2017 Annual Report on Homelessness

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Maryland Interagency Council on Homelessness

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Executive Summary

In accordance with Housing and Community Development Article § 4-2101, the Interagency Council on Homelessness (ICH), staffed by the Department of Housing and Community Development[1] (DHCD), develops the Annual Report on Homelessness. This report outlines the work of the ICH and its affiliated State agencies, trends in homelessness, and policy recommendations to the Joint Legislative Committee on Ending Homelessness. The Annual Report is a product of the ICH and not of the Department of Housing and Community Development.

The General Assembly established the ICH during the 2014 session to examine statewide initiatives aimed at ending homelessness throughout the State of Maryland. The ICH brings together state agencies and homeless service providers to coordinate policies and programs, improve data collection statewide, develop strategies to increase the availability of affordable housing, and reduce barriers to accessing services. This report highlights the most notable accomplishments made by the ICH and partner agencies during the latter half of 2016 and 2017. The most notable accomplishments include:

- Combined the majority of state funded homeless service grants under the Department of Housing and Community Development.
- Executed the Youth REACH Count of Maryland for the second year in a row, expanding to 17 jurisdictions. Maryland Youth REACH is a count of homeless and unaccompanied youth, under the age of 25.
- Completed an in-depth needs assessment of Continuum of Care (CoC) leads focused on shelter safety and fair admission practices.
- Completed a full assessment of respite care services available to the homeless statewide.

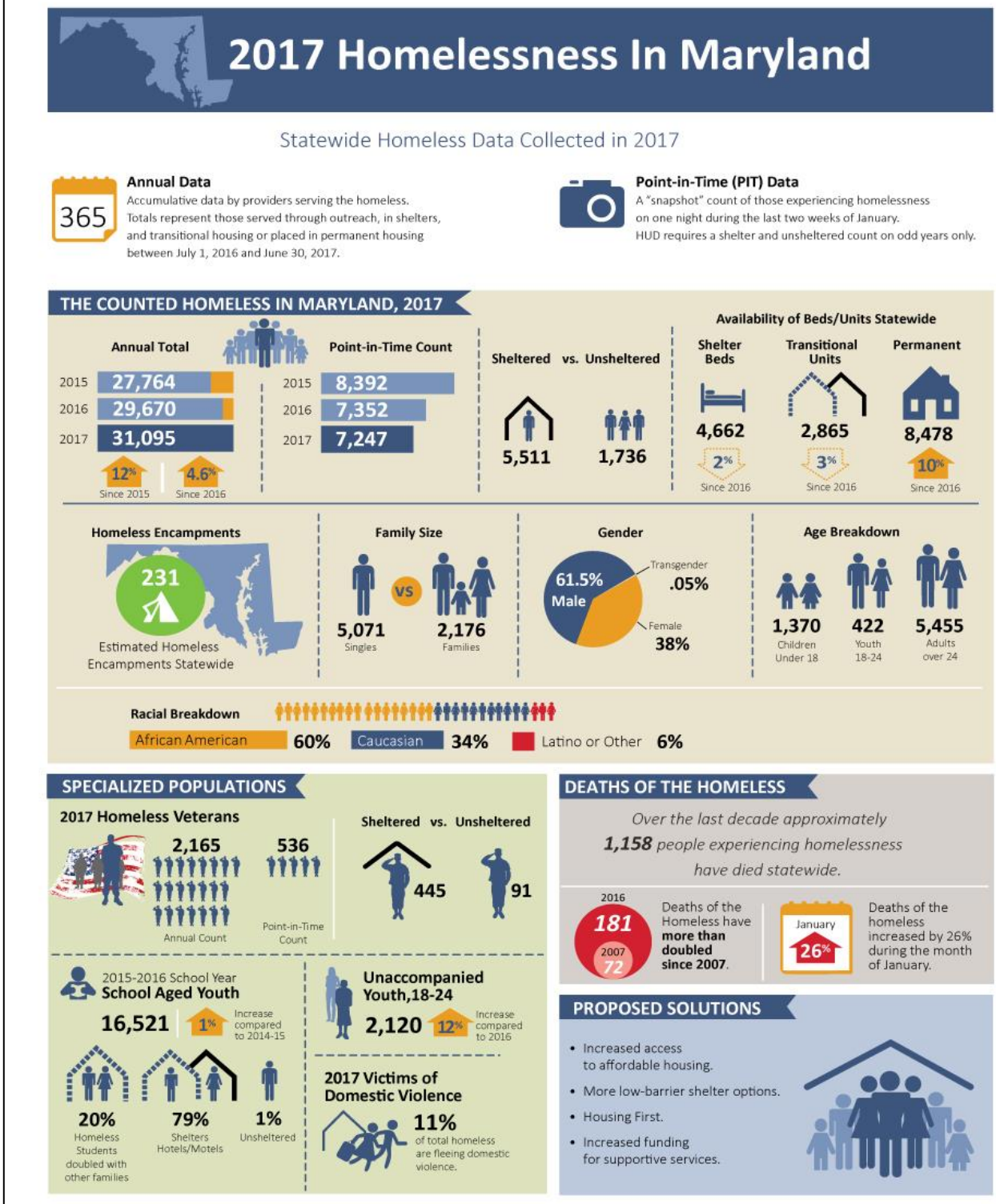
The ICH has worked with providers statewide to improve data quality related to homelessness in Maryland. In 2017, the Point in Time (PIT) count estimated 7,247 persons experiencing homelessness in Maryland and the annual total[2] from homeless services providers is 31,095. These numbers differ because the PIT count is a snapshot count of sheltered individuals experiencing homelessness, whereas the annual total includes sheltered and unsheltered individuals seeking services throughout the entire fiscal year. An estimate of the number of homeless encampments statewide is included in the report to provide additional context to Maryland's unsheltered homeless population.

CoCs are required to conduct a combined count (sheltered and unsheltered) every other year when they conduct their PIT. This combined count happened statewide in 2017 and 2015; comparing those counts shows a 13% decrease in counted sheltered and unsheltered homeless. When considering the annual total of persons experiencing homelessness, there is an approximate 4.6% increase in homelessness in 2017 compared to 2016 and a 12% increase since 2015. Some CoC leads attribute this increase to people seeking more diverse homeless services due to improved outreach efforts as well as a persistent lack of permanent housing solutions. Further analysis of year-to-year jurisdictional trends is included with this report.

The ICH has made extensive progress towards the six goals of the Homeless Services Framework, developed to provide a clear roadmap of objectives, strategies, stakeholders and timelines necessary to assist the homeless and those at risk of becoming homeless in attaining self-sufficiency and preventing their return to homelessness. A complete update on each goal is included in the Appendix of this report.

[1] With the passage of HB134, as of July 1, 2017 grant management responsibilities as well as support of the ICH shifted from the DHS (DHS) to the DHCD(DHCD).

2 The annual number represents any person during the fiscal year 2016, that received emergency shelter or prevention services, outreach support, or was homeless and was placed into permanent housing during the fiscal year. The ICH began collecting this number in 2015 dating back to 2013.



Source: Annual PIT Counts, Homeless Management Information System (HMIS) data, Office of the Chief Medical Examiner (OCME), Maryland Department of Education data and HUD's Annual Homeless Assessment Report (AHAR).

The State Interagency Council on Homelessness

Maryland's ICH 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 legislation outlined the membership of the Council, which includes representatives from thirteen state agencies, three representatives from local Continuums of Care and nine advocates from throughout the state as well as a community member who has experienced homelessness. The legislation tasked the Council with the following objectives:

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

Goals of the ICH Homeless Services Framework

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

The framework details the work plan of the ICH. Specific policy recommendations will be discussed during the November 2nd, 2017 meeting of the ICH, presented to the members of the Joint Legislative Committee for consideration on November 8th, 2017 and shared on the ICH website.

Table 1 Homeless Services Framework Goals

GOAL 1 - Increase the number of permanent supportive housing options available statewide to those experiencing homelessness.
GOAL 2 - Improve access to and quality of emergency shelter options available statewide to those experiencing homelessness.
GOAL 3 - Improve the emergency services network serving the homeless, to prevent a return to hospitals or jails.
GOAL 4 - Ensure veterans experiencing homelessness have sustainable housing options and access to necessary supportive services where they live, to prevent a return to homelessness.
GOAL 5 - Ensure homeless youth 16-24 years of age have access to quality housing, education and employment options statewide.
GOAL 6 - Reduce or eliminate workforce barriers in order to increase training opportunities, sustainable employment options, and earning potential to ensure those experiencing homelessness can become self-sufficient.

Third Year Accomplishments

The Council held its inaugural meeting on September 24, 2014. Meetings have taken place on a regular basis each year, with workgroup and planning meetings occurring outside of full council meetings. In FY2017, the ICH and its member agencies have accomplished the following (see the 2016 report for previous accomplishments):

Framework Goal 1: Housing

- ✓ Consolidated state and federal funding sources by shifting grants administered by the Department of Human Services (DHS) to the Department of Housing and Community Development (DHCD).
- ✓ Dedicated more Emergency Solutions Grant (ESG) program funds to increase Rapid Re-Housing options statewide.
- ✓ Track annually the units available through the Weinberg, Bridge 811 and Shelter and Transitional Housing Facilities Grant programs administered by DHCD.

Framework Goal 2: Year-Round Emergency Shelter

- ✓ Track and publish number of weather-related deaths of individuals experiencing homelessness statewide during summer and winter months.
- ✓ Completed an assessment of all causes of death for the homeless between 2007 and 2016.
- ✓ Completed a needs assessment focused on resource gaps that prevent CoCs from offering low-barrier shelter across the state.
- ✓ Assessed CoC progress towards achieving HUD requirements for Coordinate Access by end of January 2018 and support them to achieve goals.

Framework Goal 3: Emergency Services

- ✓ Statewide assessment conducted, 18 of the 24 counties were surveyed and three successful respite programs were studied.
- ✓ Developed a tool to assess re-entry and exit planning for those exiting jails to prevent a release to homelessness, to be issued in the winter of 2017.

Framework Goal 4: Veterans Experiencing Homelessness

- ✓ The Veterans workgroup of the ICH created a Homeless Veteran Resource Guide[3], and surveyed CoC (CoC) leads about service and housing gaps for homeless Veterans.
- ✓ Created a statewide veteran homeless services network and facilitated a statewide veteran homeless services work day with CoC leads, shared best practices for connecting veterans to VA homeless services, identified gaps in services, and developed local action plans for reducing veteran homelessness across Maryland.
- ✓ Established collaboration between career One-Stop Center, Disabled Veterans Employment Specialist (DVOP) and emergency and transitional housing programs.

Framework Goal 5: Unaccompanied Homeless Youth and Young Adults

- ✓ Identified service and housing gaps for youth and young adults experiencing homelessness in collaboration with CoC leads.
- ✓ Successfully expanded Youth REACH count to 12 jurisdictions.
- ✓ Initiated dialogue with Maryland Motor Vehicle Administration (MVA) aimed at assisting homeless youth to secure identification cards.

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: http://dhcd.maryland.gov/HomelessServices/Pages/InteragencyCouncil.aspx

Causes and Consequences of Homelessness in Maryland

The primary contributing factors of homelessness are a combination of low wages and a lack of available, affordable, or adequate housing. Lack of income relative to cost of living, disabling conditions, domestic violence, and sudden income loss are common issues that result in individuals losing housing. The cost of living in Maryland has risen in the last two years, increasing from the eleventh highest to eighth among the 50 states and District of Columbia.[4] Even though the poverty rate of Maryland at 9.7% is ranked as the second lowest in the country[5], the high cost of living places affordable housing out of the reach of many.

Availability of affordable rental housing for low-income households in Maryland does not meet the current demand. The United States Department of Housing & Urban Development (HUD) estimates that Maryland has a shortage of 92,446 affordable rental-housing units for families earning less than 50% of area median income (AMI)[6] and a shortage of 98,297 units for families earning less than 30% of AMI. In 2017, the average price of a one-bedroom fair market rent unit in Maryland is $1,219 per month.[7] This represents a 6.8% increase from 2016. The affordable average rent amount for households at 30% AMI is only $721.[8] Maryland has only 34 affordable housing units per 100 households earning 30% AMI or less.[9] Area Median Income (AMI), defined by the Department of Housing and Urban Development (HUD) annually based on the median income for families within metropolitan and non-metropolitan areas to calculate income limits for eligibility for various HUD programs.

[3] Available here: http://veterans.maryland.gov/wp-content/uploads/sites/2/2016/05/MDVAResourceGuide.pdf

[4] https://www.missourieconomy.org/indicators/cost_of_living/

[5] https://talkpoverty.org/indicator/listing/poverty/2016

[6] AMI is defined by HUD annually, based on the median income for families to calculate income limits for eligibility for various HUD programs.

[7] Maryland has over 700,000 renter households statewide.

[8] http://nlihc.org/oor/maryland

[9] http://nlihc.org/sites/default/files/Gap-Report_2017_interactive.pdf

Quantifying Homelessness in Maryland

The Department of Housing and Urban Development (HUD) requires every Continuums of Care (CoC) to conduct a Point in Time (PIT) count of those experiencing homelessness in a jurisdiction, during the last 10 days of January. This is the only national count conducted each year and it serves as a basis for HUD's annual funding allocations. The 2017 PIT count included totals of those living in shelter as well as an approximate count of those without shelter. The annual totals presented in the chart below represents a total of anyone that was homeless and required services, shelter, or housing throughout the 2017 fiscal year. The annual figure is a more accurate estimate of the total homelessness in Maryland since the PIT count is a one-time snapshot count done once a year. The numbers show an approximate 4.6% increase in the annual figures in 2016 and a 12% increase since 2015.

Table 2 Comparison of Jurisdictional Annual Total Point-in-Time Count Data

Maryland Continuum of Care	*Total homeless clients served (FY15)*	*Total homeless clients served (FY16)*	*Total homeless clients served (FY17)*	*2017 Point-In-Time Count Numbers*
Allegany County	148	298	376	118
Anne Arundel County	1,471	991	1,736	376
Baltimore City	11,144	11,807	12,868	2,669
Baltimore County	3,628	3,648	3,763	609
Carroll County	497	663	780	147
Cecil County	365	579	341	193
Frederick County	1,746	1,327	1,287	309
Garrett County	313	225	237	10
Harford County	476	472	430	189
Howard County	909	875	620	168
Lower Shore	910	1,184	1,416	260
Mid-Shore	263	604	580	153
Montgomery County	3,189	2,798	2,661	894
Prince George's County	1,263	1,921	2,128	525
Southern Maryland	981	1,329	1,078	419
Washington County	461	949	794	208
Totals	***27,764***	***29,670***	***31,095***	***7,247***

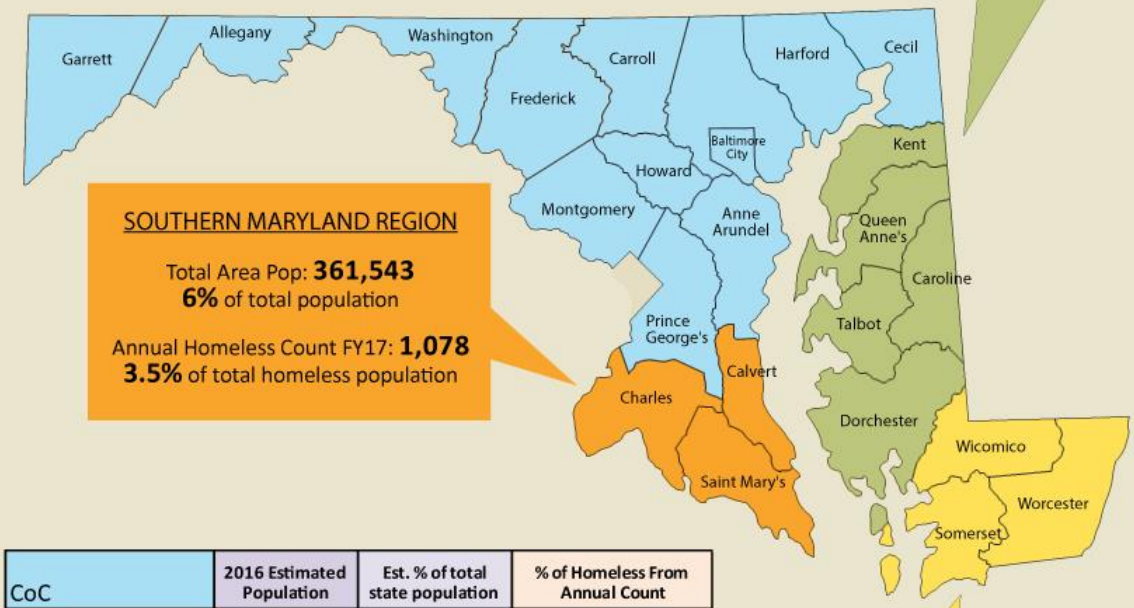
The majority of homeless individuals counted in fiscal year 2016 were residents of Baltimore City, Baltimore County, Montgomery County and Prince Georges County. This trend continues in fiscal year 2017, as 41% were in Baltimore City, 12% in Baltimore County, 9% in Montgomery County and 7% in Prince Georges County. Half of the sixteen CoCs experienced an increase in their total annual count since last year while the other half experienced a decrease. The infographic on the following page illustrates homelessness by CoC (CoC) according to the annual totals as reported by each jurisdiction.

2017 Homelessness By CoC (Continuum of Care)

2016 Estimated State Population: **6,022,744**

Annual Homeless Count FY17:

31,095



MID SHORE REGION

Total Area Pop: **171,045**
2.8% of total population

Annual Homeless Count FY17: **580**
1.9% of total homeless population

SOUTHERN MARYLAND REGION

Total Area Pop: **361,543**
6% of total population

Annual Homeless Count FY17: **1,078**
3.5% of total homeless population

LOWER SHORE REGION

Total Pop: **197,949**
3% of total population

Annual Homeless Count FY17: **1,416**
4.6% of total homeless population

CoC	2016 Estimated Population	Est. % of total state population	% of Homeless From Annual Count
Anne Arundel	568,346	9.4%	**5.6%**
Baltimore City	620,961	10.3%	**41.4%**
Baltimore Co.	831,026	13.8%	**12.1%**
Howard	317,233	5.3%	**2.0%**
Montgomery	1,043,863	17.4%	**8.6%**
Prince Georges	908,049	15.1%	**6.8%**
Cecil	102,603	1.7%	**1.1%**
Harford	251,032	4.2%	**1.4%**
Allegany	72,130	1.2%	**1.2%**
Carroll	167,656	2.8%	**2.7%**
Frederick	247,591	4.1%	**4.1%**
Garrett	29,425	0.5%	**0.8%**
Washington	150,292	2.5%	**2.6%**

Source: State population data: https://www.maryland-demographics.come/counties_by_population.

Counts of Vulnerable Sub-Populations

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

Chronically Homeless

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

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

According to the 2015 Point-in-Time (PIT) count, there were 1,682 chronically homeless statewide and in the 2017 count, there were 1,520 counted. This represents a 9% decrease in the number of chronically homeless that were counted. However, there are a number of homeless who are not captured in the PIT count. An additional reason for the decrease, as reported by CoC leads, was due to the change in HUD's definition of Chronically Homeless, which has made 'chronicity' more difficult to verify.

Homeless Veterans

According to the 2017 PIT count, there were 536 homeless veterans counted, this is 25% reduction since 2015, when the last combined (sheltered and unsheltered) count was conducted. CoCs were asked to report the total number of veterans they serve throughout the fiscal year and this annual veteran count is 2,165. DHCD has focused efforts to work closely with the CoCs to end veterans' homelessness across the state. Montgomery County is the first jurisidiction in Maryland to reach "functional zero[10]" for homeless veterans. According to the 2017 PIT figures, veterans represent 7.4% of those who are counted in Maryland.

Homeless Youth

Children and youth who lack a fixed, regular, and adequate nighttime residence and unaccompanied youth not under the physical custody of their parent(s) are eligible to receive services according to the McKinney-Vento Homeless Assistance Act. Through this Act, the Maryland State Department of Education (MSDE) receives federal funding to support Local Education Agencies (LEA's) in addressing barriers faced by homeless children and youth in enrolling, attending, and succeeding in school. Services provided include, but are not limited to, addressing educational concerns faced by homeless children, including transportation needs, immunization and residency requirements, lack of birth certificates and school

[10] Functional Zero is a community-defined benchmark based on the total homeless veteran population at a certain point in time and securing housing for that population count within a defined timeframe. More information can be found here: http://www.va.gov/HOMELESS/ssvf/docs/Ending_Veterans_Homelessness_Overview.pdf

records, and guardianship. During federal fiscal year 2017, MSDE received $1.1 million in McKinney-Vento funds.

According to data provided by the Maryland State Department of Education (MSDE), there were approximately 16,521 school-aged youth experiencing homelessness during the 2015-2016 school year. This number is separate and apart from the PIT or annual counts and is gathered through surveys completed by students while in school. Of the 16,521 counted, approximately 20% are students doubled up with other families, 79% are students living in shelter and approximately 1% are unsheltered. Unaccompanied youth are defined as youth who are not part of a family during their episode of homelessness and who are between the ages of 18-24. The 2017 PIT count includes 264 unaccompanied youth. In the spring of 2017, a targeted Youth REACH count funded by DHCD was conducted within twelve jurisdictions in Maryland. Youth included in the count were between the ages of 16-24, were not in the physical custody of a parent, and lacked a fixed, regular or adequate nighttime residence. Maryland Youth REACH surveyed over 1,800 youth and found 1,130 (63%) under 25 without stable housing. To access more information from the count, please visit: http://www.youthreachmd.com." A third count is planned for the spring of 2018.

Individuals Experiencing Domestic Violence

The 2017 PIT count found 800 (11%) of the total 7,247 homeless individuals counted were fleeing a domestic violence situation. This number is consistent with recent trends. On average, since 2013 about 10% of the total homeless counted in each PIT count are homeless and are fleeing domestic violence.

Availability of Emergency and Permanent Housing

Emergency Shelter Beds

Availability of shelter beds to meet emergency needs of homeless individuals and families continues to be a challenge in Maryland. Currently, four counties in Maryland do not have a year-round emergency shelter for the homeless.[11] Annually, each CoC provides the total number of fixed beds they have available to shelter the homeless within their jurisdiction through HUD's Housing Inventory Count (HIC). If a jurisdiction does not have available space at an emergency shelter, providers will provide alternative solutions, such as temporarily housing individuals and families in a motel. The 2017 PIT figures include 7,247 total homeless counted. Of those 5,511 were sheltered and 1,736 were unsheltered. According to the 2016 HIC, the statewide capacity of year-round emergency shelter space (emergency shelter, safe haven, seasonal and overflow beds) is 4,697. This is 3% less than the total beds available last year. Comparing the 2017 PIT and the 2016 HIC data, Maryland has emergency shelter space to meet the needs of only 64% of the homeless population counted during the PIT.

Typically, shelters turn people away due to a lack of space or a client's refusal to follow program rules and requirements. The total number of people turned away from shelter is not available statewide, however programs receiving Department of Human Services (DHS) funding during FY17 were required to track the number. During FY17, DHS-funded programs reported turning away 20,487 individuals, nearly 7% more than in FY16.

[11] Cecil, Garrett, Queen Anne's and Somerset.

Transitional, Permanent Supportive Housing, and Rapid Re-Housing

The number of transitional units (subsidized rent and supportive services for up to two years) decreased by 3% since 2015. Eleven CoCs increased the availability of Permanent Supportive Housing (PSH) units which increased the statewide amount by 10% or 789 units. PSH units receive a permanent rental subsidy and case management supports. The use of rapid re-housing, a short-term rental subsidy coupled with supportive services, has increased statewide by nearly 80% (from 601 to 1,081). According to the HIC, seven CoCs are not currently utilizing rapid re-housing to move the homeless into housing. In total the state has 11,343 transitional and PSH units available statewide. DHCD estimates the need for approximately 4,500 additional units statewide to respond to the annual estimates of households seeking emergency services.

Homeless Encampments

When emergency shelter, motel, rapid re-housing or permanent options are not available, individuals and families experiencing homelessness may take shelter in potentially unsafe habitations, including cars, abandoned buildings or encampments. A homeless encampment, defined as an interim gathering of those living outdoors in tents or temporary structures not meant for long-term human habitation, can range in size from two to thirty or more temporary structures. Encampments do not have running water or electricity and those living there are exposed to the elements. Due to the transient nature of encampments, it is difficult to know exactly how many exist at one time. According to provider estimates, during the months of August and September 2016 there were approximately 231 encampments statewide.[12]

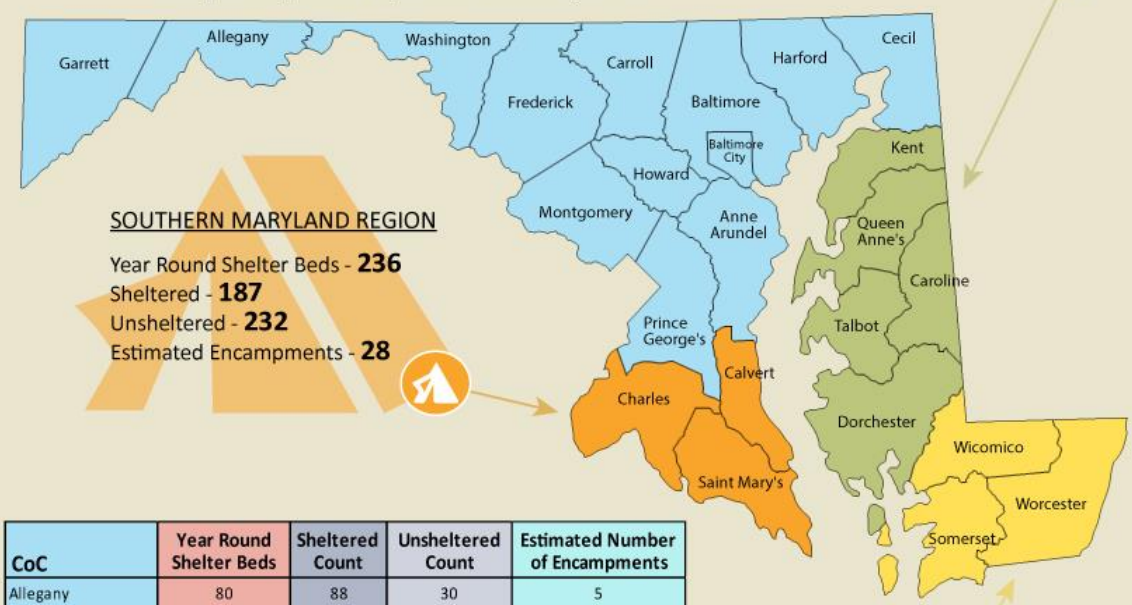
[12] Frederick County did not provide an estimated number.

2017 Unsheltered Homelessness By CoC

An encampment is defined as an interim gathering of those living outdoors in tents or temporary structures not meant for long-term human habitation. Encampments can range in size from two to thirty or more temporary structures.

231 Estimated Homeless Encampments Statewide

These figures represent the estimated number of encampments during the August and September 2017 time frame.



MID SHORE REGION

Year Round Shelter Beds - **31**
Sheltered - **136**
Unsheltered - **17**
Estimated Encampments - **25**

SOUTHERN MARYLAND REGION

Year Round Shelter Beds - **236**
Sheltered - **187**
Unsheltered - **232**
Estimated Encampments - **28**

LOWER SHORE REGION

Year Round Shelter Beds - **207**
Sheltered - **218**
Unsheltered - **42**
Estimated Encampments - **20**

CoC	Year Round Shelter Beds	Sheltered Count	Unsheltered Count	Estimated Number of Encampments
Allegany	80	88	30	5
Anne Arundel	147	263	113	35
Baltimore City	892	2,123	546	10
Baltimore Co.	377	389	220	47
Carroll	65	125	22	7
Cecil	42	112	81	7
Frederick	137	206	103	Not Reported
Garrett	21	10	0	4
Harford	80	152	37	5
Howard	71	115	53	3
Montgomery	278	763	131	14
Prince Georges	187	437	88	10
Washington	163	187	21	11

Source: 2017 state PIT count of unsheltered homeless and the 2016 Annual Homeless Assessment Report (AHAR) and 2016 Housing Inventory County (HIC).

Source: Data reported from Continuum of Care (CoC) leads.

Housing First

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

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

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

Each state's local CoCs receive funding from the Department of Housing and Urban Development (HUD) directly for various activities to serve those experiencing homelessness. In federal fiscal year 2015 (state FY16), HUD cut Maryland's CoC network funding by a net total of $1.3 million. This most recent year (Federal FY16, State FY17) HUD increased federal funding by $1.2 million. Although Maryland received an increase this year, Transitional Housing and Safe Haven funds were cut. However, Maryland received nearly triple the funding for Rapid Re-Housing funds. Detailed below are the funding categories and amounts for 2016 and 2017. See Appendix 2 for specific jurisdictional awards.

Table 3 Federal Homeless Services Funding to Maryland

Category	Definition	Total Award for 2016	Total Award for 2017	% Increase/ Decrease
Permanent Supportive Housing (PSH)	Housing designed to provide supportive services on a long-term basis to formerly homeless people, who have disabilities or other housing barriers.	$39,143,189	$38,336,042	2% Decrease
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.	$929,972	$3,844,590	313% Increase
Transitional Housing	Housing for the homeless that combines support services for up to 24 months. Participants technically remain homeless and must leave the program after 24 months.	$2,115,377	$1,439,944	32% Decrease
Safe Haven	Provide private or semi-private long-term housing for people with severe mental illness or other barriers to housing.	$1,664,939	$1,316,305	21% Decrease
Supportive Services	Services provided to those experiencing homelessness through outreach efforts and shelter provision.	$1,262,482	$1,374,387	9% Increase
Homeless Mngmt. Info. System (HMIS)	Homeless Management Information System, used by homeless providers to track client intake, progress and move out.	$722,413	$807,413	12% Increase
Continuum of Care Planning	Included planning activities around federal objectives such as coordinated assessment	$1,193,795	$1,116,390	6% Decrease
	TOTALS:	**$47,032,167**	**$48,235,071**	3% Increase

Programmatic Outcomes of State-Funded Service Grants

In addition to federal funding sources that come to Maryland, in FY17 the DHS and the DHCD administered approximately $9.5 million in state funds annually to emergency service programs serving the homeless statewide. The ETHS, HWCSH, SLHP and HCAP programs were administered by DHS through the end of FY16 and were shifted over to DHCD as of July 1, 2017. Summarized in the table below are outcomes of all state-funded programs including those administered by the Maryland Department of Health (MDH).

Table 4 Programmatic Outcomes of State-Funded Service Grants

Program Name (Description & funding amount in appendix)	**Oversight Agency during FY**	**FY17 Outcomes**	**FY16 Outcomes**
Homelessness Prevention Program	DHS	▪ 730 Eviction Prevention Stipends Issued ▪ 1,705 households provided with additional eviction prevention services	▪ 1,000 ▪ 1,300
Emergency & Transitional Housing and Services Program	DHS	▪ Over 22,234 received shelter services ▪ Approximately 394,428 bed nights provided statewide ▪ Over 107,258 meals served	▪ 23,411 ▪ 325,116 ▪ 55,782
Homeless Women – Crisis Shelter Home Program	DHS	▪ Approximately 4,973 women and children received shelter ▪ Over 183,000 bed nights provided in total ▪ 1,565 women moved out to a permanent destination.	▪ 4,974 ▪ 136,000 ▪ 1,106
Service-Linked Housing Program	DHS	▪ Over 2,552 received services to maintain housing.	▪ 1,300
Housing Counselor Program	DHS	▪ 825 households assisted in securing and maintaining housing.	▪ 754
Emergency Solutions Grant	DHCD	▪ 6,243 individuals received assistance, including shelter operations, outreach, prevention and move-out assistance	▪ 6,782
Rental Allowance Program (RAP)	DHCD	▪ 655 families received subsidies	▪ 1,016 families[13]
Families First Program	DHCD	▪ 21 veteran families received funds to obtain and maintain permanent housing.	▪ 18
CoC (formerly Shelter Plus Care)	MDH	▪ 405 Households served	▪ 405
Housing First Pilot Project	MDH	▪ 83 Individuals served	▪ 66
PATH Grant[14]	MDH	▪ 2,013 Individuals served	▪ 2,471
SOAR Initiative	MDH	▪ 192 Total cases ▪ 177 Total SSI/SSDI claims approved in Maryland ▪ 15 Claims denied in Maryland	▪ 175 ▪ 147 ▪ 33
MD CHES Grant	MDH	▪ 201 Individuals served in Anne Arundel and Carroll Counties	▪ 137
Homeless ID Grant Fund	MDH	▪ 901 State Identification Cards Provided ▪ 1,294 Birth Certificates Provided	▪ 851 ▪ 1,482

[13] Note, in FY16, this figure was 1,016 however, it was determined in FY17 that some providers were double counting. The decrease in the number for FY17 is due to a correction in that mis-count.

[14] Projects for Assistance in Transition from Homelessness (PATH)

Sources to Build or Subsidize Affordable Housing for those Experiencing Homelessness

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

Rapid Re-Housing

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

Rapid Re-Housing in Maryland is funded primarily through the federal Emergency Solutions Grants (ESG) program, administered through the DHCD and CoC dollars awarded by HUD. Anne Arundel County, Baltimore City, Baltimore County, Prince George's County, and Montgomery County receive ESG funds directly from the US Department of Housing and Urban Development. For FFY17 / SFY18, the ESG program has awarded $968,600 to support Rapid Re-Housing throughout the State of Maryland. The Department has partnered with the National Alliance to End Homelessness (NAEH) and the University of Maryland School of Social Institute for Innovation and Implementation to provide technical assistance through a year-long Rapid Re-Housing Learning Collaboratives program. These in-depth trainings, bringing providers together in four different regions, will improve the grantees' capacity to implement both new and existing RRH programs effectively.

Rapid Re-Housing in Maryland is funded through the Emergency Solutions Grants (ESG) administered through the DHCD. During 2015, ESG subsidized the rent of about 600 units statewide. DHCD has more than doubled its funding for RRH programs statewide over the past two years, going from less than $400,000 awarded during FY15, to almost $1 million in FY17. The Department provides training support and technical assistance to ensure that providers are able to implement both new and existing RRH programs effectively.

Shelter and Transitional Housing Facilities Grant Program

This Shelter and Transitional Housing Facilities Grant Program (STHFG), managed by DHCD, is a capital-funding source targeted to create new or rehabilitate existing housing units reserved for those experiencing homelessness. The annual state allocation in FY17 was $1.5 million and typically provides less than half of the overall development cost. During FY17, 22 units (40 beds) were developed in Baltimore City. While the funding for STHFG was increased to $3 million for FY18, projects that exceed the annual available resources have been identified through FY19.

Section 811 Program

The Section 811 Project Rental Assistance Program provides project-based rental subsidies for persons with disabilities, age 18-61, with incomes at or below 30% AMI who are Medicaid recipients and eligible for long-term support and services. In February 2013 the US Department of Housing and Urban Development (HUD) awarded approximately $20 million to Maryland to create 300 units statewide with an emphasis on the Baltimore – Washington metro areas. The Maryland Department of Health (MDH) and the Department of Disabilities (MDOD) work together with the DHCD to administer the program. First priority goes to persons transitioning from nursing facilities, second to those at risk of institutionalization and third to persons

transitioning from MDH licensed group homes, alternative living units, and/or assisted living facilities. The homeless, as defined by the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act, are priority four. During fiscal year 2016, seven of the 13 total Section 811 units available for occupancy went to those experiencing homelessness. An additional 23 units were leased in FY 2017 with one of the units going to a person experiencing homelessness. Thus, eight of the 36 total Section 811 units available for occupancy have gone to those experiencing homelessness (22%). An additional 25 units are to be leased in FY2018. As of June 30, 2017, 692 of the 2,073 people (33%) on the waitlist are in Priority 4. This is similar to the 32% reported in FY 2016. DHCD has identified 202 Section 811 units so far and construction and occupancy will occur over the next several years. MDOD maintains the waitlist, which is accessed through a case manager that commits to helping the person with the application process, leasing, and continued tenancy.

Harry and Jeanette Weinberg Foundation Grant for Persons with Disabilities

The Affordable Rental Housing Opportunities Initiative provides capital funds during construction to make rental housing more affordable to persons living with a disability. The Weinberg funds are awarded to developments financed through the Federal Low-Income Housing Tax Credit Program (LIHTC). Developers are required to keep the units affordable for forty years. In 2011 the Harry and Jeanette Weinberg Foundation contributed $2 million in grant funding to DHCD and a second $2 million was awarded in 2016. The units target disabled persons at 10-30% of AMI. Between 2011 and the end of calendar year 2017, 20 units with Weinberg funding will be either occupied or ready for occupancy. The units are spread over seven properties with a total of 538 units. By fiscal end 2018, an additional four Weinberg funded units are expected to be occupied or ready for occupancy. The four units are spread over two properties with a total of 171 units. Additional units are expected to be funded by calendar end 2018.

National Housing Trust Fund

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

Housing Opportunities for Persons with AIDS

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

The programs available under HOPWA are the Tenant Based Rental Assistance (TBRA), Short Term Rent, Utilities and Mortgage Assistance (STRMU) and Permanent Housing Placement (PHP) programs. For fiscal

year 2017, $640,000 was awarded to Allegany, Caroline, Dorchester, Garrett, Kent, Somerset, St. Mary's, Talbot, Washington, Wicomico and Worcester counties in HUD awarded and encumbered dollars. $1.4 million was awarded to Montgomery and Frederick Counties in HUD awarded and encumbered dollars. During fiscal year 2017, the HOPWA program anticipates serving about 280 eligible participant households and an additional 200 family beneficiaries.

1115 Waiver

Permanent Supportive Housing (PSH) is an affordable housing and service model targeted for individuals with disabling conditions that are experiencing, or are at risk of, chronic homelessness. This nationally recognized, evidence-based intervention integrates affordable housing with voluntary, person-centered supportive services. Because funding to pay for these supportive services for individuals residing in this housing is limited, states nationwide are exploring the use of a waiver from the federal government to cover costs related to supportive services for those living in PSH. The 1115 Medicaid waiver allows communities to test and implement innovative coverage approaches that do not meet federal program rules but may demonstrate effective policy and practice opportunities. In Maryland (and other states) an 1115 waiver would allow approved providers to be reimbursed for housing identification, attainment, and support services to maintain housing.

Under a recently approved 1115 waiver, in July 2017 the Maryland Department of Health (MDH) released an application for a pilot program to allow local government entities to apply for federal matching funds. The pilot would allow applicants to receive match funds from the federal government to serve up to 300 high-risk, high-utilizing Medicaid enrollees who are at risk of institutional placement or homelessness post-release from certain settings. The pilot would not pay rental subsidies but does create a new payment model that provides reimbursement for housing-based case management, which is currently not reimbursable under Medicaid. More Information available here:
https://mmcp.health.maryland.gov/Pages/Assistance-in-Community-Integration-Services-Pilot.aspx

Legislative Requirements of the ICH

Combination of State Homeless Grant Funding

In November 2015, the Joint Committee on Ending Homelessness requested that DHS and DHCD consider ways to combine similar homeless service funding sources to make state funding practices more efficient and effective. In June 2016, an intensive strategic planning process was conducted involving agency leadership and directors of local Departments of Social Services. As a result, a plan was developed to shift management of the homeless services programs, administered by DHS, over to DHCD. HB134 was introduced on January 18, 2017, was signed into law April 10, 2017, and took effect July 1, 2017. A transition team of grantees receiving both agency funding sources as well as a CoC lead chosen by the state ICH has been established. The transition team will be charged with reviewing and recommending changes to state regulations governing the grants so that similar funding streams may be consolidated and administrative requirements simplified.

Shelter Safety and Admission Practices

During the 2015 Legislative session, Human Resources – Homeless Shelters – Best Practices and Models Act (HB852) passed, adding a tenth responsibility of the State ICH to address access to and safety within emergency shelters across the state. During the summer of 2016, DHS staff, supporting the work of the ICH, conducted a preliminary study of national best practices and models for shelter safety and admission practices from other states. Unlike other states, Maryland does not provide licensure to emergency shelter

providers. In the spring of 2017, the ICH enlisted the support of a graduate student to conduct a needs assessment of the 16 CoCs to determine what additional resources are necessary for providers to lower barriers to emergency shelter while keeping facilities safe for staff and clients. While not an official product of the State nor of the ICH, the final report provided important insight into the challenges facing local CoCs.

The US Department of Housing and Urban Development (HUD) determined that "an effective coordinated entry process ensures that people with the greatest need receive priority for any type of housing and homeless assistance available in the CoC without delay[ing] access to emergency services."[15] The needs assessment surveyed 14 of the CoCs as well as advocacy groups serving the homeless.[16]

The study, found that seven of the sixteen CoCs use a prioritization tool at entry to assess a client's vulnerability. A summary of how each CoC approaches Coordinated Entry is available in Appendix 4. Barriers to emergency shelter included requiring breathalyzers, urinalysis, background checks, use of prescribed medication for mental illness, and screened for sex offender status. Larger families and those with a male head of household are not consistently allowed into emergency shelter across the state, as facilities with limited space are not able to accommodate such families. Additionally, families with older male children, those with same-sex parents or LGBTQ clients are refused shelter in some jurisdictions. Rural areas identified transportation as a major barrier to emergency shelter and supportive services.

The outcomes of the needs assessment, outline the following recommendations to the ICH (the following are not official recommendations of the State nor of the ICH):

1. Expand the access to low-barrier shelter beds statewide[17] and extend low-barrier entry policies used in the cold-weather season to year-round practices.
2. Establish a few set-aside beds in each jurisdiction for outreach teams working with the unsheltered to access when those clients agree to shelter.
3. Provide more training to emergency shelter staff including but not limited to Mental Health First Aid[18], motivational interviewing, Narcan, and de-escalation training.
4. Increase funding so providers may hire additional clinical staff to respond to higher-needs clients.
5. Improve access and partnership with providers of rehabilitative and detox services so clients seeking shelter can access necessary services and increase access to respite beds for clients exiting hospitals or facing severe health issues that emergency shelter staff lack the training and resources to address.
6. Increase funding for Assertive Community Treatment (ACT) teams or Mobile Crisis units to help volunteer/frontline staff to respond to incidents as needed.
7. Create standards of care relating to low barrier shelters and publish a statewide definition of low barrier emergency services. Conduct a cost projection of these recommendations.

[15] U.S. Department of Housing and Urban Development. 2015. *Coordinated Entry Policy Brief*. Washington, D.C.: HUD Exchange. https://www.hudexchange.info/resource/4427/coordinated-entry-policy-brief/.

[16] For a copy of the executive summary and full report, please visit: http://dhcd.maryland.gov/HomelessServices/Documents/Meetings/2017-09/2017-CoC-Needs-Assessment-shelter-safetyExec.Summary.pdf

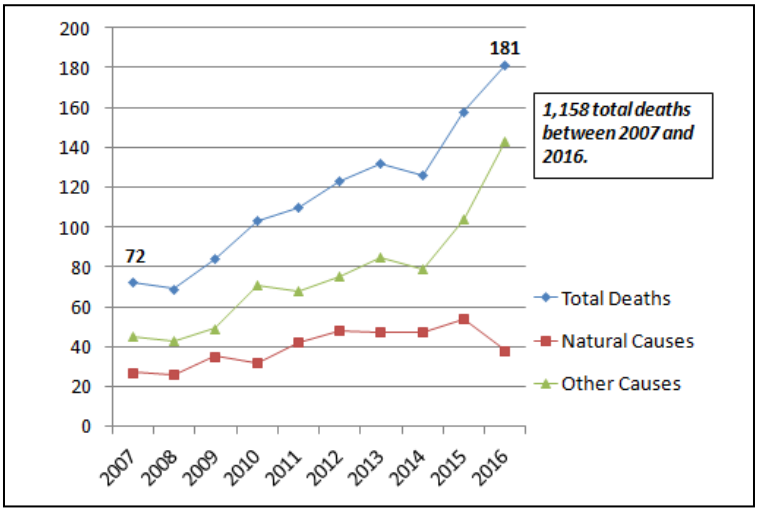
[17] A summary checklist defining low-barrier shelter can be found in Appendix 5

[18] A program of the National Council of Behavioral Health, https://www.mentalhealthfirstaid.org/

Deaths of Those Experiencing Homelessness

Included in the 2016 Annual Report was data regarding deaths of individuals presumed to be homeless. This data was also presented in the Joint Chairman's Report. Standardized data regarding homeless deaths does not exist across CoCs in Maryland, however, the Office of the Chief Medical Examiner (OCME) began collecting data in 2007 about those found deceased and presumed to be homeless. The information included in last year's report indicated that total deaths of individuals experiencing homelessness have increased since 2007. Data from the OCME for 2016, summarized in the graph below, shows that deaths of the homeless have more than doubled in Maryland between 2007 and 2016, growing from 72 total deaths statewide in 2007, to 181 in 2016. While some of the increases may be attributed to improvements of data collection methods, if accurate, the data suggests additional interventions may be warranted.

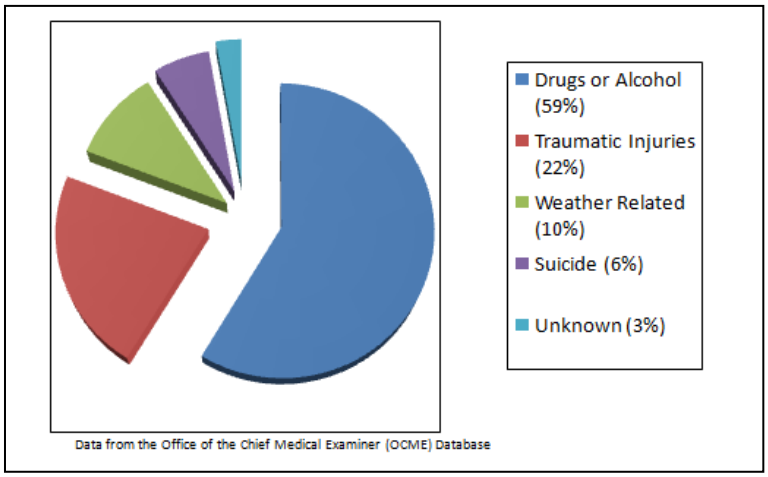
Graph 1 – Counted Deaths of the Homeless between 2007 and 2016



Source: Data provided by Maryland OCME

Between 2007 and the end of 2016, there were 1,158 counted deaths of those presumed to be homeless. Of those, the cause of death for 394 (34%) was found to be due to natural causes. According to the data, other causes of death of those experiencing homelessness includes drugs or alcohol, accidents or other injuries, and weather related (hypothermia or hyperthermia).

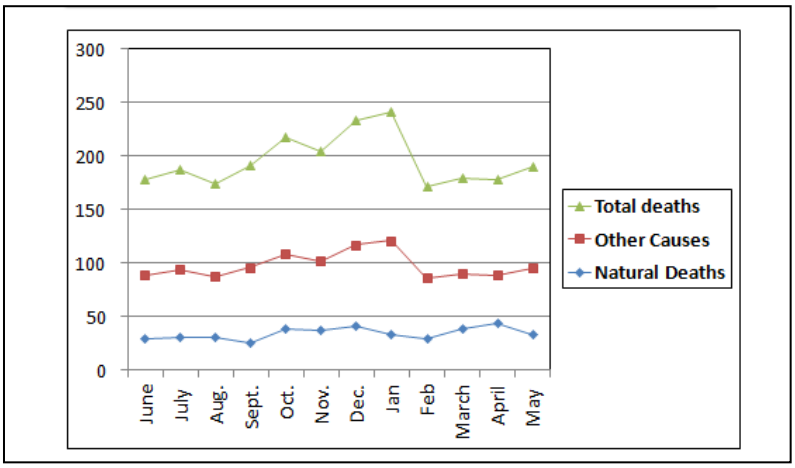
Graph 2 – Causes of Death for the Homeless (2014-2016) After Removal of Natural Causes



Source: Data provided by Maryland OCME

Hypothermia exists during the cold weather and can be a single cause of death or a contributing factor that leads to death. The data also show that deaths amongst the homeless spike during the cold weather months, particularly during the month of January. Providers working with the homeless acknowledge that use of substances such as drugs and alcohol can increase when the unsheltered are in the elements.

Graph 3 – Deaths of the Homeless per Month (between 2007-2016)



Source: Data provided by Maryland OCME

During the 2016 calendar year, approximately 181 homeless died across the state of Maryland. Out of those, 38 (21%) died of natural causes and 143 (79%) died of other causes. This is a 38% increase since 2015. The other causes of death were accidents (34%), homicide or suicide (12%), and 54% of the remaining deaths are undetermined or pending. There were approximately 10 weather-related deaths in the state in 2016, most of which occurred in Baltimore City, and Montgomery and Prince George's Counties.

Appendices

Appendix 1 – Homeless Services Framework, updated as of September 2017

Appendix 2 – Continuum of Care Jurisdictions and Federal Funding Totals

Appendix 3 – FY18 Homeless Services Funding Sources in Maryland (Federal and State)

Appendix 4 –Summary of Coordinated Entry Tools and Methods

Appendix 5–Low Barrier Shelter Checklist

Appendix 1

Homeless Services Framework

Maryland's Interagency Council on Homelessness (ICH)

Updated September 2017

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

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

GOAL 1 -- Increase the number of permanent supportive housing options available statewide to those experiencing homelessness.

The "Housing First" philosophy of Permanent Supportive Housing (PSH) and Rapid Re-housing (RRH) has demonstrated both cost and outcome effectiveness, and has become the principal public health paradigm to address homelessness in communities across the country. Maryland's ICH (ICH) will facilitate increased and improved intra/interagency partnerships to effectively leverage limited federal, state, and local resources for development of more PSH and RRH options statewide.

	OBJECTIVE	*STRATEGIES*	*STAKEHOLDERS RESPONSIBLE*	*TIMEFRAMES*
A	**Increase and track the production of housing available to those making 30% AMI or below.**	▪ Increase Low Income Housing Tax Credits (LIHTC) units to be allocated to the homeless making less than 30% Area Median Income (AMI). ▪ Track the annual production of units under the Weinberg, Bridge, 811, and STHFG programs in ICH Annual Report on Homelessness. ▪ Work with non-DHCD Housing Authorities statewide to commit to target a portion of vacant LIHTC to the homeless. ▪ Work to identify additional resources, both public and private, to provide rental subsidies and supportive services to those in PSH and RRH statewide.	DHCD - Neighborhood Revitalization and Community Development Teams ICH Membership	▪ 4th quarter of 2017 ▪ By Oct. 1st ▪ By end of 1st quarter of 2018 ▪ January 2018
B	**Increase the use of rapid re-housing funding (RRH).**	▪ Hold statewide learning collaborative focused on increasing the use of Rapid Re-housing funding.	DHCD – Neighborhood Revitalization, UMD School of Social Work, and National Alliance to End Homelessness	▪ 1st event scheduled Fall, 2017

C	**Establish statewide Housing First Principals and programmatic requirements.**	▪ Identify additional incentives for Housing First PSH projects in the Qualified Application Plan (QAP). ▪ Hold meeting with existing supportive housing developers and affordable housing developers to increase LIHTC applications for PSH. ▪ Draft Housing First guidelines for homeless service programs to review, adopt and execute.	DHCD - Neighborhood Revitalization and Community Development Teams DHCD and Developers CoC leads.	▪ Draft to be completed within 3rd quarter of 2017 ▪ 4th quarter of 2017 ▪ Draft to be completed within 3rd quarter of 2017
D	**Establish transition team for Homeless Services Funding.**	▪ The five members of the team will include, the Chair of the ICH, two representatives from DHCD and DHS appointed by each agency, two representatives from Local Administering Agencies appointed by DHCD and DHR, respectively, , and one CoC representative appointed by the ICH.	DHCD - Neighborhood Revitalization and Community Development Teams	▪ Group will begin meeting 3rd quarter of 2017. Final report issued Dec. 2018

Accomplishments Thus Far:

- ✓ Collect annually the number of units subsidized through the Weinberg, Bridge, 811 and Shelter and Transitional Housing Facilities Grant (STHFG) programs (DHCD), identify total units that went to house those experiencing homelessness.
- ✓ Encourage more Emergency Solutions Grant (ESG) funding to be used for rapid re-Housing.
- ✓ Passed during 2017 legislature,HB134 shifted DHS service grants over to the management of DHCD.
- ✓ Project the number of units and costs associated with providing housing solutions and supportive services to veterans, unaccompanied homeless youth and chronically homeless statewide.

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GOAL 2 -- Improve access to and quality of emergency shelter options available statewide to those experiencing homelessness.

Emergency shelter is a short-term public health necessity while we continue to strive for long-term sustainable solutions for those experiencing homelessness. Maryland's ICH will support CoC efforts to meet federal coordinated entry requirements for shelters, identify and promote best practices and models for providing low-barrier emergency shelter, and shelter diversion in a client-centered and trauma-informed manner. To improve equal access to emergency shelter to protected classes and vulnerable individuals and families.

	OBJECTIVES	***STRATEGIES***	***STAKEHOLDERS RESPONSIBLE***	***TIMEFRAMES***
A	**Increase access to low-barrier emergency shelter statewide.**	▪ Adopt a state definition and expectations of 'low barrier sheltering' ▪ Establish low-barrier emergency shelter standards of care for CoCs to follow statewide. ▪ Request funding increase of the General Assembly to fund recommendations outlined in Needs Assessment.		▪ 1st quarter 2018 ▪ 2nd quarter 2018
B	**CoCs will meet HUD's Coordinated Entry requirements by**	▪ CoCs will apply for HUD technical assistance for Coordinated Entry. DHCD will provide technical assistance to CoCs that do not receive HUD TA.	Coordinated Entry Work Group	▪ 3rd quarter 2017

	1/23/18.	▪ Coordinated Entry work group will hold regular calls for all CoC leads support information sharing across jurisdictions.		
C	**Make inclement weather sheltering practices more consistent statewide.**	▪ Create more detailed guidelines and expectations for inclement weather sheltering for all CoCs.	ICH, CoC leads, local Emergency Managers	▪ 1st quarter 2018

Accomplishments Thus Far:

- ✓ Completed initial assessment of which CoCs are offering lower barrier shelter options.
- ✓ Worked with MDH to publicize weekly, weather-related deaths of the homeless during summer and winter months. evelop a system to track deaths of the homeless statewide and publish weekly.
- ✓ Work with CoC leads and Emergency Management leads within counties to encourage dual-planning efforts for cold weather shelter.
- ✓ Provide general guidelines to CoCs for inclement weather sheltering.
- ✓ Completed needs assessment focused on resource gaps that prevent CoCs from offering low-barrier shelter.
- ✓ Assess local progress made towards achieving Coordinated Access statewide.
- ✓ Establish a Coordinated Entry work group of CoCs to meet federal requirements by January 23, 2018.
- ✓ Establish a google drive for all Coordinated Entry resources and a CoC listserve for information sharing.

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GOAL 3 -- Improve the emergency services network serving the homeless, to prevent a return to hospitals or jails.

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

	OBJECTIVES	*STRATEGIES*	*STAKEHOLDERS RESPONSIBLE*	*TIMEFRAMES*
A	**Assess how the homeless are accessing emergency care and study the manner in which they are being released from hospitals back into the community.**	▪ Work with hospitals and propose questions to add to the intake process to better assess homeless status upon intake. ▪ Consider and approve specific discharge goals and/or adopt a mandate that health care providers will follow to discharge people safely back to their communities and not back to the street.	ICH Health and Homelessness work group, Medical Respite Care Centers and emergency shelters, CoC leads	▪ 2nd quarter of 2019
B	**Increase access to proper respite/convalescent care for the homeless statewide.**	▪ Provide the support required to both increase the number of hospitals that determine homeless status upon intake while also decreasing the number of people being discharged back to the streets from hospitals by 30%.	ICH Health and Homelessness work group, Medical Respite Care Centers and emergency shelters, CoC leads	▪ June 2019
C	**Assess exit-planning strategies used by jails and other institutions to**	▪ Work with the Department of Public Safety (DPS) to assess the housing and service gaps that exist when case managers work with people exiting incarceration.	ICH Health and Homelessness work group, Medical Respite Care Centers and	▪ 1st quarter, 2018

	determine service and housing gaps.	▪ Provide information on housing and services to local DPS staff working to exit people from incarceration.	emergency shelters, CoC leads, DPSCS.	▪ 4th quarter, 2018

Accomplishments Thus Far:

- ✓ Needs assessment tool called the Medical Respite Assessment in Maryland (MRAM) was created and administered in 18 of 24 counties to determine what respite services each jurisdiction offers. Outcomes collected and shared with the MD ICH.
- ✓ Toured at least three best practice respite care programs and presented at various county level meetings to increase awareness on the need for medical respite care.
- ✓ Work with local communities to create a needs assessment tool aimed at determining where additional respite beds are needed for the homeless.
- ✓ Developed the Re-entry and Exit Planning (REEP) tool to assess how incarcerated individuals are released.

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GOAL 4 – Ensure veterans experiencing homelessness have sustainable housing options and access to necessary supportive services where they live, to prevent a return to homelessness.

The federal Opening Doors plan required states to end veteran homelessness by the end of 2015. Maryland's ICH continues to coordinate local efforts that address the housing and service needs of this vulnerable population.

	OBJECTIVES	*STRATEGIES*	*STAKEHOLDERS RESPONSIBLE*	*TIMEFRAMES*
A	**Improve access to housing for Homeless veterans.**	▪ Coordinate all information held by each CoC and all three VA medical centers to establish a statewide by-name list. ▪ Recommend the continuation and expansion of existing housing options, e.g., HUD VASH, and SSVF.	DHCD, MD VA, CoCs, USVA (VISN 5 Homeless Services)	▪ Ongoing
B	**Improve and make more consistent, the resources available to homeless Vets.**	▪ Work with the Maryland Community Services Locator (MCSL) to enhance the online directory of housing resources for homeless veterans.	Veterans Work Group members	▪ By January 2018

Accomplishments Thus Far:

- ✓ Increase information sharing between Homeless Service Providers and the VA to better identify veteran-specific housing and support services.
- ✓ Designate a specific Disabled Veteran Outreach Program (DVOP) Specialist closest to the Department of Public Safety and Correctional Services (DPSCS), correctional institutions to assist incarcerated veterans prior to release with job placement assistance.
- ✓ Complete a statewide survey to assess how the CoC's respond to the needs of homeless veterans and recommend improvements to service delivery.
- ✓ Created a resource guide for homeless veterans to support the work of CoCs.
- ✓ DHCD, DHS, and the Veterans work group have worked with the VA to assess the number of veterans by CoC, determine which CoCs have a by-name list.
- ✓ Facilitated a statewide veteran homeless services work day, shared best practices for connecting veterans to VA homeless services, identified gaps in services, and developed local action plans for reducing veteran homelessness across Maryland.
- ✓ Created a statewide veteran homeless services network.
- ✓ Developed and recommended to the ICH a standard model for coordinating housing for homeless veterans.
- ✓ Collaboration established between Career One-Stop Center DVOP Specialist and emergency and transitional housing programs.

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GOAL 5 – Ensure homeless youth 16-24 years of age, have access to quality housing, education and employment options statewide.

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

	OBJECTIVE	*STRATEGIES*	*STAKEHOLDERS RESPONSIBLE*	*TIMEFRAMES*
A	**Address service needs of youth and young adults experiencing or at risk of homelessness.**	▪ Catalog public and private programs, initiatives and resources that address youth and young adult homelessness in the State. ▪ Provide status update on recommendations from the 2013 Unaccompanied Homeless Youth (UHY) Task Force report regarding Supportive Services and outline next steps. ▪ Assist state agencies and community stakeholders in developing funding ideas and proposals to enhance existing strategies and/or develop new programs.	ICH, State agencies, local stakeholders, community service providers.	▪ By end of 1st quarter, 2017. ▪ 2nd quarter, 2017 ▪ Ongoing
B	**Increase housing options for youth and young adults experiencing or at risk of homelessness.**	▪ Assess current availability of safe, affordable housing for unstably housed and homeless youth and young adults. ▪ Write a status update on recommendations from the 2013 UHY Task Force report regarding housing options and outline next steps.	ICH, State agencies, Housing First Workgroup, local stakeholders, community service providers	▪ 3rd quarter of 2017 ▪ 2nd quarter of 2016.
C	**Increase participation by youth in policy process and elevate the issue to statewide stakeholders.**	▪ Recruit persons with personal experience of homelessness and/or other specific knowledge and experience related to youth and young adult homelessness to serve on ICH Youth & Young Adult Homelessness Work Group ▪ Educate the ICH about specific issues related to youth homelessness or subpopulations of homeless youth with significant vulnerability and/or unique needs	ICH, local stakeholders, community service providers	▪ ▪
D	**Eliminate education barriers for youth experiencing homelessness.**	▪ Support MSDE in the development and implementation of the McKinney-Vento State plan. ▪ Support local partners as they work to meet the terms of the state plan and assess gaps in education and transportation services.		▪

Accomplishments Thus Far:

- ✓ Successfully expanded Youth REACH count to 12 jurisdictions in spring of 2017.
- ✓ Meetings held with MVA aimed at assisting homeless youth to secure identification cards.
- ✓ Work with Local Management Boards (LMB's) to execute Governor's Pillars aimed at youth homelessness.

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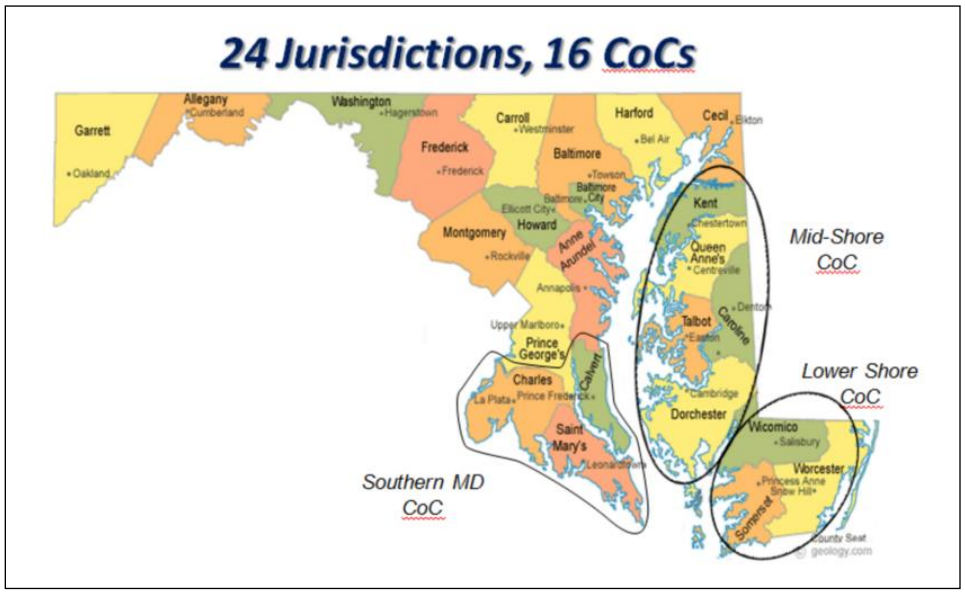
GOAL 6 - Reduce or eliminate workforce barriers, increase training opportunities, sustainable employment options and earning potential to ensure those experiencing homelessness can become self-sufficient.

	OBJECTIVE	*STRATEGIES*
A	**Use data to understand demographics of those experiencing homelessness.**	▪ Find out what data is currently being collected, and by whom. What other data needs to start being collected, and by whom? ▪ Identify potential barriers to employment (background, drug testing, education, literacy) ▪ Identify skills (education levels, past occupation)
B	**Create workgroup to identify best practices and local solutions.**	▪ Identify stakeholders (employers, training providers, and American Job Center staff) to join workgroup ▪ Identify groups in Maryland providing employment/training services to individuals experiencing homelessness to learn about challenges & best practices ▪ Look into other best practices for employment for those experiencing homelessness nationwide ▪ Share report completed by the Chronic Homeless Employment Technical Assistance Center (CHETA) ▪ Use Workforce Innovation and Opportunity Act (WIOA) State Plan's data on in-demand occupations to guide potential job trainings/employment options for those experiencing homelessness ▪ Identify in-demand occupations (and trainings) that individuals experiencing homelessness can realistically pursue with main barriers
C	**Address ways in which Dept. of Labor, Licensing, and Regulations (DLLR)-funded programs, including WIOA, can be utilized to serve individuals experiencing homelessness.**	▪ Determine when WIOA State Plan will be finalized and approved by governor ▪ Understand priorities of service under WIOA ▪ Understand Title I & Title II services and ways in which this population fits into these services ▪ Recommend ways local American Job Centers can effectively serve individuals experiencing homelessness ▪ Identify DLLR-funded resources to utilize (1B4J, Apprenticeship & On-the-Job Training, Veteran Services, EARN MD, etc.) ▪ Identify already existing programs for Veterans and Youth that can be utilized for these population sub-sets
D	**Identify training providers and employer partners.**	▪ Decipher whether in-house trainings at homeless service providers (such as Light House culinary arts workforce training model) is best avenue to pursue ▪ Identify potential third party partners for the Food Supplement Employment and Training (FSET) Program ▪ Identify training providers to provide vocational training ▪ Identify employers to pilot training/on-the-job training/employment

Appendix 2 - Continuum of Care Jurisdictions and Federal Funding Totals

There are 24 individual jurisdictions in the state; 23 Counties and Baltimore City. State funding for homeless services goes to the 24 jurisdictions; however, Federal funding is allotted through CoC's. 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.[19] Maryland's 24 jurisdictions are are incorporated into 16 Continuums of Care (graphic below).



Continuum of Care (CoC)	Amount Received from HUD in 2015	Amount Received from HUD in 2016	Amount Received from HUD in 2017
Allegany County	$809,617	$698,974 ↓	$650,648 ↓
Anne Arundel County	$2,451,633	$2,175,878 ↓	$2,303,378 ↑
Baltimore City	$21,776,583	$20,113,771 ↓	$21,106,170 ↑
Baltimore County	$2,633,522	$2,766,391 ↑	$2,766,391
Carroll County	$371,312	$390,079 ↑	$390,453 ↑
Cecil County	$261,510	$244,476 ↓	$244,476
Frederick County	$609,534	$569,765 ↓	$568,257 ↓
Garrett County	$294,364	$255,878 ↓	$237,274 ↓
Harford County	$808,335	$927,130 ↑	$920,787 ↓
Howard County	$913,432	$789,594 ↓	$785,410 ↓
Mid-Shore CoC	$758,497	$723,480 ↓	$687,157 ↓
Montgomery County	$7,537,481	$8,202,360 ↑	$8,288,534 ↑
Prince George's County	$5,089,155	$4,944,748 ↓	$4,903,772 ↓
Southern MD CoC	$2,334,584	$2,521,547 ↑	$2,648,561 ↑
Lower Shore CoC	$1,164,438	$1,203,629 ↑	$1,231,811 ↑
Washington County	$548,266	$500,970 ↓	$501,992 ↑
Total HUD Continuum of Care Funding	**$48,362,263**	**$47,028,670**	**$48,235,071**

[19] 2014 HUD's Annual Homeless Assessment Report (AHAR) to Congress
https://www.hudexchange.info/resources/documents/2014-AHAR-Part1.pdf

Appendix 3 - Fiscal Year 2018 Homeless Services Funding Sources In Maryland (Federal and State)

FEDERAL Funding Sources	*Purpose*	*Administering Agency(s)*	*SERVICES*	*RENTAL*	*CAPITAL*	*Total Amount to MD in 2017*
Continuum of Care (CoC) Program	Provides Permanent Supportive Housing (PSH) for people with disabilities, rapid re-housing, transitional housing, supportive services or the Homeless Management Information System (HMIS).	**HUD awards the funds directly to 16 state CoC's**	**X**	**X**	**X**	**$43.4 Million**
CoC Rental Assistance Projects (Funds are part of CoC program above)	A rental subsidy program that functions similarly to Section 8 for clients moving out of shelter into a scattered-site apartment.	**HUD awards the grant to MDH**		**X**		**$4.8 Million**
Emergency Solution Grants Program (ESG)	Provides operational and rental assistance to homeless shelters, transitional housing, homeless service programs, rapid re-housing (RRH).	**HUD awards $1 mill to DHCD and $2.9 mill to entitlement counties directly**	**X**	**X**		**$3.9 Million**
Projects for Assistance in Transition from Homelessness (PATH)	A federal grant from Substance Abuse and Mental Health Service Administration to provide service and housing support.	**SAMHSA awards the grant to MDH**	**X**	**X**		**$1.271 Million**
SSI/SSDI Outreach, Access and Recovery Technical Assistance (SOAR)	A SAMHSA supported statewide program that increases access to Social Security disability benefits for people with behavioral health issues experiencing or at risk of homelessness.	**MDH receives the funds.**	**X**			**$300,000 from PATH grant**
MD Collaboration for Homeless Enhancement Services (CHES)	3 year pilot program to assist those experiencing homelessness with a mental illness and/or substance use diagnoses using Evidence Based Practices in Anne Arundel and Carroll Counties	**SAMHSA awards the grant to MDH**	**X**			**$8.5 million over 3 years**
Supportive Services for Veteran Families (SSVF)	Funds organizations that assist veteran families living in housing to promote housing stability.	**The VA awards funding to local service providers**	**X**			**$5.7 Million**
Housing Opportunities for Persons with AIDS (HOPWA)	Provide medium to long-term rental assistance, targeted to the most low-income, vulnerable persons, living with HIV and experiencing housing instability, not all are homeless.	**HUD awards funds to MDH**	**X**	**X**		**$1.8 Million**
Veterans Affairs Supportive Housing Program (VASH)	Provides rental subsidy vouchers and case management support to vets.	**HUD and the VA provides vouchers to local housing authorities and to DHCD directly**	**X**	**X**		**1,200 vouchers provided statewide**
HUD Section 811 Project Rental Assistance	Rental subsidy to those who are exiting institutions, have a mental illness or may be homeless.	**HUD awards funds to DHCD. MDH and MDOD administer the program.**		**X**		

Please note that figures listed are received during the state Fiscal Year (July 1, 2017- June 30th, 2018) and the Federal Fiscal year (October 1, 2016-September 30, 2017)

STATE Funding Sources	*Purpose*	*Administering Agency*	*PREVENTION*	*OPERATIONS*	*MOVE OUT/ RENTAL ASSISTANCE/ MAINTAIN*	*CAPITAL*	*OTHER*	*Total Amount to MD SFY18*
Rental Allowance Program (RAP)	Grant to local governments for rent subsidies to homeless families.	**DHCD**	***X***		***X***			**$1.7 Million**
State Emergency Solution Grants Program (ESG-MD)	A state match fund to the federal ESG program, to cover shelter operations, services, move out, and rapid re-housing funds.	**DHCD**	***X***	***X***	***X***			**$2 Million**
Shelter & Transitional Housing Facilities Grant Program (STHGP)	Provides capital financing to nonprofit organizations and local governments for new construction, acquisition, and rehabilitation of existing housing.	**DHCD**				***X***		**$3 Million**
Youth REACH Count	A count of unaccompanied homeless youth in eleven jurisdictions.	**DHCD**					***X***	**$200,000**
Families First Program	A program to assist veteran families in Prince George County.	**DHCD**			***X***		***X***	**$150,000**
Emergency & Transitional Housing and Services Program (ETHS)	Funding to all 24 LAAs operations, move out and eviction prevention.	**DHCD**	***X***	***X***	***X***			**$2.7 Million**
Homeless Women – Crisis Shelter Home Program (HW-CS)	Provides funding to 13 LAAs for operations of family or DV shelters.	**DHCD**		***X***	***X***			**$1.1 Million**
Housing Counselor Program (HCP)	This grant pays for 5 staff positions to assist people move out of emergency shelter.	**DHCD**			***X***			**$258,000**
Service-Linked Housing Program (SLH)	This grant pays for 13 staff positions to assist previously homeless families maintain permanent housing.	**DHCD**			***X***			**$549,000**
Homelessness Prevention Program (HPP)	Provides funding to all 24 LAAs for eviction prevention, mediation to maintain housing.	**DHS**	***X***					**$657,000**
Housing First Pilot Program	State funded pilot to pay for those exiting state facilities with a mental illness, move into supportive housing.	**MDH**			***X***			**$1.37 Million**
Homeless ID Program	A statewide program that provides free birth certificates and identification for the homeless.	**MDH**					***X***	**$500,000**

Appendix 4 - Summary of Maryland CoC Coordinated Entry Tools and Methods

Updated as of August 2017

Prioritization Tool for Emergency Shelter by CoC

Using the VI-SPDAT (4)	Using the Client Vulnerability Index (2)	Self-Sufficiency Outcome Matrix (1) (available in service point)	Developed their own Prioritization Tool (4)	No Tool used (4)
Harford Montgomery Co. Prince George's (also use CoC housing vulnerability factors)	Allegany Frederick	Lower Shore	Anne Arundel Baltimore City Baltimore Co. Cecil Southern MD	Carroll Garrett Mid-shore (plan on using VI-SPDAT) Washington Howard

Point of Entry for Client Seeking Shelter

Decentralized, multi-site location	One Central Location or Hotline	Unclear or No System Established
Allegany – "no wrong door" anyone can access services by going to any agency.	Anne Arundel – "No wrong door" for entry	Cecil-CE not available for Emergency Shelters yet, only for PSH
Baltimore City – Point of Entry for families is through Mercy Supportive Housing, singles is Weinberg or "no wrong door."	Baltimore Co. – Homeless Screening unit of Baltimore Co. Dept. of Social Services (DSS) for shelter and housing.	Frederick – Four shelter providers meet with client seeking shelter, but unsure of specific point of entry.
Garrett – "no wrong door"	Carroll – The Community Action Agency covers the entire CoC.	Howard – Grassroots shelter runs a point of entry hotline
Lower Shore – "no wrong door" using standardized assessment and one HMIS intake CE form.	Harford – The Community Action Agency covers the entire CoC.	Mid-Shore – in the process of implementing their "full coordinated entry process." They also mention using a universal screening tool and VI-SPDAT
Montgomery County – three regional offices and four outreach providers service the entire CoC. Use of 311 hotline but no screening being done.	Prince George's – hotline provides initial screening and referrals and CE team administers tool	
Washington – can enter through outreach events, food pantries, mobile crisis, and other homeless service providers.	Southern Maryland – Each Local Dept. of Social Service in each county is the point of entry.	

Appendix 5 –Low Barrier Shelter Checklist

A.	Eligibility and continued stay criteria should include the following:	Does the program require these things? Yes/No
1.	Homeless (according to the HUD definition)	
2.	Age 18 or older	
3.	Ambulatory and not requiring hospital or nursing home care	
4.	Agree to be non-violent	
5.	Agree not to use or sell drugs or illegal substances on the premise	
6.	Agree to treat others clients, staff and the property with respect	
7.	Agree to obey fire and other safety regulations	
8.	Return to program by curfew time	
9.	Bed is reserved nightly for client (as long as the above criteria is met)	

B.	Criteria that should not be included as a condition of eligibility or continued stay.	Does the program require these things? Yes/No
1.	Sobriety and/or commitment to be drug free	
2.	Requirements to take medication if the client has a mental illness	
3.	Required participation in religious services	
4.	Participation in drug treatment services (including NA/AA)	
5.	Proof of citizenship or residence in the jurisdiction	
6.	Identification	
7.	Require a referral from the policy, hospital, or other service provider	
8.	Payment or ability to pay (though savings plans are encouraged)	