

Jacob R. Day, Secretary
Julia Glanz, Deputy Secretary

dhcd.maryland.gov



Maryland Interagency Council on Homelessness Meeting

October 21, 2025

Great Places **WIN**



Agenda

1. Welcome
2. Approve August 2025 Meeting Minutes
3. Interagency Collaboration Spotlight - ReEntry Medicaid Enrollment
4. FY25 Update on Homelessness Trends
5. LIHTC Awards & Homeless Unit Production
6. HUD Policy & Funding Shifts on Homelessness - *ICH Member Discussion*
7. Medicaid Policy Impacts on Homelessness
8. ICH Member Updates and Initiatives
9. Public Comment

Vote to Approve August Meeting Minutes

Secretary Day



Medicaid Section 1115 Reentry Demonstration

October 21, 2025

Nancy Brown
Division Chief of Evaluation, Research and Data Analytics
Office of Innovation, Research, and Development
Maryland Department of Health

What is Medicaid?

Medicaid (sometimes called Medical Assistance) is a public health insurance program funded by state and federal dollars

It offers free or low-cost health insurance to eligible individuals

- Low-income adults
- Children
- Pregnant Women
- Individuals with Disabilities

Maryland's Medicaid Program covers approximately 1.5 million people

Medicaid and the Justice System

- Historically, Medicaid programs have been prohibited from providing coverage for people who are incarcerated
 - Also known as the Inmate Exclusion Policy
- In April 2023, the Centers for Medicaid and Medicare Services (CMS) announced a new opportunity for states to apply for permission to deliver certain services to individuals while they are still incarcerated
- Maryland received approval to implement this new program in January 2025
 - Included as a part of Maryland Medicaid's existing 1115 demonstration

Reentry Demonstration Eligible Population

Enrolled in Maryland Medicaid

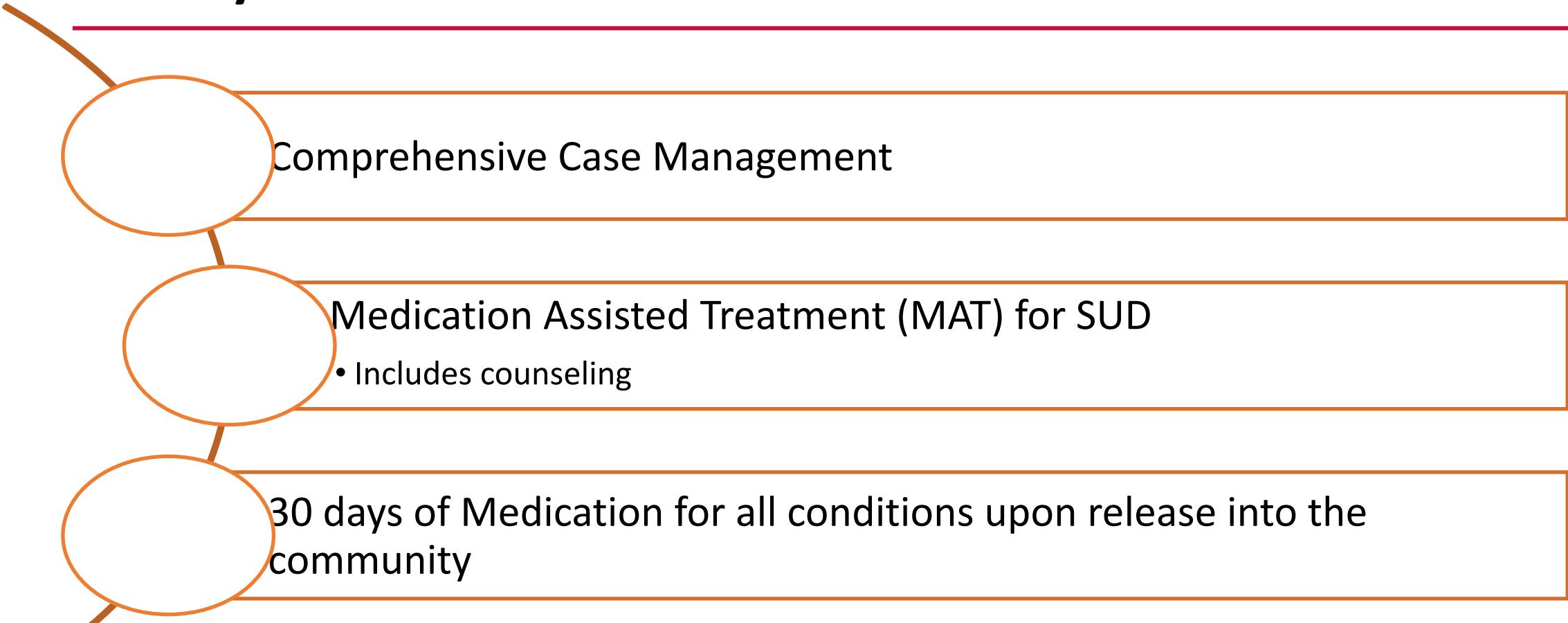
Within 90 days of release into a community setting

Have a diagnosis of
either:

Substance Use Disorder (SUD)

Serious Mental Illness (SMI)

Reentry Demonstration Services Provided



Comprehensive Case Management

Medication Assisted Treatment (MAT) for SUD

- Includes counseling

30 days of Medication for all conditions upon release into the community

Progress and Timeline

- Maryland Medicaid has been meeting with DPSCS weekly to implement this new program
- While CMS approved the waiver, Maryland Medicaid still needs CMS to approve an Implementation Plan in order to draw down federal funds for services
 - Implementation Plan is pending CMS review

Progress and Timeline

- Estimated go-live: Early 2026
- Program will launch at two to four DPSCS facilities in the first year
 - Expected to serve up to 1,500 individuals in the first year
- Additional DPSCS facilities will be onboarded in future years
- Future program expansions will be explored once program is fully operational
 - Options include new facility types or new target populations

Getting the Reentry Ball Rolling

Data Sharing

- Need to be able to share DPSCS data with MDH to ensure proper Medicaid suspension/reinstatement as needed

System Changes

- Need to ensure that case management from behind the walls can be shared with providers (including MCOs and BHASO) in the community

Workflow Updates

- Need to change the timing of when to check for Medicaid eligibility when preparing individuals for release

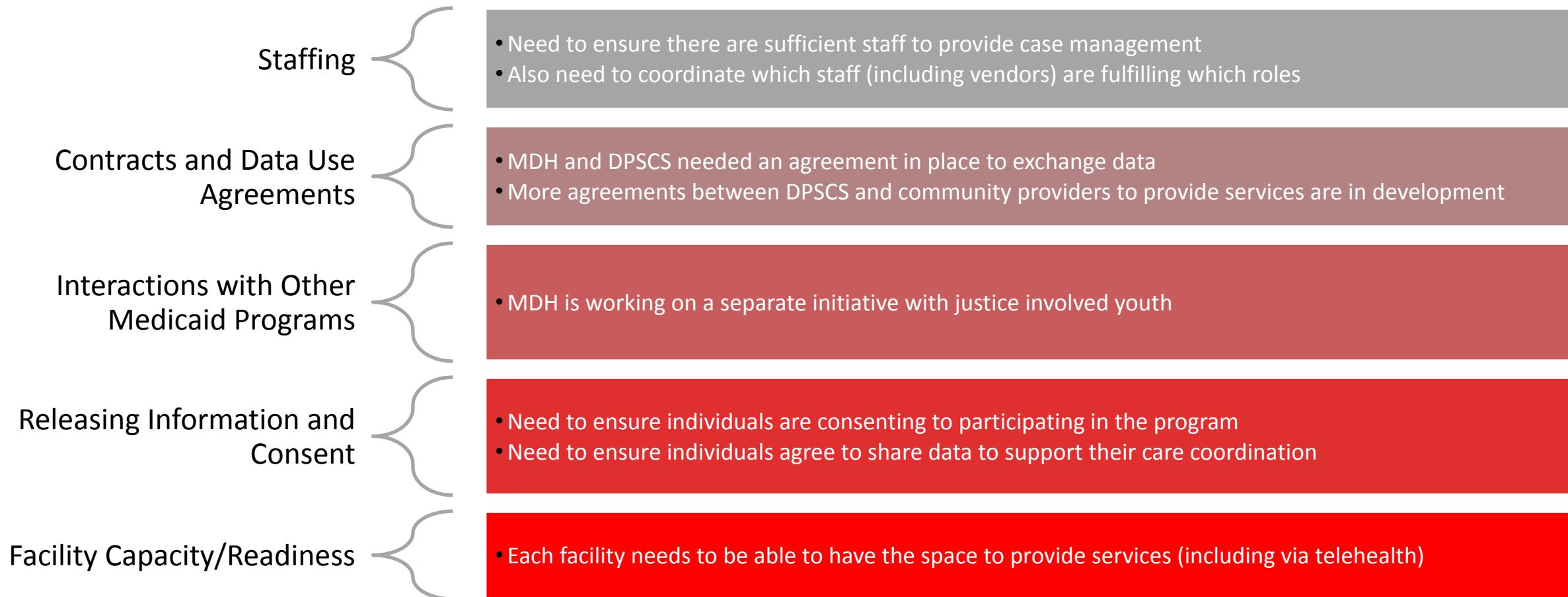
Billing Medicaid

- MDH needed to create a provider type specifically for the correctional facility so DPSCS can bill for services
- Billing is needed for MDH to draw down federal funds

Monitoring and Evaluation

- Data required to evaluate the Reentry Demonstration in accordance with federal requirements
- Need to work to determine what measures/outcomes are required and what data elements are needed to support them

Getting the Reentry Ball Rolling



Other 1115 Updates

- Section 1115 demonstration extension application submitted to CMS on September 26, 2025
 - Current demonstration period ends on December 31, 2026
 - The application requests for extension for the period January 1, 2027 - December 31, 2031
 - The Department completed the public comment period on July 30, 2025
 - CMS has not formally classified Reentry or ACIS as a Health Related Social Needs (HRSN) programs in the past; however, MDH expects increased scrutiny in the upcoming extension.
- ACIS Provider & Participant Websites are published
- For ACIS, Future Request for Solicitation for additional providers
- For more information, please see the [HealthChoice Demonstration](#) page.

Questions?

mdh.medicaidreentry@maryland.gov

FY25 Update on Homelessness Trends

Assistant Secretary Danielle Meister

Key Trends in Homelessness - FY23 to FY25

- **Significant reductions in most vulnerable populations:**
 - 7% decrease in chronic homelessness
 - 10% decrease in veterans
 - 19% decrease in veterans experiencing chronic homelessness
 - 10% decrease in persons with disabilities
 - 6% decrease in unaccompanied youth
- **Large increase statewide in families with children (25%)**
 - Montgomery County makes up 33% of increase, followed by Baltimore City (19%) and Prince George's County (14%)
- **Large increase statewide in non-disabled people experiencing homelessness (30%)**
 - Montgomery County makes up 26% of increase, followed by Baltimore City (20%) and Baltimore County (15%)
- **Large increase statewide in older adults age 65+ (19%)**
 - Reductions in rural counties, increases in urban/metro counties
 - Baltimore city makes up 37% of increase, followed by Baltimore County (30%) and Montgomery County (23%)
- **Major Takeaway:**
 - Increases in homelessness since FY23 are being driven largely by economic and housing affordability issues, given sharp increase in non-disabled single adults and families with children entering the homeless system and ongoing reductions in disabled populations

LIHTC Awards & Homeless Units

Assistant Secretary Danielle Meister

2025 LIHTC 9% Competitive Round Awards - Homeless Units

Project - Name	City	County	Type of Project	PSH Units (Set-Aside)	Homeless Units at or below 30% AMI
Abe Dua Residences	Baltimore	Baltimore City	New Construction	0	8
Capitol Heights Metro TOD 9%	Capitol Heights	Prince George's	New Construction	0	8
Courtney View Apartments	Arbutus	Baltimore County	New Construction	0	11
Eagle Point Apartments	Waldorf	Charles	New Construction	0	9
Hammond Heights	Westernport	Allegany	Acq/Rehab	0	6
Lana Lu	Lonaconing	Allegany	Acq/Rehab	0	5
Pax River Heights	Lexington Park	St. Mary's	New Construction	0	8
Rideout Heath 9%	Columbia	Howard County	New Construction	0	8
Robinwood Redevelopment 9%	Annapolis	Anne Arundel	New Construction	0	9
Silver Spring United Methodist Church	Silver Spring	Montgomery County	New Construction	0	8
Sojourner Place at the Falls	Baltimore	Baltimore City	New Construction	25	0
Tewis Place 9	Rockville	Montgomery	New Construction	0	8
Westport Parcel A	Baltimore	Baltimore City	New Construction	0	8
Total Units				25	96

HUD Policy and Funding Shifts on Homelessness

HUD Continuum of Care NOFO

Under the 2024 competition, Maryland's 10 CoCs collectively received over \$78 million in funds for a total of 163 projects. Of the funding allocated to housing and services:

- **77% is for permanent supportive housing (PSH)**, which serves over 3,400 households comprised of over 5,000 individuals, including an estimated 1,500 children. At least one adult or child in each household has a permanent disability and has typically been homeless for over a year (chronically homeless). PSH provides participants with permanently subsidized affordable housing and wraparound support services. Participants reside in either single-site housing or in scattered-site rental units, and enter into leases that have the same rights and responsibilities as other tenants in the community. Participants contribute up to 30% of their income towards the monthly rent, with the program paying the remaining rent costs.
- **14% is for rapid re-housing (RRH)**, which serves over 400 households comprised of over 700 people, including over 400 children. Households receive time-limited rental assistance in the community for up to 2 years and wraparound support services. Participants enter into regular leases with landlords and have the same rights and responsibilities as other tenants in the community. Participants contribute towards the monthly rent according to their income level and availability of program funds, and household contributions are not capped at 30% of income.
- **5% is for transitional shelter (TH) and safe haven (SH)**, which serves over 330 households with short term shelter and wraparound support services. Most transitional shelters are single-site apartment buildings or shared housing leased by the service provider. Participants do not typically have leases and do not have the same rights and protections as regular rental tenants. Participants may have individual or shared bedrooms, kitchens, and living spaces.
- **5% is for supportive services** such as street outreach, case management, individual needs assessment, and housing navigation

Note: The number of households/people is an undercount as programs have historically enrolled more than required by their HUD contract.

HUD Continuum of Care NOFO

Anticipated Funding Priority Changes in 2025 NOFO

- **30% cap on permanent housing (PSH and RRH combined)**
 - On average, about 90% of a CoC's portfolio is PSH & RRH, which means a 60% cut
 - Anticipate a minimum \$42-45 million cut to PSH & RRH statewide, about 2200-2500 households
 - This will force communities to rank HMIS and CES in tier 2 most likely and potentially lose those funds as well
- **Significant scoring incentives to reallocate permanent housing and create new transitional housing or street outreach projects**
 - Note: Most people who lose PSH or RRH will be ineligible for any new TH created because of HUD regulations. They would have to become homeless again first and be reprioritized.
- Reduction in allowed planning grant (CoC staffing and administrative costs)

HUD Continuum of Care NOFO

Anticipated Policy Priority Changes in 2025 NOFO

New threshold or scoring criteria for CoCs based on their local jurisdiction and whether they:

1. enforce prohibitions on open illicit drug use
2. enforce prohibitions on urban camping, and loitering
3. enforce prohibitions on urban squatting
4. enforce, and where necessary, adopt, standards that address individuals who are a danger to themselves or others and suffer from serious mental illness or substance use disorder, or who are living on the streets and cannot care for themselves, through assisted outpatient treatment or by moving them into treatment centers or other appropriate facilities via civil commitment or other available means, to the maximum extent permitted by law; or
5. substantially implement and comply with, to the extent required, the registration and notification obligations of the Sex Offender Registry and Notification Act, particularly in the case of registered sex offenders with no fixed address, including by adequately mapping and checking the location of homeless sex offenders.
6. cooperate with federal law enforcement on immigration

HUD Continuum of Care NOFO

Anticipated Policy Priority Changes in 2025 NOFO

Wholesale move away from Housing First:

- Require sobriety and/or treatment as a condition of housing
- Require work
- 2-year cap on permanent housing assistance

Excluding certain types of disabilities from PSH eligibility:

- Mental health and substance use most likely

Advocacy Efforts

- 1. BEST POSSIBLE OUTCOME:** Congress includes language in FFY26 appropriations bill requiring HUD to automatically renew 2024 awards (they did this during COVID).
 - Keep in mind, this only buys us one year and HUD will continue their attempts to change policy/funding priorities
- 2.** If Congress fails to act and HUD releases NOFO as described, expect a lot of lawsuits on the basis of Fair Housing, ADA, overreach of federal government into states' rights. Highly likely to result in a temporary restraining order or injunction.
 - Pro: most harmful policy effects of NOFO could be avoided
 - Con: would further delay CoC awards, as HUD would have to revise and release another NOFO

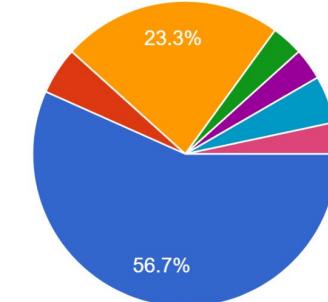
Challenges/Solutions

Timeliness of Awards

- Many CoC projects have start dates in first/second quarter of 2026. It is highly unlikely these projects get awards or grant agreements prior to their expiration date, unless Congress acts.
- Bridge funding will be needed to support projects until agreements are executed, or to support a responsible winddown if HUD doesn't renew the project.
- State homeless funds are fully allocated for FY26. Emergency funding for CoC projects for the scale needed could only come from a new state emergency funding bill or annual budget, philanthropy, or local government.

Operating Cash Reserves

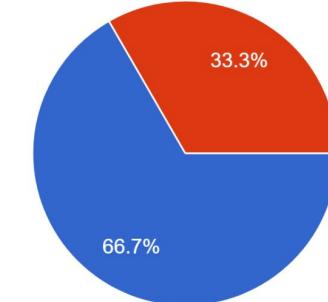
60 responses



Under 30 days
30-59 days
60-89 days
90-119 days
120-149 days
150-179 days
180+ days

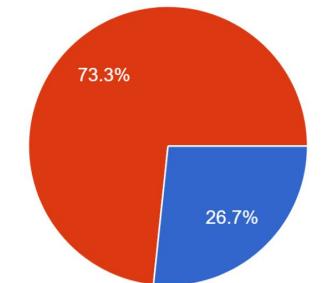
Line of Credit

60 responses



Contingency Plan

60 responses



Yes
No

ICH Member Discussion

- Major HUD policy shifts potentially include requiring work, sobriety, and/or behavioral health treatment as a condition of housing - mostly impacting people with disabilities, and a wide range of household types (families, individuals, etc).
 - What could new state interventions for large-scale supported employment and inpatient/outpatient treatment for people experiencing homelessness look like - to be deployed as rapidly as spring 2026?
 - How could people experiencing homelessness be prioritized within existing state/local programs for treatment or workforce development to ensure they don't lose housing?
 - How can we rapidly increase access to benefits and services that support homeless household financial stability and employment outcomes - such as childcare scholarships, SNAP/WIC, disability income, etc?

ICH Member Discussion

- Major HUD funding priorities may shift away from permanent housing and towards creation of new transitional housing or street outreach. Communities will likely need to propose new projects, but will need 25% match funding at the project level to be eligible to apply.
 - What state resources could be leveraged to help local projects meet the cash and in-kind match requirements for the NOFO?
 - How can we ensure that the focus of TH stays centered on transitioning participants to permanent housing as quickly as possible?
- Are there any communities/CoCs in particular agencies are concerned about, given their projected local impacts? How can we best support rural communities, who have the most significant barriers for gap funding and local resources?
 - Also - MDH, local health departments, and local DSS offices deploy many of the HUD grants and in some cases, are a Continuum of Care lead. This has direct impact on state government.

Challenges in the Health Care Funding Environment

And the impact on people experiencing homelessness & those who serve them



Maryland Interagency Council on Homelessness
October 21, 2025



“Big Beautiful Bill Act” Cuts Coverage

Congress passed bill with significant cuts to federal budget to fund tax cuts, immigration enforcement, and border security

Specifically, it cuts \$1 trillion from Medicaid (over 10 years)

Bill was signed into law on July 4—though implementation occurs at different dates

List of each provision in the law

Reconciliation process: a special legislative procedure that allows tax and spending measures to be passed by a simple majority in the Senate (51 votes) instead of the usual 60 votes needed to overcome a filibuster.

16 Million More People Would Be Uninsured From the One Big Beautiful Bill Act and Other ACA Marketplace Changes, Including Expiration of Enhanced Tax Credits

Increase in the Number of Uninsured People, by Cause, 2034



Note: ACA Changes in One Big Beautiful Bill accounts for decreases due to the interaction effects. The Trump administration ACA proposed rule refers to the Marketplace Integrity and Affordability rules proposed by CMS in March 2025. Half of the impact of the proposed rule is considered in the baseline while the other half is included in the ACA Changes portion.

Source: Congressional Budget Office (CBO) Estimates • [Get the data](#) • [Download PNG](#)

Changes Most Impactful to Unhoused People

- Establishes work reporting requirements
- Adds address verification
- Increases frequency of eligibility checks
- Slashes retroactive coverage
- Adds out of pocket cost sharing
- Ends most immigrant coverage

Indirect provisions to states will also impact:

- State-directed payments
- State provider taxes
- Emergency Medicaid
- Penalties for error rates



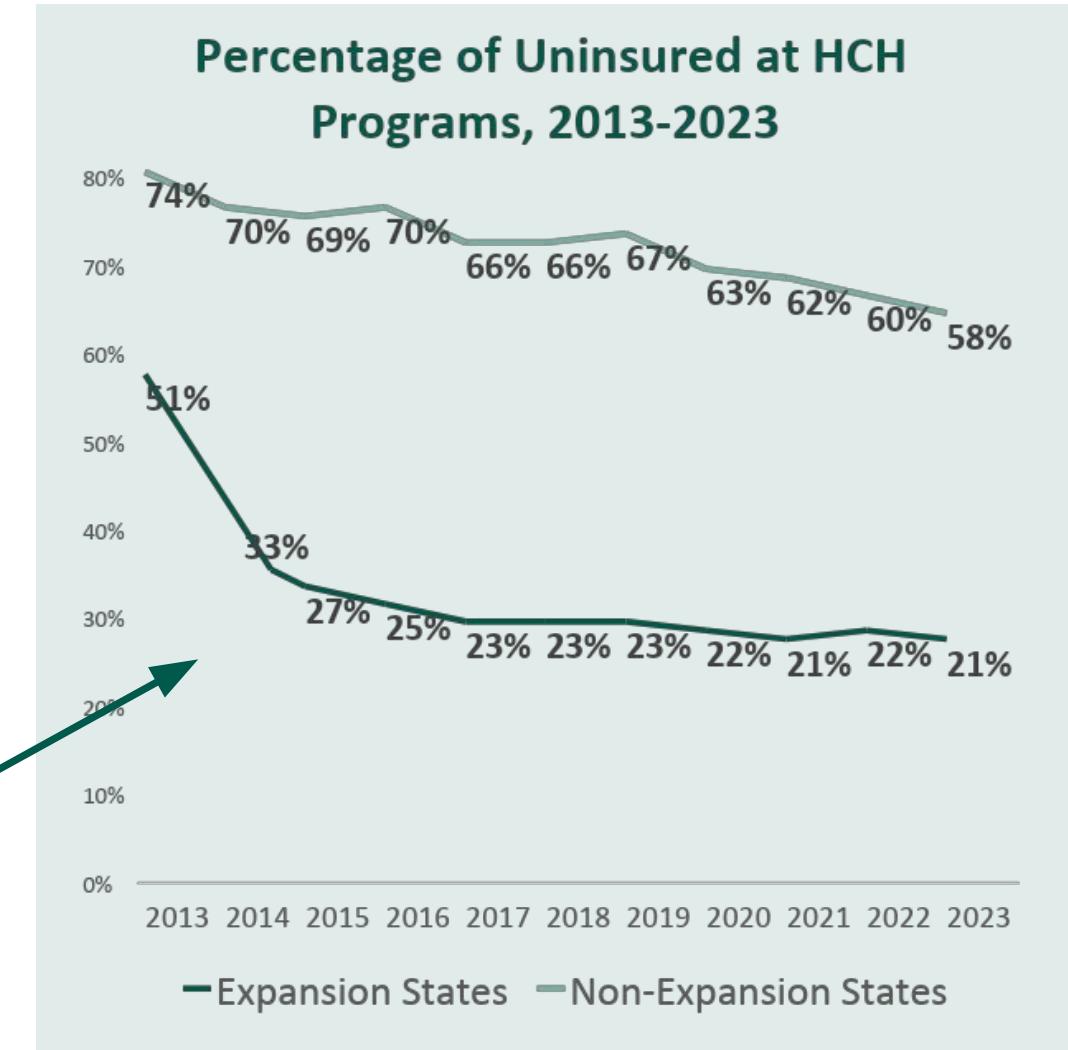
Fact Sheet: [One Big Beautiful Bill Act: Harmful Impacts to the HCH Community](#)

A Deeper Dive on Medicaid Work Requirements



- **WR systems are expensive**
- The goal is to drive loss of coverage
- **Does not increase employment**
- *Ironically: increases unemployment*
- Takes revenue from providers
- Adds administrative burden on providers & patients
- Undermines progress over last 10 years

Fact Sheet:
Impact of Medicaid Work
Requirements for Unhoused People



Fact Sheet: Health Insurance at HCH Programs, 2023



Medicaid Work Requirements: Exemptions

Population focus: ACA expansion group (aka “single adults”) – NOT pregnant, elderly, or disabled/SSI groups.

Required Exemptions: States *must* exempt the following individuals from work requirements for a given month if, at any point during that month, they are:

<ul style="list-style-type: none">Parents/guardians/caretaker relatives, or family caregivers of a dependent child age 13 and under or a disabled individualPregnant/receiving Medicaid postpartum coverageFoster youth/former foster youth <age of 26American Indians/Alaska NativesVeterans with a disability	<ul style="list-style-type: none">Incarcerated or recently released from incarceration within the past 90 daysEntitled to Medicare Part A or enrolled in Medicare Part BMeeting Temporary Assistance for Needy Families or SNAP work compliance requirementsParticipating in a drug addiction or alcohol treatment program	<ul style="list-style-type: none">Medically frail:<ul style="list-style-type: none">Blind or disabledHave a substance use disorderHave a disabling mental disorderHave a significant physical, intellectual, or developmental disabilityHave a serious or complex medical condition
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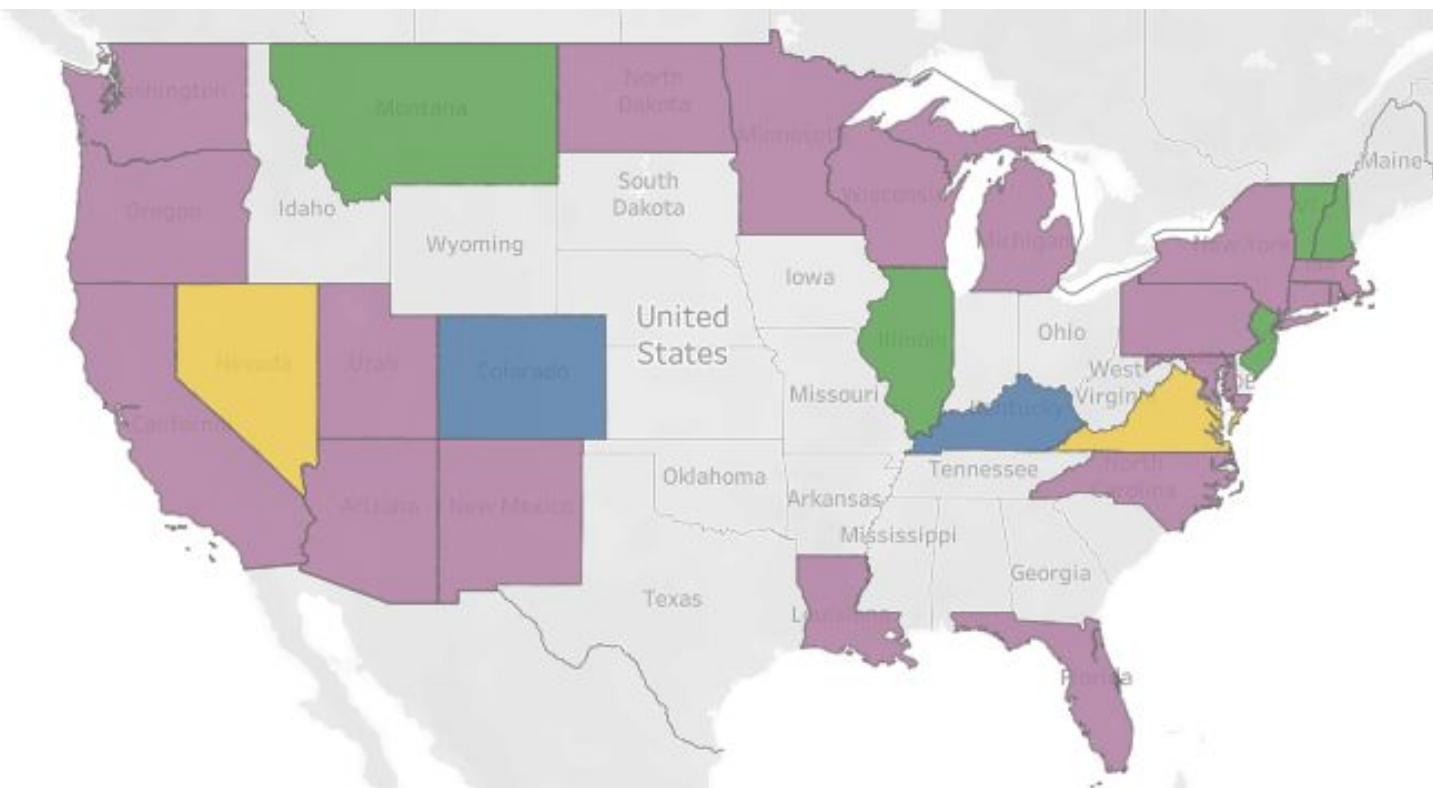
Optional Exemptions: States *may* exempt individuals for a given month if they experience a “short-term hardship”:

- Receiving inpatient hospital care, nursing facility services, services in an intermediate care facility for individuals with intellectual disabilities, inpatient psychiatric care, or other services of similar acuity**
- Living in a county impacted by a federally declared emergency/disaster OR with a high unemployment rate
- Traveling for medical care that is not available in the individual/their dependent(s)’ community

Added Services: Supportive Housing (Medicaid 1115 waivers)



In purple: States operating under a CMS-approved waiver for supportive housing services



Source: [CSH: Medicaid Waivers Map](#)

CMS no longer approving waivers for health-related social needs and would renew existing waivers on a “case by case basis”

Housing-Related Services That States Can Choose to Cover With Medicaid

Pre-Tenancy Supports

-  Identify and address barriers to successful tenancy
-  Locate adequate housing
-  Assist with housing applications
-  Arrange details of the move

-  Pay one-time fees:
 - security deposit
 - moving expenses
 - utility set-up fees
 - safety modification

Tenancy-Sustaining Supports

-  Identify risks for eviction
-  Educate on tenant's rights and responsibilities
-  Link to community resources
-  Resolve disputes with landlords and neighbors

Source: Centers for Medicare & Medicaid Services State Health Official Letter #21-001

CENTER ON BUDGET AND POLICY PRIORITIES | CBPP.ORG

5-Point Medicaid Advocacy Agenda



1. Include Service Provider Addresses
2. Protect Medicaid 1115 Waivers
3. Flexible Work Requirement Options Soften the Impact
4. Maximize Exemptions: Reduce Coverage Loss
5. Exemption for Homelessness: Add Vulnerable Group

POLICY BRIEF

One Big Beautiful Bill Act: State-Level Advocacy Actions for the HCH Community

September 2025

H.R. 1, [the One Big Beautiful Bill Act](#), requires significant policy and funding changes to state Medicaid programs over the coming years that will disproportionately harm people experiencing homelessness (see text box). However, there are options states can take to lessen these harms.

This policy brief outlines state-level advocacy options the Health Care for the Homeless (HCH) Community should pursue to offset the impact of Medicaid cuts—with some options specific to homelessness, and others aimed at the broader Medicaid population.

With many provisions set to take effect January 1, 2027, states will have to make critical decisions in the coming months in anticipation of budget shortfalls—likely during the upcoming 2026 state legislative sessions. **Advocates must act now to build support for allowable policy options that will decrease coverage loss and service reductions.**

Resource:
[One Big Beautiful Bill Act: Impact on the HCH Community](#)

Summary

In all states, two homelessness specific advocacy actions could reduce coverage/service losses for unhoused people:

- **Include addresses for service providers** when states are verifying enrollee addresses
- **Protect Medicaid-funded 1115 waivers** for supportive housing and medical respite care

In Medicaid expansion states, options are available to ease the administrative burdens of the work reporting requirement:

- **Adopt flexible work requirement options** to soften impact
- **Maximize definitions of allowable exemptions** so more people qualify
- **Ask CMS for a homelessness exemption**

All States: Include Service Provider Addresses

What's new: Beginning January 1, 2027, states are required to regularly obtain address information for individuals enrolled in Medicaid (managed care plans are required to provide this information to the state) to prevent simultaneous enrollment in multiple states. States shall obtain address information from reliable data sources such as returned mail.

Navigating Risk



AGENCY CUTS



BIRTHRIGHT CITIZENSHIP



DEI



DOGE



EDUCATION



ELECTIONS



ENVIRONMENT



FEDERAL FUNDING



FEDERAL WORKERS



IMMIGRATION



PUBLIC DATA



TARIFFS



TRANSGENDER RIGHTS



OTHER



EXECUTIVE ACTION STATUS

■ Partially or fully blocked 138 ■ Court left in effect 92 ■ Pending 94

The Washington Post
Democracy Dies in Darkness

Trump officials accused of defying 1 in 3 judges who ruled against him

A comprehensive analysis of hundreds of lawsuits against Trump policies shows dozens of examples of defiance, delay and dishonesty, which experts say pose an unprecedented threat to the U.S. legal system.

Updated July 21, 2025

The New York Times

White House Failed to Comply With Court Order, Judge Rules

The federal judge in Rhode Island said the Trump administration had failed to comply with his order unfreezing billions of dollars in federal grants.

Updated Feb. 12, 2025

On Hold: PRWORA Health Center Restrictions



FOR IMMEDIATE RELEASE

July 10, 2025

HHS Bans Illegal Aliens from Accessing its Taxpayer-Funded Programs

WASHINGTON, DC—July 10, 2025—The U.S. Department of Health and Human Services (HHS) today announced a significant policy shift to restore compliance with federal law and ensure that taxpayer-funded program benefits intended for the American people are not diverted to subsidize illegal aliens.

HHS has formally rescinded a 1998 interpretation of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA), issued during the Clinton Administration, which improperly extended certain federal public benefits to illegal aliens.

For over two decades, the 1998 policy improperly narrowed the scope of PRWORA, undercutting the law by allowing illegal aliens to access programs Congress intended only for the American people. With this update, HHS is complying with the law—ensuring that federal benefits are administered with transparency, legal integrity, and fairness to the American people.

“For too long, the government has diverted hardworking Americans’ tax dollars to incentivize illegal immigration,” **said HHS Secretary Robert F. Kennedy, Jr.** “Today’s action changes that—it restores integrity to federal social programs, enforces the rule of law, and protects vital resources for the American people.”

ON HOLD



HRSA Grant Language

Notice of Award language:

“Prior to October 1, 2025, this award is subject to the termination provisions at 45 C.F.R. 75.372.

Starting on October 1, 2025, this award is subject to the termination provisions at 2 C.F.R. 200.340.

Pursuant to 2 C.F.R. 200.340, the recipient agrees by accepting this award that **continued funding for the award is contingent upon the availability of appropriated funds, recipient satisfactory performance, compliance with the Terms and Conditions of the award, and a decision by the agency that the award continues to effectuate program goals or agency priorities.**”

[HHS Grants Policy Statement](#) (April 16, 2025)

(2) Grant award certification. (a) By accepting the grant award, recipients are certifying that: (i) They do not and will not during the term of this financial assistance award, operate any programs that advance or promote DEI, DEIA, or discriminatory equity ideology in violation of Federal anti-discrimination laws; and (ii) They do not engage in, and will not during the term of this award engage in, a discriminatory prohibited boycott. **(3) HHS reserves the right to terminate financial assistance awards and claw back all funds if the recipients, during the term of this award, operate any program in violation of Federal anti-discriminatory laws or engages in prohibited boycott.**

New HRSA Priorities (cont'd)



HRSA will give priority to grantees in States and municipalities that actively meet the below criteria:

1. Enforce prohibitions on **open illicit drug use**;
2. Enforce prohibitions on **urban camping and loitering**;
3. Enforce prohibitions on **urban squatting**;
4. Enforce, and where necessary, adopt, standards that address individuals who are a danger to themselves or others and suffer from **serious mental illness or substance use disorder**, or who are **living on the streets and cannot care for themselves**, through **assisted outpatient treatment** or by moving them into **treatment centers** or other appropriate facilities via **civil commitment** or other available means, to the maximum extent permitted by law; or
5. Substantially implement and comply with, to the extent required, the registration and notification obligations of the Sex Offender Registry and Notification Act, particularly in the case of **registered sex offenders with no fixed address**, including by adequately mapping and checking the location of homeless sex offenders.

There's more at <https://www.hrsa.gov/about/priorities>

New HRSA Priorities (cont'd)



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There's more at <https://www.hrsa.gov/about/priorities>

What Does All This Mean for the HCH Community?



Fiscal austerity as states balance budgets amid shortfalls

More Medicaid administrative complexities, fewer people covered, and less reimbursement-related revenue

Likely: Pull-back on 1115 waivers for supportive housing/medical respite care

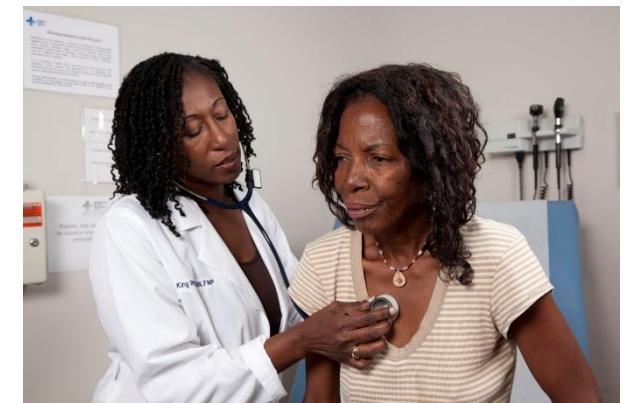
Less federal and state grant funding, more pressures on private/philanthropy

Greater acuity/more complex patient needs

Fewer housing opportunities, more high-barrier requirements, greater unsheltered homelessness

Possible: Immigration enforcement inside/around health care programs

Increased sweeps, arrests, forced hospitalizations/involuntary services, and hunger





Of Interest...

- **Public Health On Call:** 10/6/2025 – Dr. Joshua Sharfstein & Ann Oliva discuss the executive order on homelessness:
<https://publichealth.jhu.edu/headlines/public-health-on-call-podcast>
- **Medicaid Housing Tenancy Support Waivers:** 9/17/2025 – Reporter Jason DeParle and photographer Caroline Gutman visit Baltimore to understand our supportive housing work:
<https://www.hchmd.org/news/new-york-times-features-our-housing-work>





Kevin Lindamood, President & CEO
Health Care for the Homeless
klindamood@hchmd.org



ICH Member Updates

Public Comment

Adjournment

Next Meetings

Thursday, January 8th - 12:30-2:30 PM (Virtual)

Tuesday, April 21st - 10 AM-12 PM (Annapolis, location TBD)