

Joint Committee on Ending Homelessness

December 1, 2015

The Honorable Thomas V. Mike Miller, Jr., Co-chairman
The Honorable Michael E. Busch, Co-chairman
Members of the Legislative Policy Committee

Ladies and Gentlemen:

The Joint Committee on Ending Homelessness is pleased to submit a summary report of its 2015 interim activities. This report also serves as the committee's first annual report. This was the committee's first year of activity, as the legislation creating the committee became effective on June 1, 2015. The committee has met two times this interim (September 8 and November 4) and has a third meeting planned (December 16).

The committee's work this interim was focused on learning more about the topic and possible areas of concern. While questions and potential areas for future study were identified, the committee is not yet ready to make recommendations. The committee looks forward to developing recommendations in the future as the committee continues its study. Attached is a summary of the committee's interim studies as well as a discussion of the issues identified for further study.

We wish to thank the joint committee members for their participation, representatives of public and private organizations who kept us informed, and our committee staff for their support.

Respectfully submitted,

Richard S. Madaleno, Jr.
Senate Chair

Mary L. Washington
House Chair

RSM:MLW/TDZ:KSS/kmc

Enclosure

cc: Mr. Warren G. Deschenaux
Ms. Lynne B. Porter

Joint Committee on Ending Homelessness

Interim Report

The Joint Committee on Ending Homelessness (JCEH) was established by Chapter 427 of 2014, which became effective June 1, 2015, to ensure that public resources, programs, and policies are coordinated and effective in preventing, mitigating the effects of, and ending homelessness in Maryland. The committee is to study issues related to homelessness including (1) housing; (2) income; (3) health care; (4) education; (5) government support; and (6) veterans experiencing homelessness. The committee is to consult with governmental agencies, community-based organizations, and other stakeholders to identify State policies, programs, and actions that should or could prevent, mitigate the effects of, and end homelessness in Maryland. The committee is to review and make recommendations, including to identify new laws, regulations, programs, services, and budgetary priorities to meet these goals. The committee is also required to search for any intradepartmental or interdepartmental gaps, inconsistencies, and inefficiencies in the implementation or attainment of the State policies, programs, and actions related to these goals. The committee is required to submit an annual report to the General Assembly of its activities and recommendations. This report fulfills this requirement.

The committee members were appointed during the 2015 interim. JCEH held its first meeting on September 8, 2015. A second meeting was held on November 4, 2015. Because the committee was only beginning its work during the 2015 interim, the committee has focused its meetings to date on learning more about the topic. The committee heard, in these two meetings, information from the Department of Legislative Services (DLS), the Department of Human Resources (DHR), the Department of Housing and Community Development (DHCD), the Interagency Council on Homelessness (ICH), the University of Maryland School of Social Work, the Maryland Alliance for the Poor, the National Alliance to End Homelessness, homeless service providers, and two local continuums of care (CoC). The information learned at these meetings is summarized in the following section. A third meeting is scheduled for December 16, 2015, during which the committee expects to accept public testimony from stakeholders and those who have experienced homelessness.

Homelessness in Maryland

During the first meeting, in addition to hearing an overview on homelessness from the Maryland Alliance for the Poor, the committee was presented with a report from DLS on homelessness and homeless services in Maryland. The full report (*Overview of Homelessness and Homeless Services in Maryland*) may be found on the DLS website. The committee heard that there are multiple federal definitions of homelessness, some of which are more restrictive than others, that are used for eligibility of various programs. For example, the U.S. Department of Education defines homeless children and youth as those who lack a fixed, regular, and adequate nighttime residence; this definition includes families who are sharing housing with others. The U.S. Department of Housing and Urban Development (HUD) definition is slightly narrower, but includes categories for those exiting institutions that the individual resided in for 90 days or less,

those in imminent danger of losing their primary nighttime residence, and individuals who are fleeing or attempting to flee domestic violence, sexual assault, stalking, or other life-threatening conditions.

HUD requires local CoCs, which are the local planning bodies responsible for coordinating homeless services in a geographic area, to conduct a Point-in-Time count (a one-night estimate of the homeless population) each January, although unsheltered homeless populations are only required to be counted every other year. According to HUD data from these counts, Maryland's homeless population appears to have been substantially impacted by the recession, increasing 26.9% between 2008 and 2009 (reaching 11,698 individuals). Since that peak, the number of the homeless population in Maryland has declined, falling to 7,856 in 2014 (a decrease of 32.8% from the 2009 peak).¹ The majority of the homeless population in each year was sheltered. The majority of the homeless population in Maryland from 2007 to 2014 were homeless individuals: in fact, the percent of homeless people that were in families in Maryland was lower in 2014 (36.6%) than in 2007 (47.5%). However, in some areas of Maryland, there were more homeless people in families than homeless individuals (Cumberland/Allegany, Harford, and Prince George's counties) in 2014.

The committee also learned that the chronic homeless population, defined as those individuals with disabilities who have had at least four periods of homelessness in the last three years or have been continuously homeless for at least a year, does not track the trends of the broader homeless population in Maryland. Homelessness among this population continued to increase after the overall peak in 2009 and increased in 2013 and 2014 contrary to the broader population.

Other data, presented by DLS, was available in the report on certain other homeless populations such as those with mental illness, homeless veterans, and unaccompanied youth. Maryland hopes to learn more about the population of unaccompanied homeless youth through a demonstration count of this population required in legislation (Chapter 425 of 2014). Individuals from the University of Maryland School of Social Work responsible for planning this count, presented their plans for the count during the initial meeting of the committee.

The committee also heard about the shortage of year-round beds for the homeless population in Maryland. For example, in 2014 there were 5,950 year-round beds but a count of 7,856 homeless people. Some of the gap may be covered with seasonal or overflow beds but not all. In addition, there is a gap for available beds available to households with children compared to the number of people in families; in 2014, there were 2,816 year-round beds for this group but there were 2,876 homeless people in families. There were concerning regional year-round bed shortages as well, as shown in **Exhibit 1**.

¹ Following the presentation and release of the DLS report, HUD released data from the 2015 Point-in-Time count. This data showed a change in the trend of the overall homeless population in Maryland, which increased in 2015, and homeless subpopulations including homeless people in families. The number of year-round shelter beds also increased.

Exhibit 1
Homeless Population and Year-round Shelter Beds by Continuum of Care
2014

	<u>Total Homeless</u>	<u>Total Year-round Beds</u>	<u>Ratio of Total Year-round Beds to Total Homeless</u>	<u>Homeless People in Families</u>	<u>Total Year-round Beds for Households with Children</u>	<u>Ratio of Total Year-round Beds for Households with Children to Total Homeless People in Families</u>
Cumberland/Allegany County CoC	120	131	109%	72	91	126%
Baltimore City CoC	2,567	2,424	94%	590	735	125%
Harford County CoC	223	154	69%	143	98	69%
Annapolis/Anne Arundel County CoC	384	243	63%	159	171	108%
Howard County CoC	170	114	67%	72	87	121%
Baltimore County CoC	569	430	76%	182	270	148%
Carroll County CoC	124	112	90%	40	66	165%
Cecil County CoC	195	171	88%	53	64	121%
Charles, Calvert, St. Mary's Counties CoC	1,141	409	36%	569	281	49%
Frederick City and County CoC	246	198	80%	105	140	133%
Garrett County CoC	13	30	231%	6	11	183%
Mid-shore Regional CoC	111	52	47%	31	31	100%
Hagerstown/Washington County CoC	107	226	211%	43	69	160%
Wicomico/Somerset/Worcester County CoC	336	206	61%	85	80	94%
Prince George's County/Maryland CoC	659	450	68%	438	335	76%
Montgomery County CoC	891	600	67%	288	287	100%
Total	7,856	5,950	76%	2,876	2,816	98%

CoC: continuum of care

Source: U.S. Department of Housing and Urban Development

State Agency Programs

The DLS report and presentation also provided information on affordable housing and homeless service programs in DHR, DHCD, and the Department of Health and Mental Hygiene. DHCD and DHR also briefed the committee on their programs. In fiscal 2016, nearly \$100.0 million of general funds, special funds, federal funds, and general obligation bonds are available to support these types of programs. Of the \$100.0 million, \$24.2 million are general funds, and \$22.3 million are general obligation bonds.

In these presentations, the committee learned that limited funds are directed through State agencies for direct homeless services or rental assistance programs, a total of \$34.5 million. However, \$15.3 million of those funds are in two programs (Emergency Assistance for Families with Children and the Community Services Block Grant) that may be used for homeless service programs, including direct eviction assistance or nonhomeless service programs. The direct homeless service programs support eviction assistance and other homelessness prevention and operating and capital support for shelters including those specifically for homeless women, obtaining housing, and other emergency or supportive services. A portion of the funding, \$7.0 million, is focused on programs serving individuals with mental illness or co-occurring substance use disorders.

The remainder of the funding, \$65.5 million, is provided for affordable housing programs in DHCD. DLS explained to the committee that, according to data from the National Low Income Housing Coalition, there is no jurisdiction in Maryland that an individual having one full-time minimum wage job could afford a two-bedroom apartment at fair market rent. In some jurisdictions (Calvert, Charles, Frederick, Montgomery, and Prince George's counties) it would require 3.5 full-time minimum wage jobs to afford a two-bedroom apartment at fair market rent.

DHCD noted that some of the local jurisdictions receive funds directly from the federal government to operate programs.

The committee heard from ICH on the work it has undertaken since 2014, when it was established by Chapter 341 of 2014. ICH brings together State agency representatives, community advocates, local CoCs, and an advocate who has personally experienced homelessness to examine issues related to homelessness. ICH presented a framework document to the committee that lays out goals and objectives with timelines to accomplish these. Although ICH is required to present its annual report to the committee by October 1, 2015, ICH had not yet completed the report at the time of the November meeting. The committee has received the report since that time. A representative from the National Alliance to End Homelessness noted the importance and effectiveness of these types of councils across the country, particularly councils with high level involvement (cabinet level).

Local Providers/Experience

The committee also heard from several homeless service providers and local CoCs that discussed their programs or experiences related to homelessness. In the first meeting, the committee heard from two individuals representing the Allegany County Human Resources Development Commission and the Mid-Shore Mental Health Systems, Inc. (the local CoCs in those areas) on rural homelessness issues. These individuals highlighted some of the differences in how homelessness presents itself in rural areas; for example, living in woods or camp grounds, or doubled up (sharing housing with others). These different presentations of homelessness can lead to undercounting, which in turn impacts funding levels. These areas have limited access to transportation, which impacts employment options. In addition, limited shelter opportunities are available.

In the second meeting, the homeless service providers (Catholic Charities, Marian House, Anathoth House, and Diakonia) presented a variety of experiences and philosophies for homeless service provision to the committee. The committee learned of the difficulties of organizations in maintaining certain funding streams due to issues related to federal program priorities and funding or the definitions of homelessness used in programs. The committee also heard from an organization solely dependent on donations.

The homeless service providers also presented some suggested actions, such as providing on-site behavioral health, guaranteeing bed spaces, supporting a program in DHR (Service-Linked Housing), providing on-site child care, broadening the definition of homelessness, and not requiring a one size fits all approach (letting organizations choose the homeless service model that meets their needs).

The committee expects additional insights from stakeholders, including homeless service providers, advocates, and those who have experienced homelessness that are invited to speak at the meeting on December 16, 2015.

Housing First

The committee also heard from the National Alliance to End Homelessness on the Housing First strategy, which is one model for the homeless service provision. In this model, permanent housing is provided to individuals without preconditions and barriers to entry, such as sobriety or a clean criminal history. Under Housing First, support services are voluntary and interventions are aided by the stability of permanent housing. Three states were mentioned as models of where this strategy is being followed (Utah, Washington, and New Jersey). This model contrasts from the housing ready approach, which people experiencing homelessness had to complete treatment before obtaining permanent housing. The presenter from this organization noted that this model can work for different groups within the homeless population, but different types of services would be required (for example, individuals with mental illness may need long-term housing subsidies and supportive services, while homeless people with children may require employment services

and only short-term subsidies). The health care expansion was mentioned as an opportunity to bring the Housing First model to scale, because it allowed for funding of needed support services (at least certain types of supportive services). The presenter also explained that these programs were cost effective when accounting for savings from other services.

One of the homeless service providers mentioned that they are attempting to transition some of their programs to this model but cannot transition all of their programs due to barriers. Barriers for this organization included restrictions on who may live in the facility due to its location and space or design issues. Providers indicated that State support could help them overcome some of these barriers. However, some providers prefer to remain with their existing model rather than transition to Housing First.

Areas for Further Study

In its meetings, the committee identified several areas that require further exploration. The committee intends to continue to explore the following topics in its work next interim:

- Different definitions of homelessness and the programs and funding tied to those definitions
 - HUD recently passed regulations on the definition of homelessness outlined in the Homeless Emergency Assistance and Rapid Transition to Housing Act passed in 2009. The definition includes limitations on when someone is considered homeless and includes four categories. Certain categories determine eligibility for certain programs. For example, one group of individuals may not qualify under the HUD CoC program but could be served by the Emergency Solutions Grant funds. The State does not have to use the federal definition of homelessness for State funded programs, and the committee is interested in exploring this option
- State funding adequacy – operating and capital
 - needs assessment in Maryland
 - how to best leverage with federal funding
- Examining national models of homeless services (discussing costs, benefits, barriers, variations, capital requirements, and impacts or usefulness among special populations)
 - federal funding preferences for different models
 - research from ICH
 - transitional housing

- permanent supportive housing
- Housing First
- Health care (preventing homelessness and helping people out of homelessness)
 - behavioral health
 - availability of Medicaid funding for supportive services
- Understanding the contributing causes of homelessness
 - among youth, especially for youth exiting State care or with involvement with the Department of Juvenile Services (DJS), including a review of DHR's and the Developmental Disabilities Administration's efforts to prepare youth transitioning from foster care and screening youth with DJS involvement on housing stability
 - jobs and wages
 - housing affordability
- Special populations (veterans, youth, and survivors of domestic violence)
 - Youth Reach out, Engage, Assist, and Count to end Homelessness (REACH) Maryland demonstration count best practices – expansion and the value of other special population counts
 - pros and cons of programs targeting subpopulations
 - domestic violence shelter availability
- Developing a timetable for “ending homelessness” in Maryland, with interim goals over the next 3, 5, and 10 years
- ICH membership including discussion of best practices from other states
- Potential State policy actions
 - converting abandoned and foreclosed homes
 - opportunities to make rental subsidies more attractive and reliable to landlords
 - child care subsidies (program quality and general availability)

