

# ***2016 Annual Report on Homelessness***

October 1, 2016

Prepared by:

**Maryland's Interagency Council on Homelessness**

~

Prepared for:

**The Governor and the Maryland General Assembly**

As required by:

**Human Services Article § 6-423**

## **Table of Contents**

Executive Summary .....	3
The State Interagency Council on Homelessness .....	5
Goals of the ICH Homeless Services Framework .....	5
Second Year Accomplishments.....	6
Causes and Consequences of Homelessness in Maryland .....	7
Quantifying Homelessness in Maryland .....	7
Table - Comparison of Jurisdictional Annualized and Point-in-Time Data .....	8
Counts of Vulnerable Sub-Populations.....	10
Availability of Shelter Beds .....	11
Homeless Encampments .....	12
Shifting of Federal Funding from Transitional Housing and Support Services to Permanent Housing.....	14
Table - Federal Homeless Services Funding to Maryland.....	14
Programmatic Outcomes of State-Funded Service Grants .....	15
Sources to Build and Subsidize Affordable Housing for those Experiencing Homelessness.....	15
Resources to Increase Access to Housing and Services to those Experiencing Homelessness.....	16
Shelter Safety and Admission Practices .....	18
Appendices .....	19
Appendix 1 – Homeless Services Framework, updated as of September, 2016 .....	20
Appendix 2 – Continuum of Care Jurisdictions and Federal Funding Totals .....	28
Appendix 3 – FY17 Homeless Services Funding Sources in Maryland (Federal and State) .....	29
Appendix 4 – Report on Cold Weather Planning and Weather-Related Deaths of the Homeless.....	31

## **Executive Summary**

In accordance with Human Services Article § 6-423, the Interagency Council on Homelessness, staffed by the Department of Human Resources, develops the Annual Report on Homelessness. This report outlines the work of the Interagency Council on Homelessness, trends in homelessness as well as policy recommendations to the Joint Legislative Committee on Ending Homelessness.

The General Assembly established the Interagency Council on Homelessness (ICH) during the 2014 session to examine statewide initiatives aimed at ending homelessness throughout the State of Maryland. The ICH brings together state agencies and homeless service providers to coordinate policies and programs, improve data collection statewide, develop strategies to increase the availability of affordable housing and reduce barriers to accessing services. This report highlights the ICH's accomplishments in 2016. The most notable accomplishments include:

- ❖ Supported the successful execution of Youth REACH Maryland, the first count of unaccompanied homeless youth and young adults throughout six jurisdictions.
- ❖ Held multiple strategy sessions to improve methods of sheltering the homeless during inclement weather emergencies.
- ❖ Successfully began tracking and publishing deaths of the homeless during extreme weather months.
- ❖ Adopted a Housing First definition and created a summary of homeless service funding sources for the state.
- ❖ Began work to consolidate programs within two of three state agencies to make homeless services funding more efficient and effective.
- ❖ Created a resource guide that summarizes services available to homeless veterans statewide.

The ICH has worked with providers statewide to improve data quality related to homelessness in Maryland. In 2016, the Point in Time (PIT) count estimated 7,352 persons experiencing homelessness in Maryland and the annualized number<sup>1</sup> from homeless services providers is 29,670. These numbers differ because the PIT count is a snapshot count of sheltered individuals experiencing homelessness, whereas the annualized number includes sheltered and unsheltered individuals seeking services throughout the entire fiscal year. An estimate of the number of homeless encampments statewide is included in the report to provide additional context to Maryland's unsheltered homeless population. When considering the annualized number of persons experiencing homelessness, there is a six percent increase in homelessness in 2016 compared to 2015. Further analysis of year-to-year jurisdictional trends is included with this report.

The Interagency Council has made extensive progress towards the six goals of the Homeless Services Framework, developed to provide a clear roadmap of objectives, strategies, stakeholders and timelines necessary to assist the homeless and those at risk of becoming homeless in attaining self-sufficiency and preventing their return to homelessness. A complete update on each goal is included in the Appendix of this report. The Appendix also includes information submitted in response to the Joint Chairmen's Report<sup>2</sup> pertaining to local cold weather planning as well as a decade of homeless death data.

---

<sup>1</sup> The annualized number represents any person during the fiscal year 2016, that received emergency shelter or prevention services, outreach support or was homeless and was placed into permanent housing. The ICH began collecting this number in 2015.

<sup>2</sup> *JCR of the 2016 Legislative Session – N00100.07, page 90*

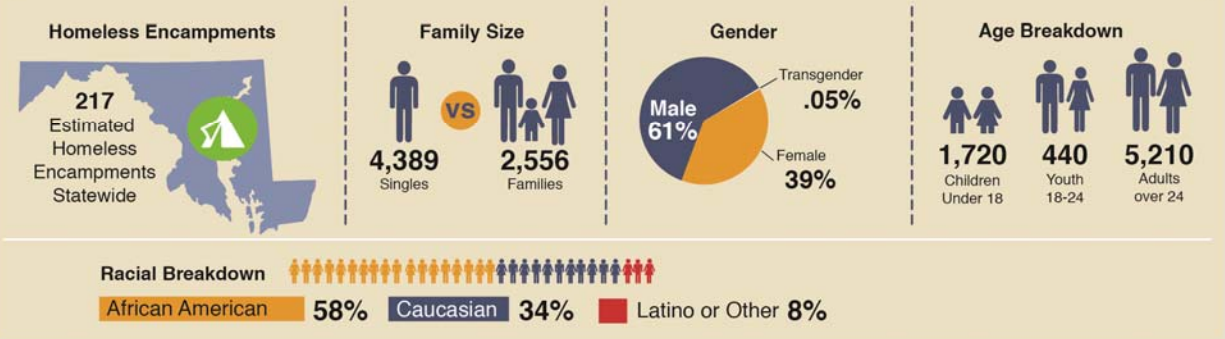
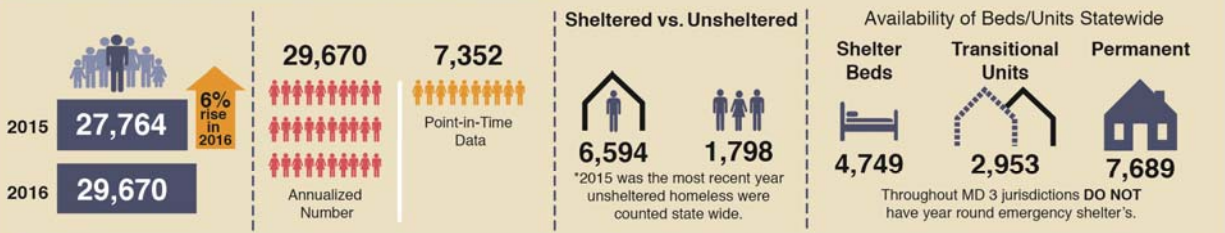
# Homelessness In Maryland

## Statewide Homeless Data Collected in 2016

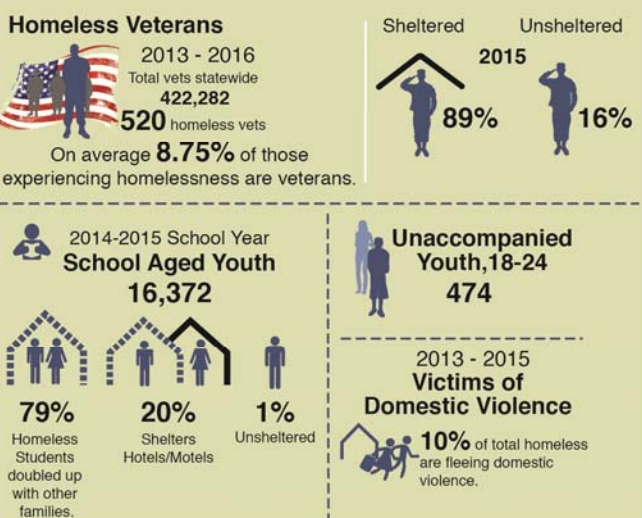
**365 Annualized Data**  
 Accumulative data by providers serving the homeless. Totals represent those served through outreach, in shelters, and transitional housing or placed in permanent housing between July 1, 2015 and June 30, 2016.

**Point-in-Time (PIT) Data**  
 A "snapshot" count of those experiencing homelessness on one night during the last two weeks of January. HUD requires a shelter and unsheltered count on odd years only. Only those in shelters were counted in January 2016. Therefore, 2015 data is used where noted.

### The Counted Homeless in Maryland, 2016



### Specialized Populations



### Deaths of the Homeless

Over the last decade approximately **1,029** people experiencing homelessness have died statewide.

**54%** Deaths of those experiencing homelessness have increased by 54% since 2007.

**January 26%** Deaths of the homeless increased by 26% during the month of January.

### Proposed Solutions

- Increased access to affordable housing.
- More low-barrier shelter options.
- Housing First.
- Increased funding for supportive services.

### **The State Interagency Council on Homelessness**

Maryland's Interagency Council on Homelessness was established by Senate Bill 796 during the 2014 session of the General Assembly to examine statewide initiatives aimed at ending homelessness throughout the State of Maryland. The Interagency Council on Homelessness replaces the previous Governor's Advisory Board on Homelessness as well as the Governor's Taskforce on Homelessness. The legislation outlined the membership of the Council, which includes representatives from twelve state agencies, three representatives from local Continuums of Care and six advocates from throughout the state as well as a community member who has experienced homelessness. The legislation tasked the Council with the following objectives:

- Coordinate state policy and working relationships among state, local, and nonprofit agencies concerning efforts to remedy and prevent homelessness across the state.
- Coordinate data sharing between local Continuums of Care.
- Coordinate outreach to each Continuum of Care to develop joint strategies that impact State and federal funding efforts to remedy and prevent homelessness.
- Determine comprehensive and effective collaborative strategies and best practices for remediation and prevention of homelessness in the State, in particular addressing the differing needs of the State's geographic areas.
- Recommend changes necessary to alleviate or prevent homelessness, including making recommendations annually to the General Assembly, in accordance with § 2-1246 of the State Government Article, and appropriate State agencies and organizations regarding effective policies, effective distribution of resources, and access to available services and programs.
- Identify supportive services for special populations, including veterans, youth, families and individuals with behavioral health problems.
- Disseminate information and educate the public about the prevalence and causes of and responses to homelessness.
- Solicit input from the advocacy, business and faith communities as well as from consumers, regarding policy and program development.
- Determine best practices and models for providing emergency shelter and shelter diversion, including ensuring the health, safety, and security of shelter residents, providing client-centered and trauma-informed support services, and ensuring equal access to protected classes under applicable federal, State, and local civil rights laws.
- Coordinate data sharing between local Continuums of Care and make annual recommendations to the state legislature that are in compliance with federal policy initiatives and funding strategies.

### **Goals of the ICH Homeless Services Framework**

Maryland's Interagency Council on Homelessness created the first draft of the homeless services framework goals in January 2015. The framework is based on the needs identified by the 16 Continuums of Care (CoC) statewide. The Council used a participatory process to define and further narrow the goals. The framework (see Appendix) continues to be a working document that evolves with the Council as objectives are met and strategies are further refined.

The framework includes the following recommendations that the Interagency Council on Homelessness presents to the members of the Joint Legislative Committee.

**Table 1 Homeless Services Framework Goals**

<b>GOAL 1</b> - Increase statewide the number of permanent supportive housing options available to the homeless.*
<b>GOAL 2</b> - Improve the availability of emergency housing solutions to the homeless that include eviction prevention, lower barrier emergency sheltering, rapid re-housing and cold weather sheltering statewide.
<b>GOAL 3</b> - Improve the emergency services network for the homeless, by creating partnerships with local stakeholders to create a comprehensive assessment and discharge planning process used at intake and discharge from medical facilities or jails.*
<b>GOAL 4</b> - Improve the support system that exists for homeless veterans, so that we may end Veterans Homelessness as soon as possible.*
<b>GOAL 5</b> - Create more housing and support options for homeless young adults and youth transitioning out of state systems.*
<b>GOAL 6</b> - Achieve coordinated intake and assessment for all jurisdictions in Maryland.*

(\* Indicates this goal is a federal requirement of the *Federal Opening Doors Plan*.)

## **Second Year Accomplishments**

The Council held its inaugural meeting on September 24, 2014. Meetings have taken place on a quarterly basis, with workgroup and planning meetings occurring more frequently. In the last year, the ICH has accomplished the following:

### ***Framework Goal 1: Housing***

- Developed a summary of all homeless services funding sources (see Appendix 3) and adopted a Housing First definition.
- The ICH has collected and included within this report, the number of units<sup>3</sup> built or rehabbed for the homeless and disabled statewide within the last fiscal year.
- Per the request of the Joint Legislative Committee on Ending Homelessness, the ICH has begun strategic work to examine the possible consolidation of homeless service funding programs through the Department of Human Resources (DHR) under the Department of Housing and Community Development (DHCD).

### ***Framework Goal 2: Emergency Needs***

- Conducted an in-depth assessment of regional inclement weather planning practices, areas of improvement and included a summary of identified local needs, within Appendix 4 of this report.
- Developed a system to track deaths of individuals experiencing homelessness statewide in conjunction with the Department of Health and Mental Hygiene and the Office of the Chief Medical Examiner. Completed an assessment of death totals between 2007 and 2015, which is included within this report (see Appendix 4).

### ***Framework Goal 4: Veterans Experiencing Homelessness***

- The Veterans workgroup of the ICH created a Homeless Veteran Resource Guide<sup>4</sup>, and surveyed Continuum of Care (CoC) leads about service and housing gaps for homeless Veterans. A summary of findings from that effort is included in the Vulnerable Sub-Populations section of this report.

<sup>3</sup> See section entitled “Sources to Build and Subsidize Affordable Housing for those Experiencing Homelessness.”

<sup>4</sup> Available here: <http://veterans.maryland.gov/wp-content/uploads/sites/2/2016/05/MDVAResourceGuide.pdf>

### ***Framework Goal 5: Unaccompanied Homeless Youth and Young Adults***

- Surveyed CoC leads about service and housing gaps for youth and young adults experiencing homelessness.
- Completed Youth REACH count in 8 jurisdictions (6 CoCs), and will expand count to 4 additional jurisdictions.

All meetings of the Council are open to the public, as is participation in the Work Groups. For the most-up-to date information about the Council and a list of members, please refer to the Department of Human Resources website: <http://dhr.maryland.gov/bureau-of-homeless-services/marylands-interagency-council-on-homelessness/>

### **Causes and Consequences of Homelessness in Maryland**

The cause of homelessness is primarily a lack of available, affordable, or adequate housing. Lack of income relative to cost of living, disabling conditions, domestic violence, and sudden income loss are common issues that result in individuals losing housing. The cost of living in Maryland has risen in the last year, increasing from eleventh to seventh among the 50 states and District of Columbia.

Availability of affordable rental housing for low-income households in Maryland does not meet the current demand. The United States Department of Housing & Urban Development (HUD) estimates that Maryland has a shortage of 92,446 affordable rental-housing units for families earning less than 50% of area median income (AMI)<sup>5</sup> and a shortage of 98,297 units for families earning less than 30% of AMI. In Maryland, the average price of a one-bedroom fair market rent unit is \$1,141 per month<sup>6</sup> whereas the affordable average rent amount for households at 30% AMI is only \$699. Maryland has only 34 affordable housing units per 100 households earning 30% AMI or less. Area Median Income (AMI), defined by the Department of Housing and Urban Development (HUD) annually based on the median income for families within metropolitan and non-metropolitan areas to calculate income limits for eligibility for various HUD programs.

### **Quantifying Homelessness in Maryland**

Every year Continuums of Care (CoC) are required to count those experiencing homelessness in their jurisdiction. The 2016 Point in Time count only includes totals of those living in shelter; unsheltered individuals were not included in 2016. The annualized totals presented in the chart below represents a total of anyone that was homeless and required services, shelter or housing throughout the fiscal year. The annualized number is a more representative number of the total homelessness in Maryland and shows that homelessness has increased by six percent.

---

<sup>5</sup> AMI is defined by HUD annually, based on the median income for families to calculate income limits for eligibility for various HUD programs.

<sup>6</sup> Maryland has over 700,000 renter households statewide.

**Table 2 Comparison of Jurisdictional Annualized and Point-in-Time Data**

<b>Maryland Continuum of Care</b>	<b>Total homeless clients served (FY14)</b>	<b>Total homeless clients served (FY15)</b>	<b>Total homeless clients served (FY16)</b>	<b>2016 Point-In-Time Count Numbers</b>
Allegany County	154	148	298	124
Anne Arundel County	1,429	1,471	991	390
Baltimore City	10,436	11,144	11,807 <sup>7</sup>	2,388
Baltimore County	3,921	3,628	3,648	763
Carroll County	539	497	663	136
Cecil County	489	365	579	167
Frederick County	1,836	1,746	1,327	349
Garrett County	244	313	225	20
Harford County	468	476	472	179
Howard County	729	909	875	214
Lower Shore	945	910	1,184	262
Mid-Shore	180	263	604	138
Montgomery County	3,157	3,189	2,798	981
Prince George's County	1,578	1,263	1,921	544
Southern Maryland	1,141	981	1,329	464
Washington County	456	461	949	233
<b>Totals</b>	<b>27,702</b>	<b>27,764</b>	<b>29,670</b>	<b>7,352</b>

The majority of homeless individuals counted in fiscal year 2015 were residents of Baltimore City, Baltimore County, Montgomery County and Prince Georges County. This trend continues in fiscal year 2016 as 39% were in Baltimore City, 12% in Baltimore County, 9% in Montgomery County and 6% in Prince George's. Eighteen of the twenty-four counties have seen an increase in their homeless population since last year while four experienced a decrease. The infographic on the following page illustrates homelessness by region according to the annualized numbers as reported by each jurisdiction.

<sup>7</sup> Annualized data included in the chart above from Baltimore City for Fiscal Years 13, 14 and 15 is lower than the figures presented in the 2015 Annual Report. The numbers are lower due to improved data collection methods resulting in a lower unduplicated number from Baltimore City Mayor's Office of Human Services.





# Homelessness By Region

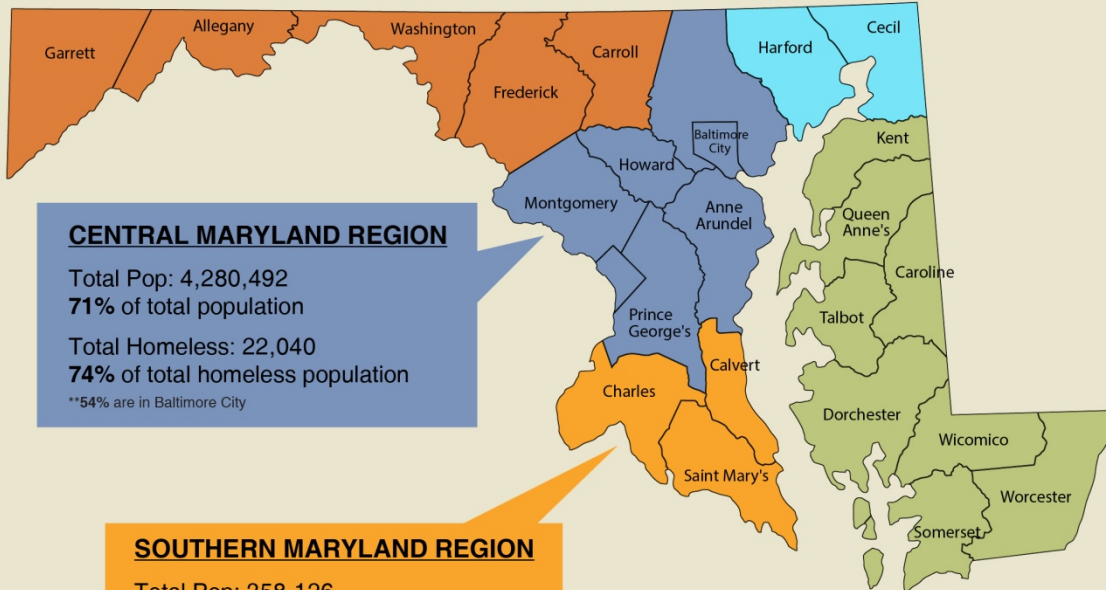
2016 Estimated State Population - 6,006,656  
Total Homeless Population (annualized): 29,670

## WESTERN MARYLAND REGION

Total Pop: 664,522  
11% of total population  
Total Homeless: 3,462 (annualized)  
12% of total homeless population

## NORTHERN MARYLAND REGION

Total Pop: 352,672  
6% of total population  
Total Homeless: 1,051 (annualized)  
4% of total homeless population



## CENTRAL MARYLAND REGION

Total Pop: 4,280,492  
71% of total population  
Total Homeless: 22,040  
74% of total homeless population  
\*\*54% are in Baltimore City

## SOUTHERN MARYLAND REGION

Total Pop: 358,126  
6% of total population  
Total Homeless: 1,329 (annualized)  
4% of total homeless population

## EASTERN SHORE REGION

Total Pop: 350,844  
6% of total population  
Total Homeless: 1,788 (annualized)  
6% of total homeless population

## **Counts of Vulnerable Sub-Populations**

The Interagency Council on Homelessness is statutorily required to examine trends in homelessness of particularly vulnerable populations such as the chronically homeless, veterans and unaccompanied homeless youth. The ICH has focused workgroups for homeless veterans and homeless youth.

### ***Chronically Homeless***

In 2015 HUD changed the definition of a chronically homeless person. The definition includes individuals that meet one of the following criteria:

- 12 months of continuous homelessness or 4 or more episodes of homelessness within the last three years that add up to 12 cumulative months (must be at least 3 breaks in homelessness of 7 days each).
  - If a person was homeless at least one day in a month, that entire month will count towards the 12-month requirement.
- Currently is staying in a place not meant for human habitation, in an emergency shelter, fleeing domestic violence, or in a public institution (90 days or less stay, immediately preceded by homeless episode)
  - Includes stays in public institutions of 90 days or less, where the client was homeless immediately prior to entering the institution.
- Meets the definition of “homeless individual with a disability”

According to the 2015 Point-in-Time (PIT) count, there were 1,682 chronically homeless statewide and in the 2016 count, there were 1,035 counted. In the 2016 PIT count, jurisdictions were only required to count their sheltered homeless whereas the 2015 count included both sheltered and unsheltered. The decrease in Maryland’s chronically homeless between 2015 and 2016 is attributable to the lack of unsheltered homeless counted in the 2016 numbers<sup>8</sup> and due to the more specific definition of chronically homeless, required by HUD.

### ***Homeless Veterans***

The number of homeless veterans in Maryland reduced from 990 in 2015 to 520 in 2016. While this reduction is partially attributable to the exclusion of unsheltered homeless in the 2016 count, focused efforts have recently been made to end veterans’ homelessness. Montgomery County is the first jurisdiction in Maryland to reach “functional zero”<sup>9</sup> for homeless veterans. According to PIT count data, veterans have comprised 8.75% of those experiencing homelessness in Maryland in recent years.

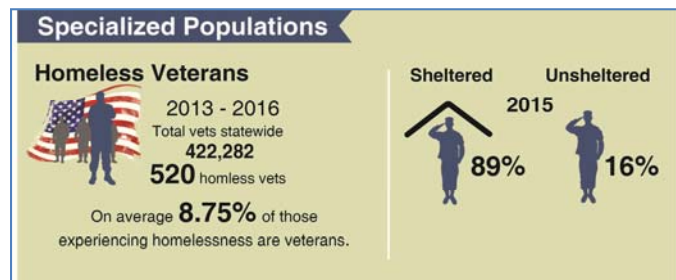
Over the last year, the veterans workgroup of the ICH has worked diligently with local providers to understand the challenges communities face when serving this population. The workgroup conducted a survey in the winter of 2016 of local providers and found that 8 of the 16 CoC respondents are serving veterans that do not qualify for available veteran-specific resources. Respondents from 5 CoCs reported that resources to serve the population run out too quickly. Additionally, 7 of the 16 CoCs responded that they were not aware of what housing or support service resources are available to this population and 11

---

<sup>8</sup> The U.S. Department of Housing & Urban Development’s 2015 Annual Homeless Assessment Report to Congress estimates that 31% of homeless people are in unsheltered locations on a given night <https://www.hudexchange.info/resources/documents/2015-AHAR-Part-1.pdf>.

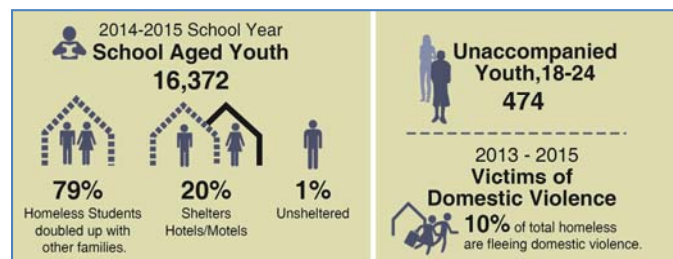
<sup>9</sup> Functional Zero is a community-defined benchmark based on the total homeless veteran population at a certain point in time and securing housing for that population count within a defined timeframe. When the number of veterans experiencing homelessness is less than the average monthly veteran housing placement rate, the community has reached functional zero. More information can be found here: [http://www.va.gov/HOMELESS/ssvf/docs/Ending\\_Veterans\\_Homelessness\\_Overview.pdf](http://www.va.gov/HOMELESS/ssvf/docs/Ending_Veterans_Homelessness_Overview.pdf)

CoCs expressed the need for a homeless veteran-specific resource guide. The workgroup took that feedback and finalized the Homeless Veteran Resource Guide in July 2016.<sup>10</sup>



**Unaccompanied Youth**

Unaccompanied youth are individuals who are not part of a family during their episode of homelessness and who are between the ages of 18-24. The 2016 PIT count includes 245 unaccompanied youth. In the fall of 2015 a targeted Youth REACH count funded by the Department of Housing and Community Development was completed within eight jurisdictions in Maryland. Youth included in the count were between the ages of 16-24, were not in the physical custody of a parent and lacked a fixed, regular or adequate nighttime residence. Maryland Youth REACH surveyed over 1,200 youth and found 893 without stable housing. To access more information from the count, please visit: <http://www.youthreachmd.com> and search “Phase 2 Report.” A second count is planned for the spring of 2017 and will expand to 3 additional jurisdictions.



**Individuals Experiencing Domestic Violence**

The 2016 PIT count found 747 (10%) of the total 7,352 homeless individuals counted were fleeing a domestic violence situation. This number is consistent with recent trends. On average, since 2013, about 10% of the total homeless counted in each PIT count are homeless and are fleeing domestic violence.

**Availability of Shelter Beds**

Availability of shelter beds to meet emergency needs of homeless individuals continues to be a challenge in Maryland. Three jurisdictions in Maryland do not have a year-round emergency shelter for the homeless.

Annually, each Continuum of Care provides the total number of fixed beds they have available to shelter the homeless within their jurisdiction through HUD’s Housing Inventory Count (HIC)<sup>11</sup>. If a jurisdiction does

<sup>10</sup> Available here: <http://veterans.maryland.gov/wp-content/uploads/sites/2/2016/05/MDVResourceGuide.pdf>

not have available space at an emergency shelter, they will seek alternative solutions, such as temporarily housing individuals and families in a motel. The 2015 PIT figures include 8,392 total homeless counted<sup>12</sup>. Of those 6,594 were sheltered and 1,798 were unsheltered. According to the 2015 HIC, the statewide capacity of year-round emergency shelter space (emergency shelter, safe haven, seasonal and overflow beds) is 4,858. Therefore comparing 2015 PIT and HIC data, Maryland had emergency shelter space to meet the needs of only 56% of the homeless population.<sup>13</sup>

Typically, shelters turn people away due to a lack of space or a client's refusal to follow program rules and requirements. The total number of people turned away from shelter is not available statewide, however, programs receiving DHR funding, are required to track the number. During FY2016, DHR-funded programs reported turning away 19,191 individuals.

### **Homeless Encampments**

When emergency shelter, motel or rapid re-housing options are not available, individuals and families experiencing homelessness may take shelter in potentially unsafe habitations, including cars, abandoned buildings or encampments. A homeless encampment, defined as an interim gathering of those living outdoors in tents or temporary structures not meant for long-term human habitation, can range in size from two to thirty or more temporary structures. Encampments do not have running water or electricity and those living there are exposed to the elements. Due to the transient nature of encampments, it is difficult to know exactly how many exist at one time. According to provider estimates during the months of August and September 2016, 217 encampments have been identified statewide.<sup>14</sup>

---

<sup>11</sup> The Housing Inventory Count (HIC) is a point-in-time inventory of provider programs within a Continuum of Care that provide beds and units dedicated to serve persons who are homeless, categorized by five Program Types: Emergency Shelter; Transitional Housing; Rapid Re-housing; Safe Haven; and Permanent Supportive Housing.

<sup>12</sup> The 2016 PIT count did not include an unsheltered count; therefore data included in this analysis will refer to data from the 2015 PIT count, when the unsheltered were counted.

<sup>13</sup> According to the 2015 HIC, the number of permanent and semi-permanent (transitional and rapid re-housing) housing options was estimated to be just over 11,000 statewide.

<sup>14</sup> Frederick and Allegany Counties did not provide an estimated number.

# Unsheltered Homelessness By Region

Data below is based on the 2015 State Point-in-Time count of unsheltered homeless and data submitted for the 2015 Annual Homeless Assessment Report (AHAR), and Housing Inventory Count (HIC)

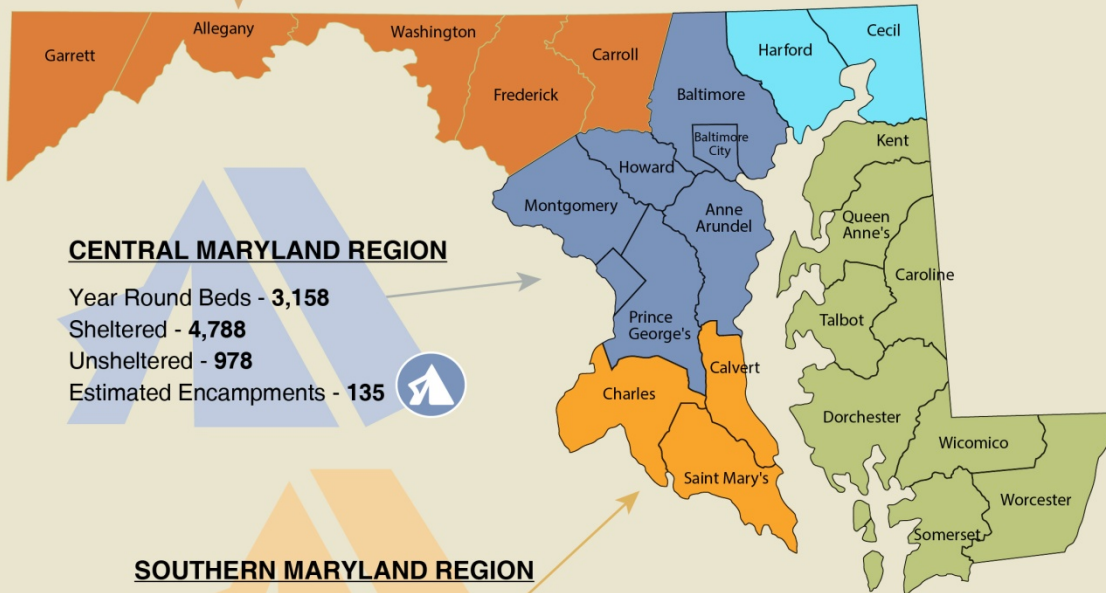
## WESTERN MARYLAND REGION

Year Round Beds - **605**  
 Sheltered - **630**  
 Unsheltered - **129**  
 Estimated Encampments - **18**  
\*(Frederick & Allegany not reporting)



## NORTHERN MARYLAND REGION

Year Round Beds - **227**  
 Sheltered - **363**  
 Unsheltered - **38**  
 Estimated Encampments - **8**



## CENTRAL MARYLAND REGION

Year Round Beds - **3,158**  
 Sheltered - **4,788**  
 Unsheltered - **978**  
 Estimated Encampments - **135**



## SOUTHERN MARYLAND REGION

Year Round Beds - **358**  
 Sheltered - **412**  
 Unsheltered - **569**  
 Estimated Encampments - **26**



## EASTERN SHORE REGION

Year Round Beds - **401**  
 Sheltered - **401**  
 Unsheltered - **83**  
 Estimated Encampments - **30**



During August and September 2016 an estimated **217** homeless encampments were counted statewide.

**Housing First**

Maryland’s response to homelessness has primarily been emergency-based, providing short-term housing options to those meeting initial clinical prerequisites. Housing First, a cost-effective national best practice for reducing homelessness, has been successful in communities such as Salt Lake City, UT and New Orleans, LA. The federal Opening Doors plan gives detailed guidance on the principles of Housing First. During 2016, the Council adopted the following definition of Housing First for state and federally funded programs:

***Housing First offers homeless individuals and families access to permanent, affordable housing as quickly as possible in a manner that is not time limited, connects tenants to optional supportive services; and has a low threshold for entry or ongoing tenancy, including no employment, income, or clinical prerequisites.***

During 2017, the Council will work towards achieving the strategies pertaining to Housing First, outlined in Goal 1 of the Homeless Services Framework.

**Shifting of Federal Funding from Transitional Housing and Support Services to Permanent Housing**

Each state receives funding from the Department of Housing and Urban Development (HUD) for various activities to serve those experiencing homelessness. In federal fiscal year 2016, HUD reduced Maryland’s funding by about \$1.3 million. The most significant cuts were in the areas of Transitional Housing and Supportive Services. HUD made these cuts to encourage jurisdictions to permanently house those experiencing homelessness rather than rely on higher cost temporary housing options such as transitional housing. Detailed below are the funding categories and amounts for 2016 and 2015. See Appendix 2 for specific jurisdictional awards.

***Table 3 Federal Homeless Services Funding to Maryland***

<b>Category</b>	<b>Definition</b>	<b>Total Award for 2015</b>	<b>Total Award for 2016</b>	<b>% Increase/Decrease</b>
<b>Permanent Supportive Housing (PSH)</b>	Housing designed to provide supportive services on a long-term basis to formerly homeless people, who have disabilities or other housing barriers.	\$34,527,471	\$39,143,189	13.3% Increase
<b>Rapid Re-housing</b>	Housing designed to provide temporary housing assistance to people experiencing homelessness, by moving them out of homelessness into permanent housing; Can also include a subsidy.	\$587,238	\$929,972	58% Increase
<b>Transitional Housing</b>	Housing for the homeless that combines support services for up to 24 months.	\$8,125,038	\$2,115,377	73% Decrease
<b>Safe Haven</b>	Provide private or semi-private long-term housing for people with severe mental illness or other barriers to housing.	\$1,664,939	\$1,664,939	Remained the same
<b>Supportive Services</b>	Services provided to those experiencing homelessness through outreach efforts and shelter provision.	\$2,403,448	\$1,262,482	47% Decrease
<b>Homeless Management Information System</b>	Homeless Management Information System, used by homeless providers to track client intake, progress and move out.	\$628,151	\$722,413	15% Increase
<b>Continuum of Care Planning</b>	Included planning activities around federal objectives such as coordinated assessment	\$425,978	\$1,193,795	180% Increase
	<b>TOTALS:</b>	<b>\$48,362,263</b>	<b>\$47,032,167 ↓</b>	2.75% Decrease



**Programmatic Outcomes of State-Funded Service Grants**

In addition to federal funding sources that come to Maryland, the Department of Human Resources (DHR) and the Department of Housing and Community Development (DHCD) administer approximately \$9.5 million in state funds annually to emergency service programs serving the homeless statewide. Summarized in the table below are some of the outcomes of those state-funded programs.

*Table 4 Programmatic Outcomes of State-Funded Service Grants*

<b>Program Name</b>	<b>Administering Agency</b>	<b>Outcomes</b>
Emergency & Transitional Housing and Services Program	DHR	<ul style="list-style-type: none"> <li>▪ Over 23,411 received shelter services</li> <li>▪ Approximately 325,116 bed nights provided statewide</li> <li>▪ Over 55,782 meals served</li> </ul>
Homeless Women – Crisis Shelter Home Program	DHR	<ul style="list-style-type: none"> <li>▪ Approximately 4,974 women and children received shelter statewide (over 136,000 bed nights total)</li> <li>▪ 665 women moved out to transitional housing, 441 moved to independent permanent housing</li> </ul>
Homelessness Prevention Program	DHR	<ul style="list-style-type: none"> <li>▪ Over 1,000 Eviction Prevention Stipends Issued</li> <li>▪ Approximately 1,300 clients provided with additional eviction prevention services</li> </ul>
Service-Linked Housing Program	DHR	<ul style="list-style-type: none"> <li>▪ Over 1,300 received services to maintain housing.</li> </ul>
Housing Counselor Program	DHR	<ul style="list-style-type: none"> <li>▪ 754 assisted in securing and maintaining housing.</li> </ul>
Emergency Solutions Grant	DHCD	<ul style="list-style-type: none"> <li>▪ 6,782 individuals received assistance, including shelter operations, outreach, prevention and move-out assistance</li> </ul>
Rental Allowance Program	DHCD	<ul style="list-style-type: none"> <li>▪ 1,016 families received subsidies</li> </ul>
Families First Program	DHCD	<ul style="list-style-type: none"> <li>▪ 18 veteran families received funds to obtain and maintain permanent housing.</li> </ul>

**Sources to Build and Subsidize Affordable Housing for those Experiencing Homelessness**

In addition to service grants to provide emergency assistance to the homeless and those at risk of homelessness, the State administers a number of programs designed to build and subsidize affordable housing for the homeless, including:

**Rapid Re-Housing**

Rapid Re-Housing (RRH) is a proven and effective Housing First strategy for addressing homelessness. Studies completed nationwide show 80% or more of RRH clients successfully transition to permanent housing. RRH focuses on rapidly placing clients into permanent housing, while continuing to provide case management and services on a scaled, client-driven basis. Rapid Re-Housing programs provide short-to-medium term rental assistance (often 3 to 6 months), giving the person time to stabilize in their new housing as they become fully responsible for making payments on their lease. Three core components are involved – housing identification, rental assistance, and case management.

Rapid Re-Housing in Maryland is funded through the Emergency Solutions Grants (ESG) administered through the Department of Housing and Community Development (DHCD). During 2015, ESG subsidized the rent of about 600 units statewide. DHCD has more than doubled its funding for RRH programs statewide over the past two years, going from less than \$400,000 awarded during FY15, to \$810,468 in

FY16. The Department provides training support and technical assistance to ensure that providers are able to implement both new and existing RRH programs effectively.

### **Shelter and Transitional Housing Facilities Grant Program**

This program, managed by DHCD, is a capital-funding source targeted to create new or rehabilitate existing housing units reserved for those experiencing homelessness. The annual state allocation is \$1.5 million and typically provides less than half of the overall development cost. During fiscal year 2016, 97 units were created in three developments in Baltimore City and one in Howard County.

### **Section 811 Program**

The Section 811 Project Rental Assistance Program provides project-based rental subsidies for persons with disabilities, age 18-62, with incomes of less than 30% AMI who are Medicaid recipients and eligible for long-term support and services. HUD awarded approximately \$20 million to Maryland to create 300 units statewide with an emphasis on the Baltimore – Washington metro areas. The Department of Health and Mental Hygiene (DHMH) and the Department of Disabilities (MDOD) work together with the Department of Housing and Community Development (DHCD) to administer the program. First priority goes to persons transitioning from nursing facilities, second to those at risk of institutionalization and third to persons transitioning from DHMH licensed group homes and alternative living units. The homeless, as defined by the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act, are priority four. During fiscal year 2016, 7 of the 13 total Section 811 units available for occupancy went to those experiencing homelessness. An additional 37 units will be leased in FY 2017. As of June 30, 2016, 519 of the 1,645 people (32%) on the waitlist are in Priority 4. DHCD has identified 123 Section 811 units so far and construction and occupancy will occur over the next several years. MDOD maintains the waitlist, which is accessed through a case manager that commits to helping the person with the application process, leasing and continued tenancy.

### **Harry and Jeanette Weinberg Foundation Subsidy for those with Disabilities**

The Affordable Rental Housing Opportunities Initiative provides capital funds during construction to make rental housing more affordable to those living with a disability. The Weinberg funds are used in developments financed through the Federal Low-Income Housing Tax Credit Program (LIHTC). Developers are required to keep the units affordable for forty years. The Harry and Jeanette Weinberg Foundation contributed \$2 million in grant funding to the Department of Housing and Community Development. The units target disabled persons at 10-30% of AMI. As of the end of FY16, there are 16 units occupied.

## **Resources to Increase Access to Housing and Services to those Experiencing Homelessness**

### **National Housing Trust Fund**

The National Housing Trust Fund (NHTF) is a permanent federal fund authorized by the Housing and Economic Recovery Act of 2008 (HERA). HERA requires Fannie Mae and Freddie Mac to transfer a percentage of their new business to finance the fund. The intent is to provide states with funding to build, rehabilitate and preserve housing affordable to Extremely Low Income (ELI) renters. Extremely Low Income renters are those that make income at or below 30% AMI. Maryland received \$3 million in NHTF dollars. During the first year, at least ninety percent of the funding must be used for rental housing that benefits ELI households.



## **Housing Opportunities for Persons with AIDS**

The Maryland Department of Health and Mental Hygiene (DHMH), Prevention and Health Promotion Administration (PHPA) receives funding directly from HUD through the Housing Opportunities for Persons with AIDS (HOPWA) Program. The HOPWA Program provides assistance through medium-term rental subsidies, short-term rent, utilities and mortgage support and security deposits/first month's rent to rapidly re-house persons living with HIV/AIDS into permanent housing. Individuals can benefit from the HOPWA program that are living with HIV/AIDS, are low-income and are experiencing homelessness or housing instability. Participants in HOPWA programs face several barriers to maintaining housing such as access and proximity to specialized health care and stigmatization. Such barriers can jeopardize their continued engagement in essential HIV/AIDS medical and non-medical case management care and their ability to maintain medication adherence that helps them achieve viral suppression – an essential component to ending the HIV/AIDS epidemic.

The programs available under HOPWA are the Tenant Based Rental Assistance (TBRA), Short Term Rent, Utilities and Mortgage Assistance (STRMU) and Permanent Housing Placement (PHP) programs. During fiscal year 2017, more than \$400,000 was awarded to Allegany, Caroline, Dorchester, Garrett, Kent, Somerset, St. Mary's, Talbot, Washington, Wicomico and Worcester counties. In addition to the rural programs, just over \$1.3 million will be awarded to Montgomery and Frederick Counties. During fiscal year 2017, the HOPWA program anticipates serving up to 500 households.

## **1115 Waiver**

Permanent Supportive Housing is a specific affordable housing and service model targeted to those with multiple disabling conditions that are experiencing, or are at risk of, chronic homelessness. This nationally recognized, evidence-based intervention pairs independent, integrated, affordable housing with voluntary person-centered supportive services. Sources available to pay for support services for those placed into housing are very limited. Some communities within Medicaid expansion states nationwide have pursued an 1115 Waiver through their state Medicaid agency. If approved, an 1115 waiver would allow providers to bill Medicaid for housing identification, attainment and support services to maintain housing.

In March of 2016 Montgomery, Prince George's County and Baltimore City proposed creating an 1115 Medicaid Waiver Benefit within their regions. This Medicaid benefit would provide funding for tenancy and housing case management supports necessary to offset the cost incurred by the State to serve high-utilizers of the Medicaid system. To apply, the three jurisdictions identified the following characteristics and resources in their application for the waiver:

- A number of "high cost users" of the Medicaid system
- A projection of affordable housing resources for the targeted pilot population
- Local match dollars
- Proposed strategies for helping providers learn to become Medicaid billers.

If the 1115 Waiver program is approved by the State Medicaid Office and the Centers for Medicare and Medicaid Services (CMS), up to 250 participants will be served within the first phase of the pilot. Additionally if approved, the State Medicaid Office will open the waiver up to the other 21 jurisdictions of the State with an approved plan.

### **Shelter Safety and Admission Practices**

During the 2015 Legislative session, HB 852 *“Human Resources – Homeless Shelters – Best Practices and Models”* passed, adding a tenth responsibility of the State ICH to address the following:

“Determine best practices and models for providing emergency shelter and shelter diversion, including ensuring the health and safety and security of shelter residents, providing client-centered and trauma-informed support services and ensuring equal access to protected classes under applicable Federal, State and Local Civil Rights laws.

During the summer of 2016, DHR staff supporting the work of the ICH conducted a preliminary study of national best practices and models for shelter safety and admission practices from other states. Unlike other states, Maryland does not provide licensure to emergency shelter providers. In 2017, the ICH will create a fifth work group comprised of State agency funders, shelter providers, continuum of care leads and advocates focused on this topic with the goal of developing standards and recommendations for state-funded shelters.

## **Appendices**

Appendix 1 – Homeless Services Framework, updated as of September, 2016

Appendix 2 – Continuum of Care Jurisdictions and Federal Funding Totals

Appendix 3 – FY17 Homeless Services Funding Sources in Maryland (Federal and State)

Appendix 4 – Report on Cold Weather Planning and Weather-Related Deaths of the Homeless

\*\*Includes, DHMH Weekly Cold-Related Illness Surveillance Report (1/26/16 to 2/1/16) and DHMH Weekly Heat-Related Illness Surveillance Report (5/31/16 to 6/6/16), which is the first report to include information related to temperature-related death of a homeless person.

**Appendix 1**

***Framework for Maryland's Interagency  
Council on Homelessness***

***VISION: As a result of aligned resources, policy and practice statewide, those experiencing homelessness and those at risk of becoming homeless in Maryland, will have access to services, emergency shelter and long-term housing options to assist them in attaining self sufficiency and prevent their return to homelessness.***

***Updated as of September 2016***

***Please Note: The timeframes outlined in this document are based on a calendar year.***

**GOAL 1 -- Increase statewide, the number of permanent supportive housing options available to the homeless (Also a Federal requirement).**

The “Housing First” philosophy of Permanent Supportive Housing (PSH) has demonstrated both cost and outcome effectiveness, and has become the principal public health paradigm to address homelessness in communities across the country. Maryland’s Interagency Council on Homelessness will facilitate increased and improved intra/interagency partnerships to effectively leverage limited federal, state, and local resources for development of more permanent supportive housing statewide.

	<b>OBJECTIVE</b>	<b>STRATEGIES</b>	<b>STAKEHOLDERS RESPONSIBLE</b>	<b>TIMEFRAMES</b>
<b>A</b>	<b>Determine how state resources are targeted to create more PSH Statewide.</b>	<ul style="list-style-type: none"> <li>▪ Align applicable state and federal resources to increase housing continuum options available to those experiencing homelessness.</li> <li>▪ Create a summary of existing homeless services resources.</li> </ul>	Housing First Work Group of the ICH, includes: DHR, DHCD, DHMH, DoD.	<ul style="list-style-type: none"> <li>▪ Expanded under Objective F</li> <li>▪ <b>Completed</b></li> </ul>
<b>B</b>	<b>Develop and adopt a state Housing First definition.</b>	<ul style="list-style-type: none"> <li>▪ A Housing First definition will be adopted by members of the Housing First Workgroup and will be presented to the ICH.</li> </ul>	ICH and Housing First Work group.	<ul style="list-style-type: none"> <li>▪ <b>Completed</b></li> </ul>
<b>C</b>	<b>Assess existing Housing First Programs and encourage expansion.</b>	<ul style="list-style-type: none"> <li>▪ Identify existing or new construction projects that are following the practice of Housing First through admission and tenant support behavior.</li> <li>▪ <b>New</b> - Identify providers that are committed to the principals of Housing First through practice and hold 2 information sharing meetings with other providers that want to learn.</li> </ul>	Housing First Work Group.	<ul style="list-style-type: none"> <li>▪ By end of 2<sup>nd</sup> quarter, 2017</li> <li>▪ By end of 2<sup>nd</sup> quarter, 2017</li> </ul>
<b>D</b>	<b>Establish statewide Housing First Principals and programmatic requirements.</b>	<ul style="list-style-type: none"> <li>▪ Draft Housing First guidelines for homeless service programs to review, adopt and execute.</li> <li>▪ Determine if and how incentives for projects that match state Housing First definition can be worked into existing funding programs.</li> </ul>	DHCD, DHR, DHMH and PSH Developers and CoC leads.	<ul style="list-style-type: none"> <li>▪ Draft to be completed within 3<sup>rd</sup> quarter of 2017</li> <li>▪ 4<sup>th</sup> quarter of 2017</li> </ul>
<b>E</b>	<b><i>NEW</i> – Ensure limited Homeless services resources are spent in the most efficient and effective manner.</b>	<ul style="list-style-type: none"> <li>▪ Per the recommendation of the Joint Legislative Committee on Ending Homelessness (JLC), move DHR Service funding under the management of DHCD</li> <li>▪ Introduce bill to shift DHR responsibilities to DHCD within Statute.</li> </ul>	DHR and DHCD leadership and senior staff	<ul style="list-style-type: none"> <li>▪ Began November 2015, commitment made to ICH February, 2016.</li> <li>▪ January 2017.</li> </ul>
<b>F</b>	<b><i>NEW</i> –Track the production and increase the availability of housing available to those making 30% AMI or below.</b>	<ul style="list-style-type: none"> <li>▪ Collect annually, the number of units subsidized through the Weinberg, Bridge, 811 and Shelter and Transitional Housing Facilities Grant programs (DHCD) and include in Annual Report to Joint Legislative Committee.</li> <li>▪ Identify the number of units funded above, that went to house those experiencing homelessness.</li> </ul>	DHCD, DHR, DHMH, DoD.	<ul style="list-style-type: none"> <li>▪ <b>Completed</b> and will be done annually</li> <li>▪ <b>Completed</b> and will be done annually</li> </ul>

**GOAL 2 -- Improve the availability of emergency housing solutions to the homeless that include eviction prevention, lower barrier emergency sheltering, rapid re-housing and cold weather sheltering statewide.**

Emergency shelter is a short-term public health necessity while we continue to strive for long-term sustainable solutions for those experiencing homelessness. Maryland’s ICH will determine and promote best practices and models for providing emergency shelter, shelter diversion and Rapid Re-Housing (RRH), in order to provide client-centered and trauma-informed support services using a harm reduction model, and to ensure equal access to protected classes, and vulnerable individuals and families.

	<b>OBJECTIVES</b>	<b>STRATEGIES</b>	<b>STAKEHOLDERS RESPONSIBLE</b>	<b>TIMEFRAMES</b>
<b>A</b>	<b>Assess, evaluate and make recommendations to improve the current use of rapid re-housing funding (RRH).</b>	<ul style="list-style-type: none"> <li>▪ Collect a summary of all current RRH programs across the state and include information in the Annual Report on Homelessness.</li> <li>▪ Determine how the state can expand RRH to all jurisdictions, through existing fund sources such as ESG and others.</li> </ul>	DHCD, DHR, DHMH and DoD and CoCs.	<ul style="list-style-type: none"> <li>▪ <b>Completed</b></li> <li>▪ Ongoing through 2017</li> </ul>
<b>B</b>	<b>Determine what gaps currently exist in how jurisdictions provide low-barrier shelter.</b>	<ul style="list-style-type: none"> <li>▪ Complete initial assessment of which CoCs are offering lower barrier shelter options.</li> <li>▪ Adopt a state definition and expectations of ‘low barrier sheltering’</li> <li>▪ <b>Revised</b> – Create assessment tool to determine which providers are offering low barrier sheltering and assess what the obstacles are to do so.</li> <li>▪ Identify resources CoCs need to offer year-round low-barrier emergency shelter options.</li> </ul>	A work group comprised of ICH members, CoC leads and shelter providers.	<ul style="list-style-type: none"> <li>▪ <b>Completed</b></li> <li>▪ 1<sup>st</sup> quarter 2017</li> <li>▪ 2<sup>nd</sup> quarter 2017</li> <li>▪ Technical assistance provided and will continue through 2017</li> </ul>
<b>C</b>	<b>Revised – ICH will work to standardize inclement weather sheltering practices statewide</b>	<ul style="list-style-type: none"> <li>▪ Hold a series of meetings with regional jurisdictions throughout the state to assess the practices of stakeholder coordination necessary for cold weather sheltering.</li> <li>▪ <b>New</b> - Develop a system to track deaths of the homeless statewide and publish weekly.</li> <li>▪ <b>Revised</b> - The ICH will create general guidelines and expectations for inclement weather sheltering to all jurisdictions to ensure each area utilizes available resources to serve as many as possible, focused on stopping the cycle of repeat clients.</li> <li>▪ <b>New</b> - Work with CoC leads and Emergency Management leads within counties to encourage dual-planning efforts.</li> </ul>	<p>DHR, ICH, CoC leads, Emergency Managers and MD Assoc. of Counties (MACO)</p> <p>DHR, DHMH, Office of Chief Medical Examiner</p>	<ul style="list-style-type: none"> <li>▪ <b>Completed</b></li> <li>▪ <b>Completed</b></li> <li>▪ A bill was introduced during 2016 Legislative Session; it failed, but work will continue and be completed during 2<sup>nd</sup> quarter 2017</li> <li>▪ Work began spring 2016, will finish 4<sup>th</sup> quarter 2016</li> </ul>

**GOAL 3 -- Improve the emergency services network for the homeless, by partnering with local stakeholders to create a comprehensive assessment and discharge planning process used at intake and discharge from medical facilities or jails (Also a Federal Requirement).**

Maryland’s ICH is committed to ensuring no one is discharged into homelessness from hospital care, emergency rooms, nursing homes, mental health clinics, state hospital facilities, or correctional institutions. The Council will promote the training and relationships necessary to assure consistent and effective discharge planning for health and housing needs. The Council will work with health and service providers to increase respite/convalescent care throughout the state for people experiencing homelessness.

	<b>OBJECTIVES</b>	<b>STRATEGIES</b>	<b>STAKEHOLDERS RESPONSIBLE</b>	<b>TIMEFRAMES</b>
<b>A</b>	<b>Assess how the homeless are accessing emergency care and identify where improvements are needed.</b>	<ul style="list-style-type: none"> <li>▪ <b>Revised</b> – work with hospitals and propose questions to add to the intake process to better assess homeless status upon intake.</li> </ul>	Health and Homelessness work group, health care providers and community service providers.	<ul style="list-style-type: none"> <li>▪ 3<sup>rd</sup> quarter of 2017</li> </ul>
<b>B</b>	<b>Study the manner in which homeless patients are being released from hospitals back into the community.</b>	<ul style="list-style-type: none"> <li>▪ Consider and approve specific discharge goals and/or adopt a mandate that health care providers will follow to discharge people safely back to their communities and not back to the street.</li> </ul>	Health and Homelessness work group, health care providers and community service providers.	
<b>C</b>	<b>Increase access to proper respite/convalescent care for the homeless statewide.</b>	<ul style="list-style-type: none"> <li>▪ Determine what current respite bed options are available statewide.</li> <li>▪ Work with local communities to create a needs assessment tool aimed at determining where additional respite beds are needed for the homeless.</li> <li>▪ <b>Revised</b> - Review and summarize national best practices aimed at increasing respite beds for the homeless and share with local communities in the ICH Annual Report.</li> </ul>	Health and homelessness work group, DHMH and local Departments of Health.	<ul style="list-style-type: none"> <li>▪ 1<sup>st</sup> quarter, 2017</li> <li>▪ 2<sup>nd</sup> quarter, 2017</li> <li>▪ August 2017</li> </ul>
<b>D</b>	<b>NEW - Assess exit-planning strategies used by jails and other institutions to determine service and housing gaps.</b>	<ul style="list-style-type: none"> <li>▪ Work with the Department of Public Safety (DPS) to assess the housing and service gaps that exist when case managers work with people exiting incarceration.</li> <li>▪ Summarize this information to be included in the 2017 ICH Annual Report on Homelessness.</li> <li>▪ Provide information on housing and services to local DPS staff working to exit people from incarceration.</li> </ul>	DPS and the Health and Homelessness work group.	<ul style="list-style-type: none"> <li>▪ 1<sup>st</sup> quarter, 2017</li> <li>▪ August 2017</li> <li>▪ 4<sup>th</sup> quarter, 2017</li> </ul>

**GOAL 4 -- Improve the support system that exists for homeless veterans, so that we may end Veteran Homelessness as soon as possible. (Also a federal requirement).**

The federal Opening Doors plan aims to end homelessness among veterans by the end of 2015. Maryland’s Interagency Council on Homelessness will work with local, state, federal, and non-governmental partners to identify the specialized needs of and available services for homeless veterans in our state, and to improve the range, availability, and coordination of housing and services necessary to end veteran’s homelessness.

	<b>OBJECTIVES</b>	<b>STRATEGIES</b>	<b>STAKEHOLDERS RESPONSIBLE</b>	<b>TIMEFRAMES</b>
<b>A</b>	<b>Identify recommendations to improve access to housing for Homeless veterans.</b>	<ul style="list-style-type: none"> <li>▪ Recommend the continuation and expansion of existing housing options, i.e. Grant Per Diem, HUD VASH, and SSVF.</li> <li>▪ Explore methods to increase information sharing between Homeless Service Providers and the VA to better identify veteran-specific housing and support services.</li> <li>▪ Create data sharing agreements between stakeholders working with homeless Veterans.</li> </ul>	Veterans Work Group, DHR, USVA (VISN 5 Homeless Services <sup>15</sup> ), COC member organizations.	<ul style="list-style-type: none"> <li>▪ Ongoing.</li> <li>▪ <b>Completed</b></li> <li>▪ 2<sup>nd</sup> quarter of 2017</li> </ul>
<b>B</b>	<b>Identify recommendations to improve access to Employment for homeless veterans.</b>	<ul style="list-style-type: none"> <li>▪ Continue and enhance services provided by the Career One-Stop Center Disabled Veterans Employment Specialist (DVOP) working with emergency and transitional housing locations statewide.</li> <li>▪ Increase DVOP outreach efforts to other housing and homeless service provider organizations statewide.</li> <li>▪ Designate a specific DVOP, closest to the Department of Public Safety and Correctional Services (DPSCS), correctional institutions to assist incarcerated veterans prior to release with job placement assistance.</li> </ul>	Veterans Work Group, DLLR, veteran centric transitional housing program providers (Grant Per Diem), USVA (VISN 5 Homeless Services).	<ul style="list-style-type: none"> <li>▪ Ongoing throughout 1<sup>st</sup> and 2<sup>nd</sup> Quarters of 2016.</li> <li>▪ Ongoing throughout 2<sup>nd</sup> and 3<sup>rd</sup> Quarters of 2016.</li> <li>▪ <b>Completed</b></li> </ul>
<b>C</b>	<b>Improve and make more consistent, the resources available to homeless Vets.</b>	<ul style="list-style-type: none"> <li>▪ Create a shared messaging campaign for all service providers working with homeless veterans to ensure a consistent service message is provided to homeless veterans.</li> <li>▪ Work with the Maryland Community Services Locator (MCSL) to enhance the online directory of housing resources for homeless veterans.</li> </ul>	Veterans Work Group members, CoCs, DLLR and local job centers, jail and prisons.	<ul style="list-style-type: none"> <li>▪ Began summer 2016, ongoing through remainder of the year</li> <li>▪ 4<sup>th</sup> quarter of 2016</li> </ul>
<b>D</b>	<b>Work more collaboratively</b>	<ul style="list-style-type: none"> <li>▪ Complete a statewide survey to assess how the CoC’s respond to the needs of homeless</li> </ul>	Veterans Work Group.	<ul style="list-style-type: none"> <li>▪ <b>Completed</b></li> </ul>

<sup>15</sup> VISN 5 Represents the Healthcare Systems that service Veterans in Maryland, which include Martinsburg, WV, Washington DC VA and MD VA Healthcare system (Baltimore, Perry Point and Loch Raven)



	<b>with existing stakeholders to respond to the needs of homeless veterans.</b>	<p>veterans and recommend improvements to service delivery.</p> <ul style="list-style-type: none"> <li>Establish a network of providers that support homeless veterans and create a formalized method for them to share information.</li> <li>Identify service gaps based on CoC survey results and determine means to improve communication between veteran service stakeholders.</li> </ul>		<ul style="list-style-type: none"> <li>4<sup>th</sup> quarter 2016</li> <li>2<sup>nd</sup> quarter 2017</li> </ul>
<b>E</b>	<b>NEW – Develop statewide plan to track numbers of homeless veterans and number housed.</b>	<ul style="list-style-type: none"> <li>Work with communities in Maryland that have ended veterans homelessness (Montgomery County) and those participating in Nationwide Mayor’s Challenges to end Veterans Homelessness (Baltimore City) to establish data goals and collection techniques.</li> </ul>	Veterans work group, Baltimore City and Montgomery County and other CoCs	<ul style="list-style-type: none"> <li>Beginning 4<sup>th</sup> quarter 2016</li> </ul>

***GOAL 5 – Ensure access to housing, education, employment, and supportive services for youth and young adults experiencing homelessness or transitioning out of state systems. (Also a Federal Requirement)***

Housing instability and homelessness are on the rise among youth and young adults between the ages of 16-24. Youth with histories of foster care and juvenile services involvement are disproportionately represented, as are youth identifying as LGBT (lesbian, gay, bisexual, and transgender) and youth of color. Specialized strategies and interventions are necessary to prevent and end homelessness for this high risk group. To aid State and local efforts to address youth homelessness, Maryland’s Interagency Council on Homelessness will support the Youth REACH demonstration project, facilitate interagency collaboration, develop sound and effective policy recommendations, and provide technical assistance to ensure that existing and new programs and initiatives adequately address the unique needs of this diverse population.

	<b>OBJECTIVE</b>	<b>STRATEGIES</b>	<b>STAKEHOLDERS RESPONSIBLE</b>	<b>TIMEFRAMES</b>
<b>A</b>	<b>Address service needs of youth and young adults experiencing or at risk of homelessness</b>	<ul style="list-style-type: none"> <li>Catalog public and private programs, initiatives and resources that address youth and young adult homelessness in the State.</li> <li>Write a status update on recommendations from the 2013 UHY Task Force report regarding Supportive Services and outline next steps.</li> <li>Work with state agency representatives and community stakeholders to explore ways in which a robust and coordinated network of programs and initiatives can be built to address youth homelessness in effective and efficient ways.</li> <li>Assist state agencies and community stakeholders in developing funding ideas and proposals to enhance existing strategies and/or develop new programs.</li> </ul>	ICH, State agencies, local stakeholders, community service providers.	<ul style="list-style-type: none"> <li>By end of 1st quarter, 2017.</li> <li>2nd quarter, 2017</li> <li>Ongoing</li> </ul>

		<ul style="list-style-type: none"> <li>▪ <b>New</b> – Survey local providers about service needs for homeless youth and young adults.</li> </ul>		<ul style="list-style-type: none"> <li>▪ <b>Completed</b></li> </ul>
B	<b>Address housing needs of youth and young adults experiencing or at risk of homelessness</b>	<ul style="list-style-type: none"> <li>▪ Assess current availability of safe, affordable housing for unstably housed and homeless youth and young adults.</li> <li>▪ Write a status update on recommendations from the 2013 UHY Task Force report regarding housing options and outline next steps.</li> <li>▪ Meet with ICH Housing First Work Group to determine how existing funding can be targeted to create housing for this population.</li> </ul>	ICH, State agencies, Housing First Workgroup, local stakeholders, community service providers	<ul style="list-style-type: none"> <li>▪ 3<sup>rd</sup> quarter of 2017</li> <li>▪ 2nd quarter of 2016.</li> <li>▪ 1<sup>st</sup> quarter of 2017</li> </ul>
C	<b>Support the continuation and expansion of Youth REACH</b>	<ul style="list-style-type: none"> <li>▪ Recommend continued State funding of Youth REACH for the remainder of the demonstration project at a level sufficient to support statewide participation.</li> <li>▪ Participate in Youth REACH Steering Committee to ensure that data collection and analysis informs ICH policy recommendations.</li> <li>▪ Encourage and support participation of Local Management Boards and other stakeholders in local Youth REACH planning and implementation.</li> <li>▪ <b>New</b> – Expand number of counties participating in second Youth REACH count in 2017.</li> </ul>	ICH, DHCD, local stakeholders	<ul style="list-style-type: none"> <li>▪ <b>Completed</b></li> <li>▪ 2<sup>nd</sup> quarter of 2017</li> <li>▪ <b>Completed</b> and will continue through the second Youth REACH count.</li> <li>▪ 4<sup>th</sup> quarter of 2016.</li> </ul>
D	<b>Revised – Increase participation by youth in policy process and elevate the issue to statewide stakeholders.</b>	<ul style="list-style-type: none"> <li>▪ Recruit persons with personal experience of homelessness and/or other specific knowledge and experience related to youth and young adult homelessness to serve on ICH Youth &amp; Young Adult Homelessness Work Group</li> <li>▪ Work with established groups to explore and educate the ICH about specific issues related to youth homelessness or subpopulations of homeless youth with significant vulnerability and/or unique needs, such as human trafficking, pregnant and parenting youth, LGBT youth, youth of color, youth with disabilities, etc.</li> </ul>	ICH, local stakeholders, community service providers	
E	<b>NEW – Eliminate barriers for youth and young adults experiencing homelessness in enrolling, attending and succeeding in school.</b>	<ul style="list-style-type: none"> <li>▪ Support MSDE in the development and implementation of the McKinney-Vento State plan.</li> <li>▪ Support local partners as they work to meet the terms of the state plan and assess gaps in education and transportation services.</li> </ul>		

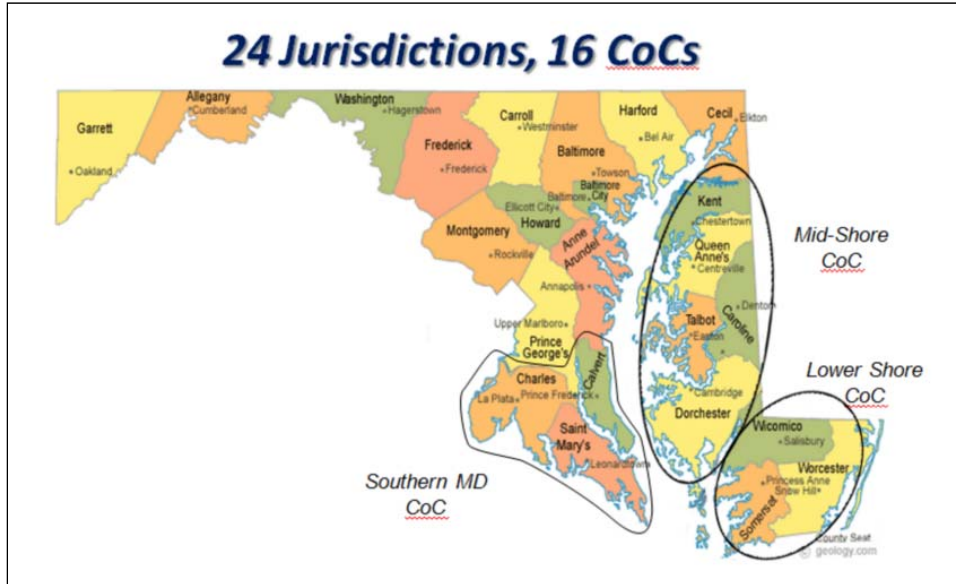
**GOAL 6 – Achieve coordinated intake and assessment for all jurisdictions in Maryland by the end of 2016.**  
*(Also a Federal Requirement)*

Maryland’s Interagency Council on Homelessness will work with local continua of care to coordinate the support safety net for those who are homeless to ensure that access to services is fair, equitable, clear, and provided with a “no wrong door” approach. The Council will support local continua in meeting federal requirements for “coordinated intake and assessment” (CA), which seek to connect people experiencing homelessness with housing, income, and supportive services in the most efficient and effective manner possible.

	<b>OBJECTIVES</b>	<b>STRATEGIES</b>	<b>STAKEHOLDERS RESPONSIBLE</b>	<b>TIMEFRAMES</b>
<b>A</b>	<b>Assess local progress made towards achieving Coordinated Access statewide.</b>	<ul style="list-style-type: none"> <li>▪ <b>New</b> - Establish an ICH work group focused on this topic.</li> <li>▪ Create an assessment tool to gather information from CoC leads about the status of their Coordinated Intake and Assessment efforts.</li> <li>▪ Regional CoC’s will be convened to discuss their work and share best practices and with other CoC’s.</li> </ul>	<p>ICH support staff</p> <p>CoC leads and ICH.</p>	<ul style="list-style-type: none"> <li>▪ 1<sup>st</sup> quarter of 2017.</li> <li>▪ 2<sup>nd</sup> quarter of 2017</li> <li>▪ 2nd quarter of 2017.</li> </ul>
<b>B</b>	<b>Revised – Create guidance based on best practices aimed at achieving Coordinated Access statewide.</b>	<ul style="list-style-type: none"> <li>▪ The ICH will ask for guidance and support from the USICH to learn how other states have achieved this federal goal.</li> <li>▪</li> </ul>	CoC leads and ICH, HUD can provide some technical assistance.	
<b>C</b>	<b>NEW – Establish Shelter safety and admission guidelines to ensure the homeless have equitable access to and are safe when in emergency shelter statewide.</b>	<ul style="list-style-type: none"> <li>▪ Establish ICH work group to examine shelter safety and admission practices across the state.</li> <li>▪ Create safety and admission guidelines for all shelters to follow when serving the homeless, building off of information presented in 2016 Annual Report on Homelessness</li> </ul>	ICH members and CoC leads	<ul style="list-style-type: none"> <li>▪ 4<sup>th</sup> quarter of 2016</li> <li>▪ 4<sup>th</sup> quarter of 2017</li> </ul>

## **Appendix 2 - Continuum of Care Jurisdictions and Federal Funding Totals**

There are 24 individual jurisdictions in the state; 23 Counties and Baltimore City. State funding for homeless services goes to the 24 jurisdictions; however, Federal funding is allotted through Continuums of Care. Continuums of Care are local planning bodies responsible for coordinating the full range of homeless services in a geographic area, which may cover a city, county or metropolitan area.<sup>16</sup> Maryland's 24 jurisdictions are broken down into 16 Continuums of Care.



<b>Continuum of Care</b>	<b>Amount Received from HUD in 2015</b>	<b>Amount Received from HUD in 2016</b>
Allegany County	\$809,617	\$698,974
Anne Arundel County	\$2,451,633	\$2,175,878
Baltimore City	\$21,776,583	\$20,113,771
Baltimore County	\$2,633,522	\$2,766,391
Carroll County	\$371,312	\$390,079
Cecil County	\$261,510	\$244,476
Frederick County	\$609,534	\$569,765
Garrett County	\$294,364	\$255,878
Harford County	\$808,335	\$927,130
Howard County	\$913,432	\$789,594
Mid-Shore CoC	\$758,497	\$723,480
Montgomery County	\$7,537,481	\$8,202,360
Prince George's County	\$5,089,155	\$4,944,748
Southern MD CoC	\$2,334,584	\$2,521,547
Lower Shore CoC	\$1,164,438	\$1,203,629
Washington County	\$548,266	\$500,970
<b>Total HUD Continuum of Care Funding</b>	<b>\$48,362,263</b>	<b>\$47,028,670</b>

<sup>16</sup> 2014 HUD's Annual Homeless Assessment Report (AHAR) to Congress  
<https://www.hudexchange.info/resources/documents/2014-AHAR-Part1.pdf>

### Appendix 3: FY 2017 Homeless Services Funding Sources In Maryland (Federal and State)

<b>FEDERAL Funding Sources</b>	<b>Purpose</b>	<b>Administering Agency(s)</b>	<b>SERVICES</b>	<b>RENTAL</b>	<b>CAPITAL</b>	<b>Total Amount to MD FY17</b>
<b>Continuum of Care (CoC) Program</b>	Provides Permanent Supportive Housing (PSH) for people with disabilities, rapid re-housing, transitional housing, supportive services or the Homeless Management Information System (HMIS).	<b>HUD</b> awards the funds directly to 16 state CoC's	X	X	X	<b>\$43.5 Million</b>
<b>CoC Rental Assistance Projects</b>	A rental subsidy program that functions similarly to Section 8 for clients moving out of shelter into a scattered-site apartment.	<b>HUD</b> awards the grant to <b>DHMH</b>		X		<b>\$4.8 Million</b>
<b>Emergency Solution Grants Program (ESG)</b>	Provides operational and rental assistance to homeless shelters, transitional housing, homeless service programs, rapid re-housing (RRH).	<b>HUD</b> awards the grant to <b>DHCD</b>	X	X		<b>\$1 Million</b>
<b>Projects for Assistance in Transition from Homelessness (PATH)</b>	A federal grant from Substance Abuse and Mental Health Service Administration to provide service and housing support	<b>SAMHSA</b> awards the grant to <b>DHMH</b>	X	X		<b>\$1.271 Million</b>
<b>SSI/SSDI Outreach, Access and Recovery Technical Assistance (SOAR)</b>	A state program funded through the PATH program to assist those experiencing homelessness complete an SSI/SSDI application.	<b>DHMH</b> receives the funds.	X			<b>\$300,000 from PATH grant</b>
<b>MD Collaboration for Homeless Enhancement Services (CHES)</b>	3 year pilot program to assist those experiencing homelessness with a mental illness or substance use issue in Anne Arundel and Carroll Counties	<b>SAMHSA</b> awards the grant to <b>DHMH</b>	X	X		<b>\$8.5 million over 3 years</b>
<b>Supportive Services for Veteran Families (SSVF)</b>	Funds organizations that assist veteran families living in housing to promote housing stability	<b>The VA</b> awards funding to <b>local service providers</b>	X			<b>\$5.7 Million</b>
<b>Housing Opportunities for Persons with AIDS (HOPWA)</b>	Provide medium to long-term rental assistance, short term rental, utility, mortgage assistance funds for permanent housing placement including fees, first and last, security deposits, utility turn-on fees.	<b>HUD</b> awards funds to <b>DHMH</b>	X	X		<b>\$1.7 Million</b>
<b>Veterans Affairs Supportive Housing Program (VASH)</b>	Provides rental subsidy vouchers and case management support to vets	<b>HUD and the VA</b> provides vouchers to local housing authorities and to DHCD directly	X	X		1,200 vouchers provided statewide
<b>HUD Section 811 Project Rental Assistance</b>	Rental subsidy to those who are exiting institutions, have a mental illness or may be homeless	<b>HUD</b> awards funds to <b>DHCD, DHMH and MDOD</b> administer the program.		X		To be determined

<b>STATE Funding Sources</b>	<b>Purpose</b>	<b>Administering Agency</b>	<b>PREVENTION</b>	<b>OPERATIONS</b>	<b>MOVE OUT/ RENTAL ASSISTANCE/ MAINTAIN</b>	<b>CAPITAL</b>	<b>OTHER</b>	<b>Total Amount to MD FY17</b>
<b>Rental Allowance Program (RAP)</b>	Grant to local governments for rent subsidies to homeless families	DHCD			X			\$1.7 million
<b>State Emergency Solution Grants Program (ESG-MD)</b>	A state match fund to the federal ESG program, to cover operations, services and move out funds.	DHCD		X	X			\$2 million
<b>Shelter &amp; Transitional Housing Facilities Grant Program (STHGP)</b>	Provides capital financing to nonprofit organizations and local governments for new construction, acquisition, and rehabilitation of existing housing.	DHCD				X		\$1.5 million
<b>Youth REACH Count</b>	A count of unaccompanied homeless youth in eleven jurisdictions.	DHCD					X	\$200,000
<b>Families First Program</b>	Funded by the General Bond Reserves to assist veteran families in Prince George and Anne Arundel Counties.	DHCD			X		X	\$300,000
<b>Emergency &amp; Transitional Housing and Services Program (ETHS)</b>	Funding to all 24 LAAs operations, move out and eviction prevention.	DHR	X	X	X			\$2.7 million
<b>Homelessness Prevention Program (HPP)</b>	Provides funding to all 24 LAAs for eviction prevention, mediation to maintain housing	DHR	X					\$843,000
<b>Homeless Women – Crisis Shelter Home Program (HW-CS)</b>	Provides funding to 13 LAAs for operations of family or DV shelters	DHR		X	X			\$1.1 million
<b>Housing Counselor Program (HCP)</b>	This grant pays for 5 staff positions to assist people move out of emergency shelter.	DHR			X			\$258,000
<b>Service-Linked Housing Program (SLH)</b>	This grant pays for 13 staff positions to assist previously homeless families maintain permanent housing.	DHR			X			\$549,000
<b>Transitional Housing Pilot Program</b>	State funded pilot to pay for those exiting state facilities with a mental illness, move into supportive housing.	DHMH			X			\$1.37 million
<b>Homeless ID Program</b>	A statewide program that provides free birth certificates and identification for the homeless.	DHMH			X			\$500,000

**Appendix 4**

**REPORT ON COLD WEATHER PLANNING AND WEATHER-RELATED DEATHS OF THE HOMELESS**

---

MARYLAND DEPARTMENT OF HUMAN RESOURCES

*Completed pursuant to the 2016 Joint Chairmen's Report*

October 1, 2016

---

## 2016 JCR REPORT REQUIREMENT

---

This report is hereby submitted in response to the following excerpt from the 2015 Joint Chairmen's Report:

***Cold Weather Deaths:** The committees are concerned about whether there is adequate reporting of cold weather-related deaths for individuals experiencing homelessness. The committees are interested in opportunities for improved reporting. It is the intent of the budget committees that the Office of the Chief Medical Examiner, the Department of Health and Mental Hygiene, and the Department of Human Resources collaborate to create a reporting system for cold weather deaths of people experiencing homelessness.*

**Cold Weather Planning:**

*The committees are concerned about the adequacy of local cold weather shelter planning processes. The Committees request that the ICH submit a report:*

- *detailing local cold weather sheltering planning processes;*
- *identifying gaps in services and funding in local cold weather shelter plans;*
- *establishing standards for local cold weather shelter planning; and*
- *recommending any legislative changes needed.”*

*Source: JCR of the 2016 Legislative Session – N00I00.07, page 90*

---

## WORK OF THE INTERAGENCY COUNCIL ON HOMELESSNESS (ICH)

---

The State Interagency Council on Homelessness (ICH) has worked diligently to survey, understand and assess the effectiveness of local cold weather planning processes. The ICH convened a meeting with Continuum of Care (CoC) leads in some metropolitan and suburban jurisdictions<sup>17</sup>, including Baltimore City, Anne Arundel, Baltimore, Harford, Howard and Carroll Counties to map the jurisdictional access to cold weather shelter. Additionally, the ICH and the Maryland Association of Counties convened a call with service providers and Emergency Managers in rural counties including Cecil, Charles, Dorchester, Garrett, Kent, Washington and Worcester counties.

Through the forums, representatives discussed and outlined the process required for a homeless person to access cold weather shelter in their community, shared strategies for local collaboration and governance in cold weather planning, and identified gaps and opportunities for improved collaboration for the cold weather season.

---

<sup>17</sup> Jurisdiction refers to all 23 counties and the City of Baltimore.



---

## COLD WEATHER PLANNING

---

Jurisdictions that receive homeless service grant funding from the Bureau of Homeless Services (BHS) within the Department of Human Resources (DHR), submit a homeless cold weather-sheltering plan annually. The plan must detail the roles and responsibilities of all local entities working together to ensure the unsheltered have options for shelter during the winter months. Trends gathered from the provider-submitted plans are as follows:

- Throughout the majority of jurisdictions, providers or the local Department of Social Service (DSS) initiate the cold weather-sheltering plan for the homeless.
- Nine jurisdictions reported having a season-long shelter in their annual homeless cold weather-sheltering plan. Other communities open cold weather shelters as needed based on whether the daily temperature reaches a certain temperature (typically 32 degrees or below). Deciding daily requires dedicated human resources to communicate to those living on the street as to the availability of shelters on any given day whereas season-long cold shelters require more dedicated resources at the shelter site.
- Additional local resources have been secured to cover the cost of cold weather sheltering. Baltimore City reported an additional \$1.1 million in local funding to cover cold weather sheltering efforts during fiscal year 2016. Other metropolitan areas such as Montgomery, Prince George's and Howard Counties spent an additional \$90,000 to \$500,000 and rural areas such as Washington County reported spending an additional \$17,000.
- Many jurisdictions rely on local community and faith-based organizations to provide a weekly rotating shelter during the coldest months. These organizations' ability to provide shelter services are tied to their capacity to support the added costs, and should not be considered stable, long-term services.
- Having adequate clinicians available to staff cold-weather shelters provides for more access to necessary clinical support and interventions that would allow clients to move away from a cycle of homelessness and reliance on cold-weather shelter each year.

### **The Role of Local Emergency Management**

Emergency Management is coordinated on a national level through the Federal Emergency Management Agency (FEMA), on the state level through the Maryland Emergency Management Agency (MEMA) and on the local level through local offices of emergency management. Every Maryland County has an office of emergency management, but the size and capabilities of these offices varies widely.

Some county offices have as few as two employees and limited resources. During a cold weather emergency, if gaps in shelter capacity are identified, emergency managers will work with partners to identify and activate additional available sheltering resources to accommodate the expanded need.

Based on a preliminary review of several counties, most have a jurisdictional Emergency Management (EM) plan that is separate from the Homeless Inclement Weather Sheltering Plan. The EM plan details roles and

responsibilities of local stakeholders during natural disasters and weather related crises within a county. Typically Emergency Managers will open “mass sheltering” when a natural disaster has occurred within a community. This is a shelter open to all members of a community displaced from their homes. This option is not available to Emergency Managers during non-emergency cold/hot weather instances despite the need among unsheltered homeless.

MEMA works closely and frequently with the local offices of emergency management, however they have no direct authority over local offices of Emergency Management, nor does MEMA provide direct funding for homeless shelters.

### **Best Practices from Local Jurisdictions**

Counties’ strategies range from more informal, consultative and collaborative planning to formalize planning outlining clear roles and responsibilities of partner agencies.

- In Cecil County, both providers and emergency management personnel plan for the winter weather season together. Starting early, ahead of the frigid portion of the season allows jurisdictions to have adequate time to assess existing resources and anticipate service gaps in sheltering the homeless.
- In 2014, Charles County executed a Memorandum of Understanding (MOU) between local stakeholders, outlining the individual roles of each entity. This allows cold weather shelter stakeholders to clearly define their roles and responsibilities and formalizes their planning process ahead of each winter season.

In February of 2016, staff from MEMA facilitated an effort in Carroll County, Maryland to develop and pilot a program addressing emergency preparedness for the homeless population. The goal of the preparedness program is to create tools for local Emergency Managers and agencies working with those experiencing homelessness to use to supplement their local planning efforts. It is a multi-faceted program, covering topics such as sheltering, communication, education for staff and clients, transportation, and emergency supply kits. Upon completion, tools from the planning process will be made available to local communities.

---

## **RECOMMENDATIONS**

---

Local communities may consider the following recommendations as they move forward with their cold weather planning processes:

- Collaborative planning that includes all stakeholders from homeless services providers, continuum of care leads, emergency managers and local government leaders as well as representatives from the local Department of Social Services, Health Department, Department of Aging, Continuum of Care (CoC) leads, shelter providers, faith-based organizations, police, fire, Emergency Management Services and location transportation providers.
  - Pre-season conversations could include simulation exercises/drills to map client access to shelter, communication plans and shelter coverage.
- Community planning for the cold weather season should begin during the summer.

- A retrospective meeting should be held following the cold weather season with all stakeholders, to discuss resource gaps and identify improvements for the coming year.
  - The retrospective discussion could also include those that experienced homelessness during the season and utilized the emergency weather shelter.
- Local government entities may consider providing a publicly owned building as an in-kind shelter resource to ease the burden on homeless service providers seeking a new location annually.
- Jurisdictions are encouraged to itemize spending on weather-related shelter separate from homeless service spending in general to track annual spending and highlight additional costs incurred locally.
- Conduct cost-benefit analysis of maintaining season-long compared to daily shelters.
- Evaluate local need and funding opportunities for:
  - Dedicated transportation resources to ensure the unsheltered can reach available cold weather shelter(s).
  - Funding for additional clinical support staff to assess clients and create a case management plan to ensure clients move out of homelessness.
  - Resources for staff to keep Emergency Management warming and cooling centers open for extended hours.

---

## COLD WEATHER DEATHS

---

When those experiencing homelessness live without shelter, they are more vulnerable to extreme weather conditions. Frostbite, heat stroke and other weather-related illnesses can occur; some leading to prolonged injury or death. Tracking such incidents will allow the state Interagency Council on Homelessness and participating agencies understand the adverse effects that insufficient sheltering have on the homeless during extreme weather months.

**Inclement Weather Injury/Death Reporting From the Department of Health and Mental Hygiene (DHMH):** During the summer and winter months, the DHMH Office of Preparedness and Response produces heat and cold reports, identifying weather-related injuries and deaths. This report (example available in Appendix) is sent out weekly to providers and policy makers. The information included in the report details the county of each weather-related incident statewide and some basic demographic information. Examples of such weather-related incidents include reports of hypothermia (cold) or hyperthermia (heat) related illness or injury. During the 2015/2016 winter weather season, the reports did not include weather-related deaths of those presumed to be homeless.

**A System to Track Deaths of the Homeless:**

Following the 2016 Legislative Session, the Director of Homeless Services within DHR and the Office of Preparedness and Response within DHMH held a meeting with Dr. David Fowler, State Chief Medical Examiner to discuss strategies to better track deaths of the homeless. Dr. Fowler explained that field examiners have been recording the potential of homelessness for all investigated deaths since 2006. Although an examiner cannot verify the homeless status with the person after death, details collected

through the investigation of the death may indicate the potential for homelessness. When this is the case, field examiners record this in the database along with other details surrounding the death. The Office of the Chief Medical Examiner shared this data with DHR and DHMH in May. The Department of Health and Mental Hygiene began including deaths of those presumed to be homeless in the weekly report on June 8, 2016 (see example in Appendix). There have been no suspected homeless deaths reported during the 2016 summer season.

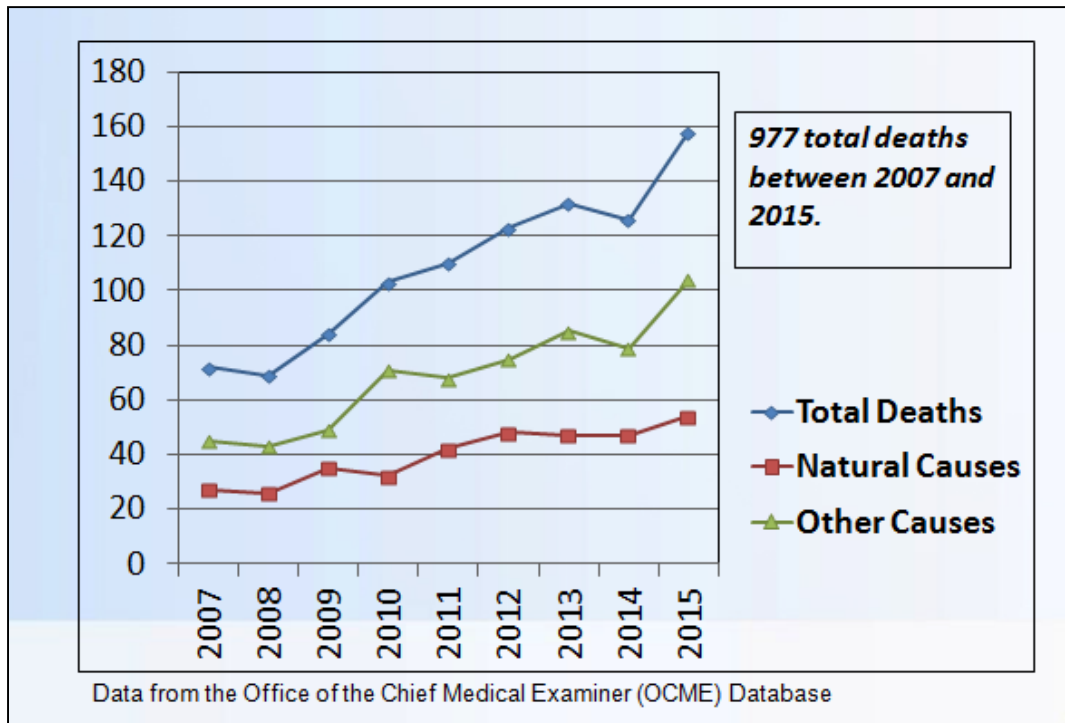
---

**DATA ON HOMELESS DEATHS**

---

Limited data on weather-related deaths of individuals experiencing homelessness is available. The Office of the Chief Medical Examiner began collecting data in 2007 about those found deceased and presumed to be homeless. Between 2007 and May of 2016, an estimated 1,029 deaths occurred of those presumed to be homeless statewide. When examining the causes of death of the homeless, 377 died of natural causes and 652 died of other causes. Of the 652 individuals that died of other causes, 17% were female and 82% were male. Geographically, 30% died in Baltimore City, 32% in suburban counties and 18% in rural counties throughout the state. Of those, 61% were Caucasian, 33% were African American and 5% were Latino.

**Graph 1: Summary of Homeless Death Totals 2007-2015<sup>18</sup>**

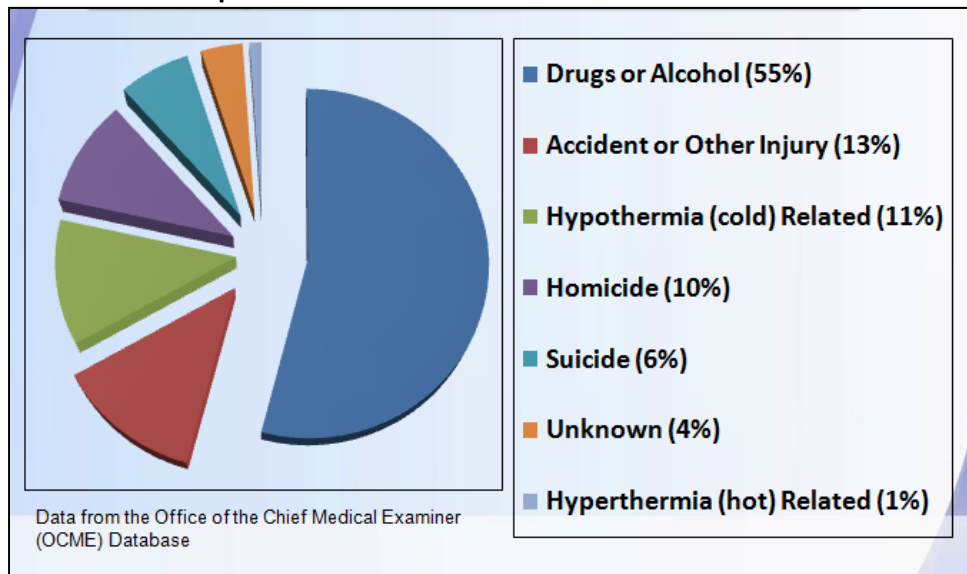


According to the data, the leading cause of death among those experiencing homelessness is drugs or alcohol, accidents or other injuries and hypothermia. Hypothermia exists during the cold weather and can

<sup>18</sup> Table excludes 2016 information since a 12-month data set is not yet available

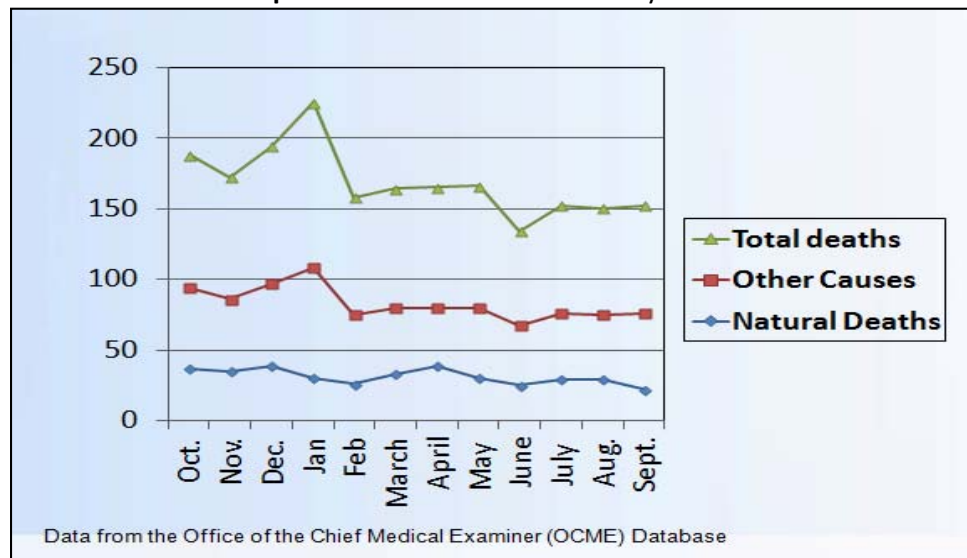
be a single cause of death or a contributing factor that leads to death. The risk of developing hypothermia is raised substantially by the use of alcohol, nicotine, drugs, and some medications as alcohol and other drugs that alter mood and cognition are associated with increased mortality from hypothermia.<sup>19</sup>

**Graph 2: Causes of Death of the Homeless 2014-2015**



Graph 3 shows that deaths amongst the homeless spike during the cold weather months, particularly during the month of January. Given this, cold weather planning is imperative to prevent death among our most vulnerable citizens.

**Graph 3: Deaths of the Homeless by Months**



<sup>19</sup> Report of the National Coalition for the Homeless "Winter Homeless Services: Bringing Our Neighbors in from the Cold" (January, 2010), [http://www.nationalhomeless.org/publications/winter\\_weather/report.html](http://www.nationalhomeless.org/publications/winter_weather/report.html)



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

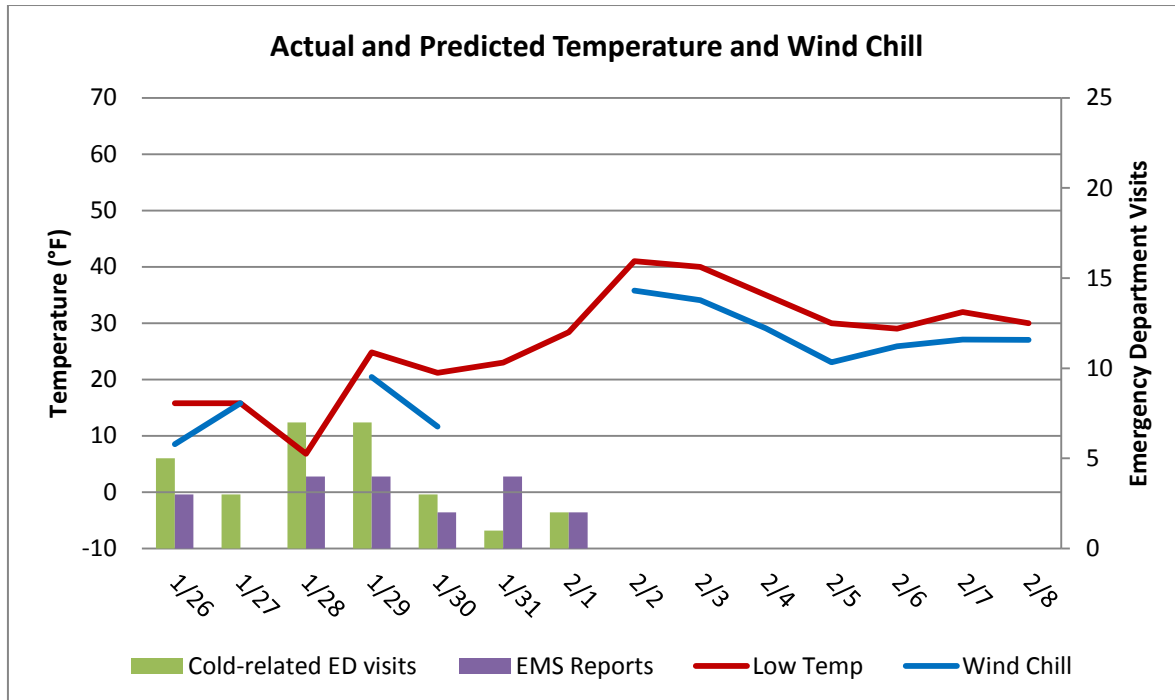
Larry Hogan, Governor - Boyd Rutherford, Lt. Governor - Van Mitchell, Secretary

## Weekly Cold-related Illness Surveillance Report

February 3, 2016

Reporting for January 26, 2016 to February 1, 2016

**National Weather Service Forecast:** No current wind chill advisories.  
**Wind Chill Advisories Declared During the Previous Week:** 5  
**Total Wind Chill Advisories Declared This Winter:** 5

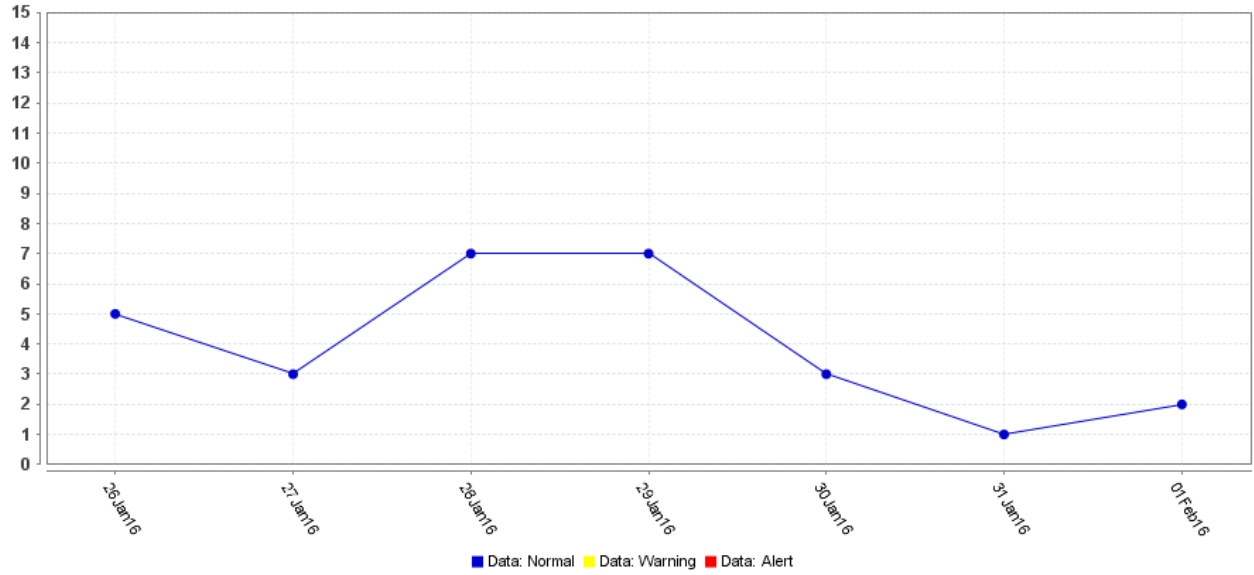


Wind Chill is only calculated for temperatures at or below 50°F and wind speeds above 3 mph

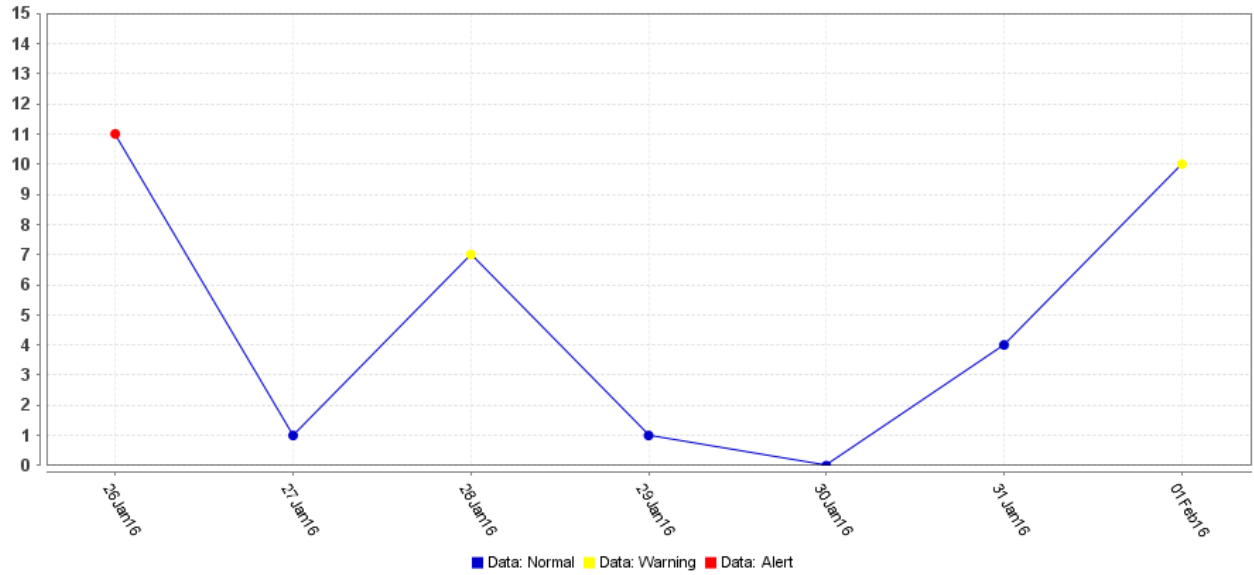
**Note on Emergency Department Data:** The results from the query used in ESSENCE, an electronic biosurveillance system, to track cold-related illnesses may be an overestimation of the actual burden of illness related to the cold weather. This overestimation may be due to the nature of the query, in which a positive case is determined from either a cold-related chief complaint or confirmed discharge diagnosis.

**Disclaimer on eMEDS cold weather-related data:** These data are based on EMS Pre-hospital care reports where the EMS provider has selected “hypothermia” as a primary or secondary impression of a patient’s illness. This impression is solely based on the signs and symptoms seen by the provider, not on any diagnostic tests. Since these numbers do not include all primary or secondary impressions that may be seen with cold weather-related exposure, the actual numbers may be underestimated. These data are reported for trending purposes only.

**Emergency Department Visits Regarding Cold-Related Illness**



**Emergency Department Chief Complaints Regarding Carbon Monoxide Exposure**

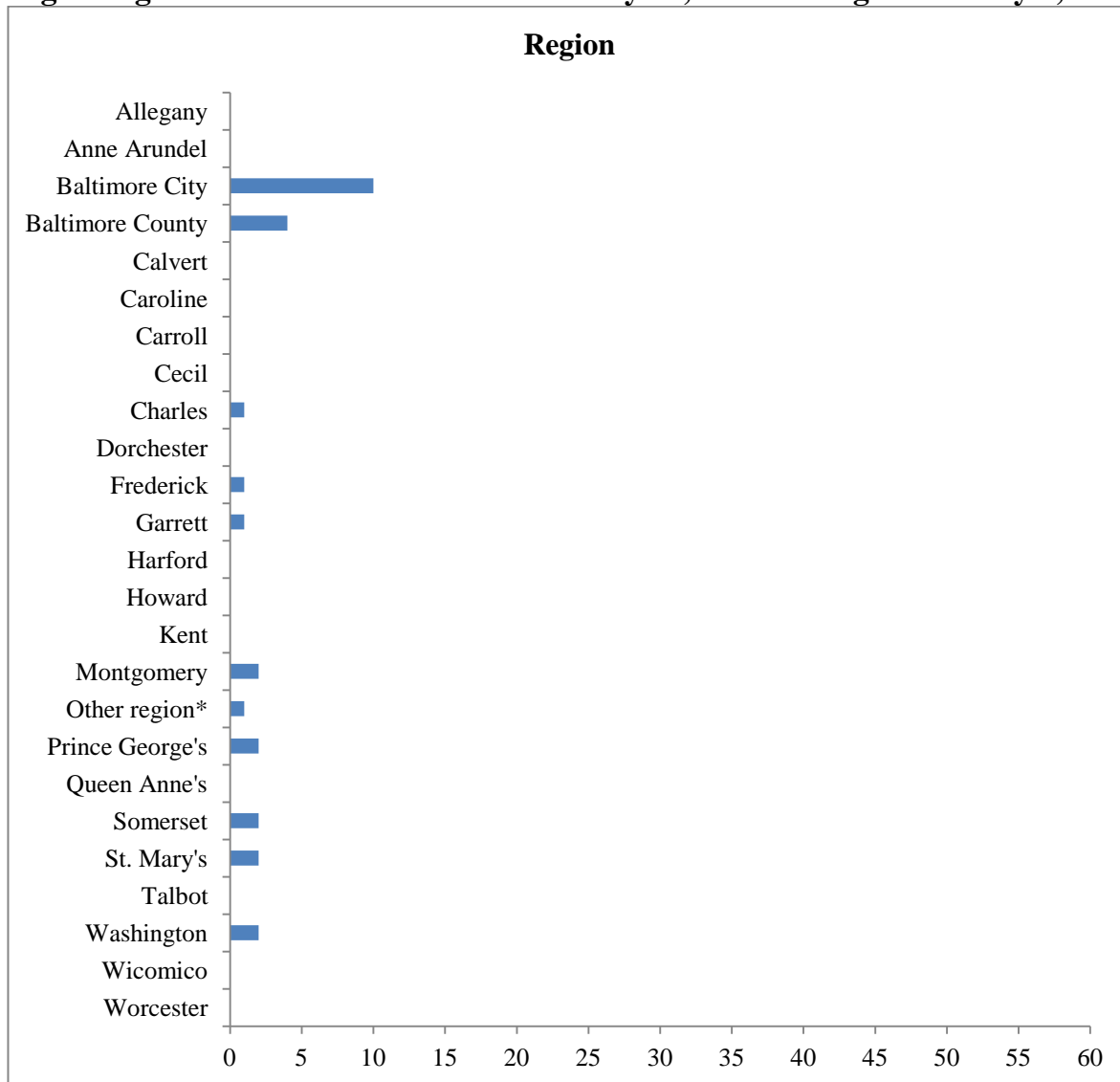


Date	Number of ED visits Regarding Cold-related Illness	Number of Chief Complaints Regarding Carbon Monoxide Exposure
January 26	5	11
January 27	3	1
January 28	7	7
January 29	7	1
January 30	3	0
January 31	1	4
February 01	2	10

\*Note: ESSENCE query for cold-related illness contains the following terms: frostbite, frostnip, hypothermia, chilblain, and trench foot.

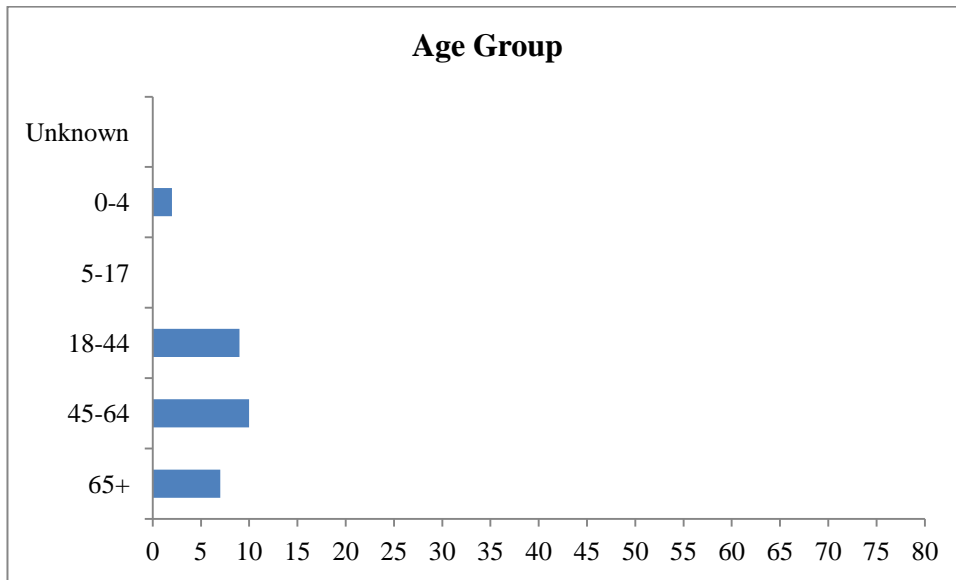
There were three chief complaint clusters regarding carbon monoxide exposure identified this week.

### Geographical and Age Group Distribution of Emergency Department Visits Regarding Cold-related Illnesses for January 26, 2016 through February 1, 2016



\*Geographical distribution of emergency department visits is based on patients' jurisdictions of residence. The "Other Region" category includes patient records without a ZIP code and patients who reside outside of Maryland.





Total Number of Cold-related Deaths	Jurisdiction*	Age Group	Gender
8	Prince George's	18-44 Years Old	Male
	Anne Arundel	45-64 Years Old	Male
	Anne Arundel	45-64 Years Old	Male
	Kent	45-64 Years Old	Male
	Carroll	65+ Years Old	Female
	Frederick**	65+ Years Old	Female
	Prince George's**	65+ Years Old	Female
	Worcester	65+ Years Old	Female

\*Refers to the jurisdiction where the death occurred.

\*\*Refers to a death that occurred during this week's reporting period.

There were 5 cold-related deaths reported this week.

There have been 8 cold-related deaths during this reporting period.

For media inquiries, please contact the Office of Communications: [410-767-6490](tel:410-767-6490)

**Wind Chill Advisory/Warning Criteria:** The National Weather Service issues a Wind Chill Advisory for projected wind chill factors of -5°F to -20°F, and a Wind Chill Warning when the projected wind chill is for -20°F or less.

**Prepared by:**

Office of Preparedness and Response  
Maryland Department of Health and Mental Hygiene  
300 W. Preston Street, Suite 202  
Baltimore, MD 21201

Joseph Anelli, MS  
Special Projects Coordinator  
Office: 410-767-6201  
Email: Joseph.Anelli@maryland.gov

Anikah H. Salim, MPH, CPH  
Biosurveillance Epidemiologist  
Office: 410-767-2074  
Email: Anikah.Salim@maryland.gov

Sara Luell  
Public Information Officer  
Office: 410-767-0590  
Email: Sara.Luell@maryland.gov

Lisa Stancill, MPH  
Biosurveillance Epidemiologist  
Office: 410-767-5668  
Email: Lisa.Stancill@maryland.gov

Sara Barra, MS  
Chief Planner  
Office: 410-767-8438  
Email: Sara.Barra@maryland.gov



STATE OF MARYLAND

**DHMH**

Department of Health and Mental Hygiene  
201 W. Preston Street • Baltimore, Maryland 21201

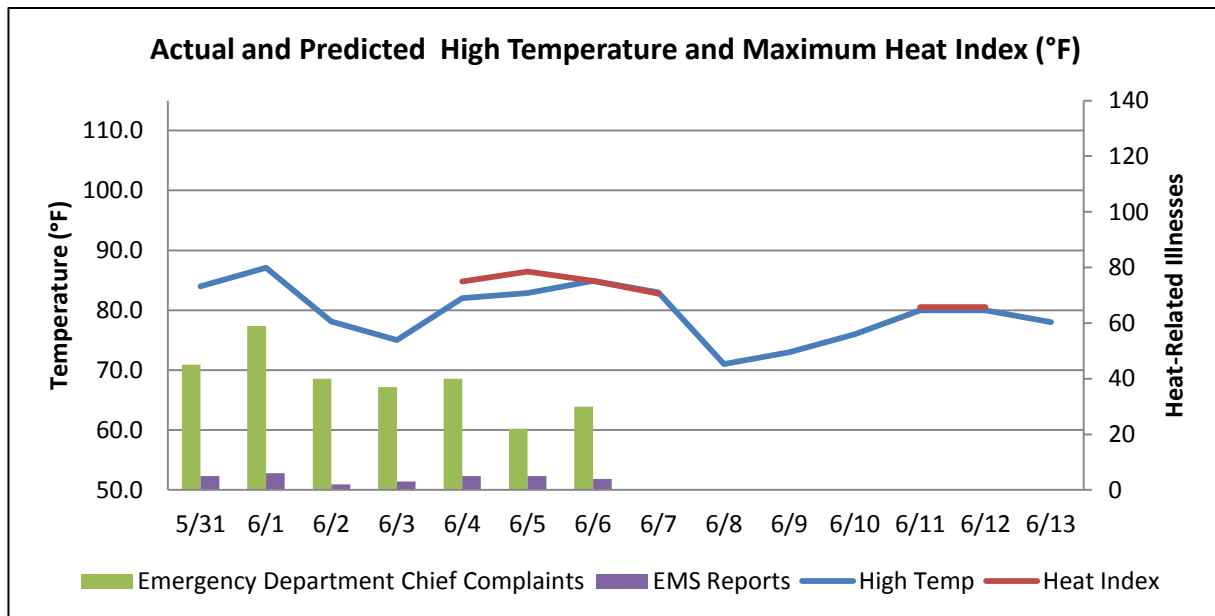
Larry Hogan, Governor – Boyd K. Rutherford, Lt. Governor – Van T. Mitchell, Secretary

## Weekly Heat-related Illness Surveillance Report

**June 8, 2016**

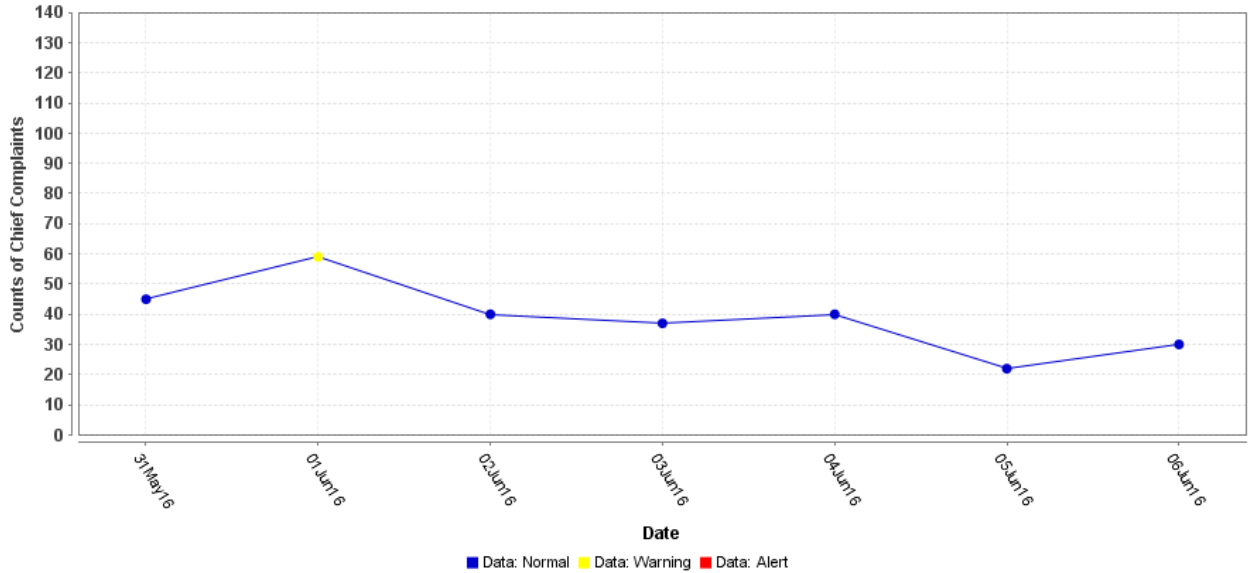
**Reporting for May 31, 2016 through June 6, 2016**

**National Weather Service Forecast:** No hazardous heat forecast.  
**Heat Advisories Declared During the Previous Week:** 0  
**Total Heat Advisories Declared This Year:** 0



Heat Indexes are calculated for temperatures above 80°F with humidity of 43% or greater.

**Emergency Department Chief Complaints Regarding Heat-related Illness**

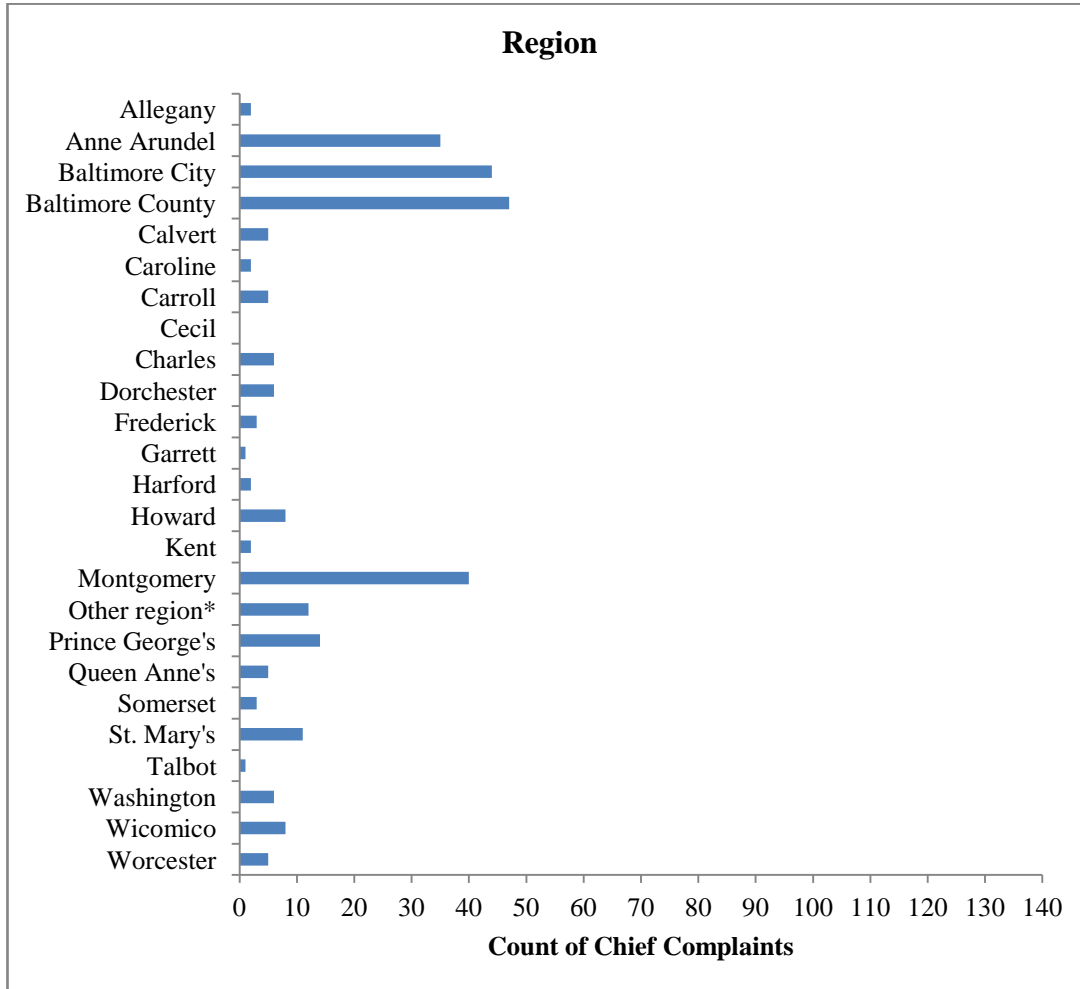


Date	Number of Chief Complaints Regarding Heat-related Illnesses State of Maryland
May 31	45
June 1	59
June 2	40
June 3	37
June 4	40
June 5	22
June 6	30

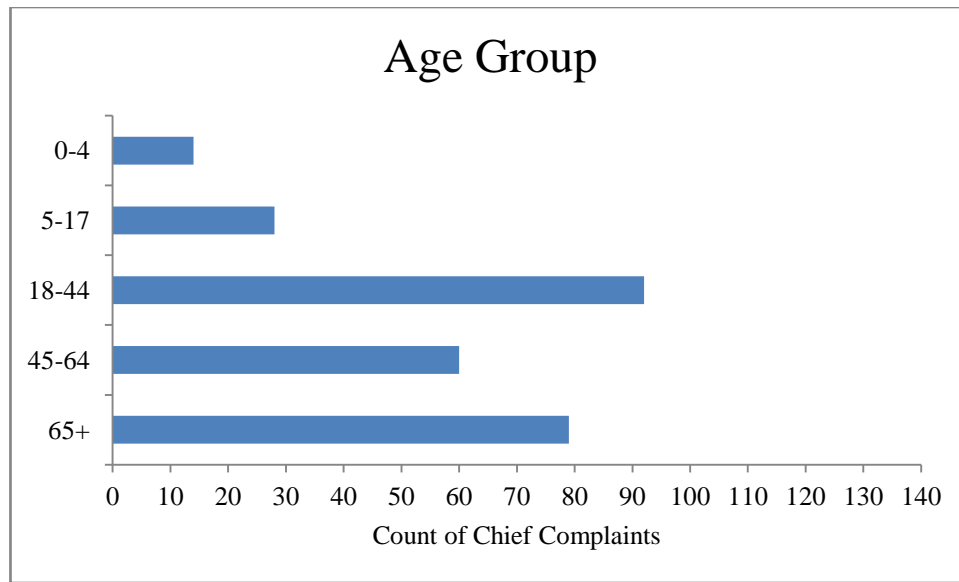
ESSENCE chief complaint query contains the following terms: hyperthermia, heat, dehydration and sunburn

There were no chief complaint clusters identified during the week.

## Geographical and Age Group Distribution of Emergency Department Chief Complaints Regarding Heat-related Illnesses for May 31 through June 6, 2016



\*Geographical distribution of emergency department chief complaints is based on patients' jurisdictions of residence. The "Other Region" category includes patient records without a ZIP code and patients who reside outside of Maryland.



Total Number of Heat-related Deaths	Jurisdiction*	Age Group	Gender
1	Baltimore City	65+ Years Old	Male

\* Refers to the jurisdiction where the heat-related death occurred.

\*\* Death occurred earlier in the season but was pending test results and approval before being released.

There was 1 heat-related death reported this week.

There has been 1 heat-related death during our reporting period this summer.  
No deaths are suspected or presumed homeless individuals.

For media inquiries, please contact the Office of Communications: [410-767-6490](tel:410-767-6490)

**Heat Advisory criteria:** The National Weather Service will issue a Heat Advisory when the heat index value is expected to reach 105 to 109 degrees within the next 12 to 24 hours. A Heat Advisory may be issued for lower criteria if it is early in the season or during a multiday heat wave. NWS will issue an Excessive Heat Warning when the heat index value is expected to reach or exceed 110 degrees within the next 12 to 24 hours. An Excessive Heat Warning may be issued for lower criteria if it is early in the season or during a multiday heat wave.

**Emergency Department Data:** The results from the query used in ESSENCE, an electronic biosurveillance system, to track heat-related illnesses may be an overestimation of the actual burden of illness related to the hot weather. This overestimation is due to the nature of the query, which includes the term dehydration, a condition that may be caused by factors other than heat.

**Emergency Medical Services (EMS) Data:** These data are based on EMS pre-hospital care reports where the EMS provider has selected “Heat Exhaustion/Heat Stroke” and/or “Hyperthermia” as a primary or secondary impression a patient’s illness. This impression is solely based on the signs and symptoms seen by the provider, not on any diagnostic tests. Since these numbers do not include all primary or secondary impressions that may be seen with heat exposure the actual numbers may be low. These data are reported for trending purposes only.

**Suspected Homeless Death Data:** Office of the Chief Medical Examiner (OCME) Field Investigators use the U.S. Department of Health and Human Services (HHS) [homeless definition](#) to determine suspected homeless deaths. Homeless deaths are listed as suspected due to the limited information available to the Field Investigators at the time of investigation, which may result in some misclassifications.

**Prepared by:**

Office of Preparedness and Response  
Maryland Department of Health and Mental Hygiene  
300 W. Preston Street, Suite 202  
Baltimore, MD 21201

Joseph Anelli, MS  
Special Projects Coordinator  
Office: 410-767-6201  
Email: Joseph.Anelli@maryland.gov

Anikah H. Salim, MPH, CPH  
Biosurveillance Epidemiologist  
Office: 410-767-2074  
Email: Anikah.Salim@maryland.gov

Sara Barra, MS  
Chief Planner  
Office: 410-767-8438  
Email: Sara.Barra@maryland.gov