in the DeSellum House and all are a part of our Aftercare program, which is facilitated by the Clinical Supervisor/Discharge Coordinator. The Aftercare Program is offered to all residents who graduate the program. We also will assist those who left or were discharged prior to completion as long as they maintain sobriety.

In this report we also want to acknowledge the WRH Alumni Association, which has been meeting regularly in 2018. The Association organized and raised money for the Annual Recovery Picnic in September of 2018, which had traditionally been supported by an allocation from the Friends of Wells/Robertson House, Inc. Alumni support included tee shirts for staff and residents, food and drinks, condiments and many other related expenses.

SECTION III

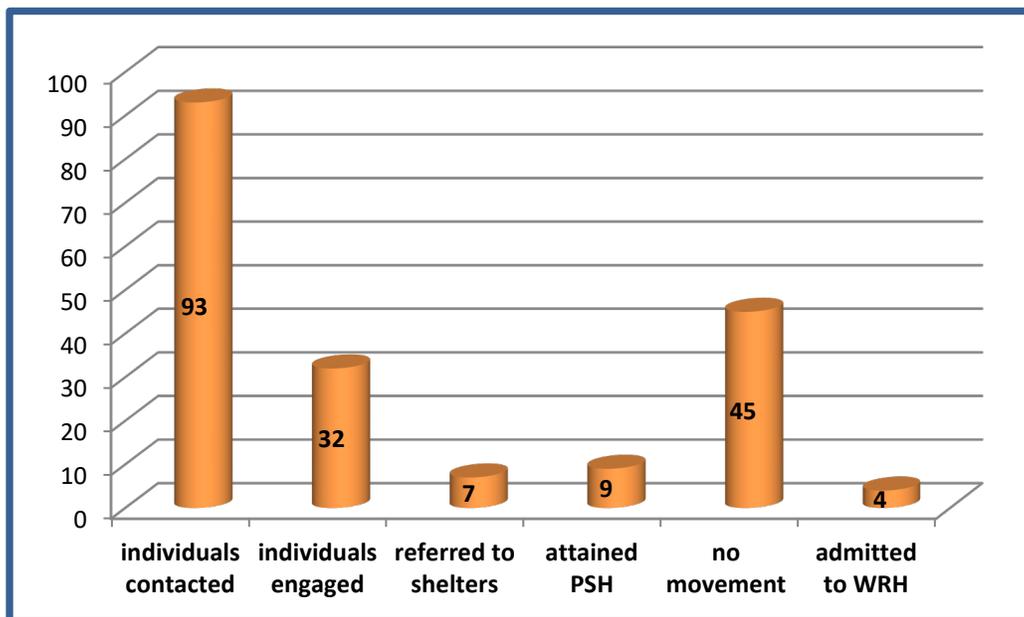
Street Outreach

The Street Outreach Team is comprised of the Division Manager and a part-time Relief Counselor. The Team actively contact and attempt to engage homeless individuals found on the streets in and around Gaithersburg. Data in this report also includes individuals contacted through the annual Montgomery County Point-in-Time Count and two Blitz Counts (an attempt to get a headcount of homeless individuals countywide), coordinated by the County in collaboration with other County-contracted outreach workers. As a result of these three initiatives, 32 people were engaged. Nine individuals referred by the City of Gaithersburg Street Outreach Team attained permanent supportive housing. As a result of these three initiatives, 32 people were engaged. Nine individuals referred by the City of Gaithersburg Street Outreach Team attained permanent supportive housing.

Additional outcomes of the 32 we engaged from all outreach initiatives include:

- 7 were referred to shelter
- 4 were admitted to WRH after going to treatment
- 7 were referred to mental health services and/or social services benefits

FY2018



The Street Outreach Team is very active and responsive. Except for the coordinated outreach excursions, most of the contacts with homeless individuals result from calls from the community, business owners, police and the City's Neighborhood Services Division. We see the largest number of street homeless people immediately after local shelters close for the winter season on March 31. The numbers decrease beginning November 1, when the winter shelters reopen. The numbers have been fairly consistent in the past few years, although there were a few new homeless individuals identified at Downtown Crown, which is a common occurrence when new

retail developments open up. We also have numerous walk-ins and call-ins at WRH of homeless people seeking services. Oftentimes these individuals are not located by the time this information is passed on to the Street Outreach Team.

We also get calls about people panhandling, with the presumption that these individuals are homeless. Most of the time they are not. We often receive calls for homeless individuals who are outside of the City limits, such as in Walnut Hill, Montgomery Village, Shady Grove, Washington Grove, and Emory Grove. We refer these calls to EveryMind, another Montgomery County Street Outreach Contractor with whom we work very closely.

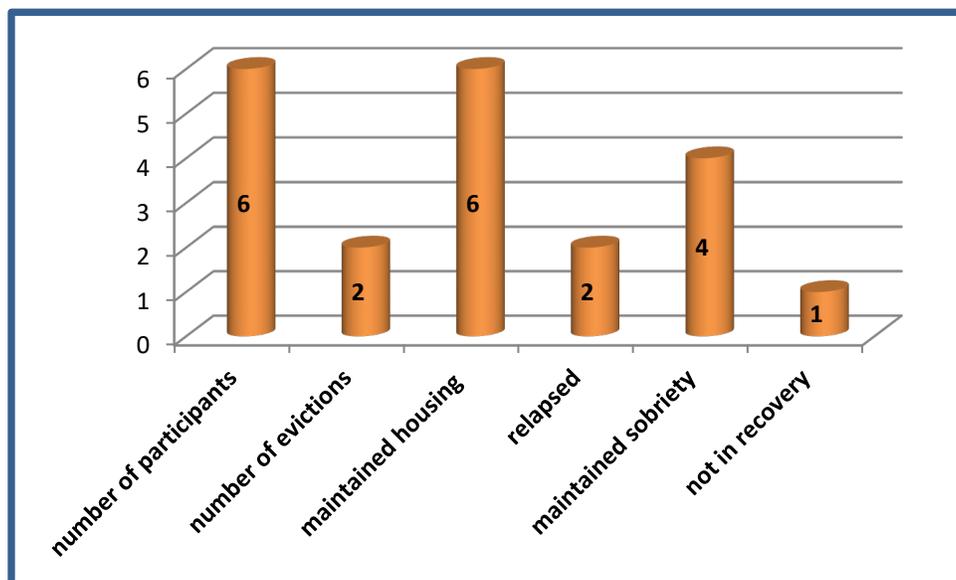
SECTION IV

Housing Initiative Program

The Housing Initiative Program involves Case Coordination for six participants, conducted by three Homeless Services staff members. The work is conducted under a contract with Montgomery County Government. Five HIP participants are graduates of the WRH and one is a referral from our Street Outreach Team. The program operates under the Housing First Model. The main goal is to keep participants housed and link them to needed services. As part of the contract we ask each participant to complete an end-of-year survey on how well they think the Case Coordinator performed his or her duties with respect to responsiveness, courtesy, and the overall experience. We have never had a response less than Very Satisfied.

Housing Initiative Program Outcomes

FY18



The above chart demonstrates the outcomes of Housing Initiative Program participants. It is important to note that the two evictions were experienced by the same individual. The Case Coordinator worked diligently to relocate this individual on both occasions so as to defer the individual from returning to homelessness. The County, under the Housing First Model, maintained the voucher approval for this individual on both occasions.

Homeless Services - FY2019

The plan for FY19 is to continue to screen our admissions for the Wells/Robertson House program to minimize non-compliance and relapse, particularly in light of the opiate epidemic. Therefore, we are assessing for stability using the Stages of Change Theoretical Model. This model assesses behavior using five stages:

Pre-contemplation People in this stage are not thinking seriously about changing and tend to defend their current Alcohol and Other Drug (AOD) use patterns. They may not see their use as a problem. The positives or benefits of the behavior outweigh any costs or adverse consequences so they are happy to continue using.

Contemplation People in this stage are able to consider the possibility of quitting or reducing AOD use but feel ambivalent about taking the next step. On the one hand, AOD use is enjoyable, exciting and a pleasurable activity. On the other hand, they are starting to experience some adverse consequences, which may include personal, psychological, physical, legal, social, or family problems.

Preparation People in this stage have usually made a recent attempt to change using behavior in the last year. They see the “cons” of continuing as outweighing the “pros,” and they are less ambivalent about taking the next step. They are usually taking some small steps towards changing behavior. They believe that change is necessary and that the time for change is imminent. Equally, some people at this stage decide not to do anything about their behavior.

Action People in this stage are actively involved in taking steps to change their using behavior and making great steps towards significant change. Ambivalence is still very likely at this stage. Individuals may try several different techniques and are also at greatest risk of relapse.

Maintenance People at this stage are able to successfully avoid any temptations to return to using behavior. They have learned to anticipate and handle temptations to use and are able to employ new ways of coping. Individuals can have a temporary slip, but they don't tend to see this as failure.

Our current criteria for admissions into the WRH is that an individual must be in at least the ***second stage*** of the Five Stage model. In this stage we can use the associated consequences as leverage to influence compliance and move towards the other stages of stability and long term recovery, which supports self-sufficiency and maintaining permanent housing.

We also strongly suggest individuals who are in recovery from opiates and alcohol utilize Naltrexone, a non-narcotic substance to help them with their sobriety.

A final strategy is to retrain the entire team on using the Wellness Recovery Action Plan (WRAP). This plan can be effective for individual wellness, and all the residents in the WRH and DeSillum House programs could benefit from our use of the technique. The Division Manager is a certified WRAP trainer and will be developing a training plan for all Homeless Services Division staff.

We also plan to focus our attention on efforts to identify alternative funding, including donations and grants. This might include working with the Friends of Well/Robertson House as they attempt to apply for nonprofit grants through Montgomery County, thus allowing the organization to be in a position to resume its annual allocation to the Wells program. We also plan to research grant opportunities through the Substance Abuse and Mental Health Association.

A Homeless Services electronic newsletter, which publishes several times a year, was launched in 2018 to share success stories, provide resource information, and inform the community about recovery events and activities. It is available for subscription on the City of Gaithersburg website at gaithersburgmd.gov.