



2019 Annual Report on Homelessness

PREPARED BY:
**The Maryland Interagency Council
on Homelessness**

PREPARED FOR:
**The Governor and
the Maryland General Assembly**

AS REQUIRED BY:
**Housing and Community Development
Article § 4-2107**

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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 (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 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 and advocates to coordinate policies and programs, improve data collection statewide, develop strategies to increase the availability of affordable housing, and reduce barriers to accessing services.

In 2019, the Point in Time (PIT) count estimated 6,561 persons experiencing homelessness in Maryland, a 9% decrease from 2017, the last year a complete count was taken. Likewise, the annual total served reported by homeless services providers was 30,557 in 2019, a 2% decline from the total reported in 2018. An estimate of the number of homeless encampments statewide is included in the report to provide additional context to Maryland's unsheltered homeless population.

Fifth 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 fiscal year 2019, the ICH and its member agencies have accomplished the following (a complete update on each goal is included in the Appendix of this report):

Framework Goal 1: Housing

- ✓ DHCD awarded \$9.3 million across Maryland Continua of Care (CoCs) through the Homelessness Solutions Program (HSP), and conducted a preliminary evaluation of the first year of the program to inform additional adjustments to streamline the application and funding process.
- ✓ DHCD worked with a Governor's Summer Internship Program Fellow to develop a Homelessness Prevention Toolkit.
- ✓ DHCD developed an eight-pronged strategy to increase the supply of Permanent Supportive Housing (PSH) in partnership with state and local housing authorities, low-income housing developers and local CoCs.

Framework Goal 2: Year-Round Emergency Shelter

- ✓ DHCD required all homeless service providers receiving Homelessness Solutions Program (HSP) funding to reduce barriers to emergency shelter and to follow Housing First principles and Fair Housing laws, and provided technical assistance as requested.
- ✓ DHCD provided webinars and training on Service and Support Animals in Shelter and Harm Reduction for homeless service providers.

Framework Goal 3: Emergency Services

- ✓ The Health and Homelessness Workgroup created the Medical Respite Assessment in Maryland (MRAM), a needs assessment tool administered in 19 of 24 counties to determine what respite services each jurisdiction offers and where additional respite beds are needed.

- ✓ Determined that there are currently three existing medical respite programs in Maryland
- ✓ The Health and Homelessness Workgroup developed the Re-entry and Exit Planning (REEP) tool to assess how incarcerated individuals are released and disseminated in the jails in 17 of 24 jurisdictions in the State.

Framework Goal 5: Unaccompanied Homeless Youth and Young Adults

- ✓ Governor included \$1 million in DHCD's FY20 budget to support programs serving youth experiencing homelessness
- ✓ DHCD hosted Homeless Youth Symposium in May 2019.
- ✓ 2019 Legislative Session passed HB 911 to establish the Workgroup to Study Shelter and Supportive Services for Unaccompanied Homeless Minors.
- ✓ In September 2019, two Maryland CoCs were awarded HUD grants for Youth Homelessness Demonstration Projects (YHDP), \$3.7 million to Baltimore City, and \$3.48 million to Prince George's County.

The State Interagency Council on Homelessness

Maryland's ICH was established to examine statewide initiatives aimed at ending homelessness throughout the State of Maryland. Membership of the Council includes representatives from thirteen state agencies, three representatives from local Continua of Care, and nine advocates from throughout the state as well as a community member who has experienced homelessness. The Council is tasked 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 Continua 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 Continua of Care and make annual recommendations to the state legislature that are in compliance with federal policy initiatives and funding strategies.

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>

The Counted Homeless In Maryland, 2019

365

Annual data

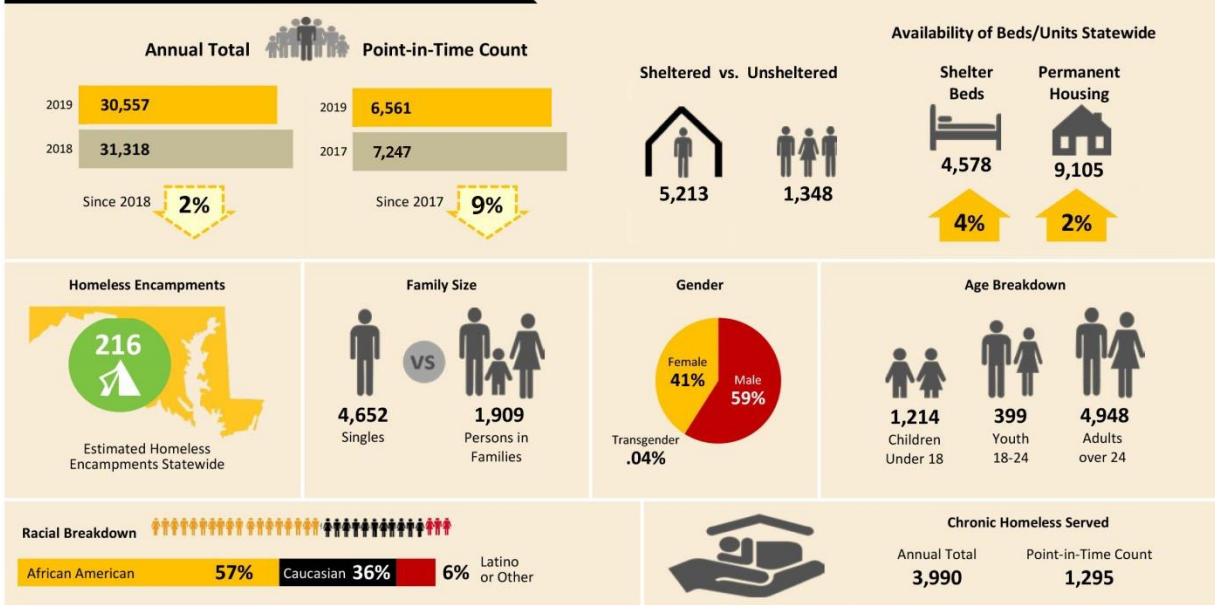
Annual data represents total served through homeless outreach, prevention, emergency shelter, transitional housing, or placed into permanent housing between July 1, 2018 and June 30, 2019.



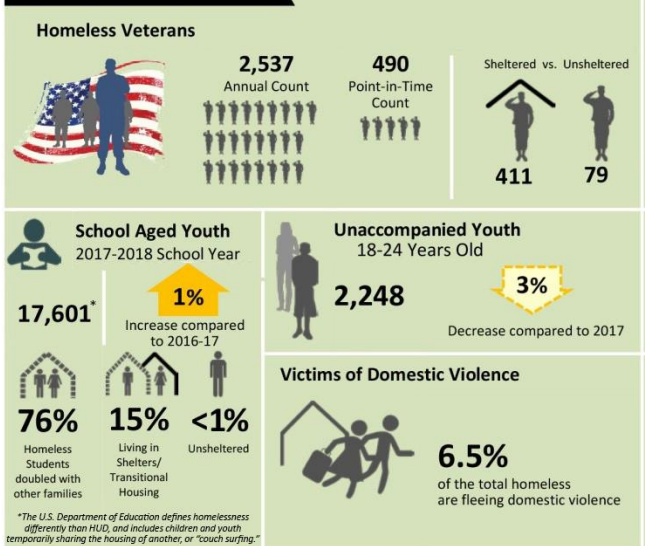
Point-in-Time (PIT) Data

A "snapshot" count of those experiencing homelessness on one night during the last two weeks of January. HUD requires a shelter and unsheltered count on odd years only.

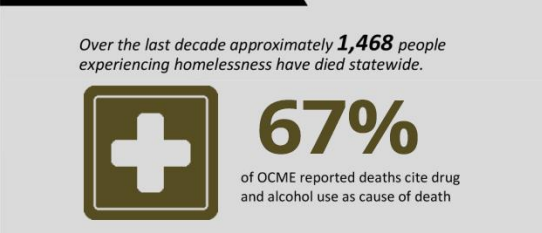
THE COUNTED HOMELESS IN MARYLAND, 2019



SPECIAL POPULATIONS



DEATHS OF THE HOMELESS



PROPOSED SOLUTIONS

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

Source: Annual PIT counts, Homeless Management Information System (HMIS), Office of the Medical Examiner (OCME), Maryland Department of Education, and HUD's Annual Homelessness Assessment Report (AHAR). The youth population estimate under the counted homeless section (399) is derived from a breakdown of the PIT Count by age. The estimate of unaccompanied homeless youth in the special populations section (2,248) is the result of statewide surveys of in-school youth.

Causes 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. Low income relative to cost of living, disabling conditions, domestic violence, and sudden income loss are common issues that result in individuals losing housing. Maryland is the fifth most expensive of the 50 states and the District of Columbia.¹ In spite of the fact that Maryland enjoys the second lowest poverty rate in the country at 9.3%,² affordable housing remains out of the reach of many families.

Across Maryland, there are an estimated 549,171 persons living in poverty³ and 186,921 households are severely rent-burdened.⁴ The National Low Income Housing Coalition (NLIHC) estimates that Maryland has a shortage of 137,602 affordable rental-housing units for families earning less than 50% of area median income (AMI)⁵ and a shortage of 118,810 units for families earning less than 30% of AMI.⁶ In 2019, the average price of a two-bedroom fair market rent unit in Maryland is \$1,237 per month,⁷ while the average amount that households at 30% AMI have available for rent is \$741.⁸ In total, Maryland has just 33 affordable housing units per 100 households earning 30% AMI or less.⁹ While most low-income households manage to stay housed, housing remains precarious for many. A simple life event – illness, job loss, divorce – could result in a household falling into homelessness.

Quantifying Homelessness in Maryland

Over the last eight years, the total number of homeless individuals counted during the Maryland annual point-in-time count has declined 35% from 10,148 in 2011 to 6,561 in 2019, and decreased 9.4% from 2017, the last year when a total sheltered and unsheltered count was taken. While the decline in the PIT count numbers is a positive trend, it's important to note that the number of homeless counted in the 2019 PIT count is approximately just one fifth of the total number of homeless clients served during FY19, and a systematic undercount of the homeless population in Maryland.

Point-in Time Counts

The Department of Housing and Urban Development (HUD) requires each Continuum 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. HUD requires both sheltered and unsheltered counts in odd years, and leaves unsheltered counts optional in even years.

The annual number of clients served reported by providers includes anyone that was homeless or at risk of homelessness, and required services throughout the 2019 fiscal year, including prevention, outreach, emergency shelter, rapid re-housing, and placement into permanent housing. In 2019, the annual total number of clients served was 30,557, approximately 2.4% lower than the total for 2018, and the first decline in total served since 2013. While the total served across Maryland declined in 2019, the trend

¹ <https://www.usnews.com/news/best-states/rankings/opportunity/affordability>

² <https://www.census.gov/quickfacts/md>

³ <https://talkpoverty.org/state-year-report/maryland-2018-report/>

⁴ http://www.jchs.harvard.edu/ARH_2017_cost_burdens_by_state_total

⁵ HUD defines AMI annually based on the median income for families within metropolitan and non-metropolitan areas to calculate income limits for eligibility for various HUD programs.

⁶ https://reports.nlihc.org/sites/default/files/gap/Gap-Report_2019.pdf

⁷ <https://www.rentdata.org/states/maryland/2019>

⁸ Affordable rent calculated based on 30% of income for a four-person household making \$29,640, or 30% AMI.

https://nlihc.org/sites/default/files/SHP_MD.pdf

⁹ https://reports.nlihc.org/sites/default/files/gap/Gap-Report_2019.pdf

was not consistent across Maryland CoCs and half of the sixteen CoCs experienced an increase in their total annual count compared to last year. Providers attribute the decrease in the homeless clients served to several factors, including a decline in the total number of homeless in the community, a change in the coordinated entry process affecting how clients are counted, and a change in the available services either due to the shutdown or opening of new projects.

Table 1 - Jurisdictional 2019 Annual and Point-in-Time Count Data

Maryland Continuum of Care	Population by CoC (2018)	Homeless clients served (FY19)	2019 Point-In-Time Count Numbers
Allegany County	70,975	252	145
Anne Arundel County	576,031	1,281	302
Baltimore City	602,495	11,798	2294
Baltimore County	828,431	4,174	735
Carroll County	168,429	739	144
Cecil County	102,826	645	126
Frederick County	255,648	1,281	286
Garrett County	29,163	215	12
Harford County	253,956	497	228
Howard County	323,196	751	201
Lower Shore	180,693	1,384	275
Mid-Shore	171,904	888	164
Montgomery County	1,052,567	2,488	647
Prince George's County	909,308	1,858	447
Southern Maryland	366,170	1,063	306
Washington County	150,926	1243	249
Statewide	6,042,718	30,557	6561

The CoCs with the greatest number of homeless individuals identified in the 2019 PIT Count were Baltimore City (35%), Baltimore County (11%), Montgomery County (10%) and Prince George's County (7%). Notably, Baltimore City is also in outlier in the proportion of residents who are homeless. The number of total clients served (11,798) is greater than 2% of the city's population, while other CoCs throughout the state average .5% of the local 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, and manages workgroups for homeless youth, the intersection of health and homelessness, as well as workforce development needs of those experiencing homelessness.

Chronically Homeless

- In the 2019 PIT count, 1,295 chronically homeless individuals were identified statewide, a 15% decrease from the 1,520 chronically homeless counted during the 2017 PIT count, the most recent year when both sheltered and unsheltered populations were counted.
- The annual total of chronically homeless served during fiscal year 2019, as reported by CoC partners, is 3,990, and represents a 13% increase from 2018 to 2019.
- Providers attribute the increase annual total served to an increased focus on outreach and efforts to prioritize more vulnerable clients, including the chronically homeless.

Disability

- Of the 14,088 individuals served through the state Homelessness Solutions Program in FY19, 11% had physical disabilities, 3% had developmental disabilities, and 11% had a mental health condition.
- Of the 1,974 people on the waitlist for Section 811 (disability housing) in FY19, 896 (45%) are homeless or at imminent risk of homelessness, a 9% increase from FY18.
- Of Section 811 applicants experiencing or at imminent risk of homelessness, 7% had developmental disabilities, 23% had physical disabilities, and 32% had a mental health condition.

Homeless Veterans

- In the 2019 PIT count, 7.5% of Maryland's homeless population are veterans.
- The PIT count identified 490 homeless veterans, a 9% decrease since the last time a complete count of sheltered and unsheltered veterans was conducted in 2017.
- CoCs reported serving 2,537 veterans, a 14% increase from the total served 2018.

Individuals Experiencing Domestic Violence

- The 2019 PIT count identified 406 individuals fleeing a domestic violence situation. This represents a nearly 50% decline from the 800 individuals reported in the 2017 PIT count, and comprise 6.2% of homeless counted in 2019.

Unaccompanied Homeless Youth¹⁰

- The 2019 PIT count recorded 289 unaccompanied homeless youth statewide, approximately 4% of Maryland's homeless population, and 468 homeless youth.
- The PIT count identified 179 parenting homeless youth; a 40% decline from 2017, the last year a complete sheltered and unsheltered count was taken.
- According to data provided by the Maryland State Department of Education (MSDE), there were 17,601 school-aged youth experiencing homelessness while enrolled in school during the 2017-2018 school year, a 1% increase from the 2016-2017 school year. Of those 17,601 students:
 - 76% were students doubled up
 - 15% were students living in shelter or hotels
 - 9% were living in a hotel/motel
 - <1% were unsheltered
 - 13% were unaccompanied homeless youth

Challenges with Domestic Violence Data

While HUD requires domestic violence service providers to enter data into a Homeless Management Information System (HMIS), the Violence Against Women Act (VAWA) prohibits data-sharing due to privacy concerns. DHCD, along with other partners, is currently working on a data solution that will meet HUD requirements while also ensuring compliance with the Violence Against Women Act (VAWA) and maintaining the safety of program participants. Once implemented, this solution will allow for consistent annual data collection comparisons moving forward.

Table 2 – Sheltered, Unsheltered and Encampment Counts by CoC

CoC	Sheltered Count (PIT)	Unsheltered Count (PIT)	% Homeless Unsheltered (PIT)	Estimated # of Encampments
Allegany County	108	37	34%	4
Anne Arundel	241	61	25%	12
Baltimore City	1914	380	20%	29
Baltimore County	486	249	51%	40
Carroll County	121	23	19%	1
Cecil County	104	22	21%	0
Frederick County	208	78	38%	10
Garrett County	11	1	9%	5
Harford County	205	23	11%	15
Howard County	129	72	56%	5
Lower Shore	238	37	16%	30
Mid Shore	146	18	12%	20
Montgomery County	572	75	13%	4
Prince George's County	374	73	20%	1
Southern Maryland	192	114	59%	36
Washington County	164	85	52%	4
	5213	1348	26%	216

Unsheltered Homeless and Homeless Encampments

- The 2019 PIT count located 1,348 individuals, or 26% of individuals counted in 2019 living in unsheltered conditions including encampments¹¹, cars, tents, and other temporary structures not designed for long-term habitation.

¹⁰ Accurate data about youth experiencing homelessness is difficult to capture, therefore the ICH relies on more than one source of data to understand the scope of this population.

- During the months of July and August 2019, CoCs estimated approximately 216 encampments across the state.
- While most CoCs counted a relatively small number of unsheltered homeless, in four jurisdictions, Southern Maryland, Howard County, Washington County and Baltimore County, over 50% of those counted were unsheltered.

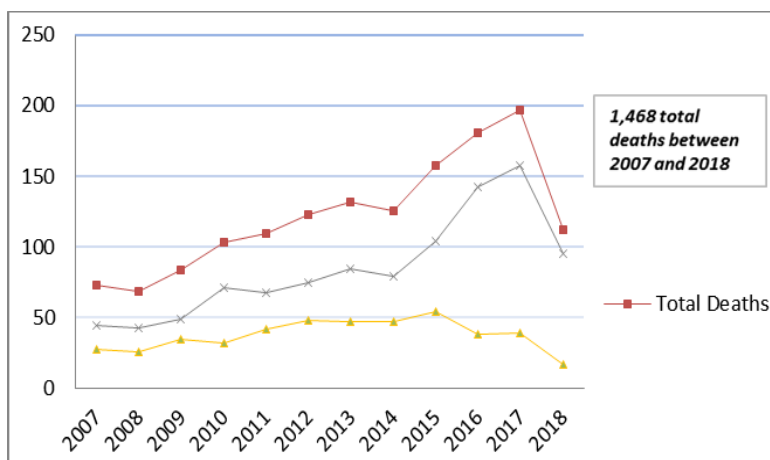
Racial Equity

Racial inequalities are starkly reflected within the state's homeless population. While individuals identifying as African American make up just 29% of the state's population, 57% of the state's homeless population identify as African-American or black. By contrast, Maryland residents are 51% white/Caucasian, but represent just 36% of the homeless counted in the 2019 PIT count. To further understand how race equity issues may be reflected in these services, the Department of Housing and Community Development is expecting to work with a graduate fellow to conduct a race equity analysis of the state's Homelessness Solutions Program data in 2020. The study will use the recently released HUD CoC Racial Equity Analysis Tool to better understand the demographics of people receiving services and what their outcomes are.

Deaths of Those Experiencing Homelessness

Studies examining mortality among homeless populations show that violence and injury, including suicide, homicide, and drug poisoning, contribute substantially to mortality and that violent and injury-related death rates are higher among homeless people compared with the general population.¹² While standardized data on death among the state's homeless population does not currently exist across CoCs in Maryland, the Office of the Chief Medical Examiner (OCME) began including data on the housing status of individuals found deceased in 2007. During the 2018 calendar year, approximately 112 homeless individuals died across the state of Maryland. When compared to the total number of homeless counted in the 2017 PIT count, the most recent year for which the CDC has published mortality data, Maryland's homeless death rate is 1,945 per 100,000, which is well over twice the rate for the general population in Maryland during the same year.¹³ These findings are in line with research on mortality risk among the nation's homeless which has shown that, for every age group, homeless persons are three times more likely to die than the general population, and homelessness takes close to 30 years off people's lives.¹⁴

Graph 1 –Deaths of the Homeless between 2007 and 2018



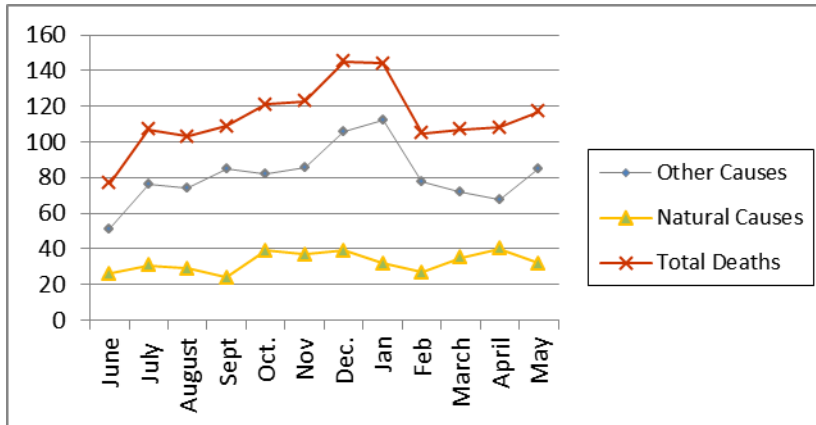
¹¹ Encampments are defined as an interim gathering of those living outdoors in tents or temporary structures not meant for long-term human habitation. Encampments do not have running water or electricity and those living there are exposed to the elements.

¹² Stanley, et al., (2016). <https://www.sciencedirect.com/science/article/pii/S0749379716303117>

¹³ Death rate is calculated by taking the total number of deaths of a defined group of residents divided by the total population of that group and multiplied by 100,000.

The OCME data reflects an increasing risk of overdose deaths among the state’s homeless population. Between July 2018 and June 2019, OCME reported that 19% of homeless individuals died of natural causes, 7% of deaths were attributed to accidents or other injuries, 7% to weather related causes, while 67% were attributed to drug overdose or complications due to drug use. Over 90% of drug and alcohol overdoses among the state’s homeless population who passed away during the last year were the result of opioid use, and the vast majority tested positive for fentanyl. Statewide, there were 2,144 reported deaths due to opioid overdose, and according to the most recent data provided by OCME, approximately 5% of those individuals were homeless. The majority of deaths occurred in Baltimore City, Baltimore County, and Prince George’s Counties, among the counties with the highest homeless populations in the state and the jurisdictions affected by the opioid crisis.

Graph 2 – Deaths of the Homeless per Month (2007-2018)



The data also show that deaths amongst the homeless have historically spiked during the cold weather months. Hypothermia can be a single cause of death or a contributing factor that leads to death. Providers working with the homeless acknowledge that the use of substances such as drugs and alcohol also increases when the unsheltered are in the elements.

Source: Data provided by Maryland OCME

Availability of Emergency and Permanent Housing

The total number of available emergency and permanent housing beds reported across Maryland remained relatively constant at close to 15,900 between 2017 and 2018. However, there were some notable shifts within different types of housing programs and supports, as the capacity of emergency shelter and permanent supportive housing increased slightly, while transitional housing declined 10%, reflecting best practices and decreased federal funding. The decline in Rapid Rehousing beds counted in the 2018 HIC is largely

Housing Inventory Count (HIC): A HUD mandated CoC report of the total number of year-round beds available to shelter the homeless within their jurisdiction.

Table 3 -Statewide Housing Inventory Counts (HIC)

Bed type	2017	2018	Percent Change
Total Shelter Capacity	4,415	4578	4%
Rapid Re-housing	1412	1262	-11%*
Transitional Housing	2,197	1970	-10%
Permanent Supportive Housing	8,913	9105	2%
Total Year-Round Beds	15913	15896	0%

due to a technicality in the reporting methodology. Specifically, HIC uses a point-in-time count to determine the number of RRH beds, and due to a statewide initiative earlier in the year, fewer placements were available at the time that

the data was collected. Overall, state funding for rapid re-housing increased by 9% from SFY19 to SFY20, and federal CoC funding increased by 30%.

¹⁴ Stanley, et al., (2016). <https://www.sciencedirect.com/science/article/pii/S0749379716303117>

The State's Response to Homelessness

Over the last five years, Maryland state agencies and local CoCs have become increasingly coordinated in their approach to addressing homelessness. Following guidelines outlined in the 2018 federal strategic plan Home, Together,¹⁵ the vast majority of both state and federally funded programs across Maryland have transitioned to a **Housing First model**. Housing First is a cost-effective, low-barrier national best practice for reducing homelessness, and requires providers to rapidly find and place people into housing followed immediately with wrap-around services to ensure long-term sustainability. This approach has allowed communities to significantly reduce the length of stay in emergency shelters and tackle the high numbers of those living unsheltered. All grantees receiving federal and state funding are required to comply with Housing First principles.

Housing First (Maryland ICH 2016)

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.

Homelessness Solutions Program

In 2017, Maryland agencies came together to create a statewide Homelessness Solutions Program (HSP) to provide a coordinated crisis response for addressing homelessness, and begin to align homelessness programs across the state to national and federal best practices. The program was created as a result of recommendations by the Joint Committee to End Homelessness to pass legislation to consolidate homeless funds between DHS and DHCD, and shift management of DHS funds to DHCD. On July 1st, 2017, the Bureau of Homeless Services team at DHS and four of the five grants administered by DHS shifted to DHCD to be managed under the newly established Homelessness Solutions Program. HSP combines federal Emergency Solutions Grants (ESG) program funds with the Rental Allowance Program (RAP), Emergency and Transitional Housing and Services (ETHS), Crisis Shelter Home Program (CSH), Service-Linked Housing Program (SLHP), and the Housing Counselor and Aftercare Program (HCAP). The first consolidated funding application was released in February 2018 and the first HSP grants were awarded to the 16 CoC partners in July 2018.

Allowable activities under the HSP Program:

Outreach: Activities designed to meet the immediate needs of unsheltered homeless people by connecting them with emergency shelter, housing, and/or critical health services.

Emergency Shelter: Activities designed to provide immediate access to overnight shelter in order to respond to a crisis.

Transitional housing: Activities designed to meet more intensive service needs to increase the housing stability of the population served. Within HSP, transitional housing is targeted to special populations such as persons experiencing domestic violence and youth.

Housing Stabilization Services: Activities designed to help people locate, pay for, and remain in permanent housing. This includes rental assistance, arrears, and financial assistance for related costs such as application fees, security deposits, and moving costs, as well as service costs such as case management, legal services, and credit repair.

Homelessness Prevention prevents households at risk of homelessness from becoming homeless by 1) negotiating with landlords to try to resolve the eviction crisis, and 2) if an agreement cannot be made for the client to remain in permanent housing, then provides financial assistance for the client to move into new permanent housing.

Rapid Re-Housing (RRH) connects households experiencing homelessness to permanent housing through financial assistance and housing-focused services.

Permanent Supportive Housing (PSH) Case Management: covers case management services for residents in PSH.

Homeless Management Information System (HMIS): Activities to support the collection and analysis of data.

Administration: Costs related to the planning and execution of HSP activities.

¹⁵ <https://www.usich.gov/home-together/>

The Homelessness Solutions Program (HSP) administered approximately \$9.3 million in state and federal funds during fiscal year 2019 to emergency service programs serving the homeless statewide. The program is credited with helping to increase the efficiency of the funding process for the crisis response to homelessness, giving local communities more control and flexibility over spending decisions, and helping to increase the alignment of local homeless services to federal best practices including Housing First, low barrier shelters and coordinated entry systems. DHCD has adopted a Housing First approach within HSP, making low-barrier shelter a requirement for providers receiving HSP funds. Additionally, the Department incorporated fair housing and equal access rules into State regulations, and is ensuring that providers are both aware of, and complying with, the need to offer shelter to anyone in need, regardless of age, sex, sexual orientation, gender identity or expression, or household composition. In addition, the consolidation also enabled the state to reorganize and monitor the crisis response to homelessness by activity rather than funding stream.

Table 4 – HSP Performance Data

Activity	# Clients Served	Exits to Permanent Housing	
		Med.	Ave.
Outreach	2,847		
Emergency Shelter	6,183	57%	54%
Rapid Re-housing	2,065	86%	78%
Housing Prevention	4,014	100%	95%
Total	15,109	76%	71%

The consolidation has enabled HSP to establish **Data Quality and Performance Measures** for all providers receiving state funds. These include the number of clients served, the median length of stay, and exits to permanent housing, setting a 90 day benchmark to help place a client in permanent housing. In FY19, the median length of stay in emergency shelter was 87 days for stayers, clients still in the program, and 75 days for clients who had exited the

program during the reporting period. During the same reporting period, median exits to permanent housing were 57% for emergency shelter, 86% for rapid-rehousing, and 100% for housing prevention, in line with performance standards set by DHCD. These performance measures help to clarify expectations for providers and local CoCs to support all clients in accessing permanent housing.

The increased emphasis on evidence-based practices such as **Rapid Re-Housing** within the statewide homelessness response system has helped state and local homeless service systems to improve their outcomes. 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. The three core components are involved are housing identification, rental assistance, and case management. Studies completed nationwide show 80% or more of RRH clients successfully transition to permanent housing.

Rapid Re-Housing in Maryland is funded primarily through the Homelessness Solutions Program (HSP), administered by DHCD. For state fiscal year 2020, DHCD has awarded more than \$2.34 million through HSP¹⁶ to support 27 Rapid Re-Housing programs throughout Maryland, including funding for rental assistance, financial assistance, and case management. This represents a 9% increase from the \$2.15 million awarded in fiscal year 2019, reflecting the Department's continued commitment to using RRH as a primary intervention for non-chronic homelessness. The CoCs project they will serve approximately 2,016 individuals with the fiscal year 2020 HSP allocation.

¹⁶ This number does not including youth Rapid Rehousing Programs funded through the Youth Homelessness Program.

In 2019, DHCD worked with a Governor's Summer Internship Program Fellow to develop a Homelessness Prevention Toolkit for the Program. The toolkit details best practices to target homelessness prevention assistance, divert clients from entering the homelessness system, provide mediation and negotiation with landlords, and manage rental and financial assistance to clients. The complete toolkit can be found here: <https://dhcd.maryland.gov/HomelessServices/Documents/Homelessness-Prevention-Toolkit.pdf>.

Along with the financial support, DHCD provides training and technical assistance to ensure that providers are able to meet HSP requirements, implement rapid rehousing, and adapt to a Housing First model. Since 2018, the Department also supported four rapid re-housing learning collaboratives, which has transitioned into a monthly rapid re-housing workgroup in 2019. In the fall of 2019, DHCD is partnering with the Behavioral Health Systems Baltimore to provide training in Harm Reduction targeted to homeless service providers. Likewise, monitoring visits have focused on providing technical assistance in dealing with any challenges that might arise when offering low-barrier shelter.

Projects for Assistance in Transition from Homelessness (PATH)

The Projects for Assistance in Transition from Homelessness (PATH) is a federal Department of Health and Human Services grant to provide financial assistance to support services for individuals who are suffering from serious mental illness or serious mental illness and substance abuse; and are homeless or at imminent risk of becoming homeless. Programs and activities include: (1) Outreach services; (2) screening and diagnostic treatment services; (3) habilitation and rehabilitation services; (4) community mental health services; (5) alcohol or drug treatment services; (6) staff training; (7) case management services; (8) supportive and supervisory services in residential settings; (9) referrals for primary health services, job training, educational services, and relevant housing services; and (10) prescribed set of housing services. In FFY19, PATH received \$1.27 million, and served 1,686 individuals, including 160 through the SOAR Program described below.

SSI/SSDI Outreach, Access, and Recovery (SOAR)

SSI/SSDI Outreach, Access, and Recovery (SOAR) is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) and managed through the Maryland Department of Health Behavioral Health Administration. The SOAR program is designed to increase access to the disability income benefit programs administered by the Social Security Administration (SSA) for eligible adults and children who are experiencing or at risk of homelessness and have a serious mental illness, medical impairment, and/or a co-occurring substance use disorder. In FFY19, SOAR received \$285,977 from the State's PATH grant, and supported 160 cases, leading to the approval of 130 benefit claims.

Homelessness I.D. Project

The Homelessness ID Project is supported by the MDH Behavioral Health Administration (BHA), and provides funding to pay the cost for Maryland birth certificates and state identification for individuals who are homeless or at imminent risk of becoming homeless, and have a mental illness or co-occurring substance use disorder. The purpose of the Homeless ID Project is to assist individuals experiencing homelessness with accessing behavioral health services, medical, entitlements, i.e. SSI or SSDI, or other community supports. In SFY19, the Homeless ID program received \$5.1 million in state funds, and provided 590 state identification cards and 443 birth certificates.

Homelessness Prevention Program

The Homelessness Prevention Program (HPP) is managed by DHS, and created to assist individuals and families facing a housing crisis through one time grants provided to landlords to prevent eviction and

eviction prevention services for households at risk of eviction. In SFY 2019, HPP received \$657,000, and distributed 837 housing eviction prevention stipends and provided eviction prevention services to an additional 3,012 households.

Maryland Collaboration for Homelessness Enhancement Services

Maryland Collaboration for Homelessness Enhancement Services (MD CHES) is a three year pilot program launched in 2016, with an \$8.5 million award from the Maryland Department of Health. The program provides wrap around services based on an Assertive Community Treatment (ACT) model for persons with mental illness and/or substance abuse and veterans who are experiencing homelessness in Anne Arundel and Carroll Counties. In the last three years, MD CHES provided supportive services to 84 individuals in Anne Arundel and Carroll Counties.

Federal Funding Trends

In addition to the state programs, each local CoC is awarded funding from the Department of Housing and Urban Development (HUD) directly for various activities to serve those experiencing homelessness. In federal fiscal year (FFY) 2018, **HUD increased Maryland's CoC network funding by \$3.2 million from 2017 to \$53,385,248 in 2018**, reflecting a **13.5% increase since 2015**. While the vast majority, 79%, of HUD CoC funding is allocated to Permanent Supportive Housing, an increasing portion is allocated to Rapid Re-Housing and Supportive Services, with each reflecting an approximately 30% increase from 2017 awards. However, Transitional Housing and Safe Haven funds were cut for the second year in a row. This is in tandem with national best practices showing that permanent and rapid re-housing programs have better outcomes and are more cost-effective.

Table 5 - Federal Homeless Services Funding to Maryland

Category	Definition	Total Award for 2017	Total Award for 2018	% 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.	\$40,013,135	\$41,784,312	4% Increase
Rapid Re-Housing (RRH)	A short-term rental subsidy and supportive services.	\$4,452,844	\$5,792,177	30% Increase
Transitional Housing	Housing for the homeless that combines support services for up to 24 mos. Participants technically remain homeless and must leave the program after 24 months.	\$1,327,680	\$1,215,299	8% Decrease
Safe Haven	Non-permanent housing that serves those living on the street with severe mental illness that has been unable or unwilling to participate in supportive services.	\$979,305	\$473,984	52% Decrease
Supportive Services	Services provided to those experiencing homelessness through outreach efforts and shelter provision.	\$1,374,387	\$1,798,275	31% Increase
Homeless Mngmt. Info. System (HMIS)	Homeless Management Information System, used by homeless providers to track client intake, progress and move out.	\$834,413	\$889,490	7% Increase
Continuum of Care Planning	Included planning activities around federal objectives such as coordinated assessment	\$1,239,788	\$1,431,711	15% Increase
	TOTALS:	\$50,221,552	\$53,385,248	6% Increase

Permanent Supportive Housing Strategy

Permanent Supportive Housing (PSH) is a nationally recognized, evidence-based intervention that integrates affordable housing with voluntary, person-centered supportive services, and is targeted to the highest need clients such as individuals with a disability and the chronically homeless. While the primary funding source for PSH continues to be the HUD CoC award, funding to pay for both housing vouchers and supportive services for individuals residing in this housing is limited, and states nationwide are exploring the use of waivers and blended funding sources to cover the costs. Member agencies of Maryland's ICH have made PSH expansion a priority for future years and are focused on increasing and improving interagency partnerships to leverage federal state and local resources to create more PSH placements statewide. According to current estimates, at least 2,800 additional units statewide are necessary to meet the needs of approximately 5,000 chronically homeless youth and veterans over the next 4-5 years. In response to identified needs, DHCD is increasing collaboration with Public Housing Authorities (PHAs) and other Maryland state agencies to establish more PSH units, identify other sources of support for intensive services, and to prioritize homeless clients for housing vouchers.

Move Up Initiative

As part of its Permanent Supportive Housing Strategy, DHCD recently launched the Move Up Initiative, which proposes to increase coordination between CoCs and PHAs, relying on the PHA to set aside a number of vouchers specifically for individuals in Permanent Supportive Housing (PSH) units who no longer need intensive supports, but still require a voucher to remain housed. To identify eligible clients, service providers within the CoC will use an Acuity Scale to assess the needs of residents living in HUD-funded PSH units and identify lower acuity clients who meet the eligibility requirements for vouchers. The CoC will then coordinate with the PHA to transition these residents to a voucher, opening up much-needed space within the PSH program.

In 2019, DHCD developed a Memorandum of Understanding (MoU) to establish partnerships between CoCs and their local housing authorities with technical assistance from DHCD for counties where the state is the housing authority. The MoU outlines expectations for the CoCs to assess and identify clients who are ready to transition and eligible for vouchers, and for the PHA to set aside vouchers for formerly homeless clients exiting permanent housing. The program is expected to launch in the DHCD housing authority jurisdictions in Western Maryland, including Garrett, Allegany and Frederick, and the Eastern Shore, Mid-Shore and Lower Shore CoCs. The expectation is to expand the program to include partnerships between other local housing authorities and Maryland CoCs in the future.

§1115 Waiver/Assistance in Community Integration Pilot

The Assistance in Community Integration Services (ACIS) Pilot, part of Maryland's recently approved §1115 Health Choice waiver renewal, provides funding for the expansion of supportive services for PSH by offering local governments the opportunity to request matching 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 does not pay rental subsidies, but does create a new payment model that provides reimbursement for housing-based case management, which is typically not reimbursable under Medicaid, outside of federal waivers. Because the ACIS waiver does not cover rental subsidies, local jurisdictions have relied on partnerships with their local PHA to access housing vouchers to match the ACIS slots, and both the state and local PHAs have requested vouchers for ACIS slots in their application for Mainstream Vouchers.

In December 2017, Baltimore City Mayor's Office of Human Services, Montgomery County Department of Health and Human Services, and Cecil County Health Department were approved by MDH for funding to serve up to 190 Medicaid eligible beneficiaries total in the ACIS Pilot. On January 8, 2018, MDH issued a second round of ACIS Pilot Request for Applications (RFA), and in April 2018, MDH approved Montgomery County Department of Health and Human Services to serve an additional 35 individuals, and the Prince George's County Health Department to serve 75 individuals. In July 2018, MDH submitted a §1115 Waiver Amendment to the Centers for Medicare and Medicaid Services (CMS) in part requesting an additional 300 participant places for the ACIS Pilot. This expansion was in response to external stakeholder requests. The expansion was approved in April 2019 and brought the statewide cap for the ACIS pilot to 600 spaces. In May 2019, MDH issued a third round ACIS Pilot Request for Applications. In July 2019, MDH approved the Baltimore City Mayor's Office Human Services for an additional 100 participant spaces. The ACIS Pilot is now accepting applications on a rolling basis for the remaining 200 statewide ACIS participant spaces.¹⁷

¹⁷ <https://mmcp.health.maryland.gov/Pages/Assistance-in-Community-Integration-Services-Pilot.aspx>

Sources to Build or Subsidize Affordable Housing

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 outlined below, designed to build or subsidize affordable housing for homeless individuals with disabilities or chronic illnesses. Although each of the programs listed below is administered separately, the state is working to improve coordination across programs and agencies, identifying other programs that can provide support to PSH for the homeless.

Table 6 - Descriptions and Updates of Affordable Housing Programs

Program Description	Agency	FY19 Updates
Shelter and Transitional Housing Facilities Grant Program. A capital-funding source targeted to create new or rehabilitate existing housing units reserved for those experiencing homelessness.	DHCD	For SFY 2020, there are two additional projects in the pipeline: <ul style="list-style-type: none"> 1) the Family Support Center, a domestic violence center located in Carroll County, requested \$1.5 million in capital funding to provide six beds for women as well as space to provide supportive services for these women. 2) the Sage II Family Recovery Program in Baltimore City, a transitional housing program for homeless women leaving Sage I, requested \$640,917 to fund the rehabilitation and renovation of five existing row homes.
Section 811 Program. A project-based rental subsidy program for persons with disabilities, with incomes at or below 30% AMI and who are Medicaid recipients and eligible for long-term supportive services.	MDH MDOD DHCD	Between April 2012 and February 2013, HUD awarded approximately \$20 million to Maryland to create 300 units statewide. During FY19: <ul style="list-style-type: none"> 11 of 135 total (8%) Section 811 units went to those experiencing homelessness. As of June 30, 2019, 896 of the 1,974 people (45%) on the waitlist are homeless or at imminent risk of homelessness, a 9% increase from fiscal year 2018. To date, DHCD has identified 303 potential Section 811 units for construction and occupancy.
Harry and Jeanette Weinberg Foundation Grant for Persons with Disabilities. An affordable rental housing opportunities initiative providing capital funds during construction to make rental housing more affordable to persons living with a disability, earning between 10% and 30% of AMI.	DHCD	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. <ul style="list-style-type: none"> At the close of FY19: 34 units across 16 properties received Weinberg funding.
New Futures. A subsidy program that provides affordable and stable housing and supportive wrap-around services to victims of crimes (domestic, sexual assault, sex trafficking) and youth aging out of foster care.	DHCD	Total funding including the match is \$4.6 million, with \$3.9 million allocated for rental expenses. DHCD received a second grant for \$5 million in 2019. <ul style="list-style-type: none"> 210 participants have been housed, and there are 32 families currently in the program. In September 2019, the program accepted 100 additional applications.
National Housing Trust Fund. A permanent federal fund authorized by the Housing and Economic Recovery Act of 2008 (HERA).	DHCD	Maryland has received a total of \$10 million in NHTF dollars thus far, \$3.4 million in 2016, \$3 million in 2017 and \$3.5 million in 2018. As of August 2019, there are 3 deals currently under construction: <ul style="list-style-type: none"> \$1.3 million to the Greenmount and Chase apartments in Baltimore City with 60 additional units for ELI renters, \$2.2 million to the J Van Story Apartments in Baltimore City with 350 additional units, and \$1.9 million to the Silver Spring Artspace in Montgomery County, with 68 units.
Housing First Pilot Project State funded pilot to pay for those exiting state facilities with a mental illness to move into supportive housing.	MDH	In SFY19, Housing First received \$1.37 million. <ul style="list-style-type: none"> 72 individuals served

<p>Housing Opportunities for Persons with AIDS. A HUD-funded program which provides assistance through short and medium-term rental subsidies, utilities, mortgage support, and security deposits/first month's rent to rapidly re-house persons living with HIV/AIDS into permanent housing as well as supportive services and access to specialized HIV health care programs.</p>	<p>MDH</p>	<p>For SFY20 fiscal year:</p> <ul style="list-style-type: none"> ▪ \$789,094 was allocated to Allegany, Caroline, Dorchester, Garrett, Kent, Somerset, St. Mary's, Talbot, Washington, Wicomico and Worcester counties. ▪ \$1.49 million was awarded to Montgomery and Frederick Counties, for a total of \$2.28M from all funding sources. <p>During SFY19 the HOPWA program served:</p> <ul style="list-style-type: none"> ▪ 267 eligible participant households and ▪ 222 family member beneficiaries.
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Unaccompanied Homeless Youth

Over the last six years, the State has increasingly recognized the unique needs and characteristics of youth and young adults living on their own and experiencing homelessness and housing instability. Notable achievements over the last six years include the establishment of a Task Force to Study Housing and Supportive Services for Unaccompanied Homeless Youth in 2013, the authorization of YouthREACH Maryland in 2014 to collect data on the unique needs of unaccompanied homeless youth, and the passing of the Ending Youth Homelessness Act of 2018, signed into law on May 5th, 2018.

In 2019, the Governor allocated an additional \$1 million in special funding for homeless services targeted to unaccompanied homeless youth. These funds were distributed to ten CoCs in the first round of the Youth Homelessness Program, and will be primarily used to fund rapid re-housing with extended rental assistance for youth, as well as drop-in centers, emergency shelter, and workforce development. The state also hosted the first Maryland Youth Homelessness Symposium, bringing together over 200 professionals working to end homelessness from a wide range of organizations across the state. Finally, in September 2019, two Maryland CoCs were awarded HUD grants for Youth Homelessness Demonstration Projects (YHDP), \$3.7 million to Baltimore City and \$3.48 million to Prince George's County. The YHDP projects are in the planning stage in 2019, and will launch in 2020.

These state and local initiatives complement more consistent federal funding to the Maryland State Department of Education (MSDE) to support homeless youth in the school system. During federal fiscal year 2019, MSDE received \$1.4 million in McKinney Vento funds, a 10% increase over 2018 funding, to provide services to support homeless youth in need of transportation to and from school when homeless, immunization, birth certificates and referrals to housing assistance and shelter. Additional information related to youth will be included in the Ending Youth Homelessness Act Report, as required by the Act.

Policy Recommendations of ICH

The Interagency Council on Homelessness (ICH) was established by statute in 2014 to examine and recommend policy and programs to end homelessness throughout Maryland. As tasked by statute, the ICH annually develops policy recommendations to alleviate and prevent homelessness. These priorities have been grouped into two categories:

- Legislative priorities are those that the Joint Committee on Ending Homelessness and other policymakers may consider advancing through legislation or budgetary support.
- Administrative priorities where changes can be made through state or local government agencies, or other regulatory bodies.

Taken together, these legislative recommendations provide tangible steps towards addressing and ending homelessness in Maryland. ***The following policy recommendations are a product of the ICH and not of the Department of Housing and Community Development.***

Policy Recommendations - Legislative:

- 1) *Reduce non-chronic homelessness in Maryland through the expansion of rapid-rehousing programs using a progressive engagement model.*
- 2) *Eliminate chronic homelessness within five years through the expansion of permanent supportive housing units to meet the need within each CoC through the expansion and targeting of existing programs that support PSH, such as the National Housing Trust Fund and the Shelter and Transitional Housing Program.*
- 3) *Expand training to providers to ensure they are meeting federal compliance requirements and implementing best practices.*
- 4) *Support the increase of clinical staff so shelters can admit and assist higher-need clients year-round.*
- 5) *Support local efforts to expand the number of respite care programs that are available statewide.*
- 6) *Support local efforts to update facilities and policies to ensure all emergency shelters are ADA and Fair Housing compliant.*
- 7) *Support the expansion of the SSI/SSDI Outreach, Access and Recovery (SOAR) Program by increasing the number of SOAR certified staff who assist the homeless to connect to federal benefits.*
- 8) *Support economic and workforce development opportunities to increase the earning potential for households experiencing homelessness.*
- 9) *Expand the Earned Income Tax Credit (EITC) program by increasing the income eligibility threshold, and increasing the amount of the EITC for single filers.*
- 10) *Support and expand safety net programs supporting low-income Marylanders at risk of or experiencing homelessness.*
- 11) *Support legislation to prevent discrimination on housing applications that cause individuals experiencing homelessness with criminal backgrounds to be denied housing.*
- 12) *Expand support to safe consumption sites, harm reduction policies and increased access to rehabilitative treatment options for those using drugs.*
- 13) *Support legislation that prohibits housing discrimination based on source of income.*
- 14) *Increase the number of ICH board representatives with lived experience from 1 to 5, adding 4 additional positions to the board.*
- 15) *Support legislation to give minors the right to consent to housing and shelter services.*

Policy Recommendations - Administrative Policy/Process Items:

- 1) *Work with DHCD and MDH to expand housing opportunities for persons experiencing homelessness with significant health and social issues.*
 - Explore integrating housing within larger mixed-use developments.
- 2) *Work with DHCD and other Housing Authorities to increase the use of housing vouchers and rental assistance to subsidize Permanent Supportive Housing (PSH) units statewide for those experiencing homelessness and earning less than 30% of area median income.*
- 3) *Work with DHCD and other Housing Authorities statewide to implement a multi-pronged permanent supportive housing strategy to increase the availability of Permanent Supportive Housing units statewide.*
- 4) *Develop strategies to expand Medicaid 1115 Assistance in Community Integration Services (ACIS) waiver pilot statewide to allow more medically-fragile individuals experiencing homelessness to receive the supportive services necessary to obtain and sustain housing by encouraging and supporting applications by jurisdictions not currently covered by the pilot.*
 - Encourage the use of state funds for the required match necessary to access additional federal funds.
- 5) *Address homelessness statewide through the alignment of community resources to respond to the composition and needs of the homeless population within each CoC.*

Appendices

Appendix 1 - Continuum of Care Jurisdictions and Federal Funding Totals

State and federal funding is awarded to the 16 Continua of Care (CoCs), the local planning entities recognized by HUD for coordination of all homeless services in a particular geographic area. Maryland's 24 jurisdictions are incorporated into 16 Continua of Care (graphic below).



Appendix 2 – FY18 Federal HUD Funding in Maryland

Continuum of Care (CoC)	Amount Received from HUD in 2016	Amount Received from HUD in 2017	Amount Received from HUD in 2018
Allegany County	\$ 650,648 ↓	\$ 661,652 ↑	\$668,444 ↑
Anne Arundel County	\$ 2,303,378 ↑	\$ 2,420,435 ↑	\$2,472,691 ↑
Baltimore City	\$ 21,106,170 ↑	\$ 21,447,046 ↑	\$23,391,054 ↑
Baltimore County	\$ 2,766,391	\$ 2,875,569 ↑	\$3,004,848 ↑
Carroll County	\$ 390,453 ↑	\$ 406,325 ↑	\$414,519 ↑
Cecil County	\$ 244,476	\$ 252,206 ↑	\$255,444 ↑
Frederick County	\$ 568,257 ↓	\$ 598,170 ↑	\$638,037 ↑
Garrett County	\$ 237,274 ↓	\$ 249,595 ↑	\$244,208 ↓
Harford County	\$ 920,787 ↓	\$ 944,769 ↑	\$928,419 ↓
Howard County	\$ 785,410 ↓	\$ 768,634 ↓	\$809,573 ↑
Mid-Shore CoC	\$ 687,157 ↓	\$ 762,931 ↑	\$746,719 ↓
Montgomery County	\$ 8,288,534 ↑	\$ 8,879,588 ↑	\$9,232,284 ↑
Prince George's County	\$ 4,903,772 ↓	\$ 5,382,710 ↑	\$5,817,344 ↑
Southern MD CoC	\$ 2,648,561 ↑	\$ 2,827,653 ↑	\$2,923,962 ↑
Lower Shore CoC	\$ 1,231,811 ↑	\$ 1,249,597 ↑	\$1,319,789 ↑
Washington County	\$ 501,992 ↑	\$ 494,672 ↓	\$517,913 ↑
Total HUD Continuum of Care Funding	\$ 48,235,071	\$ 50,221,552	\$53,385,248

Appendix 3A – FY19 Homeless Services Funding Sources in Maryland (Federal)

<i>FEDERAL Funding Sources</i>	<i>Purpose</i>	<i>Administering Agency(s)</i>	<i>SERVICES</i>	<i>RENTAL</i>	<i>CAPITAL</i>	<i>Total Amount to MD in 2019</i>
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	\$53,385,248
Emergency Solution Grants Program (ESG)	Provides operational and rental assistance to homeless shelters, transitional housing, homeless service programs, rapid re-housing (RRH).	HUD awards \$1.2 m. to DHCD and \$3.1 m. to entitlement counties directly	X	X		\$4.3 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			\$285,977 from PATH grant
MD Collaboration for Homeless Enhancement Services (CHES)	Three 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			\$6.9 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		\$2.3M
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		1,318 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		

Appendix 3B – FY19 Homeless Services Funding Sources in Maryland (State)

<i>STATE Funding Sources</i>	<i>Purpose</i>	<i>Administering Agency</i>	<i>PREVENTION</i>	<i>OPERATIONS</i>	<i>MOVE OUT/ RENTAL ASSISTANCE / MAINTAIN</i>	<i>OTHER</i>	<i>Total Amount to MD SFY19</i>
Homelessness Solutions Program (includes \$1.2 million in Federal ESG funds)	Provides federal and state funding to the 16 local Continua of Care (CoCs) to support homeless shelters and homeless services programs across the State of Maryland.	DHCD	X	X	X		\$9.3 Million
HSP Youth Funds	Provides state funding to select local CoCs to support homeless services targeted to unaccompanied homeless youth between the ages of 18-24.	DHCD	X	X	X		\$1 million
Youth REACH Count	A count of unaccompanied homeless youth in eleven jurisdictions.	DHCD				X	\$200,000
Eviction Assistance 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 – Homeless Services Framework

Homeless Services Framework

Maryland’s Interagency Council on Homelessness (ICH)

The Interagency Council on Homelessness (ICH) was established by SB 796 (2014) to examine statewide initiatives aimed at ending homelessness throughout the state of Maryland. The ICH repeals the Governor’s Advisory Board on Homelessness and includes representatives from 13 state agencies including the Governor’s Office for Children Youth and Families, three representatives from local Continua of Care (the sixteen federally-recognized bodies created to organize and deliver housing and services to meet the specific needs of people who are homeless as they move to stable housing and maximum self-sufficiency) and nine advocates and providers from throughout the state as well as a community member who has experienced homelessness.

FRAMEWORK 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.

Updated November 2019

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. Member agencies of Maryland’s Interagency Council on Homelessness (ICH) will facilitate increased and improved 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 the production of housing available to those making 30% AMI or below.	<ul style="list-style-type: none"> ▪ DHCD will work to increase the use of Low Income Housing Tax Credits (LIHTC) to create units affordable to the homeless earning less than 30% Area Median Income (AMI). ▪ Encourage other Public Housing Authorities (PHAs) statewide to contribute to the need for additional vouchers and units affordable to the homeless earning less than 30% AMI. 	DHCD DHCD, other PHA’s and CoCs.	On-going
B	Prioritize existing PSH resources for those with the highest need.	<ul style="list-style-type: none"> ▪ Work with Continuum of Care (CoC) partners to assess if those living in HUD funded PSH require the high level of supportive service. ▪ Work with PHA’s to secure vouchers for those that can move out of HUD funded PSH and can live independently. 	DHCD, CoCs and Service Providers DHCD and PHA’s statewide.	On-going, Move Up Initiative launch- November 2019
C	Identify other housing stock that can be made available to those experiencing homeless.	<ul style="list-style-type: none"> ▪ Assess the availability of transitional housing stock statewide and identify resources to convert units into shelter or permanent housing. ▪ Work with private owners of subsidized housing to increase vacancy rates. 	DHCD, developers of affordable housing and CoCs DHCD and private property owners	On-going
C	Establish Housing First guidelines for housing providers.	<ul style="list-style-type: none"> ▪ Draft Housing First guidelines for homeless service programs to review, adopt and execute. 	CoCs and funding agencies.	COMPLETED

Accomplishments to date:

- ✓ DHCD has begun engagement with affordable housing developers to encourage more PSH development.
- ✓ Track the annual production of units under the Weinberg, Bridge, 811 and STHFG programs in the ICH Annual Report on Homelessness.
- ✓ DHCD awarded \$9.3 million across Maryland CoCs through the Homelessness Solutions Program (HSP), and conducted a preliminary evaluation of the first year of the program to inform additional adjustments to streamline the application and funding process.
- ✓ DHCD worked with a Governor’s Summer Internship Program Fellow to develop a Homelessness Prevention Toolkit.
- ✓ DHCD developed an eight-pronged strategy to increase the supply of Permanent Supportive Housing (PSH) in partnership with state and local housing authorities, low-income housing developers and local CoCs.

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 CoCs 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. The ICH will also work 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.	<ul style="list-style-type: none"> ▪ Require the adoption of low-barrier shelter and Housing First principals to qualify for state and federal grant funding. ▪ Establish low-barrier emergency shelter standards of care for CoCs statewide. 	DHCD and ICH	▪ COMPLETED
B	CoCs will meet HUD's Coordinated Entry requirements by 1/23/18.	<ul style="list-style-type: none"> ▪ CoCs will apply for HUD technical assistance for Coordinated Entry. ▪ Work with CoCs to expand coordinated entry for emergency shelter as well as permanent housing. 	DHCD and CoC	▪ COMPLETED
C	Make inclement weather sheltering practices more consistent statewide.	<ul style="list-style-type: none"> ▪ Create detailed guidelines and expectations for inclement weather sheltering for all CoCs. 	ICH, CoC leads, local Emergency Managers	▪ COMPLETED

Accomplishments to date:

- ✓ DHCD required all homeless service providers receiving Homelessness Solutions Program (HSP) funding to reduce barriers to emergency shelter and to follow Housing First principles and Fair Housing laws, and provided technical assistance as requested.
- ✓ DHCD provided webinars and training on Service and Support Animals in Shelter and Harm Reduction for homeless service providers.

GOAL 3 -- Improve the emergency services network serving the homeless in order 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 how to better coordinate with hospitals.	<ul style="list-style-type: none"> ▪ Work with hospitals and propose questions to add to the intake process to better assess homeless status upon intake. ▪ Consider specific discharge goals and/or adopt a mandate that health care providers will discharge people safely back to their communities and not back to the street. 	ICH Health and Homelessness work group, Medical Respite Care Centers, emergency shelters, CoC leads, Hospital Systems	2020
B	Increase access to proper respite or convalescent care for the homeless statewide.	<ul style="list-style-type: none"> ▪ Provide support to increase hospitals that determine homeless status upon intake aimed at decreasing the number of people being discharged back to the streets from hospitals. ▪ Consider organizing statewide meetings to increase the number and visibility of medical respite care. ▪ Gather information from existing respite programs and compile a toolkit targeted to interested partners. 	ICH Health and Homelessness work group, Medical Respite Care Centers and emergency shelters, CoC leads, CoCs, Hospital leadership, MDH (Medicaid)	2020
C	Assess exit-planning strategies used by jails and other institutions to determine service and housing gaps.	<ul style="list-style-type: none"> ▪ Work with the Department of Public Safety & Correctional Services (DPSCS) to assess the housing and service gaps for people exiting incarceration and provide information on housing services to DPSCS staff. ▪ Assess the availability of permanent subsidy programs (e.g., Baltimore City Re-Entry Vouchers) and whether they are targeted to meet the needs of people most likely to experience chronic homelessness. ▪ Explore opportunities for piloting RRH with employment development programs for people in the 90+ day population who would otherwise become homeless at exit. ▪ Track the number of persons discharged to street/shelter homelessness from DPSCS. 	ICH Health and Homelessness work group, Medical Respite Care Centers, emergency shelters, CoC leads, DPSCS, Emergency Shelters	2020

Accomplishments to date:

- ✓ Created the Medical Respite Assessment in Maryland (MRAM), a needs assessment tool administered in 19 of 24 counties to determine what respite services each jurisdiction offers and where additional respite beds are needed.
- ✓ Determined that there are currently three existing medical respite programs in Maryland
- ✓ Developed the Re-entry and Exit Planning (REEP) tool to assess how incarcerated individuals are released and disseminated in the jails in 17 of 24 jurisdictions in the State.

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.

Maryland’s ICH continues to coordinate local efforts that address the housing and service needs of this vulnerable population in line with the strategies and best practices outlined in the federal plan.

	OBJECTIVES	STRATEGIES	STAKEHOLDERS RESPONSIBLE	TIMEFRAMES
A	Improve access to housing for Homeless veterans.	<ul style="list-style-type: none"> ▪ 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, HUD VASH, and SSVF. 	DHCD, MD VA, CoCs, USVA (VISN 5 Homeless Services),	<ul style="list-style-type: none"> ▪ Ongoing
B	Improve and make more consistent, the resources available to homeless Vets.	<ul style="list-style-type: none"> ▪ Work with the Maryland Community Services Locator (MCSL) to enhance the online directory of housing resources for homeless veterans. 	Veterans Work Group members	<ul style="list-style-type: none"> ▪ COMPLETED

Accomplishments to date:

- ✓ Increase information sharing between Homeless Service Providers and the VA to better identify veteran-specific housing and support services.
- ✓ Designated a specific Disabled Veterans Outreach Program (DVOP) Specialist, within 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.
- ✓ Developed and recommended to the ICH a standard model for coordinating housing for homeless veterans.
- ✓ Collaboration established between Career One-Stop Center DVOP and emergency and transitional housing programs.

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 program, 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.	<ul style="list-style-type: none"> ▪ Provide status updates 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.	<ul style="list-style-type: none"> ▪ 4th quarter of 2019 ▪ Ongoing
B	Increase housing options for youth and young adults experiencing or at risk of homelessness.	<ul style="list-style-type: none"> ▪ 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	<ul style="list-style-type: none"> ▪ Ongoing ▪ 4th quarter of 2019
C	Increase participation by youth in policy process and elevate the issue to statewide stakeholders.	<ul style="list-style-type: none"> ▪ Recruit persons with personal experience of homelessness and/or other specific knowledge and experience related to youth and young adult homelessness to serve on ICH Youth and 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	<ul style="list-style-type: none"> ▪ Ongoing ▪ Ongoing
D	Eliminate education barriers for youth experiencing homelessness.	<ul style="list-style-type: none"> ▪ 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. 	ICH, State agencies, local stakeholders, community service providers	<ul style="list-style-type: none"> ▪ Ongoing ▪ Ongoing

Accomplishments Thus Far:

- ✓ Governor included \$1 million in DHCD's FY20 budget to support programs serving youth experiencing homelessness
- ✓ DHCD hosted Homeless Youth Symposium in May 2019.
- ✓ 2019 Legislative Session passed HB 911 to establish the Workgroup to Study Shelter and Supportive Services for Unaccompanied Homeless Minors.

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	Form a taskforce comprised of workforce system stakeholders	<ul style="list-style-type: none"> ▪ Identify and recruit taskforce members from stakeholder groups (employers, training providers, and American Job Center Staff) in Maryland providing employment/training services to individuals experiencing homelessness. ▪ Convene the taskforce and finalize a charter for the group’s work, including mission, goals, roles and structure. ▪ Set up a meeting schedule for the first year.
B	Use data to understand the demographics, goals, and needs of homeless job seekers.	<ul style="list-style-type: none"> ▪ Link with the Data and Dashboard Committee, working under the Benchmarks of Success for Maryland’s Workforce System initiative, to inventory the specific data points related to homeless job seekers, including homeless youth, collected by state agencies. ▪ Research other resources produced at the state and local level focused on the homeless jobseeker population, including homeless youth, (e.g., The Journey Home’s Journey to Jobs report; the Opportunity Collaborative’s Barriers to Employment in the Baltimore Region, etc.). ▪ Create a statewide “heat map” that graphically displays pockets of poverty where outreach to homeless job seekers can be focused to promote uptake of services.
C	Build an inventory of current workforce system initiatives and programming focused on serving homeless jobseekers.	<ul style="list-style-type: none"> ▪ Review Maryland’s Workforce Innovation and Opportunity Act (WIOA) State Plan to identify current workforce programs of all core state WIOA partners (e.g., DLLR’s EARN program, employment services for Disabled Veterans, etc.), that target jobseeker populations with significant barriers, including homeless youth. ▪ Analyze the twelve local area workforce plans to identify initiatives in place at the local level to serve homeless jobseekers (e.g, mobile job units, job fairs, etc.). ▪ Identify other best practices across the nation for providing workforce system services to those experiencing homelessness nationwide.
D	Create two “Guide to Opportunity” publications for workforce system staff and homeless jobseeker populations.	<ul style="list-style-type: none"> ▪ Map programs and resources identified in the inventory (completed for Objective B) to local areas. ▪ Map support services for homeless jobseekers, including homeless youth, to resources located in local workforce areas, with a particular emphasis on services related to expungement/legal aid, mental health, addiction, domestic violence, and trauma response. ▪ Use data on in-demand occupations listed in Maryland’s Workforce Plan to guide potential job trainings/employment options for those experiencing homelessness ▪ Identify in-demand occupations (and trainings) that individuals experiencing homelessness can realistically pursue.
E	Build awareness of and advocate for the homeless job seeker population.	<ul style="list-style-type: none"> ▪ Present to both the Governor’s Workforce Development Board and local workforce development boards on Maryland’s homeless jobseeker populations. ▪ Ensure annual updates on the work of the taskforce are provided to the state’s WIOA Alignment Group.
F	Build systems collaborations between workforce system partners.	<ul style="list-style-type: none"> ▪ Identify opportunities for cross-training of workforce and homeless service providers to ensure shared competencies necessary to serve homes jobseekers, including access to specialized vocational services. ▪ Develop a customizable, generic staff role description for a specialist to serve in a dedicated position at the local level as a liaison/concierge that assists homeless jobseekers in navigating the workforce system to access the full menu of system services they need to prepare for, find, and advance in sustainable jobs. ▪ Advocate for federal, state and local funding to support initiatives that serve homeless populations, (e.g., cover the cost of dedicated staff serving in the liaison/concierge role noted above).

GOAL 7 – Ensure that people with lived experience have a voice and adequate representation within the Interagency Council on homelessness.

	OBJECTIVES	STRATEGIES	STAKEHOLDERS RESPONSIBLE	TIMEFRAMES
A	Increase the number of people with lived experience on the ICH board.	<ul style="list-style-type: none"> ▪ Propose legislation to increase the total number of ICH board members from 26 to 30, setting aside the additional 4 seats for members with lived experience. ▪ Prioritize members with lived experience for open advocate seats until legislation is passed to create additional seats. 	DHCD, Lived Experience Workgroup Members, ICH board	<ul style="list-style-type: none"> ▪ On-going ▪ 1st quarter 2020
B	Establish a nomination and selection process, guidelines considering diversity of experience and demographics.	<ul style="list-style-type: none"> ▪ Establish diversity considerations for ICH board representatives with lived experience. ▪ Establish a nomination and selection process to broaden engagement of people with lived experience. 	Lived Experience Workgroup members, ICH board	1st quarter 2020
C	Broaden participation of people with lived experience in the Workgroup and ICH meetings.	<ul style="list-style-type: none"> ▪ Invite CoC leads and advocacy organizations to reach out to their networks to identify interested representatives with lived experience to participate in the workgroup, and for consideration for board positions. ▪ Improve the outreach of the ICH and increase awareness of the broader community of open ICH meetings. 	Lived Experience Workgroup members, ICH board, CoC leads/ reps, and representatives from advocacy organizations.	On-going
D	Provide support and resources to allow members with lived experience to participate.	<ul style="list-style-type: none"> ▪ Establish a support and resource process for members with lived experience. ▪ Establish a long-term funding source to support members with lived experience. 	DHCD, Lived Experience Workgroup members, ICH board	Spring 2020
E	Establish a feedback loop to broaden representation of people with lived experience.	<ul style="list-style-type: none"> ▪ Engage members with Lived Experience in providing recommendations to create a feedback loop to broaden representation of peers with lived experience. 	Lived Experience Workgroup members, ICH board	Long-term, on-going