



November 10, 2015

The Honorable Thomas V. Mike Miller, Jr.
President of the Senate
State House, H-107
Annapolis, Maryland 21401-1991

The Honorable Michael Busch
Speaker of the House of Delegates
State House, H-101
Annapolis, MD 21401 – 1991

Dear President Miller and Speaker Busch,

On behalf of the Interagency Council on Homelessness (ICH) and in accordance with Human Services Article § 6-423, please find enclosed the 2015 Annual Report of the State Interagency Council on Homelessness to the Maryland General Assembly.

If you should have any further questions or require additional information, please contact ICH Chair Kevin Lindamood at Klindamood@hchmd.org or Maryland Department of Human Resources staff to the ICH, Heather Sheridan, at heather.sheridan@maryland.gov or (410) 767-6829.

Sincerely,

Sam Malhotra
Secretary

Enclosure

Annual Report on Homelessness

Dated November 10, 2015

Prepared by:

Maryland's Interagency Council on Homelessness

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Prepared for:

The Governor and the Maryland General Assembly

As required by:

Human Services Article § 6-423

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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 and trends in homelessness in Maryland.

Senate Bill 796 established the Interagency Council on Homelessness during the 2014 session of the General Assembly to examine statewide initiatives aimed at ending homelessness throughout the state of Maryland. The Council brings together state agencies and homeless service providers to coordinate policy and programs among agencies, improve data collection statewide, develop strategies to increase the availability of affordable housing and reduce barriers to accessing services. The report highlights the Council's accomplishments in 2015:

- ❖ Elected the Interagency Council on Homelessness Chair
- ❖ Drafted the Homeless Services Framework, which focuses on six core goals aimed at proactively addressing the issue of homelessness.
- ❖ Supported the planning of Maryland's Unaccompanied Homeless Youth and Young Adult Count Demonstration Project (Youth Reach MD).
- ❖ Coordinated statewide funders in support of a data warehouse.
- ❖ Initiated regional planning for the winter months to ensure all individuals in need of shelter can access beds on the coldest nights.
- ❖ Established work groups focused on Veterans' Homelessness, Resources and Housing for Homeless Youth and Young Adults, Health and Homelessness and Housing First.

The 2015 Point in Time (PIT) Count estimated 8,392 persons experiencing homelessness in Maryland. While PIT data shows homelessness in Maryland has declined since the most recent peak in 2009, annual data suggests otherwise. Annual data suggests that individuals who are not living in a shelter or are not included in the annual point-in-time count, but who are receiving services from community-based providers are on the rise. The Council's work focuses on better understanding the prevalence of homelessness in Maryland through improved data collection and analysis and developing programs that meet the needs of all individuals experiencing homelessness, including special populations such as youth and families, chronically homeless, and veterans.

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 in purpose:

- Coordinate state policy recommendations and working relationships among state, local, and nonprofit agencies concerning efforts to remedy and prevent homelessness across the state.
- Disseminate information and educate the public about the prevalence and causes of and responses to homelessness.
- 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.
- Analyze the need for and availability of affordable and accessible housing resources and recommend changes necessary to move towards a statewide housing first approach.
- Solicit input from the advocacy, business and faith communities as well as from consumers, regarding policy and program development for the homeless population and identify supportive services necessary to best serve special populations such as veterans, youth, families and individuals with behavioral health barriers to housing.

First 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 Council has accomplished the following:

- Produced a draft Homeless Services Framework focused on six core goals aimed at proactively addressing the issue of homelessness. The draft was opened for public comment on October 9, 2015 and will be finalized by the January 1, 2016.
- Supported planning for Maryland's Unaccompanied Homeless Youth and Young Adult Count Demonstration Project, Youth Reach MD.
- Council members that fund homeless service programs statewide worked to coordinate and consolidate data collected from providers, to move towards achieving a statewide data warehouse.
- Council members and Continuum of Care partners began regional planning for the winter months to ensure anyone who is homeless has a safe and warm place to sleep when temperatures get frigid.
- Established four work groups focused on 1) Veterans' Homelessness, 2) Resources and Housing for homeless Youth and Young Adults, 3) Health and Homelessness and 4) Housing First Agency, all of which meet on a regular basis.
- Elected Council Chair Kevin Lindamood, President and CEO of Health Care for the Homeless, in February 2015.

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://www.dhr.state.md.us/blog/wp-content/uploads/2015/01/Member-list-for-website.pdf>. A copy of the list of members also may be found in Appendix 5.

The Interagency Council on Homelessness - Framework Goals

Maryland’s Interagency Council on Homelessness created the first draft of the homeless services framework goals in January 2015. The draft was based on needs identified by 16 Continuums of Care as well as points identified within Maryland’s 10-year plan to end homelessness (2005). The Council used a participatory process to define and further narrow the goals. The Council has accepted feedback from Continuum of Care members and members of the public during its quarterly meetings and will continue to accept feedback on the draft goals through the months of October and November. The framework will be a working document that will evolve with the Council as objectives are met and strategies are further refined.

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

GOAL 1 - Increase statewide the number of permanent supportive housing options available to the homeless.*
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.
GOAL 3 - 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.*
GOAL 4 - Improve the support system that exists for homeless veterans, so that we may end Veterans Homelessness as soon as possible.*
GOAL 5 - Create more housing and support options for homeless young adults and youth transitioning out of state systems.*
GOAL 6 - Achieve coordinated intake and assessment for all jurisdictions in Maryland by the end of 2016.* ¹

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 barriers that result in individuals losing housing. During the second quarter of calendar year 2015, Maryland had the eleventh highest cost of living among the 50 states,ⁱ only slightly less than states like New York, California, New Jersey and Alaska.

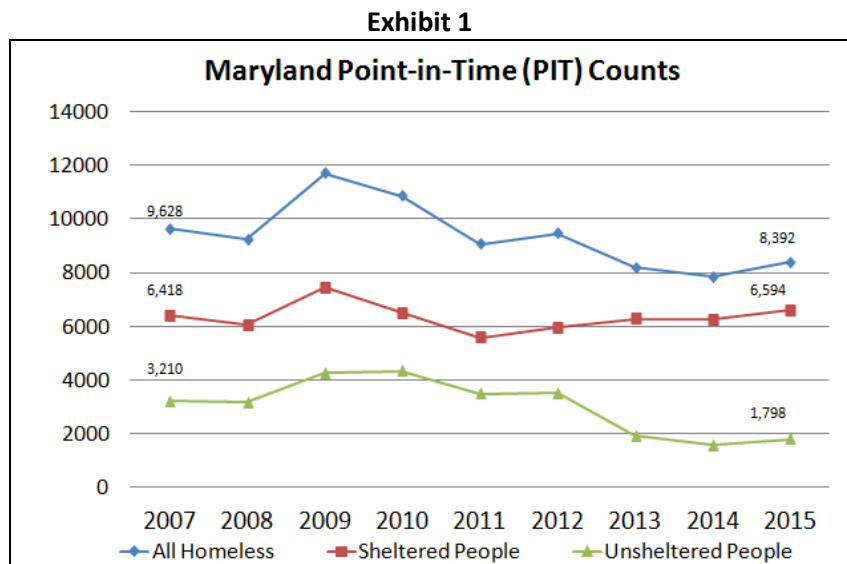
The 2015 Consolidated Plan of the Maryland Department of Housing and Community Development notes that excessive rent is the most common characteristic of low-income individuals and families at risk of becoming homeless.ⁱⁱ Households receiving temporary rental assistance through programs such as rapid re-housing, cite finding affordable rental housing as the most significant barrier to maintaining the housing after the subsidy has ended. More than 290,000 households across the state are identified as at risk of becoming homeless because they spend more than half of their monthly income on housing. The Department of Housing and Urban Development estimates that Maryland has a shortage of 190,700 affordable rental housing units for families earning less than 50% of the area median income.

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

Homelessness can expose individuals to trauma and create barriers to accessing care for disabling conditions or services to assist individuals in regaining self-sufficiency. Children are especially vulnerable to the impacts of homelessness, including interruption of schooling and impeding development of positive peer and mentor relationships. Communities also feel the impact of homelessness. Studies nationwide have found that the fiscal cost of homelessness to communities is significantⁱⁱⁱ. Higher use of emergency services such as emergency rooms, police and ambulance response, and jail stays are common among homeless individuals due to their increased exposure to the outdoor elements, violence, and other unsafe or unhealthy environments. The costs of these services are ultimately covered by the taxpayers.

Counting the Homeless in Maryland

All jurisdictions throughout the nation conduct an annual Point in Time count during the last two weeks of January. Exhibit 1 illustrates the trends of those counts over the last eight years.



The majority of the homeless counted in 2015 were residents of Baltimore City (2,796), Montgomery County (1,100), Southern Maryland (981) and Baltimore County (745). During the 2014 count, only those who were in shelter were included in the count. The total sheltered count was 7,520 with the majority of the population being in the same areas of the state. Appendix 3 provides detailed information from the prior year Point in Time Counts.^{iv}

Counts of Vulnerable Sub-Populations

Homeless Veterans:

- According to the US Department of Veterans Affairs, there are approximately 428,861 total Veterans in Maryland this year.^v
- According to the 2015 count, there are about 990 homeless veterans in Maryland, which represents 12% of the total homeless count.
 - This is an increase from the 2013 count (673, which was about 8% of the total counted).

Chronically Homeless:

- Chronically homeless individuals are those who are disabled and have been continuously homeless for a year or more or have experienced at least four episodes of homelessness in the last three years.
- This population has increased in the last two years.
 - In 2013, there were approximately 1,300 (16%) chronically homeless counted within the larger Point-In-Time count.
 - In 2015, there were approximately 1,682 (20%) chronically homeless counted.

School-Aged Youth:

- According to the most recent report from the Maryland Department of Education, during the 2013/14 school year, there were 16,554 homeless school-aged youth throughout the state.^{vi}
 - 80% of the homeless students enrolled in school throughout our state are considered to be “doubled up” and living with other families.
 - 18% were living in shelters, transitional housing, hotels/motels or awaiting placement into foster care.
- Approximately 265 (2%) of children in Maryland were unsheltered, living in cars, abandoned buildings, encampments, parks or temporary trailers.

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.
- Calendar year 2015 was the first year unaccompanied youth were included in the counts and 474 unaccompanied homeless youth and young adults were identified.
- Youth REACH MD is a coordinated data collection and analysis effort established by the Maryland General Assembly in 2014 (HB794/SB794) and is funded by the Department of Housing and Community Development to gather information on the prevalence and characteristics of unaccompanied homeless youth and young adults in six regions of the state. The Project is modeled on the Federal Youth Count Initiative and implements a 2013 recommendation of Maryland’s Task Force to Study Housing and Supportive Services for Unaccompanied Homeless Youth, which recognized that reliable data about unaccompanied youth and young adults is necessary to develop effective interventions, appropriately allocate resources, and track progress toward reducing and ultimately ending homelessness among youth and young adults.^{vii}

Individuals Experiencing Domestic Violence:

- The 2015 Point in Time count showed that 963 of those experiencing homelessness were fleeing a domestic violence situation, representing about 11% of the total homeless population.
- The 2015 data demonstrates a 9% increase in people fleeing domestic violence and experiencing homelessness over the 2013 count.

The Point in Time data represents a snapshot of the homeless in Maryland, however point in time data for areas of the state without emergency shelters are incomplete. Including annual numbers of those receiving services through outreach, emergency shelter, transitional housing and motel stays, the total number of homeless is substantially larger and confirms that the numbers are on the rise annually. Exhibit 3 illustrates that when both the Point in Time data and total homeless clients served by Continuums of Care are compared side by side; the Point in Time counts underestimate the number of individuals experiencing homelessness statewide.

Exhibit 3

<i>Maryland Continuum of Care</i>	<i>Total homeless clients served (FY13)</i>	<i>Total homeless clients served (FY14)</i>	<i>Total homeless clients served (FY15)</i>	<i>2015 Point-In-Time Count Numbers</i>
Allegany County	163	154	148	96
Anne Arundel County	1,550	1,429	1,471	335
Baltimore City	13,800	15,527	15,810	2,796
Baltimore County	3,140	3,439	3,823	745
Carroll County	518	539	497	140
Cecil County	429	489	365	191
Frederick County	1,753	1,836	1,746	311
Garrett County	179	244	313	9
Harford County	521	468	476	210
Howard County	505	729	909	166
Lower Shore	1,377	945	910	326
Mid-Shore	201	180	263	158
Montgomery County	3,327	3,157	3,189	1,100
Prince George’s County	1,498	1,578	1,263	625
Southern Maryland	833	1,141	981	981
Washington County	451	456	461	203
Totals	31,103	33,192	33,514	8,392

Availability of Shelter Beds

Five jurisdictions in Maryland do not have a year-round emergency shelter for the homeless. Each Continuum of Care provides information about their emergency Housing Inventory Count annually. The 2014 Housing Inventory Count numbers are not yet available; however, the figures in Exhibit 4 compare the most recent point in time data with the number of units available. The data suggests homeless services providers have bed space to meet the needs of only 52% of the homeless population.

Exhibit 4

Continuum of Care	Total	Sheltered (2015)	Total year-round shelter beds (2014)	Total seasonal emergency shelter beds (2014)	Unsheltered (2015)	Total emergency shelter overflow beds (2014)
Allegany Co.	96	77	80	10	19	9
Anne Arundel Co.	335	287	147	85	48	50
Baltimore City	2,796	2,459	834	12	337	224
Baltimore Co.	745	450	377	96	295	0
Carroll Co.	140	129	62	25	11	13
Cecil Co.	191	156	52	35	35	0
Frederick Co.	311	251	54	65	60	0
Garrett Co.	9	9	21	0	0	0
Harford Co.	210	207	65	93	3	0
Howard Co.	166	123	74	20	43	32
Lower Shore	326	278	157	95	48	10
Mid-Shore	158	123	15	73	35	0
Montgomery Co.	1,100	997	284	90	103	229
Prince George’s Co.	625	472	196	50	153	17
Southern MD	981	412	248	90	569	104
Washington Co.	203	164	152	56	39	0
TOTALS	8,392	6,594	2,818	895	1,798	688

The total number of people turned away from shelter is not available statewide^{viii}. Typically, shelters turn people away due to a lack of space or a client's refusal to follow program rules and requirements. During FY2015, shelters receiving Department of Human Resources funding for homeless families turned away approximately 9,235 people. The total does not include single adult shelters, nor does it include other family shelters not funded by the Department of Human Resources.

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. Lack of running water or electricity and exposure to the elements pose serious public health risks. Baltimore City has a number of encampments, as do rural areas such as Charles County. Service providers in Charles County report a sharp increase in homelessness and the formation of 16 encampments.^{ix} Weekly motels are a last resort for people facing homelessness. Over 50 families living in Washington County, unable to afford a security deposit and first month's rent, are living in such motels.^x Clinical interventions to get individuals housed are more challenging when individuals and families are transient and their basic human needs are unmet.

Housing First

Maryland's response to homelessness has primarily been emergency-based, providing short-term housing options to those meeting initial clinical pre-requisites. 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.^{xi} The Council's draft working definition of Housing First is as follows:

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.

In coming months, the council will further define how Housing First will be adopted and implemented into programmatic goals and funding decisions for homeless service providers.

Federal Requirements

The United States Interagency Council on Homelessness launched the federal Opening Doors Plan in 2010^{xii} with the declared belief that “no one should experience homelessness; no one should be without a safe, stable place to call home.” The plan details four specific goals:

- **Prevent and end homelessness among Veterans in 2015**
- **Finish the job of ending chronic homelessness in 2017**
- **Prevent and end homelessness for families, youth and children in 2020**
- **Set a path for ending all types of homelessness**

Maryland’s Approach to Achieving the Federal Plan Objectives

The Interagency Council is focused on meeting the goals of the federal plan through the work of our state framework. Exhibit 5 summarizes what Maryland’s ICH is doing to address the federal objectives.

Exhibit 5

Federal Objectives of the Opening Doors Plan	Framework Goal	Work Group Goal
<i>Increase Leadership, Collaboration and Civic Engagement</i>		
Provide and promote collaborative leadership at all levels of government and across all sectors to inspire and energize Americans to commit to preventing and ending homelessness.		√
Strengthen the capacity of public and private organizations by increasing knowledge about collaboration, homelessness and successful interventions to prevent and end homelessness		√
<i>Increase Access to Stable and Affordable Housing</i>		
Provide affordable housing to people experiencing or most at risk of homelessness		√
Provide permanent supportive housing to prevent and end chronic homelessness	√	
<i>Increase Economic Security</i>		
Improve access to education and increase meaningful and sustainable employment for people experiencing or most at risk of homelessness		√
Improve access to mainstream programs and services to reduce people’s financial vulnerability to homelessness		
<i>Improve Health and Stability</i>		
Integrate primary and behavioral health care services with homeless assistance programs and housing to reduce people’s vulnerability to and the impacts of homelessness		√
Advance health and housing stability for unaccompanied youth experiencing homelessness and youth aging out of systems such as foster care and juvenile justice		√
Advance health and housing stability for people experiencing homelessness who have frequent contact with hospitals and criminal justice	√	√
<i>Retool the Homeless Crisis Response System</i>		
Transform homeless services to crisis response systems that prevent homelessness and rapidly return people to stable housing	√	

Maryland’s Interagency Council’s Framework Goals

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. 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. In order to achieve this, the Maryland Interagency Council on Homelessness commits to achieving a true continuum of care that allows those who are homeless, to have access to housing that responds to the varying needs in the most efficient and effective manner. Maryland’s Interagency Council on Homelessness will facilitate increased and improved intra/interagency partnerships to leverage effectively limited federal, state, and local resources for development of permanent supportive housing.

OBJECTIVE	STRATEGIES	STAKEHOLDERS RESPONSIBLE	TIMEFRAMES
Determine if existing resources to house the homeless are being used effectively to include PSH.	<ul style="list-style-type: none"> ▪ Align existing state and federal resources towards a common goal of increasing permanent supportive housing options statewide. ▪ Create a summary of existing homeless services resources. 	Housing First work group of the Council, includes: DHR, DHCD, DHMH, DoD.	<ul style="list-style-type: none"> ▪ Ongoing since March 2015, meetings held every 2 months.
Develop and adopt a state Housing First definition.	<ul style="list-style-type: none"> ▪ A Housing First definition will be adopted by members of the Housing First workgroup and will be presented to the Council. 	Council and Housing First work group.	<ul style="list-style-type: none"> ▪ Working group finalized definition on Sept. 24, 2015.
Assess existing Housing First Programs.	<ul style="list-style-type: none"> ▪ Analyze existing or new construction projects that are executing a Housing First model that meets state definition. ▪ Analyze intake procedures, programmatic requirements and tenancy practices to understand how the project aligns with the state definition. 	Housing First work group.	<ul style="list-style-type: none"> ▪ Projects will be identified by December 30, 2015. ▪ Preliminary analysis will be completed by July 1, 2016.
Establish statewide Housing First Principles, goals and programmatic requirements as well as alignment of funding sources to increase availability statewide.	<ul style="list-style-type: none"> ▪ Develop recommendations and specific programmatic guidelines for programs to adopt so they may be in accordance with the state Housing First expectations. ▪ Consult with existing PSH Housing First developers to assess and remedy the challenges of the current funding structures. ▪ Determine how and if incentives for projects that match state Housing First definition can be worked into existing funding programs. ▪ Explore ways that capital financing and service funding can be secured simultaneously to increase the development of more PSH. 	DHCD, DHR, DHMH and PSH Developers.	<ul style="list-style-type: none"> ▪ Ongoing through 2016, final recommendations to be made in the 2016 Annual Report on Homelessness.

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 the council continues to strive for long-term sustainable solutions for homelessness. Maryland’s Interagency Council on Homelessness will determine and promote best practices and models for providing emergency shelter, shelter diversion and rapid re-housing, 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. The Council will identify and address service gaps that prevent providers from serving the full needs of people who are homeless.

OBJECTIVES	STRATEGIES	STAKEHOLDERS RESPONSIBLE	TIMEFRAMES
<p>The Council will assess, evaluate and make recommendations to improve the current practice and use of rapid re-housing funding (RRH).</p>	<ul style="list-style-type: none"> ▪ Collect a summary of all current rapid re-housing programs across the state and provide the Council with the summary information. ▪ Determine if rapid rehousing programs can be increased across the state and determine how that will happen. 	<p>The Housing First agency group of DHCD, DHR, DHMH and DoD and a sub-group of Continuums of Care that currently receive Rapid Re-housing funding.</p>	<ul style="list-style-type: none"> ▪ Ongoing through the end of 2015. ▪ Recommendations will be made to the Council during the first quarter of 2016.
<p>The Council will determine what gaps currently exist in how jurisdictions provide low-barrier shelter.</p>	<ul style="list-style-type: none"> ▪ Assess which Continuums of Care are successfully offering lower barrier shelter options. ▪ Adopt a definition of “low barrier sheltering” based on available federal guidance. ▪ Determine which Continuums of Care are not offering low barrier sheltering and assess what the obstacles are to do so. ▪ Determine what types of resources need to be made available to Continuums of Care to offer emergency relief options. 	<p>A work group comprised of Council members who are also Continuum of Care leads, along with other Continuum of Care leads and shelter providers.</p>	<ul style="list-style-type: none"> ▪ Ongoing through the end of 2015 and into 2016. ▪ Definition by end of Dec. 2015. ▪ First quarter (Q1) of 2016. ▪ Ongoing through the end of Q1, 2015.
<p>The Council will provide leadership, direction and guidance to Continuums of Care for improved cold weather sheltering statewide.</p>	<ul style="list-style-type: none"> ▪ Hold a series of regional meetings throughout the state to assess the practices of stakeholder coordination necessary for cold weather sheltering. ▪ The Council will create general guidelines and expectations for cold weather sheltering and share with all jurisdictions to ensure each area is best utilizing available resources to provide shelter to as many as possible. ▪ Work with regional leads to create a more proactive approach to cold weather sheltering that will allow clients served in cold weather shelters year after year, access to services that will prevent cycling. 	<p>Jurisdictional leaders (Continuum of Care leads, DSS and health department contacts) responsible for cold weather sheltering.</p>	<ul style="list-style-type: none"> ▪ Kick-off meeting held on 9/25/15. ▪ By December 1, 2015. ▪ Ongoing throughout the cold weather seasons of 2015 and 2016.

GOAL 3 -- 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 (Also a Federal Requirement).

Maryland’s Interagency Council on Homelessness will work to ensure that 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. This includes including memoranda of understanding among the medical and state facilities releasing clients and the emergency, cold weather, transitional, and permanent housing facilities accepting them. The Council will work with health and service providers to increase respite/convalescent care throughout the state for people experiencing homelessness.

OBJECTIVES	STRATEGIES	STAKEHOLDERS RESPONSIBLE	TIMEFRAMES
Assess how the homeless are accessing emergency care and identify where improvements are needed.	<ul style="list-style-type: none"> ▪ Improve the intake assessment completed with homeless patients when they enter a hospital to ask questions about a person’s homelessness status. ▪ Propose questions that will be asked upon intake to the hospital to better assess a patients at risk of homelessness upon discharge. 	The Council, Health and Homelessness work group, health care providers and community service providers.	
Improve the manner in which homeless patients are being released from hospitals back into the community.	<ul style="list-style-type: none"> ▪ Consider and approve specific discharge goals that health care providers will follow to discharge people safely back to their communities rather than the street. 	The Council, Health and Homelessness work group, health care providers and community service providers.	
Increase access to proper respite/convalescent care for the homeless.	<ul style="list-style-type: none"> ▪ Determine where current respite/convalescent options are offered statewide. ▪ Determine where more are needed, and project a number and funding plan to increase them statewide and a timeframe to do so. 	Health and homelessness work group, DHMH and local Health Departments.	

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 veterans’ homelessness.

OBJECTIVES	STRATEGIES	STAKEHOLDERS RESPONSIBLE	TIMEFRAMES
Identify recommendations to improve access to housing for	<ul style="list-style-type: none"> ▪ Recommend the continuation and expansion of existing housing options, i.e., Grant Per Diem, HUD, VASH, and SSVF. 	Veterans Work Group, DHR, USVA (VISN 5 Homeless	<ul style="list-style-type: none"> ▪ Ongoing.

homeless veterans.	<ul style="list-style-type: none"> ▪ Explore methods to increase information sharing between Homeless Service Providers and the Veterans Administration to better identify veteran-specific housing and support services. Ex: Data sharing agreements. 	Services ²), Continuum of Care member organizations.	<ul style="list-style-type: none"> ▪ Recommended solution by June 30, 2016.
Identify recommendations to improve access to Employment for homeless veterans.	<ul style="list-style-type: none"> ▪ Continue and enhance services provided by the Career One-Stop Center Disabled Veterans Employment Specialist (DVOP) working with emergency and transitional housing locations statewide. ▪ Increased DVOP outreach efforts to other housing and homeless service provider organizations statewide. ▪ Designation of a specific DVOP that is closest to the Department of Public Safety and Correctional Services (DPSCS) correctional institutions/local correctional facilities to assist incarcerated veterans prior to release with job placement assistance. 	Veterans Work Group, DLLR, veteran centric transitional housing program providers (Grant Per Diem), USVA (VISN 5 Homeless Services).	<ul style="list-style-type: none"> ▪ Ongoing throughout 1st and 2nd Quarters of 2016. ▪ Ongoing throughout 2nd and 3rd Quarters of 2016. ▪ Throughout 3rd and 4th Quarters of 2016.
Improve and make more consistent, the resources available to homeless veterans.	<ul style="list-style-type: none"> ▪ Create a shared messaging campaign for all service providers working with Homeless veterans to ensure a consistent message regarding resources homeless veterans receive. ▪ Work with MD 211 and the Maryland Community Services Locator (MCSL) to enhance the online directory of housing resources for homeless veterans. 	Veterans Work Group, USVA (Maryland, Martinsburg, DC), MDVA, relevant MD State Agencies, community based housing providers, and online resource directories.	
Work more collaboratively with existing stakeholders to respond to the needs of homeless veterans.	<ul style="list-style-type: none"> ▪ Complete a statewide survey to assess how the Continuums of Care respond to the needs of homeless veterans and recommend improvements to service delivery. ▪ Create a centralized contact list for all organizations that encompass the Continuums of Care for homeless veterans. ▪ Establish a network of providers that support homeless veterans and create a formalized method for them to share information, such as in-person regional meetings. 	Veterans Work Group.	<ul style="list-style-type: none"> ▪ Survey done by Nov. 15, 2015, results compiled by Dec. 15, 2015. ▪ January 30, 2016. ▪ June 30, 2016.

² 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)

GOAL 5 -- Create more housing and support options for homeless young adults and youth transitioning out of state systems. (Also a Federal Requirement)

Youth and young adults between the ages of 16-24 experiencing homelessness require specialized interventions and supports to address their causes of homelessness. Maryland’s Interagency Council on Homelessness will support the State’s efforts to prevent and reduce youth homelessness through support of the homeless youth count, developing sound and effective policy recommendations, and providing technical assistance to ensure that existing and new programs and initiatives adequately address the unique needs of this population.

OBJECTIVE	STRATEGIES	STAKEHOLDERS RESPONSIBLE	TIMEFRAMES
<p>Address service needs of youth and young adults experiencing homelessness</p>	<ul style="list-style-type: none"> ▪ Develop a catalog of public and private programs, initiatives and resources that address youth and young adult homelessness in the State. ▪ 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 the issue of youth homelessness in effective and efficient ways. ▪ Assist state agencies and community stakeholders in developing funding ideas and proposals to enhance existing strategies and/or develop new programs. 	<p>Council, local stakeholders, and community service providers.</p>	<ul style="list-style-type: none"> ▪ Ongoing ▪ By end of 1st quarter, 2016. ▪ By end of 1st quarter, 2016.
<p>Address housing needs of youth and young adults experiencing or at risk of homelessness</p>	<ul style="list-style-type: none"> ▪ Assess current availability of safe, decent, affordable housing for unstably housed and homeless youth and young adults. ▪ Make recommendations to the Council about housing needs of youth and young adults experiencing or at risk of homelessness. ▪ Work with the ICH Housing First Work Group to determine how existing funding can be targeted to develop more housing for young adults experiencing homelessness or young people transitioning from state systems. 	<p>Council, local stakeholders, and community service providers, Housing First Workgroup.</p>	<ul style="list-style-type: none"> ▪ By end of 2015. ▪ By end of 1st quarter, 2016. ▪ Throughout 2nd Quarter, 2016.
<p>Support the continuation and Expansion of Youth REACH</p>	<ul style="list-style-type: none"> ▪ Continue Youth REACH demonstration project. ▪ Participate in Youth REACH Steering Committee to ensure that data collection and analysis informs the Council budget and policy recommendations ▪ Encourage and support participation of Local Management Boards and other stakeholders in local Youth REACH planning and implementation 	<p>Council, DHCD, Local Stakeholders</p>	<ul style="list-style-type: none"> • Ongoing
<p>Serve as knowledge experts on youth and young adult homelessness for State agencies and</p>	<ul style="list-style-type: none"> ▪ Recruit persons with personal experience of homelessness and/or other specific knowledge and experience related to youth and young adult homelessness to serve on the Council’s Youth & Young Adult Homelessness Work Group. ▪ Survey local and state stakeholders about 	<p>Council, local stakeholders, and community service providers.</p>	<ul style="list-style-type: none"> ▪ Ongoing.

organizations.	<p>housing instability and homelessness among youth and young adults.</p> <ul style="list-style-type: none"> ▪ Assist State agencies and community organizations with grant/proposal development, as appropriate; and otherwise lend expertise and knowledge of the ICH Youth and Young Adult Homelessness Work Group in support of development of effective strategies to prevent and end youth and young adult homelessness. ▪ Work with established groups to explore and educate the Council about the impact that trafficking of youth has upon youth homelessness in Maryland. 		
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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 Continuums 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 continuums 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.

OBJECTIVES	STRATEGIES	STAKEHOLDERS RESPONSIBLE	TIMEFRAMES
Assess current progress of and local jurisdictional work to achieve Coordinated Intake and Assessment.	<ul style="list-style-type: none"> ▪ Create an assessment tool to gather information from Continuum of Care leads about the status of their Coordinated Intake and Assessment efforts. ▪ Meetings of Regional Continuums of Care will be convened to discuss their work, share best practices and learn with other Continuums of Care. 	Continuum of Care leads and the Council.	<ul style="list-style-type: none"> ▪ Assessment tool to be created by January 1, 2015. ▪ Convening to be held within the first two quarters of 2016.
The Council will create a tool for Continuums of Care that provides guidance, expectations and best practices useful to the Continuums.	<ul style="list-style-type: none"> ▪ The Council will ask for guidance and support from the US Council to learn how other states have achieved this federal goal. 	Continuum of Care leads and the Council, HUD can provide some technical assistance.	

Next Steps for the Interagency Council on Homelessness

Statewide Data Warehouse

Maryland needs a State Homeless Data Warehouse to consolidate the data of all 24 individual Homeless Management Information Systems. Each Continuum of Care system functions independently without a way to combine statewide data. A strategy that several states have adopted is to create a data warehouse that pulls individual jurisdictional data into one source, to show statewide trends and progress. The Departments of Housing and Community Development and Human Resources and the United Way of

Central Maryland have been working closely with the Homeless Management Information System leads for each Continuum of Care to determine what data will be shared with the data warehouse and how it will be shared, while ensuring individual client data is protected. All state agencies funding homeless services require grantee participation and data sharing with the Data Warehouse beginning Fiscal Year 2016. In addition, the Departments of Housing and Community Development, Human Resources, and Health and Mental Hygiene have worked diligently over the last year to ensure the monthly reporting data, required of providers receiving grant funds, aligns with the federal data requested by the US Department of Housing and Urban Development, which will improve consistency of data.

House Bill 852

During the 2014 Legislative Session, HB 852 entitled “Homeless Shelters – Best Practices and Models” passed, which added an additional objective to the state Interagency Council on Homelessness, to study and determine best practices and models for providing emergency shelter and shelter diversion practices. Over the next year, members of the Council will work with Continuum of Care leads, shelter providers, advocates and clients to understand their practices of shelter admission and diversion and determine recommendations for improvement.

Cold weather regional planning

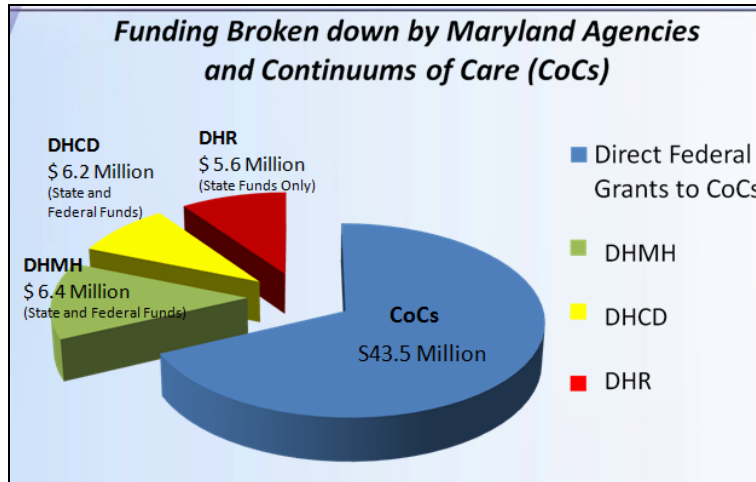
Each winter, jurisdictions must prepare to assist individuals experiencing homelessness who do not have shelter during the coldest months. Many jurisdictions face this task with no additional funding but know it is a necessity for those in their communities to prevent death from hypothermia and other cold-related causes of death. In the jurisdictions that have year round shelters, those programs will accept additional homeless individuals and families as their space permits. However, this is often not sufficient and jurisdictions also rely on private churches and volunteer groups to assist with the effort.

Jurisdictions requested guidance from the Council to clarify and standardize expectations for cold weather sheltering, including planning timelines, standard operating procedures, temperatures that begin the cold weather response and sources of additional funding required covering expenses for cold weather sheltering. This will be an ongoing effort for the Council throughout the winter months.

Funding for Homeless Services

The majority of funding for homeless services comes from the Department of Housing and Urban Development. Maryland’s three state agencies that receive federal and state funding for homeless services are the Department of Human Resources, the Department of Housing and Community Development and the Department of Health and Mental Hygiene. Each agency awards grants to the local jurisdictions through local administering agencies. In 2015, Maryland received just over \$48 million in federal funding from HUD. Maryland dedicates about \$11 million annually in state funds towards Homeless Services. Exhibit 5 shows how funding is broken down among the Continuums of Care and the three state agencies overseeing homeless services programming.

Exhibit 5



Most of the federal funding goes directly to state Continuums of Care, and covers the development of Permanent Supportive Housing and Rapid Re-housing units, Transitional Housing, Safe Havens, Supportive Services, development and maintenance of the Homeless Management Information System and Continuum of Care planning activities. Please refer to Appendix 4 for specific amounts received from federal and state sources and the breakdown received by each Continuum of Care.

State agencies' program outcomes include:

Administering Agency	Program Name	Outcome
Department of Human Resources	Emergency & Transitional Housing and Services Program	<ul style="list-style-type: none"> Over 12,200 received shelter services Approximately 259,000 bed nights provided statewide Over 68,000 meals served
Department of Human Resources	Homeless Women – Crisis Shelter Home Program	<ul style="list-style-type: none"> Approximately 2,800 women and children received shelter statewide (over 119,500 bed nights total) 174 women moved out to transitional housing, 362 moved to independent permanent housing
Department of Human Resources	Homelessness Prevention Program	<ul style="list-style-type: none"> Over 1,200 Eviction Prevention Stipends Issued Approximately 1,750 clients provided with additional eviction prevention services
Department of Human Resources	Service-Linked Housing Program	<ul style="list-style-type: none"> Over 2,000 received services to maintain housing Almost half of those receiving services were once homeless, 300 were chronically homeless
Department of Human Resources	Housing Counselor Program	<ul style="list-style-type: none"> 1,097 assisted in securing and maintaining housing.
Department of Housing and Community Development	Emergency Solutions Grant	<ul style="list-style-type: none"> 6,372 individuals received assistance, including shelter operations, outreach, prevention and move out assistance
Department of Housing and Community Development	Rental Allowance Program	<ul style="list-style-type: none"> 350 families received subsidies
Department of Housing and Community Development	Families First program	<ul style="list-style-type: none"> 11 veteran families (a total of 52 adults and children) received funds to obtain and maintain permanent housing.
Department of Housing and Community Development	Shelter and Transitional Housing Facilities Grant Program	<ul style="list-style-type: none"> Nearly 900 housing units created between 2004 and 2014

Appendices

Appendix 1 – Definitions of Homelessness

Appendix 2 – Continuum of Care Jurisdictions

Appendix 3 – Point in Time Counts 2015, 2014, 2013

Appendix 4 – Funding Information

Appendix 5 – Council Members

Appendix 1 – Definitions of Homelessness

There is more than one working definition used to identify someone experiencing homelessness and each are slightly different, which create some contradictions in program eligibility and overall census counts.

The U.S. Department of Housing and Urban Development (HUD) revised its definition of homelessness in 2009 and issued official guidance at the start of 2012. Revisions to The Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act^{xiii} summarized the definition as follows^{xiv}:

- Individuals and families who lack a fixed, regular, and adequate nighttime residence and includes a subset for an individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or a place not meant for human habitation immediately before entering that institution;
- Individuals and families who will imminently lose their primary nighttime residence;
- Unaccompanied youth and families with children and youth who are defined as homeless under other federal statutes who do not otherwise qualify as homeless under this definition; or
- Individuals and families who are fleeing, or are attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member.

The U.S. Department of Health and Human Services (HHS) relies on a broader definition of Homelessness for the programs they fund. The HHS definition is as follows:

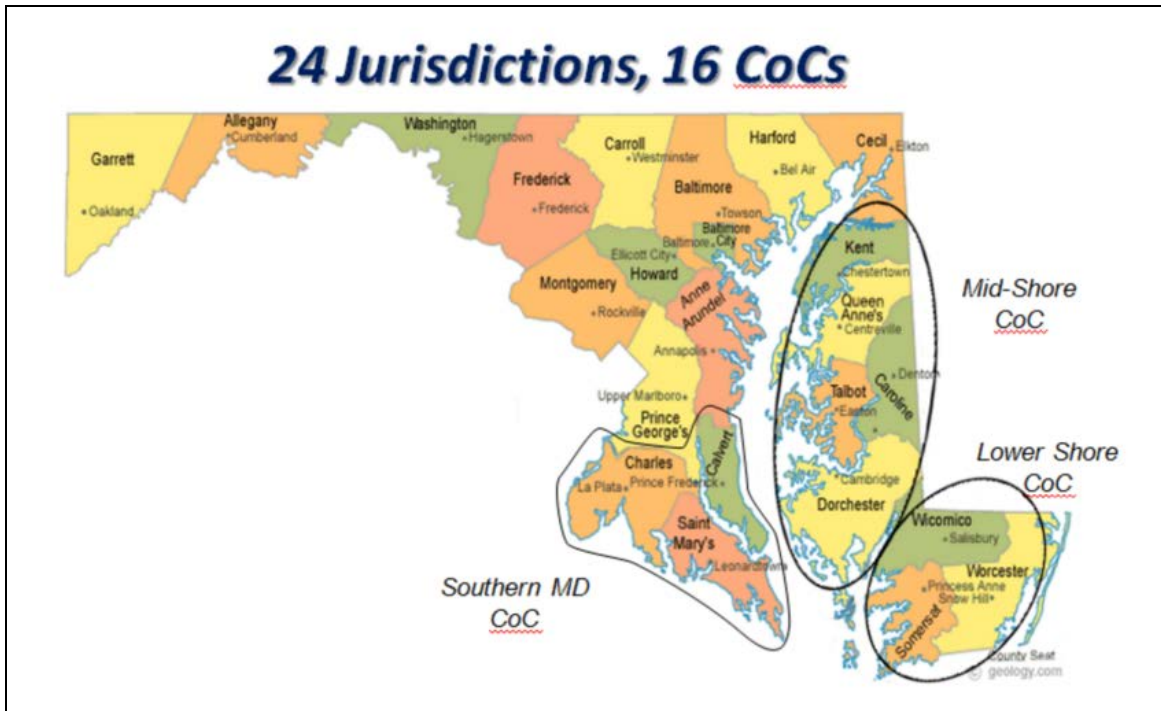
- An individual who lacks housing (without regard to whether the individual is a member of a family), including an individual whose primary residence during the night is a supervised public or private facility (e.g., shelters) that provides temporary living accommodations, and an individual who is a resident in transitional housing.” A homeless person is an individual without permanent housing who may live on the streets; stay in a shelter, mission, single room occupancy facilities, abandoned building or vehicle; or in any other unstable or non-permanent situation. [Section 330 of the Public Health Service Act (42 U.S.C., 254b)]
- An individual may also be considered to be homeless if they are “doubled up,” a term that refers to a situation where individuals are unable to maintain their housing situation and are forced to stay with a series of friends and/or extended family members.
- In addition, previously homeless individuals who are to be released from a prison or a hospital may be considered homeless if they do not have a stable housing situation to which they can return.^{xv}

Finally, within the Federal Department of Education, the McKinney-Vento Act defines “homeless children and youth” as individuals who lack a fixed, regular, and adequate nighttime residence. The term includes^{xvi}:

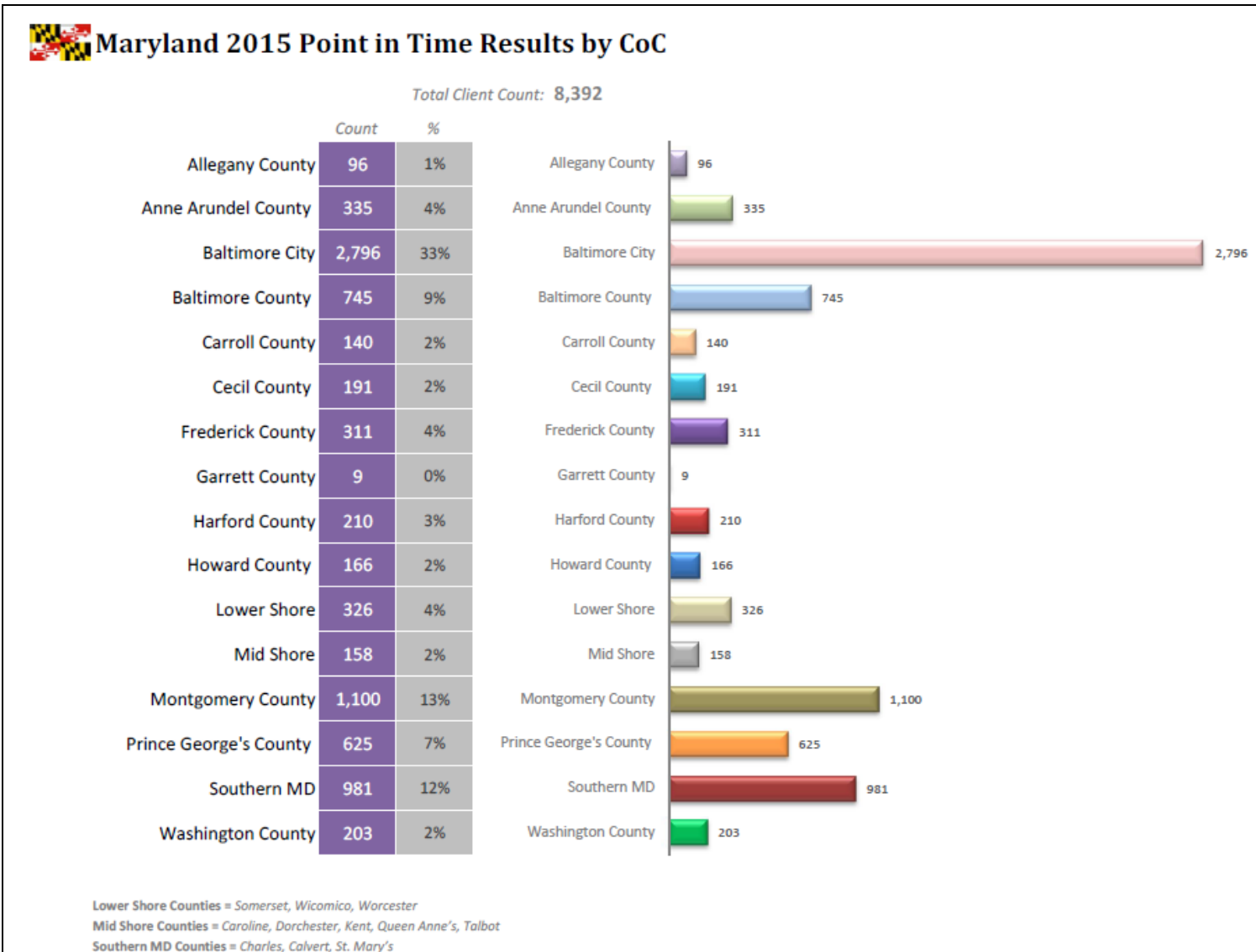
- Children and youth who are: - sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason (sometimes referred to as doubled-up); - living in motels, hotels, trailer parks, or camping grounds due to lack of alternative adequate accommodations; - living in emergency or transitional shelters; - abandoned in hospitals; or - awaiting foster care placement;
- Children and youth who have a primary nighttime residence that is a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings;
- Children and youth who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and
- Migratory children who qualify as homeless because they are living in circumstances described above.

Appendix 2 - Continuum of Care Jurisdictions

There are 24 individual jurisdictions in the state; 23 Counties and Baltimore City. Funding for homeless services comes from various state and federal sources. 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.^{xvii} Maryland's 24 jurisdictions are broken down into 16 Continuums of Care. Some of the less populated jurisdictions in Southern Maryland and the Eastern Shore combined into three larger Continuums of Care.



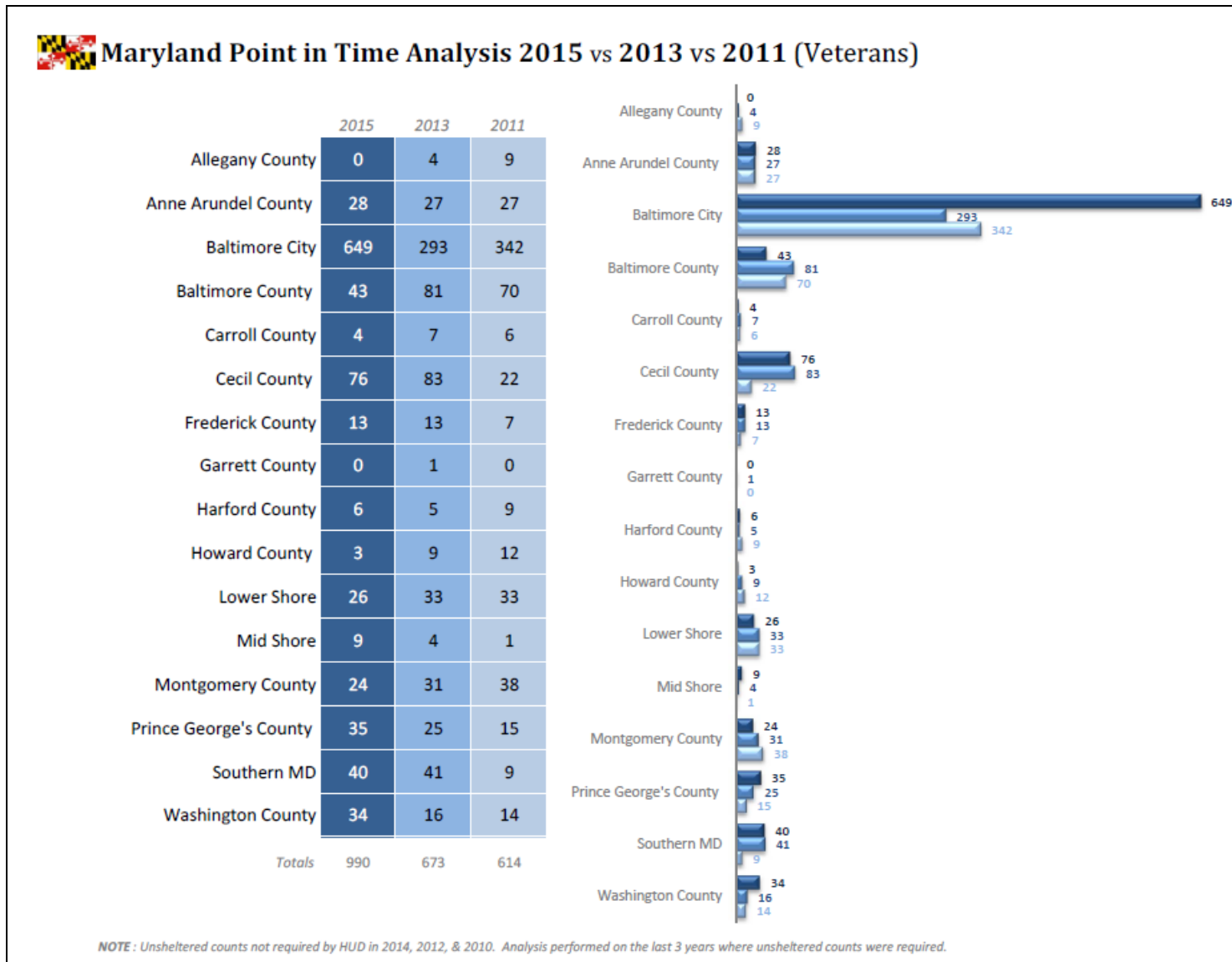
Appendix 3 – 2015 Point in Time Count



2015 Point in Time Count (Continued)

	Households w/at least 1 Adult +1 Child	Children (under 18) in Households	Youths (18 - 24) in Households	Adults (over 24) in Households	Unaccompanied Children (under 18)	Unaccompanied Youths (18 - 24)	Unaccompanied Adults (over 24)	Total Children (under 18)	Total Youths (18 - 24)	Total Adults (over 24)	Chronically Homeless Individuals	Serious Mental Illness (Adults)	Substance Abuse Disorder (Adults)	HIV/AIDS (Adults)	Victims of Domestic Violence	Veterans (Total)	Veterans (Households w/Children)	Veterans (Unsheltered)	Veterans (Sheltered)	Veterans (Female)	Veterans (Male)	Veterans (Transgender)	Veterans (Non-Hispanic/Non-Latino)	Veterans (Hispanic/Latino)	Veterans (Chronically Homeless)
Allegany County	17	27	1	20	0	0	41	27	8	61	11	1	2	0	0	0	0	0	0	0	0	0	0	0	0
Anne Arundel County	34	69	4	38	0	6	216	69	12	54	71	75	63	2	46	28	2	4	24	3	25	0	27	1	7
Baltimore City	210	381	53	163	16	186	2011	397	225	2174	589	588	761	179	191	649	0	36	613	7	342	0	644	5	109
Baltimore County	98	178	25	109	0	20	411	178	47	520	164	168	84	4	89	43	4	29	14	8	35	0	43	0	15
Carroll County	18	44	1	23	0	6	66	44	7	89	25	37	18	2	15	4	3	1	3	2	2	0	4	0	1
Cecil County	17	28	1	18	0	2	141	28	4	159	29	123	87	3	26	76	0	2	74	1	75	0	74	2	5
Frederick County	37	87	2	41	0	17	163	87	20	204	89	85	108	1	30	13	0	8	5	0	13	0	13	0	8
Garrett County	2	2	2	3	0	0	2	2	2	5	0	1	0	0	4	0	0	0	0	0	0	0	0	0	0
Harford County	41	83	9	40	0	23	65	83	22	108	45	23	27	1	50	6	2	0	6	3	3	0	6	0	1
Howard County	26	50	8	25	0	6	77	50	14	102	28	16	10	0	14	3	1	1	2	0	3	0	3	0	1
Lower Shore	23	43	3	21	0	19	239	43	23	260	51	55	44	1	47	26	0	3	23	2	24	0	25	1	8
Mid Shore	17	34	3	16	0	0	94	34	14	110	22	30	20	0	2	9	0	3	6	0	9	0	9	0	2
Montgomery County	159	320	38	144	0	27	571	320	65	715	156	204	73	15	291	24	2	4	20	6	18	0	23	1	8
Prince George's County	113	226	33	98	8	23	232	234	61	330	25	70	51	2	53	35	1	15	20	2	33	0	35	0	2
Southern MD	140	255	24	150	20	129	416	275	140	566	330	156	111	0	40	40	4	21	19	4	36	0	40	0	17
Washington County	17	35	3	15	2	10	138	37	13	153	47	87	26	1	65	34	0	2	32	1	33	0	34	0	4
<i>Totals</i>	969	1862	210	924	46	474	4883	1908	677	5610	1682	1719	1485	211	963	990	19	129	861	39	651	0	980	10	188

2015 Point in Time Count (Continued)



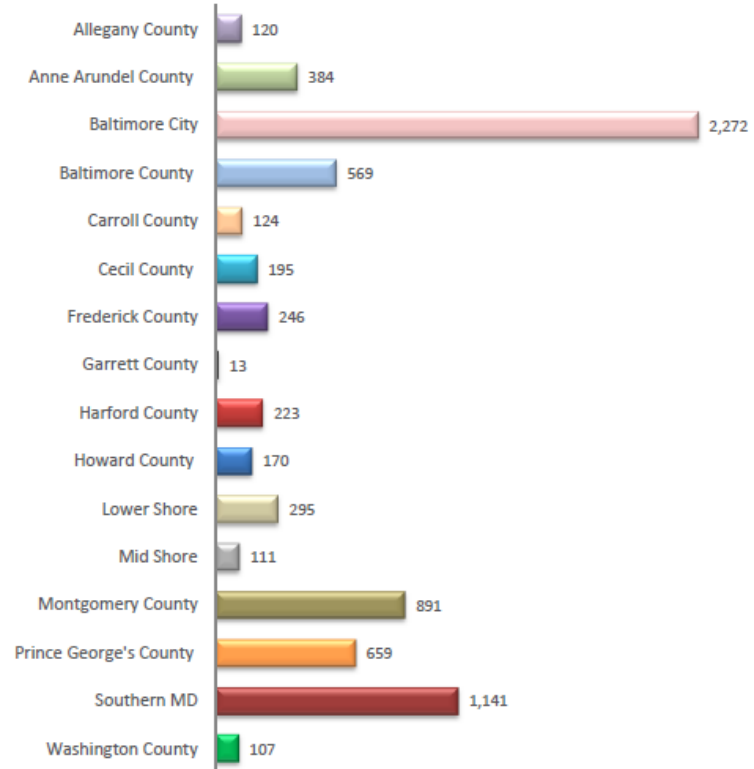
2014 Point in Time Count



Maryland 2014 Point in Time Results by CoC

Total Client Count: 7,520

	Count	%
Allegany County	120	2%
Anne Arundel County	384	5%
Baltimore City	2,272	30%
Baltimore County	569	8%
Carroll County	124	2%
Cecil County	195	3%
Frederick County	246	3%
Garrett County	13	0%
Harford County	223	3%
Howard County	170	2%
Lower Shore	295	4%
Mid Shore	111	1%
Montgomery County	891	12%
Prince George's County	659	9%
Southern MD	1,141	15%
Washington County	107	1%



Lower Shore Counties = Somerset, Wilcomico, Worcester
 Mid Shore Counties = Caroline, Dorchester, Kent, Queen Anne's, Talbot
 Southern MD Counties = Charles, Calvert, St. Mary's

2014 Point in Time Count (Continued)

	Households	Children (under 18)	Unaccompanied Children (Under 18)	Youth (18 - 24)	Adults (over 24)	Emergency Shelter	Transitional Housing	Safe Haven	Unsheltered	Chronically Homeless	Serious Mental Illness	Substance Abuse Disorder	HIV/AIDS	Victims of Domestic Violence	Veterans (Total)	Veterans (Total in Veteran Households)	Veterans (Emergency Shelter)	Veterans (Transitional Housing)	Veterans (Safe Haven)	Veterans (Unsheltered)	Veterans (Male)	Veterans (Female)	Veterans (Transgender)	Veterans (Hispanic/Latino)	Veterans (Non-Hispanic/Non-Latino)
Allegany County	69	35	0	11	74	65	40	0	15	14	16	10	0	1	11	20	9	1	0	1	10	1	0	0	11
Anne Arundel County	275	106	0	21	257	251	82	0	51	69	95	43	6	41	18	25	11	7	0	0	17	1	0	3	15
Baltimore City	1910	372	19	129	1771	956	1279	37	0	399	323	238	71	62	284	289	85	199	0	0	274	10	0	1	283
Baltimore County	453	111	0	75	383	366	26	0	177	105	172	83	2	94	25	25	13	0	0	12	19	6	0	0	25
Carroll County	94	23	0	9	92	77	19	22	6	22	61	34	0	14	6	9	6	0	0	0	5	1	0	0	6
Cecil County	159	36	0	6	153	69	90	0	36	42	54	43	1	63	69	69	22	43	0	4	65	4	0	0	69
Frederick County	177	64	0	12	170	86	111	0	49	90	54	104	0	42	10	12	3	3	0	4	9	1	0	1	9
Garrett County	9	4	0	0	9	3	5	0	5	0	0	0	0	3	1	1	0	1	0	0	1	0	0	0	1
Harford County	126	87	0	22	114	141	76	0	6	43	47	46	5	47	8	12	2	5	0	1	6	2	0	0	8
Howard County	118	38	0	14	118	114	34	0	22	42	37	24	0	9	8	16	5	1	0	2	6	2	0	0	8
Lower Shore	246	48	0	22	225	247	48	0	0	23	64	47	1	38	32	32	31	1	0	0	30	2	0	2	30
Mid Shore	89	19	0	15	77	68	25	0	18	12	29	27	0	4	9	9	6	2	0	1	9	0	0	0	9
Montgomery County	694	185	0	64	642	515	245	36	95	176	165	93	5	187	35	36	22	4	2	7	32	2	1	0	35
Prince George's County	357	274	0	63	322	255	225	0	179	47	88	43	0	46	26	28	3	16	0	7	26	0	0	1	25
Southern MD	717	356	9	104	681	401	150	0	590	353	153	128	1	47	68	81	21	12	0	35	54	14	0	1	67
Washington County	76	26	0	8	73	89	14	0	4	8	46	33	2	12	19	22	7	12	0	0	19	0	0	1	18
Totals	5569	1784	28	575	5161	3703	2469	95	1253	1445	1404	996	94	710	629	686	246	307	2	74	582	46	1	10	619

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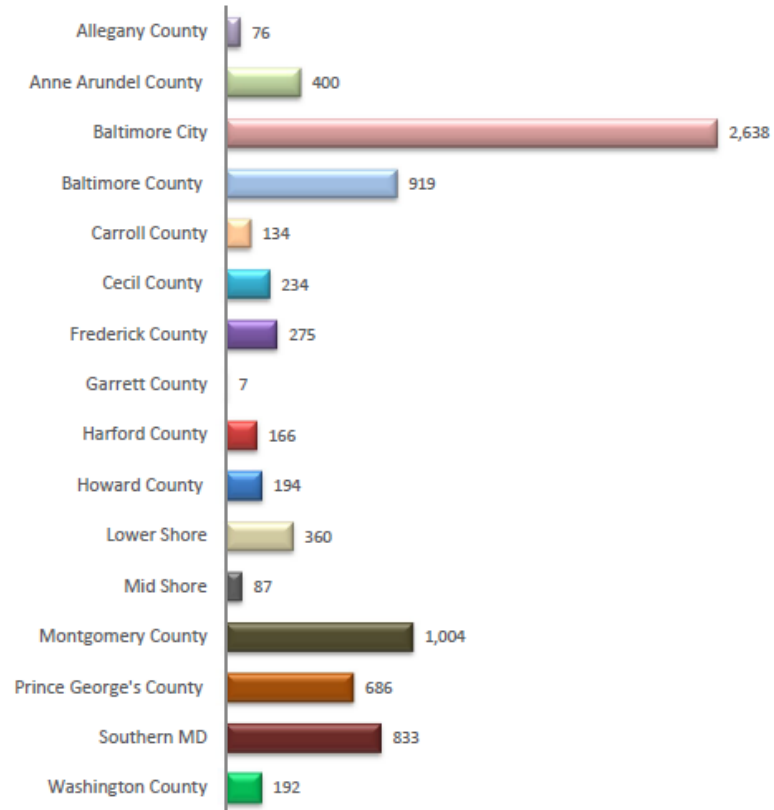
2013 Point in Time Count



2013 Maryland Point in Time Results by CoC

Total Client Count: 8,205

	Count	%
Allegany County	76	1%
Anne Arundel County	400	5%
Baltimore City	2,638	32%
Baltimore County	919	11%
Carroll County	134	2%
Cecil County	234	3%
Frederick County	275	3%
Garrett County	7	0%
Harford County	166	2%
Howard County	194	2%
Lower Shore	360	4%
Mid Shore	87	1%
Montgomery County	1,004	12%
Prince George's County	686	8%
Southern MD	833	10%
Washington County	192	2%



Lower Shore Counties = Somerset, Wicomico, Worcester
 Mid Shore Counties = Caroline, Dorchester, Kent, Queen Anne's, Talbot
 Southern MD Counties = Charles, Calvert, St. Mary's

2013 Point in Time Count (Continued)

	Persons in Households w/ at least one Adult and one Child	Persons in Households without Children	Persons in Households with only Children	Total Emergency Shelter Count	Total Transitional Housing Count	Total Safe Haven Count	Total Unsheltered Count	Total Unsheltered Count (+/- vs. 2011)	Total Households	Total Households (+/- vs. 2011)	Chronically Homeless	Chronically Homeless (+/- vs. 2011)	Veterans	Veterans (+/- vs. 2011)	Severely Mentally Ill	Severely Mentally Ill (+/- vs. 2011)	Chronic Substance Abuse	Chronic Substance Abuse (+/- vs. 2011)	Persons with HIV/AIDS	Persons with HIV/AIDS (+/- vs. 2011)	Victims of Domestic Violence	Victims of Domestic Violence (+/- vs. 2011)	Unaccompanied Child (Under 18)	Unaccompanied Child (Under 18) (+/- vs. 2011)
Allegany County	42	34	0	20	44	0	12	-26	47	-35	4	-18	4	-5	9	-23	5	-16	0	0	2	-16	0	0
Anne Arundel County	142	258	0	254	61	0	85	15	299	18	48	-3	27	0	91	17	88	52	5	4	46	17	0	0
Baltimore City	650	1982	6	1061	1242	40	295	-1500	2192	-1212	211	-308	293	-49	412	-49	938	239	65	9	237	194	6	6
Baltimore County	358	561	0	458	29	0	432	45	651	95	245	100	81	11	208	90	234	150	7	-1	141	20	0	0
Carroll County	52	82	0	82	26	19	7	-15	77	-53	27	5	7	1	50	6	49	2	0	0	8	2	0	0
Cecil County	61	173	0	37	151	0	46	32	184	68	83	54	83	61	63	59	31	26	1	-1	66	61	0	0
Frederick County	104	171	0	94	112	0	69	25	209	3	57	-31	13	6	41	18	62	36	0	-6	20	-27	0	0
Garrett County	0	7	0	3	4	0	0	-2	7	-2	0	0	1	1	3	2	2	1	0	0	0	-2	0	0
Harford County	99	67	0	95	63	0	8	-10	98	-58	39	24	5	-4	29	-41	36	2	1	0	37	13	0	0
Howard County	101	93	0	93	46	0	55	-1	122	1	39	-9	9	-3	30	-1	22	-13	1	0	16	1	0	0
Lower Shore	121	239	0	283	36	0	41	3	264	74	48	10	33	0	72	16	52	-5	3	3	43	35	0	-1
Mid Shore	21	66	0	50	17	0	20	11	75	11	13	1	4	3	20	20	16	16	2	2	0	0	0	0
Montgomery County	366	638	0	546	280	35	143	-83	753	-133	222	-122	31	-7	176	1	146	10	2	-11	129	90	0	0
Prince George's County	370	298	18	290	210	0	186	84	436	-98	76	-58	25	10	142	65	91	-87	2	-11	92	17	18	18
Southern MD	445	384	4	198	135	5	495	-310	469	-138	149	38	41	32	117	93	87	64	0	-1	28	8	4	4
Washington County	59	133	0	166	21	0	5	-71	154	31	39	11	16	2	36	10	29	0	0	0	19	10	0	0
TOTALS	2,991	5,186	28	3,730	2,477	99	1,899	-1,803	6,037	-1,428	1,300	-306	673	59	1,499	283	1,888	477	89	-13	884	423	28	27

Appendix 4 – Funding Summaries

The following chart defines each of the categories that Maryland jurisdictions receive from the department of Housing and Urban Development for federal Homeless Services Activities.

Category	Definition	Total Award for 2015	Percentage of State Funding
Permanent Supportive Housing (PSH)	Housing designed to provide supportive services on a long-term basis for formerly homeless people, who have disabilities or other housing barriers.	\$34,527,471	71%
Rapid Re-housing	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	1%
Transitional Housing	Housing for the homeless that combines support services for up to 24 months.	\$8,125,038	17%
Safe Haven	Provide private or semi-private long-term housing for people with severe mental illness or other barriers to housing.	\$1,664,939	3%
Supportive Services	Services provided to those experiencing homelessness through outreach efforts and shelter provision.	\$2,403,448	5%
Homeless Management Information System	Homeless Management Information System, used by homeless providers to track client intake, progress and move out.	\$628,151	1%
Continuum of Care Planning	Included planning activities around federal objectives such as coordinated assessment	\$425,978	< 1%

Each Continuum of Care listed in the following chart receives funding from Housing and Urban Development directly. Those not listed, receive funding from the Department of Housing and Community Development or the Department of Health and Mental Hygiene based on the programs and housing offered.

Continuum of Care	Amount Received from HUD in 2015
Allegany County	\$809,617
Anne Arundel County	\$2,451,633
Baltimore City	\$21,776,583
Baltimore County	\$2,633,522
Carroll County	\$371,312
Cecil County	\$261,510
Frederick County	\$609,534
Garrett County	\$294,364
Harford County	\$808,335
Howard County	\$913,432
Mid-Shore Continuum of Care	\$758,497
Montgomery County	\$7,537,481
Prince George's County	\$5,089,155
Southern MD Continuum of Care	\$2,334,584
Southern Shore Continuum of Care	\$1,164,438
Washington County	\$548,266
Total HUD Continuum of Care Funding	\$48,362,263

Homeless Services Funding Sources In Maryland

Federal Grant Program	Purpose	Who Administers the Funds?	Who is Eligible to Receive?	Total Amount to MD FY16
Department of Housing and Urban Development (HUD) Continuum of Care (Continuum of Care) Program	Provides funding to house those who are deemed homeless. Pays for Permanent Supportive Housing (PSH) for people with disabilities, rapid re-housing, transitional housing, supportive services or the Homeless Management Information System	HUD awards the funds directly to the 16 state Continuums of Care	Various entities such as non-profit providers, state and local governments within the 16 Continuums of Care districts.	\$48,362,263
Continuum of Care Rental Assistance Projects (formally called "Shelter Plus Care")	A rental subsidy program that functions similarly to Section 8 for clients moving out of shelter into a scattered-site apartment. There is no time limit for this program; the lease is in the clients name and a case manager visits the person at least twice a month; Currently, 379 vouchers, serving over 700 people (include singles and families).	HUD awards the grant to Maryland Department of Health & Mental Hygiene (DHMH)	Those with a history of chronic homelessness receive the subsidy and are required to pay 30% of their income towards rent. All counties except for Garrett, Howard and Montgomery.	**\$4.8 Million of the total \$48.3 million (listed above)
Emergency Solution Grants Program (ESG)	Provides support to homeless shelters, transitional housing and homeless service programs for operating costs, case management and client services and rapid re-housing (RRH). Also rental assistance can be provided for permanent housing or RRH.	HUD awards the grant to Maryland's Dept. of Housing and Community Development (DHCD)	Eligible entities are units of local government that do not receive ESG funding directly from HUD (also called non-entitlement areas).	\$1,053,270
Projects for Assistance in Transition from Homelessness (PATH)	A federal grant from SAMSHA, targeted to support clients who are homeless or at risk of becoming homeless. It covers outreach, case management services, eviction prevention, community mental health services, rehabilitation for alcohol or drug use and supportive services related to rehabilitation, screening services, staff training, job training, educational and relevant housing services.	Substance Abuse and Mental Health Service Administration (SAMHSA) gives to (DHMH)		\$1.2 Million

State Grant Program	Purpose	Who Administers the Funds?	Who is Eligible to Receive?	Total Amount to MD FY16
Rental Allowance Program (RAP)	RAP provides grants to local governments to provide rent subsidies to low-income families who are either homeless or have an emergency housing need in order to move households out of homelessness to more permanent housing.	DHCD	Eligible entities are Maryland's 23 counties and Baltimore City.	\$1.7 million
State Emergency Solution Grants Program (ESG-MD)	A state fund similar to the Federal ESG program, which grants funds to homeless shelters and homeless services programs but with fewer restrictions and at the discretion of DHCD for more responsive program options.	DHCD	Eligible entities are units of local government that do not receive ESG funding directly from HUD (non-entitlement) as well as any unit of local government for programs aimed at unaccompanied homeless youth.	\$2 million
Shelter & Transitional Housing Facilities Grant Program	Provides capital financing to nonprofit organizations and local governments for new construction, acquisition, and rehabilitation of existing housing.	DHCD	For-profit developers, non-profit organizations or other entities that can demonstrate the capacity to develop quality affordable housing.	\$1.5 million
Emergency & Transitional Housing and Services Program (ETHS)	Provides funding to all jurisdictions for emergency and transitional shelters for the homeless by funding shelter operations, case management and other support services such as move out and eviction prevention funds.	DEPARTMENT OF HUMAN RESOURCES	Local Administering Agencies (LAA's) within all 24 Jurisdictions.	\$2.7 million
Homelessness Prevention Program (HPP)	Provides funding to all jurisdictions for eviction prevention stipends to households as well as landlord-tenant mediation services. By providing short-term mediation or linkage to resources, the program helps families and individuals who are at risk for eviction to stay in their homes.	DEPARTMENT OF HUMAN RESOURCES	Local Administering Agencies (LAA's) within all 24 Jurisdictions.	\$843,000
Homeless Women Crisis Shelter Home Program (HW-CS)	Provides funding for shelter operations for family or domestic violence shelters for homeless women and children. Shelters offer a 24-hour crisis hotline in addition to safe accommodations and meals. Other services include direct resource referral for housing, physical and mental health care, education, training, employment services, and case management.	DEPARTMENT OF HUMAN RESOURCES	Baltimore City and the following 14 counties: Anne Arundel, Baltimore, Calvert, Carroll, Cecil, Garrett, Harford, Montgomery, Prince George's, Somerset, St. Mary's, Wicomico and Worcester.	\$1.16 million

State Grant Program	Purpose	Who Administers the Funds?	Who is Eligible to Receive?	Total Amount to MD FY16
Housing Counselor Program (HCP)	This grant pays for a staff position to operate in five jurisdictions to assist low income families who are homeless, or in imminent danger of becoming homeless to locate, secure, and maintain permanent housing from shelter.	DEPARTMENT OF HUMAN RESOURCES	Baltimore City and Baltimore, Harford, Montgomery, and Washington Counties.	\$258,000
Service-Linked Housing Program (SLH) -	This grant pays for a staff position to operate in 13 jurisdictions to link low-income residents to community services so they can maintain their housing. Services such as, but not limited to health services, education, job training, employment, addiction treatment, and other counseling.	DEPARTMENT OF HUMAN RESOURCES	Baltimore City and the following 12 counties: Baltimore, Prince George's, Anne Arundel, Allegany, Caroline, Carroll, Frederick, ,Garrett, Harford, Howard, Montgomery and Washington County	\$549,000
Transitional Housing Program funds	A state block grant that provides funding to transitional housing service providers throughout the state. The funding covers clients experiencing mental illness, substance use or other barriers to housing or had been previously homeless, now living in transitional housing for up to two years.	DHMH		
SSI/SSDI Outreach, Access and Recovery Technical Assistance (SOAR)	A state program funded through the PATH program to assist those experiencing homelessness and other barriers to housing to complete and access Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI).	DHMH	Baltimore City (3), Baltimore Co., Montgomery Co., Frederick Co. Prince Georges Co., Anne Arundel Co. (2), Carroll Co., Lower Eastern Shore and one lead position based at DHMH to serve the needs of the state.	
Homeless ID Program	A statewide program that provides free birth certificates and identification for the homeless.	DHMH	Available to any service provider working with the homeless by following steps on agency website.	\$500,000
Youth REACH MD	A homeless youth count demonstration project.	DHCD	Baltimore City, Baltimore County, AA County, Prince Georges County, Washington County and MidShore Counties.	\$200,000

The following table summarizes the total number of approved projects and new units built with DHCD's Shelter and Transitional Housing Facilities Grant Program. The program is one source of capital financing for shelter, transitional and permanent supportive housing in Maryland. Jurisdictions that have attempted to build emergency shelter or supportive housing for the homeless, have received push back from community members that do not want such resources in their communities.

Year	Number of Projects Approved Statewide	Number of New Units Created Statewide
2005	1	55
2006	1	12
2007	4	289
2008	3	136
2009	1	45
2010	3	130
2011	1	22
2012	1	150
2013	1	27
2014	1	18
17 Total		884

Appendix 5 – Council Members

Appointee List for the Interagency Council on Homelessness - (as of 9.23.15)

Representing Office/ Agency/ Organization	Representative from the Agency		Position
Governor's Office for Children	Patricia	Arriaza	Chief, Interagency Initiatives
Montgomery County Department of Health and Human Services	Kim	Ball	Special Needs Housing Administrator
Mayor's Office of Human Services	Vidia	Dhanraj	Director, Homeless Services Program
Department of Juvenile Services	Patricia	Flanigan	Director, Resource Office
Tri-County Alliance for the Homeless and Supportive Housing Programs	Shannon	Frey	Coordinator of Special Programs
Department of Housing and Community Development	Carol	Gilbert	Assistant Secretary for Neighborhood Revitalization
Department of Veterans Affairs	Dana	Hendrickson	Director, Outreach and Advocacy
Maryland Center for Veterans Education and Training	Jeffery	Kendrick	Executive Director
The Light House Shelter	Elizabeth	Kinney	Executive Director
Health Care for the Homeless	Kevin	Lindamood (CHAIR)	President and CEO
United Way of Central Maryland	Sandy	Monck	Chief Impact Officer Impact Strategies
Maryland Department of Transportation	Leslie	Dews	Deputy Administrator for Field Operations

Department of Aging	Martha	Roach	Chief, Continuing Care
Department of Health and Mental Hygiene	Tricia	Roddy	Director of Planning, Health Care Financing
Department of Human Resources	Heather	Sheridan	Director of Homeless Services
Community Member	Dwayne	Simmons	Homeless Advocate and Speaker
Department of Budget and Management	Jaclin	Warner Wiggins	Budget Analyst
Allegany County Human Resources Development Commission	Courtney	Thomas	Executive Director
State Superintendent of Schools	Penelope	Thornton Talley	Deputy State Superintendent for School Effectiveness & Chief Performance Officer
Department of Labor, Licensing and Regulation	Byron "Jeff"	Tosi	Legislative Director, Office of the Secretary
Department of Public Safety and Correctional Services	Holly	Turner	Executive Assistant to the Deputy Secretary of Operations

Endnotes

ⁱ https://www.missourieconomy.org/indicators/cost_of_living/

ⁱⁱ 2015 DHCD Consolidated Plan, page 19

ⁱⁱⁱ National Alliance to End Homelessness, http://www.endhomelessness.org/pages/cost_of_homelessness

^{iv} Data collected and graph prepared by Jason Burns of the HOMELESS MANAGEMENT INFORMATION SYSTEM team:
[http://www.Homeless Management Information Systemadmin.com/mshdw](http://www.HomelessManagementInformationSystemadmin.com/mshdw)

^v https://veterans.maryland.gov/wp-content/uploads/sites/2/2013/10/proj_vets_2015.pdf

^{vi} <http://marylandpublicschools.org/MSDE/programs/esea/docs/MD-CSPR-Part%20I-Version1.1.pdf> pages 62-65

^{vii} <http://www.youthreachmd.com/>

^{viii} Statewide turn away data is not entered into the Homeless Management Information System (HMIS). Recording this data monthly is a requirement for all DHR funded programs starting FY15.

^{ix} As reported by service providers working in Charles county.

^x As reported by participants at recent McKinney Vento Coordinator meeting

^{xi} http://usich.gov/resources/uploads/asset_library/USICH_OpeningDoors_Amendment2015_FINAL.pdf

^{xii} U.S. Interagency Council on Homelessness, Opening Doors: Federal Strategic Plan to End Homelessness
http://usich.gov/PDF/OpeningDoors_2010_FSPPPreventEndHomeless.pdf

^{xiii} P.L. 111-22, Section 1003

^{xiv} <http://portal.hud.gov/hudportal/documents/huddoc?id=pih2013-15.pdf>

^{xv} HRSA/Bureau of Primary Health Care, Program Assistance Letter 99-12, Health Care for the Homeless Principles of Practice

^{xvi} <http://www2.ed.gov/programs/homeless/guidance.pdf>

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