2020/2021 Report on Homelessness

PREPARED BY:
The Maryland Interagency Council on Homelessness

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Executive Summary

In accordance with Housing and Community Development Article § 4-2101, the Interagency Council on Homelessness (ICH), staffed by the Department of Housing and Community Development (DHCD), develops the Annual Report on Homelessness. The Annual Report on Homelessness is intended as a standard reporting tool to provide a comprehensive snapshot of the breakdown of Maryland's homeless population and needs, service capacity, and programming of local providers. 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.

No report was published in 2020 due to the COVID-19 pandemic, and the need to shift focus to the deployment of new resources. This report includes data and updates from both 2020 and 2021 and provides an update on standard indicators of homelessness and homeless services in Maryland. It also includes preliminary data on the impact of the pandemic and the new programs that have been made available to mitigate the impact on individuals and families experiencing homelessness throughout our state. That said, the full impact of COVID-19 on individuals experiencing homelessness remains to be seen.

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

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

2020 and 2021 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. Due to the COVID-19 Pandemic, the ICH has met less regularly. In fiscal years 2020-2021, 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, in collaboration with HUD technical advisors and five former CoCs, supported the merger of seven Maryland counties into a newly formed rural Balance of State CoC.
- ✓ DHCD awarded $10.3 million across Maryland CoCs through the Homelessness Solutions Program (HSP).
- ✓ DHCD awarded an additional $14.8 million to non-entitlement CoCs through the Emergency Solutions Grant COVID-19 funding (ESG-CV), and $15 million to all CoCs through the Emergency Housing Program (EHP). HUD entitlement jurisdictions received an additional $35.6 million in ESG-CV funding.
- ✓ DHCD contracted a graduate fellow to conduct a race equity analysis of CoCs across the state.
- ✓ DHCD launched the Move Up Initiative, allowing CoCs in jurisdictions where the State is the Housing Authority to submit applications to transition clients from PSH to Section 8 Housing Choice Vouchers.
- ✓ Maryland Continuums of Care increased permanent housing inventory for homeless households by 922 beds, a 9% increase between 2018 and 2020.

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, providing technical assistance as requested.
- ✓ DHCD partnered with Behavioral Health Services Baltimore to offer regional trainings on Harm Reduction to shelter and homeless service providers.
- ✓ DHCD and MEMA worked with CoCs and local governments across the State to educate them on the availability of FEMA public assistance funds for establishing non-congregate shelters for people experiencing homelessness, first responders, and individuals without the ability to quarantine in their own housing when either exposed or infected with COVID-19. Over 47,000 Maryland residents were served through September 2021.
- ✓ Shelter providers worked quickly to implement CDC recommendations, decompress shelters and offer hotel/motel options for vulnerable clients and clients in quarantine.

Framework Goal 3: Health and Homelessness

- ✓ The Health and Homelessness Workgroup completed an assessment of medical respite care across the state.
- ✓ MDH and DoD jointly hired an intern to conduct an accessibility assessment of Baltimore shelter system to understand how to better serve older adults and individuals with disabilities.
- ✓ MDH and DoD developed a survey to explore ADA compliance and create policy recommendations to improve accessibility of shelter services.

Framework Goal 5: Unaccompanied Homeless Youth and Young Adults

- ✓ Governor Hogan included $1 million in DHCD's FY21 budget to support programs serving youth experiencing homelessness.

- ✓ The legislature passed The Minor Right to Consent to Shelter and Services, HB206, which authorized unaccompanied minors in need of shelter to consent to shelter and supportive services.
- ✓ Baltimore City and Prince George's County launched their Youth Homelessness Demonstration Projects (YHDP), with an additional $3.7 million in targeted youth funding in Baltimore City, and $3.48 million in Prince George's County.

Framework Goal 6: Workforce Development

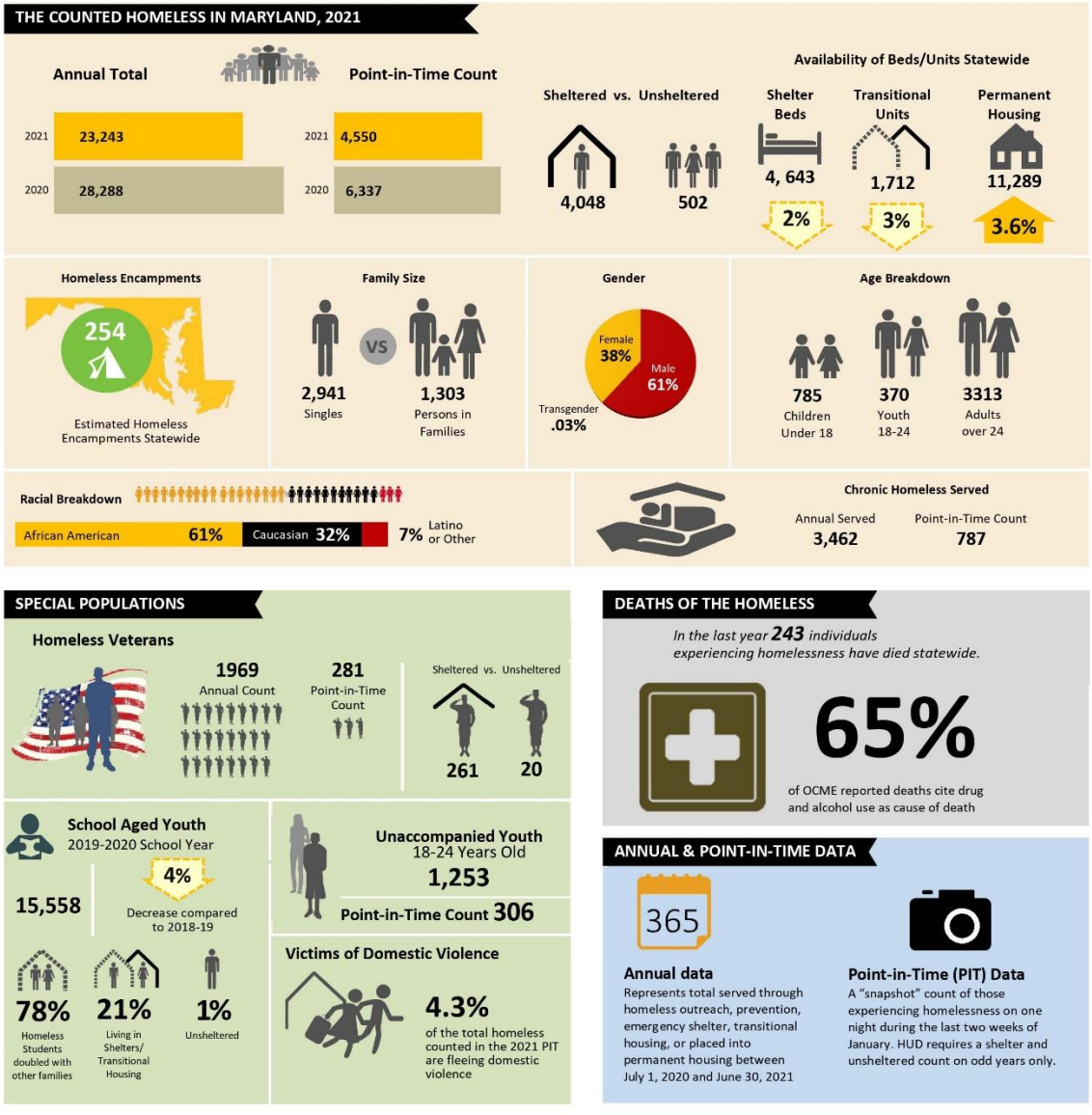
- ✓ The Workforce Development Committee was formed in January 2020 to evaluate best practices in workforce development strategies for homeless job seekers and identify interagency capacity-building opportunities.
- ✓ Maryland Department of Labor secured $400,000 in funding to establish a pilot workforce program targeted to clients who are homeless or at risk of homelessness.

Framework Goal 7: Lived Experience

- ✓ The Lived Experience Committee was formed November 2019 to examine strategies to increase participation of representatives with lived experience in the work of the ICH .

The Counted Homeless In Maryland, 2021

Notes on 2021 Data: Inconsistencies in the methodology used to collect 2021 PIT data, and changes in service delivery in response to COVID-19 and the changing funding environment, make it impossible to compare most 2021 data to prior years. That said, the available data does indicate that there was no major increase in homelessness in Maryland as a result of the pandemic. The rapid shift to de-congregate shelter, implement CDC public health recommendations to sanitize, mask and social distance, and the increase in available resources and economic assistance appears to have mitigated the worst effects of the crisis.



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).

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. Over the last two years, historical drivers of homelessness have been exacerbated by the COVID-19 pandemic. As a result of rising unemployment and lost income, a growing number of households are falling behind in rent across the state. In recognition of the increased the risk of entering shelters or any congregate housing environment, the state and federal government have responded with a number of new policies and programs to prevent or delay eviction. While these initiatives have kept many Maryland households from becoming homeless in the last few months, many Marylanders remain housing insecure and at risk of becoming homeless in the future.

The loss of income and employment opportunities exacerbates the existing limited supply of affordable housing. Across Maryland, prior to the pandemic there were an estimated 532,241 persons living in poverty in 2020[1] and approximately 50% of households were rent-burdened.[2] The National Low Income Housing Coalition (NLIHC) estimates that Maryland has a shortage of 127,861 units for families earning less than 30% of AMI.[3] In 2019, the average rent for a two-bedroom unit in Maryland was $1,700 per month,[4] while the average amount that households at 30% AMI have available for rent is $708.[5] 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. As a result of the economic impacts of COVID-19 and widespread income-inequality resulting rent burden in Maryland, the total estimated rent debt owed by Maryland renters reached $425 million at its highest point. As of September 2021, that number has decreased to $298 million due to the implementation of new federal Emergency Rental Assistance Program funding and general economic recovery for renter households. Over 101,000 households are still estimated to be behind on their rent.[6]

Quantifying Homelessness in Maryland

Over the last five years, Maryland has seen a steady and marked decrease in the number of homeless identified in the Annual PIT count. According to PIT data, overall homelessness in Maryland dropped by 24% from 8,392 in January 2015 to 6,337[7] in 2020. The number of chronically homeless individuals dropped by 25% and veterans experiencing homelessness declined by 35%. While the decline in the PIT count numbers is a positive trend, it's also important to note that the number of homeless counted in the PIT count is often approximately one fifth of the total number of homeless clients served in a given year, and a systematic undercount of the homeless population in Maryland. The 2020 PIT count was held in late January 2020, and preceeded the full onset of the pandemic.

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.

[1] https://talkpoverty.org/state-year-report/maryland-2020-report/

[2] American Community Survey, 2018

[3] https://reports.nlihc.org/sites/default/files/gap/Gap-Report_2020.pdf

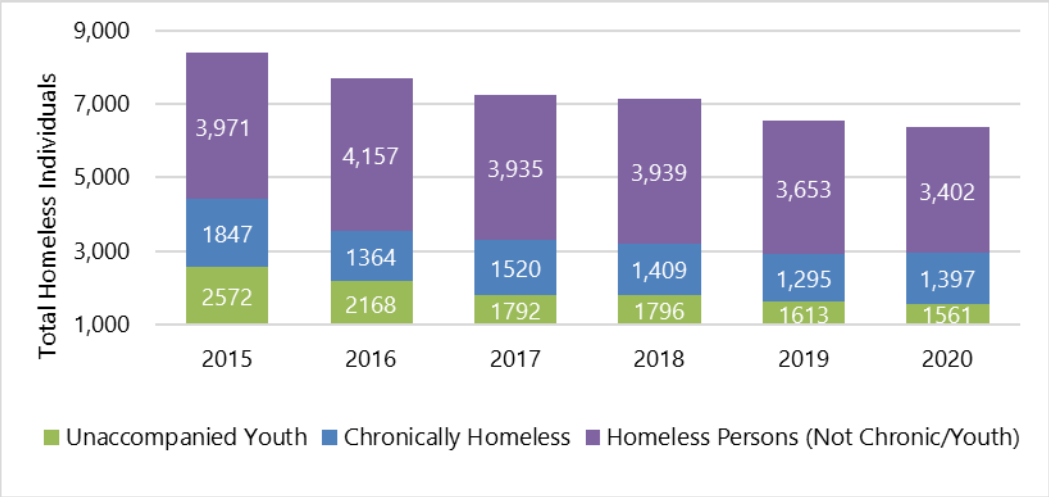
[4] https://www.rentdata.org/states/maryland/2020

[5] Affordable rent calculated based on 30% of income for a four-person household making $28,315, or 30% AMI.

[6] https://nationalequityatlas.org/rent-debt

[7] Adjusted to include estimated unsheltered homeless in Carroll County.

Exhibit 1: Youth, Chronic, and Total State Homeless Populations, 2015-2020



Source: HUD CoC Homeless Population and Subpopulation Reports

In 2021, HUD offered numerous exemptions and waivers in response to the COVID-19 pandemic, allowing CoCs to either opt out of an unsheltered count altogether or to conduct a head count without collecting the same level of detailed demographic data. As a result, the 2021 PIT numbers show an almost 30% decline in the number of homeless counted, but the changes in methodology mean that 2021 PIT data **cannot be used to identify trends** when compared to prior years.

In addition to the PIT Count, Maryland DHCD collects data on the annual number of clients served by providers in each year. These numbers includes anyone that was homeless or at risk of homelessness who received homeless services throughout the 2020 and 2021 fiscal year, including prevention, outreach, emergency shelter, rapid re-housing, and placement into permanent housing. In 2020, the annual total number of clients served was 28,288, approximately 8% fewer individuals than the total for 2019, and the total clients served decreased another 17% to 23,243 in 2021. Several providers attributed the decline to a decrease in shelter capacity and demand for services due to the pandemic. Jurisdictions reporting an increase in clients served attributed the change to a shift in reporting methodology to include domestic violence clients, and to targeted outreach activities and new programs launched in response to the pandemic.

Table 1 - Jurisdictional 2020 Annual and Point-in-Time Count Data

Maryland Continuum of Care	*Population by CoC (2019)*	*Homeless clients served (2020)*	*Homeless clients served (2021)*	*2020 Point-In-Time Count Numbers*	*2021 Point-in-Time Count Numbers*
Anne Arundel County	579,234	1190	1286	319	244
Baltimore City	593,490	9420	6967	2193	1,631
Baltimore County	827,370	4032	3532	712	270
Carroll County	168,447	691	535	107	85
Frederick County	259,547	1015	1022	299	225
Harford County	255,441	693	667	166	173
Howard County	325,690	513	478	139	82
Lower Shore	181,501	1468	1116	310	214
MD BOS	722,626	3262	2978	799	392
Mid-Shore	172,319	1645	1570	157	122
Montgomery County	1,050,688	2466	2840	670	577
Prince George's County	909,327	1893	1975	466	535
Statewide	**6,045,680**	**28,288**	**23243**	**6337**	**4550**

The CoCs with the greatest number of homeless individuals identified in the 2020 PIT Count were Baltimore City (35%), Baltimore County (11%), Montgomery County (11%) and Prince George's County (7%). Notably, Baltimore City is also an outlier in the proportion of residents who are homeless. The number of total clients served (9,420) is 1.6% of the city's population, while other CoCs throughout the state average less than .5% of the local population. Baltimore City did not conduct an unsheltered count.

Counts of Vulnerable Sub-Populations

The ICH examines trends in homelessness of particularly vulnerable populations such as the chronically homeless, veterans, and unaccompanied homeless youth. This section includes data from CoC Annual Reporting, as well as 2020 and 2021 PIT report data. The 2021 PIT was not mandatory and did not follow the same data collection standards as prior years, so the data is not comparable.

Chronically Homeless

- In the 2020 PIT count, 1,337 chronically homeless individuals were identified statewide, a 30% increase from 2018 the last year a comparable count was taken. In 2021, 787 chronically homeless individuals were identified.
- The annual total of chronically homeless served during fiscal year 2020, as reported by CoC partners through HMIS data, is 4,699, and represents an 18% increase from FY19, although the number dropped to 3,462 in FY21.
- Providers attribute the increased total served in FY20 to an increased focus on outreach and efforts to prioritize more vulnerable clients, including the chronically homeless.

Homeless Veterans

- In the 2020 PIT count, 7.5% of Maryland's homeless population are veterans compared to 6.1% in the 2021 PIT Count.
- The 2020 PIT count identifed 462 homeless veterans, a 16% decrease since 2018. 281 veterans were identified in the 2021 PIT count.
- CoCs reported serving 1,969 veterans in FY20 and 1,603 Veterans in FY21, in total a 36% decline from the number served in FY19.

Individuals Experiencing Domestic Violence

- The 2020 PIT count identified 344 individuals fleeing a domestic violence situation. This represents a 20% decline from the 2018 PIT Count and comprises 5% of homeless counted in 2020.
- The 2021 PIT count identified 195 individuals fleeing domestic violence, 4.2% of the homeless counted in 2021.

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.

Unaccompanied Homeless Youth[8]

- The 2020 PIT count recorded 227 unaccompanied homeless youth statewide, approximately 4% of the homeless population, and 468 homeless youth.
- The 2021 PIT count recorded 178 unaccompanied homeless youth, approximately 4% of the homeless population, 128 parenting youth, and a total of 306 homeless youth 0-24.
- The PIT count identified 189 in-parenting homeless youth; an 8% decline from 2018.
- The state started counting youth for the first time in FY21 and reported serving a total of 1,253 unaccompanied homeless youth, and 251 parenting youth experiencing homelessness.
- According to data provided by the Maryland State Department of Education (MSDE), there were 16,202 school-aged youth experiencing homelessness enrolled in school in the 2018-19 and 15,558 in the 2019-20 school year, a total 11% decline from the 2017-18 school year. While MSDE uses a different definition of homelessness under the McKinney Vento Act, these numbers reflect similar trends to the 2020 PIT count. Of the 15,558 students reported homeless in 2019-2020:
  - 78% were students doubled up
  - 12% were students living in shelter or transitional housing
  - 9% were living in a hotel/motel
  - 1% were unsheltered
  - 12% were unaccompanied homeless youth

Unsheltered Homeless and Homeless Encampments

- The 2020 PIT count located 1,200 individuals, or 19%, of those counted living in unsheltered conditions, including encampments. The 2021 PIT count located 502 individuals living in unsheltered conditions, but Baltimore City and Howard County did not complete an unsheltered count in 2021.
- Carroll County did not submit an unsheltered count in 2020, but they reported 23 unsheltered homeless individuals in 2019, so a better estimate is closer to 1238 individuals or 20% of the state's homeless. 2019 PIT numbers for Carroll County are included in the table.
- During the month of July 2020, CoCs reported an estimated 230 encampments across the state. This increased to 254 when encampments were reported for October 2020.

[8] 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.

Table 2 – Sheltered, unsheltered and encampment counts by CoC

CoC	Sheltered Count (PIT)	Unsheltered Count (PIT)	% Homeless Unsheltered (PIT)	Estimated # of Encampments July 2020	Estimated Encampments October 2021
Anne Arundel	229	90	28%	32	32
Baltimore City	1895	298	14%	10	26
Baltimore County	496	216	30%	78	71
Carroll County	107	23*	18%	11	13
Frederick County	249	50	17%	5	7
Harford County	153	13	7%	12	12
Howard County	99	40	29%	9	4
Lower Shore	256	54	17%	19	21
MD BOS	569	230	28%	31	31
Mid Shore	129	28	18%	10	9
Montgomery County	567	103	15%	3	8
Prince George's County	375	91	20%	10	20
	5124	**1236**	**20%**	**230**	**254**

*2019 data, no unsheltered count in 2020.

Racial Equity

Racial disparities are starkly reflected within the state's homeless population even when accounting for disparities in wealth and poverty levels. While Black individuals make up just 29% of the state's population, 59% of the state's homeless population are Black. By contrast, Maryland residents are 51% White, but represent just 34% of the 2020 PIT count. In spite of the discrepancies in methodology, these ratios were relatively unchanged in the 2021 PIT count. Racial disparities are even greater among certain sub-populations. Over 70% of families experiencing homelessness and 65% of youth experiencing homelessness are black. These disparities highlight the need for further system analysis and race equity planning at the state and local level.

To further understand how race equity issues may be reflected in these services, the Department of Housing and Community Development contracted a graduate fellow to conduct a race equity analysis of the state's Homelessness Solutions Program data. The fellow used the recently released HUD CoC Racial Equity Analysis Tool to provide CoCs with a race equity analysis of their jurisdiction and reached out to CoC leads to review their local data and provide recommendations for analysis to understand the demographics of people receiving services and their housing outcomes. This work is being continued through local race equity workgroups in several CoCs and is a priority for the newly formed Balance of State CoC.

Deaths of Those Experiencing Homelessness

Studies examining mortality among homeless populations show that violence and injury-related death rates are higher among homeless people compared with the general population.[9] The Office of the Chief Medical Examiner (OCME) began including data on the housing status of individuals found deceased in 2007. During the 2020 calendar year, approximately 243 homeless individuals died across the State of Maryland. When compared to the total number of homeless counted in the 2020 PIT count, Maryland's homeless death rate is 3,835 per 100,000, approximately three times the rate for the general population

[9] Stanley, et al., (2016). https://www.sciencedirect.com/science/article/pii/S0749379716303117

in Maryland, and the average life expectancy for someone experiencing homelessness is 30 years less than the average person.[10] [11]

While there is not sufficient data to draw definitive conclusions, there is early indication that individuals experiencing homelessness are at an elevated risk of mortality since the start of the COVID-19 pandemic. The number of individuals lost increased 40% from calendar year 2019 to calendar year 2020, and the increase in mortality has persisted through the first nine months of 2021, although just two of those deaths were attributed to COVID-19. It appears that the social and economic impact of the COVID-19 pandemic has increased the number of deaths among the state's homeless population from a number of causes with a concerning increase in the number of deaths attributed to overdose.

The OCME data reflects a high risk of overdose deaths among the state's homeless population. Between January 1, 2020, and September 30, 2021, OCME reported that 17% of homeless individuals died of natural causes (including two reported due to COVID-19), 14% of deaths were attributed to accidents or other injuries, while 65% were attributed to drug overdose or complications due to drug use. Over 88% 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. Data from the State Opioid Operational Command Center also cited similar trends, noting an increase in fatalities from every class of substance in their 2021 first quarter report capturing January-March 2021, and approximately 90% of overdose deaths caused by opioids.

The impact of COVID-19 on Maryland's Homeless Population

Since the onset of the pandemic in early March through October 2021, Maryland has confirmed close to 552,524 positive cases, approximately 6% of the state's population. Providers throughout the state reacted quickly to minimize the risk of outbreaks in homeless shelters, implementing CDC best practices, including social distancing, temperature checks, mask-wearing, and other PPE for staff and residents. In April 2020, Maryland was one of the first states to apply for FEMA Non-Congregate Shelter (NCS) approval enabling providers to secure reimbursement for the cost of placing medically at-risk or COVID-19 positive clients in hotels. Shelter providers throughout the state have continued to use hotels to quarantine exposed or positive clients, de-congregate shelters and reduce the risk of widespread infection.

The state also took actions to reduce households' risk of becoming homeless, issuing moratoriums on utility shutoffs and evictions. The Utility Shutoff ensured that no electric, gas, sewage disposal, telephone, water, cable, or internet provider can terminate service if it is being used in the tenant's home, until November 15th, 2020. Utility shutoff moratoriums were extended through October 2021 for low-income households who were medically fragile or had qualified for state energy assistance in the past. Utility providers were also not allowed to charge late fees during the moratoriums. The Governor's Eviction Moratorium issued on April 3rd, 2020 and running through August 15th, 2021, protected tenants that could demonstrate evidence that they suffered a substantial loss of income related to COVID-19 by directing the courts to not award the landlord possession of the property. Maryland's State Eviction Moratorium was complimented by two Federal moratoriums – the CARES Act moratorium passed by Congress in early 2020, and the CDC Eviction Moratorium, effective September 4th, 2020, and ending August 26th, 2021. Under the CDC Eviction Moratorium, a landlord could not evict a tenant if the tenant provides a signed declaration asserting that they meet five federal criteria related to income and seeking public assistance for rent arrears.

[10] 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.

[11] Stanley, et al., (2016). https://www.sciencedirect.com/science/article/pii/S0749379716303117

These actions have mitigated the impact of COVID-19 on Maryland's homeless and housing insecure populations. While there have been a few small outbreaks in urban areas, Maryland has seen few large-scale outbreaks within its homeless service system, and as noted above, the state's OCME reported just three deaths of homeless individuals due to COVID-19 between March 2020 and September 2021, avoiding a large-scale loss of life in this highly vulnerable population. However, at-risk and homeless populations throughout Maryland remain vulnerable, and the state is acting quickly to distribute historic amounts of rental assistance and rapid re-housing services to avoid further negative consequences. The following sections cover state and federal programs providing funding and support to Maryland's homeless population with special attention given to how these programs have adapted to support providers to respond to the economic and public health impacts of COVID-19.

The State's Response to Homelessness

Over the last five years, Maryland state agencies and local Continuums of Care (CoCs) have become increasingly coordinated and aligned in their approach to addressing homelessness. Following guidelines outlined in the 2018 federal strategic plan *Home, Together*,[12] 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. In addition, regular statewide performance reports provided through the Maryland State Data Warehouse track lengths of stay, exits to permanent housing, clients served, data quality, and other metrics to monitor impact and program effectiveness across the state. This approach has allowed communities to significantly reduce the length of stay in emergency shelters and tackle the high numbers of those living unsheltered.

Continuum of Care (CoC)
A Continuum of Care (CoC) is a local or regional planning body that is responsible for coordinating the funding and delivery of housing and services for people experiencing homelessness in its service area. CoCs also maintain the local Homeless Management Information System (HMIS), which is used to collect and report data on the characteristics of people experiencing homelessness and their service use patterns. Individual CoCs receive funding through the HUD Continuum of Care Program, which is designed to promote a community-wide response to ending homelessness.

The growing coordination between the state's homelessness funding agencies and local CoCs over the last few years, also laid the groundwork for a swift and coordinated response to the pandemic. Beginning in March of 2020, DHCD began hosting regular statewide calls with homeless service providers, CoC leads, and key partner State agencies such as DHS and MDH to share the latest updates on resources and support and collect information about needs and challenges at the community level. Training and peer sharing topics include best practices for using Personal Protective Equipment, decompressing shelters, ensuring adequate access to vaccines and testing at the local level, strategies for engaging people experiencing homelessness in vaccination efforts, mitigating transmission of COVID-19 in shelter environments, strategically using new State and Federal resources to expedite housing placements, and reducing the number of households seeking shelter by maximizing use of homeless prevention resources.

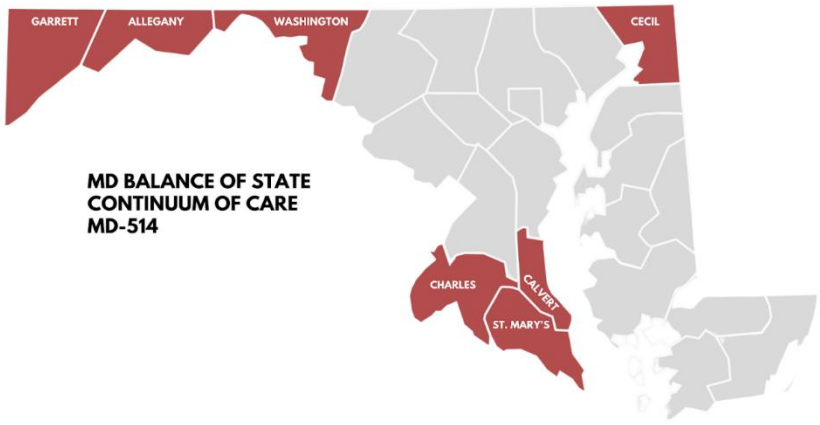
These calls were supplemented with a 'Community Connection' newsletter to share information about critical safety guidance and state level initiatives such as the utility shut off and eviction moratorium issued by the governor, stay at home orders, and best practices for safely providing services to persons experiencing homelessness or displacement related to COVID-19. The newsletter highlighted successful community initiatives to recognize provider efforts and encourage replication of successful responses. As COVID-19 response efforts transition from initial emergency response to long-term recovery, DHCD continues to lead monthly peer-sharing calls and act as a conduit of information sharing between state agency staff and homeless services providers throughout the state.

Balance of State

The State of Maryland and five rural CoCs also took the major step of consolidation and coordination, merging into a Balance of State. Over the last few years, HUD has strongly encouraged smaller CoCs to merge to meet high performance expectations and administrative burdens, and more effectively compete

[12] https://www.usich.gov/home-together/

for funding. These challenges have led to Maryland CoCs losing federal homeless services funding or not being able to apply for the full amount of funds they are eligible to receive. In 2019, HUD offered interested Maryland CoCs technical assistance to explore merging into regional groups or into a Balance of State model. The participating CoCs identified DHCD as an essential partner to merger efforts and serving as the CoC Lead Agency.



On January 27, 2020, just before the onset of the pandemic, HUD approved the creation of the new Maryland Balance of State CoC (MD-514), which will initially have seven member counties: Allegany, Calvert, Cecil, Charles, Garrett, St. Mary's, and Washington. Other rural and suburban CoCs are welcome to join the Balance of State in future years and are likely to be encouraged to do so by HUD. Harford County voted to join the Balance of State in 2021 and will officially join in 2022. The merger is expected to yield the following benefits to rural jurisdictions, and lead to a long-term increase in funding for housing services:

- Reduce administrative burden at the local level, freeing programs and staff to focus on delivering high-quality services
- Create dedicated full-time CoC staff support by pooling administrative funds
- Increase competitiveness and score on the annual CoC funding application – resulting in more federal funds to address homelessness in Maryland
- Leverage State resources, initiatives, and departments to support CoC's strategic plan to end homelessness and fulfill HUD policy priorities
- Standardize access to, and provision of, services and housing across the State
- Ensure robust and HUD-compliant HMIS is deployed with adequate support for providers, increasing data quality and CoC performance outcomes
- Align policies and funding priorities across State and Federal funding for CoCs
- Expand technical assistance and training support for local homeless providers and governments

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 Navigator and Aftercare Program (HNAP). The first consolidated funding grants were awarded in July 2018.

Allowable activities under the HSP Program:

1. **Outreach:** Activities designed to meet the immediate needs of unsheltered homeless people by connecting them with emergency shelter, housing, and/or critical health services.
2. **Emergency Shelter:** Activities designed to provide immediate access to overnight shelter to respond to a crisis.
3. **Transitional housing:** Activities designed to meet more intensive service needs to increase the housing stability of the population served. Within HSP, transitional housing must be targeted to special populations, such as persons experiencing domestic violence and youth.
4. **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.
5. **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.
6. **Rapid re-housing (RRH)** connects households experiencing homelessness to permanent housing through financial assistance and housing-focused services.
7. **Permanent Supportive Housing (PSH) Case Management:** covers case management services for residents in

The Homelessness Solutions Program (HSP) administered approximately $10.3 million in state and federal funds during both fiscal year 2020 and 2021 to emergency service programs serving the homeless statewide, including $1 million specifically set aside for programs targeted to unaccompanied homeless youth under the Ending Youth Homelessness Act of 2018. 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. Additionally, the Department incorporated federal 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. Reflecting similar waivers provided by federal funders such as HUD, the State Homelessness Solutions Program issued several waivers to support providers to continue serving clients throughout the pandemic:

1. Allowing grantees to secure verbal consent from clients in lieu of written consent to shelter.
2. Allowing grantees to use landlord letters as proof of future eviction.
3. Waiving inspection requirements for homeless prevention and rapid re-housing services until further notice.

Table 3 - FY20 HSP Performance Data

Activity	# Clients Served	Exits to Permanent Housing	Med Length of Stay
Street Outreach	2,308		
Emergency Shelter	5,880	42%	119
Rapid Re-Housing	2,204	81%	159
Homeless Prevention	3,042	97%	369
Services	818	70%	365
Total	**13151**	**55%**	

The state also maintains a strong focus on **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 FY20, the median length of stay in emergency shelter was 119 days for leavers, clients who had exited the program during the reporting period. During the same reporting period, median exits to permanent housing were 42% for emergency shelter, 81% for rapid-rehousing, and 97% for homeless prevention. The outcomes for rapid re-housing and homeless prevention are in line with national performance targets set by HUD and recommended as best practice for the National Alliance to End Homelessness. Outcomes for emergency shelter exits to permanent housing are slightly below national averages and should continue be a focus area for performance improvement.

Providers indicated that COVID-19 impacted both the demand and availability of services in their communities and created new challenges identifying landlords and affordable housing placements for clients eligible for rapid re-housing, contributing to the decrease in clients served and longer length of stay than in previous years. State fiscal year 2021 HSP Performance Data for each activity/service was not available at the time of publication. However, preliminary data showed the total number of clients served with HSP funding decreased from 13,151 to 11,057 with a total of 2,475 exiting to permanent housing. Providers attribute the decrease in clients and permanent housing exits to the COVID-19 pandemic affecting both demand and access to homeless services, and the influx of short-term relief funding which targeted the same clients as the HSP program.

Along with financial support, DHCD provides training and technical assistance to ensure that providers are able to meet HSP requirements and implement best practices. Rapid re-housing has long been a priority for the Homelessness Solutions Program, and in 2018, the Department supported four rapid re-housing learning collaboratives, which has transitioned into a monthly rapid re-housing workgroup in 2019. In 2021, DHCD used CARES Act funds to hire a Permanent Housing Systems Project Manager to provide targeted technical assistance to support non-entitlement grantees in scaling up their rapid re-housing programs in order to spend down their ESG-CV rapid re-housing allocations.

In the fall of 2019, DHCD partnered with the Behavioral Health Systems Baltimore to provide training in Harm Reduction targeted to homeless service providers, and led regional trainings in Western Maryland, the Eastern Shore, and Southern Maryland. Trainings were also scheduled in Baltimore City and Prince George's County but were cancelled due to staff capacity and the onset of the pandemic. While in person monitoring was waived in March 2020, staff is in the process of conducting virtual monitoring of all HSP 20 and 21 grants and meets regular with grantees and providers to provide technical assistance as needs arise.

Support to Homeless Youth

Over the last several 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. In 2013, the state established a Task Force to Study Housing and Supportive Services for Unaccompanied Homeless Youth, in 2014, the legislature authorized YouthREACH Maryland to collect quantitative data on the unique needs of unaccompanied homeless youth, and in 2018, the Maryland legislature passed the Ending Youth Homelessness Act establishing a separate fund to address youth homelessness. On May 8th, 2020, the legislature passed The Minor Right to Consent to Shelter and Services, HB206, which permitted unaccompanied minors in need of shelter to consent to shelter and supportive services. The law also required providers to adhere to specific rules and regulations and register their intent to serve minor youth with the state.

For the second year in a row, Governor Hogan allocated $1 million in special funding for homeless services targeted to unaccompanied homeless youth. These funds were distributed to nine CoCs in the second 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. Additionally, in September 2019, two Maryland CoCs were awarded HUD grants for Youth Homelessness Demonstration Projects (YHDP) totaling $3.7 million to Baltimore City and $3.48 million to Prince George's County.

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 2020, MSDE received $1,580,787. million in McKinney Vento funds, an 11% increase over 2019 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.

Availability of Emergency and Permanent Housing

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.

The total number of available emergency and permanent housing beds reported across Maryland increased slightly from 16,199 in 2019 to 16,510 in 2020, the most recent Housing Inventory Count. However, there were some notable shifts within different types of housing programs and supports, as the capacity of emergency shelter, permanent supportive housing, and rapid-rehousing have increased, while transitional housing declined, reflecting best practices and decreased federal funding.

Table 4 -Statewide Housing Inventory Counts (HIC)

Bed type	2018	2019	2020	Percent Change
Total Shelter Capacity	4573	4747	4643	**1.5%**
Rapid re-housing	1262	1542	1439	**14%**
Transitional Housing	1970	1770	1712	**-13%**
Permanent Supportive Housing	9105	9354	9850	**7.6%**
Total Year-Round Beds	15896	16199	16510	**3.7%**

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) a prescribed set of housing services.

- In FY20, PATH received $1.27 million and served 1,534 individuals
- In FY21, PATH received $1.27 million and served 1,758 individuals

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 FY20, SOAR received $285,977 from the State's PATH grant, and supported 226 cases, leading to the approval of 195 benefit claims.
- In FY21, SOAR received $285,977 from the State's PATH grant, and supported 192 cases, leading to the approval of 164 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 care, entitlements, i.e. SSI or SSDI, or other community supports.

- In SFY20, the Homeless ID program received $117,535 in state funds, providing 294 state identification cards and 345 birth certificates.
- In SFY21, the Homeless ID program received $117,535 in state funds, providing 110 state identification cards and 261 birth certificates.

Eviction Assistance Program

The Eviction Assistance Program (EAP) 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 2020, EAP received $657,000, and distributed $516,597.70 in eviction stipends to 2,346 households. In the last two years, Montgomery and Worchester County spent all of their funds within the first quarter and Prince George's went over budget in the last year, reflecting the high demand for EAP services.

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 response to the COVID-19 emergency, HUD suspended the funding competition in 2020, and reauthorized FFY2019 awards for FFY2020 at level funding with only adjustments to rental assistance funds to align with changes in local Fair Market Rents. The vast majority, 79%, of HUD CoC funding is allocated to Permanent Supportive Housing. A primary objective of the Balance of State merger is to increase the competitiveness of participating rural communities in securing federal funding.

Table 5 - Federal Homeless Services Funding to Maryland

Category	Definition	FFY19 Awards	FFY20 Awards	Percent of State Awards
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.	$41,372,470	$42,605,899	79%
Rapid re-housing (RRH)	A short-term rental subsidy and supportive services.	$5,664,594	$5,813,754	11%
Joint TH-RRH	A Joint TH and PH-RRH project combines transitional housing and rapid re-housing in a single project to serve individuals and families experiencing homelessness, often targeted to youth or individuals fleeing domestic violence.	$904,004	$912,416	2%
Transitional Housing (TH)	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.	$351,011	$351,011	<1%
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.	$399,670	$399,670	<1%
Supportive Services	Services provided to those experiencing homelessness through outreach efforts and shelter provision.	$1,351,805	$1,351,805	3%
Homeless Mngmt. Info. System (HMIS)	Homeless Management Information System, used by homeless providers to track client intake, progress and move out.	$862,490	$862,490	2%
Continuum of Care Planning	Included planning activities around federal objectives such as coordinated assessment	$1,534,040	$1,534,040	3%
TOTAL		**$52,440,084**	**$53,840,535**	3%

The Coronavirus Aid, Relief, and Economic Security (CARES) Act Funding

The CARES Act, a $2 trillion Federal Relief package, was enacted on March 27, 2020, and has resulted in an additional $125,476,300 in Federal Funding to Maryland state agencies through the Community Development Block Grant (CDBG), Community Services Block Grant (CSBG), Emergency Solutions Grant (ESG) and the Housing Opportunities for Persons with AIDS (HOPWA) program. These funds represent a nearly fourteen-fold increase in Emergency Solutions Grant funding alone and are requiring Maryland CoCs and providers to rapidly and strategically scale up their capacity to respond to the increase in demand for homelessness and homelessness prevention services.

Emergency Solutions Grant (ESG-CV)

The State of Maryland was awarded two rounds of funding for the State Emergency Solutions Grant COVID-19 Program (ESG-CV), the only CARES Act funding source exclusively allocated for addressing

homelessness. The first round of ESG-CV funding included $4,031,452 to the state to distribute to non-entitlement jurisdictions and $11,376,576 directly to entitlement jurisdictions, and was largely used to meet three emergency goals: decompress emergency shelters through non-congregate shelters or by increase permanent housing resources, increase safety in congregate settings through the purchase of PPE, screening materials and cleaning supplies and to enable CoCs and providers to act quickly to meet the needs of their community with the flexibility to secure reimbursement for costs incurred through their COVID-19 response. The state placed no additional restrictions on the first round of funding beyond the federal ESG-CV requirements to allow CoCs maximum flexibility to meet emergency needs.

The state received an additional $34,985,870 in round two ESG-CV funds with $10,739,230 allocated to the state to distribute to non-entitlement jurisdictions. The state was more prescriptive with the second round of ESG-CV funds, requiring that a minimum of 50% of the funds be used on rapid re-housing with CoCs encouraged to allocate 75% or more to rapid re-housing. The state also required the ESG-CV round two funding cannot be used as a primary source for non-congregate shelter as long as FEMA funding is available, and it cannot be used for homeless prevention rental assistance until these CoC has provided permanent housing placements for at least 50% of their annual households served in shelter/street settings. These efforts are intended to ensure that these resources are set aside to serve clients who are experiencing homelessness and prioritize services that enable those clients to obtain permanent housing.

Community Development Block Grant (CDBG-CV)

The State of Maryland has been awarded three rounds of funding for the State CDBG Program. For round one, funds were only available to the non-entitlement, rural counties. A total of $4.45 million was awarded for services to special needs populations, including $2.3 million for emergency rental assistance for low- and moderate-income households. For round two ($16.1 million), which is in process, funds are available to all counties and Baltimore City to use for emergency rental assistance. Funding for round 3 was awarded by HUD ($5.2 million) and will only be made available to non-entitlement, rural counties to use for emergency rental assistance and eviction prevention legal services.

Community Services Block Grant (CSBG-CV)

The State of Maryland received $13.7 million in CSBG-CV funding through the US Department of Health and Human Services. Ninety percent of these funds ($12.3 million) have been awarded by formula to the state's 17 Community Action Agencies (CAAs) to support activities that prevent, prepare for, and respond to the coronavirus. Approximately $685,000 will be deployed to support nonprofit legal services for tenants facing eviction; to support activities that build the capacity of the CAA network; and to analyze the distribution of CSBG funds to determine if they are targeting areas of greatest need.

Scaling up Technical Assistance

As noted, the CARES Act funds required a significant scale-up in CoC and provider service capacity, financial reporting, and monitoring. To ensure these funds are used effectively, DHCD staff are taking the following steps to scale up technical support:

1. Offering trainings on financial reporting and ESG-CV compliance, and TA and training for CoCs to build RRH capacity and to align their normal ESG with ESG-CV to serve clients effectively;
2. Supporting CoCs with Coordinated Entry development and prioritization of the most vulnerable/chronically homeless for permanent housing;
3. Encouraging CoCs to expand the number and quality of service providers in their network, and make strategic allocations to activities based on data; and
4. Identify permanent supportive housing resources for individuals that need on-going rental and supportive services after rapid re-housing.

HUD has also assigned technical advisors to provide additional support allocating and monitoring the CARES Act funds, and DHCD and HUD are working together to coordinate federal and state priorities and technical assistance.

American Rescue Plan Act

Emergency Rental Assistance Program (ERAP).

The Emergency Rental Assistance Program (ERAP) was initially authorized under the Consolidated Appropriations Act of 2021 ("ERAP 1") and further expanded through the American Rescue Plan Act ("ERAP 2"). Combined, ERAP provides over $752 million in for rental assistance to eligible households throughout Maryland. Maryland DHCD administers access to ERAP rental assistance in two ways, (1) grants to local jurisdictions to support local rental assistance programs and (2) bulk rent relief for tenants residing in affordable rental properties that received federal or state financing through the Assisted Housing Relief Program. Once a household is approved, ERAP can provide up to 18 months of rental assistance with no dollar cap on the amount of assistance provided. DHCD maintains a website with links to all local county program applications and a rent relief dashboard showing assistance delivered by county: rentrelief.maryland.gov.

Emergency Housing Program (EHP)

The Emergency Housing Program was authorized through the State RELIEF Act, and later received Federal funding through the American Rescue Plan Act. The Emergency Housing Program provides Maryland CoCs with $15 million in additional funding for up to 30 days of emergency housing in order to respond to the economic crisis caused by the Covid-19 pandemic. The goals of the program include efforts to:

- Provide shelter as a crisis response for people experiencing homelessness;
- Reduce the number of individuals/households who become homeless;
- Shorten the length of time an individual or household is homeless;
- Reduce the number of individuals/households that return to homelessness; and
- Provide fixed or short-term rental assistance payments to people at risk of being homeless.

The funding may support efforts to: (1) cover hotel/motel costs for non-congregate shelter; (2) provide emergency shelter for homeless individuals and families, including operations and essential services for residents; and (3) provide short-term rental assistance to prevent families and individuals from becoming homeless.

FEMA Non-Congregate Shelter Funding

In addition to the CARES Act funding, the Maryland Emergency Management Agency (MEMA) acted quickly to secure the approval from FEMA to enable providers to seek reimbursement for non-congregate shelter (hotel and motel stays) for medically vulnerable or COVID-19 positive clients. Non-congregate shelter was made available to people experiencing homelessness, first responders, and medical providers who are not able to quarantine effectively in their current living situation. The total number of people served in non-congregate shelter across the State totaled over 47,000 people.

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 rental assistance 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 2019 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 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 rental subsidy 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.

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 has launched in several DHCD housing authority jurisdictions in Western Maryland, including Garrett, Allegany and Frederick, and the Eastern Shore, Mid-Shore and Lower Shore CoCs, and Garrett has submitted requests for seven vouchers through the program to date. Efforts to expand and grow the Move Up Initiative were paused to respond to COVID-19.

ACIS §1115 Waiver/Assistance in Community Integration Pilot

The Assistance in Community Integration Services (ACIS) Pilot is part of Maryland's §1115 HealthChoice Demonstration Waiver renewal. It provides funding for the expansion of supportive services for PSH by offering local governmental entities the opportunity to request matching funds from the federal government to serve up to 600 high-risk, high-utilizing Medicaid enrollees. The goal of the ACIS Pilot is to improve health outcomes for Maryland Medicaid beneficiaries at risk for institutional placement or homelessness and who meet specific needs-based health criteria. The ACIS Pilot provides tenancy-based case management services/tenancy support services and housing case management services. Participating jurisdictions, known as Lead Entities, have relied on partnerships with their local Public Housing Authority (PHA) to access housing vouchers to match their awarded ACIS Pilot spaces. Both the state and local PHAs have requested vouchers for ACIS Pilot spaces in their application for Mainstream Vouchers.

In 2017, the Maryland §1115 HealthChoice Waiver was initially approved for 300 Assistance in Community Integration Services (ACIS) Pilot participant spaces. Thus far, the pilot has had successful uptake by four Lead Entities, the Baltimore City Mayor's Office of Homeless Services, the Cecil County Health Department, the Montgomery County Department of Health and Human Services, and the Prince George's County Health Department.

In 2019, due to external stakeholder requests, Maryland applied for, and was approved for an additional 300 ACIS participant spaces, which brought the statewide cap up to 600 spaces. As of June 2021, the Maryland Department of Health (MDH) applied for another 300 ACIS participant spaces which, if approved by CMS, would bring the statewide cap to 900. MDH expects a decision on its application to be made by December 2021.

Currently, 420 ACIS participant spaces have been awarded across the four aforementioned Lead Entities, with 200 spaces allocated to the Baltimore City Mayor's Office of Homeless Services, 15 to the Cecil County Health Department, 130 to the Montgomery County Department of Health and Human Services, and 75 to the Prince George's County Health Department. The ACIS Pilot is now accepting applications on a rolling basis for the remaining 180 statewide ACIS participant spaces.

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, as well as identifying other programs that can provide support to PSH for the homeless.

Table 6 - Descriptions and Updates of Affordable Housing Programs

Program Description	Agency	FY20 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	In SFY 2020, $7.3 million was awarded to five projects: • The Sexual Assault/Spousal Abuse Resource Center (SARC) in Harford County was granted $1,500,000 for new construction. • House of Routh in Baltimore City, a Domestic Violence Center, was granted $630,000 for new renovations. • Beacon House Square, a Homeless Shelter for Veterans in Baltimore City, was granted $2,000,000 for new construction. • Tuerk House, a Homeless Shelter for individuals in recovery in Baltimore City, received $1,265,000 for new construction. • Chrysalis House, a residential recovery center in Baltimore City, was granted $2,600,000 for new construction. In SFY21, $4.95 million was awarded to four projects: • W. Mulberry Court in Baltimore City, was allocated $750,000 for major rehabilitation of supportive housing • Hilda's Place, a behavioral health program in Howard County, was allocated $500,000 for acquiring property for an emergency shelter • Family Crisis Resource Center, a Domestic Violence Center in Allegany County was allocated $2,000,000 for new construction • YWCA was allocated $1,700,000 for emergency shelter for victims of sex trafficking
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 2021, HUD awarded approximately $26.9 million to Maryland to create 393 units statewide. During SY2021: • 22 of 176 total (12.5%) Section 811 units went to those experiencing homelessness. • As of September 30, 2021, 902 of the 1,555 people (58%) on the waitlist are homeless, a 5% increase from fiscal year 2020. • To date, DHCD has identified 318 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. Additionally, $2 million was awarded in 2016 and $3 million in 2020. At the close of FY21: 42 units across 18 properties received Weinberg funding.

<table>
<tr><th>Program Description</th><th>Agency</th><th>FY20 Updates</th></tr>
<tr><td>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.</td><td>DHCD</td><td>Total funding to date including the match is $7.2 million, with $5.5 million allocated for rental expenses.
DHCD received a third grant for $4.2 million in 2020 to help fund participants in the latter part of FY22 and continue through FY23.
467 clients are housed.
In April 2021, the program accepted 100 new applications and has plans to accept additional applicants soon. Besides the 100 applications, 6-month extensions were also granted to current, eligible, program participants. To date, 28 participants have taken advantage of the 6- month extension offer.</td></tr>
<tr><td>National Housing Trust Fund. A permanent federal fund authorized by the Housing and Economic Recovery Act of 2008 (HERA).</td><td>DHCD</td><td>Six multifamily rental projects are currently under construction utilizing HTF funding, representing fifty-five units and $9.4 million in awards. These projects are widely dispersed across the state and are in Anne Arundel, Howard, Montgomery, Somerset, and Washington counties, as well as the City of Baltimore. Additionally, four projects were successfully completed, representing nearly fifty units, with awards totaling over $6.7 million dollars. A complete list of the projects supported to date include:

<table><tr><th>Project Name</th><th>Award</th><th>Units</th><th>Status</th></tr><tr><td>J Van Story</td><td>$2,198,361</td><td>15</td><td>100% Complete</td></tr><tr><td>Greenmount & Chase</td><td>$1,441,416</td><td>15</td><td>100% Complete</td></tr><tr><td>McCleary Hill I</td><td>$1,951,490</td><td>11</td><td>80% Complete</td></tr><tr><td>Silver Spring Artspace</td><td>$1,941,652</td><td>11</td><td>100% Complete</td></tr><tr><td>Park View at Coldspring</td><td>$1,152,972</td><td>8</td><td>100% Complete</td></tr><tr><td>River Bend</td><td>$1,500,000</td><td>7</td><td>50% Complete</td></tr><tr><td>Princess Anne TH</td><td>$755,000</td><td>5</td><td>65% Complete</td></tr><tr><td>Newtowne 20</td><td>$1,100,000</td><td>5</td><td>75% Complete</td></tr><tr><td>Hickory Ridge</td><td>$2,275,000</td><td>14</td><td>75% Complete</td></tr><tr><td>McCleary Hill II</td><td>$1,825,927</td><td>11</td><td>75% Complete</td></tr></table></td></tr>
<tr><td>Housing First Pilot Project
State funded pilot to pay for those exiting state facilities with a mental illness to move into supportive housing.</td><td>MDH</td><td>In SFY20, Housing First received $1.37 million.
72 individuals served</td></tr>
<tr><td>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.</td><td>MDH</td><td>For FFY20 fiscal year:
$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.
During SFY20 the HOPWA program served:
267 eligible participant households and
222 family member beneficiaries.
For the SFY2021 fiscal year:
$548,628 was allocated to Allegany, Caroline, Dorchester, Garrett, Kent, Somerset, St. Mary’s, Talbot, Washington, Wicomico and Worcester counties.
$1.596,078 million was awarded to Montgomery and Frederick Counties, for a total of $2,144,706 million from all funding sources.
During SFY2021 the HOPWA program served:
151 eligible participant households and
156 family member beneficiaries.</td></tr>
</table>

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 homelessness in Maryland through the expansion of rapid-rehousing programs using a progressive engagement model.
2) Eliminate chronic homelessness 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) Support legislation to prevent discrimination on housing applications that cause individuals experiencing homelessness with criminal backgrounds to be denied housing.
4) Support legislation that reduces the ability of landlords to engage in predatory, serial eviction filings against tenants and encourages them to work collaboratively with their tenants on payment plans, such as increasing filing fees for failure to pay rent cases.
5) Support legislation that increases access to legal services and counsel for renter households at risk of eviction.
6) Increase the number of ICH board representatives with lived experience from 1 to 5, adding 4 additional positions to the board. Change State regulations to allow lived experience members to be compensated with wages or stipends for their work related to the ICH.
7) Support economic and workforce development opportunities to increase the earning potential for households experiencing homelessness.
8) Support expansion of the number of medical respite care programs that are available statewide for individuals being discharged from hospital and inpatient settings with continued acute care needs.
9) Support efforts to forge local healthcare system and homeless system partnerships to reduce hospital discharges to homeless settings, increase access to preventative medical and dental care for people experiencing homelessness, and increase healthcare system investment in permanent

supportive housing for chronically homeless households with complex medical and behavioral health needs.

10) Support local efforts to decompress and renovate emergency shelters to increase privacy and safety for shelter residents.

11) 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.

12) Support local efforts to update facilities and policies to ensure all emergency shelters are ADA and Fair Housing compliant.

13) Expand training to providers to ensure they are meeting federal compliance requirements and implementing best practices.

14) Support the increase of clinical staff so shelters can admit and assist higher-need clients year-round.

15) Expand the Earned Income Tax Credit (EITC) program by increasing the income eligibility threshold and increasing the amount of the EITC for single filers.

16) Support and expand safety net programs supporting low-income Marylanders at risk of or experiencing homelessness.

17) Expand access to safe consumption sites, harm reduction policies and increase access to rehabilitative treatment options for those using drugs.

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.

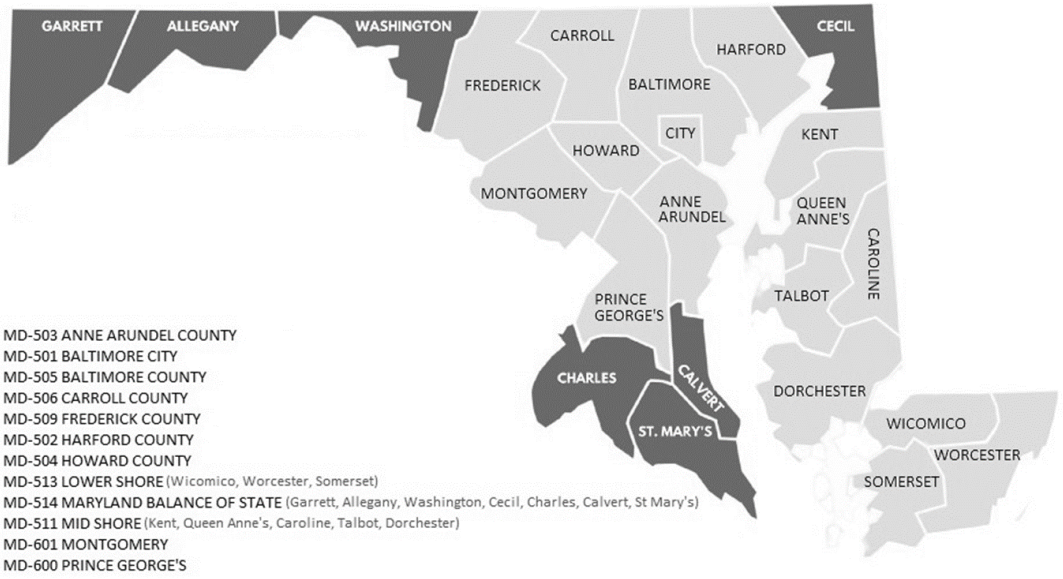
5) Develop strategies to prevent and end homelessness for families involved in the child welfare system and young adults aging out of foster care in alignment with implementation of the Family First Prevention Services Act

6) 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

State and federal funding is awarded to the 12 Continuums of Care (CoCs) in Maryland including the newly formed Maryland Balance of State bringing together five former CoCs and seven counties. CoCs are the local planning entities recognized by HUD for coordination of all homeless services in a particular geographic area. In total, Maryland's 24 jurisdictions are incorporated into 12 Continuums of Care (graphic below).



Appendix 2 – FY19/FY20 Federal HUD Funding in Maryland

HUD did not hold a funding competition in FY20, and level-funded all prior awards.

Continuum of Care (CoC)	HUD FFY17	HUD FFY18	HUD FFY19	FFY20 Award
Allegany County	$ 661,652	$668,444 ↑	$626,129 ↓	$626,129
Anne Arundel County	$ 2,420,435	$2,472,691 ↑	$2,385,199 ↓	$2,385,199
Baltimore City	$ 21,447,046	$23,391,054 ↑	$22,639,730 ↓	$22,639,730
Baltimore County	$ 2,875,569	$3,004,848 ↑	$2,853,973 ↓	$2,853,973
Carroll County	$ 406,325	$414,519 ↑	$408,642 ↓	$408,642
Cecil County	$ 252,206	$255,444 ↑	$230,841 ↓	$230,841
Frederick County	$ 598,170	$638,037 ↑	$617,594 ↓	$617,594
Garrett County	$ 249,595	$244,208 ↓	$229,819 ↓	$229,819
Harford County	$ 944,769	$928,419 ↓	$914,622 ↓	$914,622
Howard County	$ 768,634	$809,573 ↑	$984,426 ↑	$984,426
Mid-Shore CoC	$ 762,931	$746,719 ↓	$757,156 ↑	$757,156
Montgomery County	$ 8,879,588	$9,232,284 ↑	$8,930,720 ↓	$8,930,720
Prince George's County	$ 5,382,710	$5,817,344 ↑	$6,079,178 ↑	$6,079,178
Southern MD CoC	$ 2,827,653	$2,923,962 ↑	$2,852,219 ↓	$2,852,219
Lower Shore CoC	$ 1,249,597	$1,319,789 ↑	$1,413,559 ↑	$1,413,559
Washington County	$ 494,672	$517,913 ↑	$519,913 ↑	$519,913
Total HUD Continuum of Care Funding	**$ 50,221,552**	**$53,385,248**	**$52,443,720**	**$52,443,720**

Appendix 3A – FY20 Homeless Services Funding Sources in Maryland (Federal)

FEDERAL Funding Sources	*Purpose*	*Administering Agency(s)*	*SERVICES*	*RENTAL*	*CAPITAL*	*Total Amount to MD in 2021*
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**	**$52,443,720**
Emergency Solution Grants Program (ESG)	Provides operational and rental assistance to homeless shelters, transitional housing, homeless service programs, rapid re-housing (RRH).	**HUD awards $1.2m to DHCD and $3.1m 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 (SAMHSA) to provide service and housing support.	**SAMHSA awards the grant to MDH**	**X**	**X**		**$1.27 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**			**Uses Portion of PATH Grant**
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**		**$2.3 Million**
Veterans Affairs Supportive Housing Program (VASH)	Provides rental subsidy vouchers and case management support to vets.	**HUD and the VA provides vouchers to local housing authorities and to DHCD directly**	**X**	**X**		**1,363 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 – FY20 Homeless Services Funding Sources in Maryland (State)

STATE Funding Sources	*Purpose*	*Admin Agency*	*PREVENTION*	*OPERATIONS*	*MOVE OUT/ RENTAL ASSISTANCE / MAINTAIN*	*OTHER*	*Total Amount to MD SFY21*
Homelessness Solutions Program (includes $1.2 million in Federal ESG funds and $1 million in Ending Youth Homelessness Act funds)	Provides federal and state funding to the 16 local Continuums of Care (CoCs) to support homeless shelters and homeless services programs across the State of Maryland.	**DHCD**	***X***	***X***	***X***		**$10.3 Million**
Youth REACH Count	A count of unaccompanied homeless youth in eleven jurisdictions.	**DHCD**				***X***	**$200,000**
Maryland Housing Counselor Fund	Provides operational support to non-profit and local government agencies to support housing counseling and legal services programs	**DHCD**	***X***			***X***	**$2,010,000**
Eviction Assistance Program (EAP)	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 provide housing assistance and supportive services for individuals who are homeless or at risk for homelessness and have a mental illness, and are exiting state psychiatric facilities or being served through the SSI/SSDI, Outreach, Access and Recovery (SOAR) initiative in Baltimore City, Montgomery and Prince George's Counties.	**MDH**			***X***	***X***	**$1.37 Million**
Homeless ID Program	A statewide program that provides free birth certificates and identification for the homeless.	**MDH**				***X***	**$117,535**

Appendix 3C –Federal Funding for COVID-19 Relief

FEDERAL Funding Sources	*Purpose*	*Administering Agency(s)*	*SERVICES*	*RENTAL*	*CAPITAL*	*Total Amount to MD in 2020/2021*
ESG-CV	Provides operational and rental assistance to homeless shelters, transitional housing, homeless service programs, rapid re-housing (RRH), allowing programs to scale up their programs in response to COVID-19.	**HUD awards $14m to DHCD and $36m to entitlement counties directly**	**X**	**X**	**X**	**$50 million**
EHP	Provides additional funding for up to 30 days of emergency housing in order to respond to the economic crisis caused by the Covid-19 pandemic.	**Treasury awards relief funds to states and cities**	**X**	**X**		**$15 million**
ERAP	Provides rental assistance, utility assistance, housing move-in financial assistance, and housing stability services to eligible households throughout Maryland. The State of Maryland was awarded $426 million, and the eight most populous counties were awarded $290 million.	**Treasury provides rental relief funds to States and entitlement jurisdictions to administer**		**X**		**$752 million**
CSBG-CV	Provides operational support to locally designated Community Action Agencies in order to prevent, prepare for and respond to the impact of COVID-19.	**HHS awards $13m to DHCD to be distributed to 17 Community Action Agencies Across the State**	**X**	**X**		**$13 million**
CDBG-CV	Provides for a wide variety of projects of which the majority must benefit persons of low- and moderate-income persons	**HUD awards $26m to DHCD and $73.5m to entitlement counties directly**	**X**	**X**	**X**	**$99.5 million**
FEMA	Provides non-congregate emergency shelter for homeless, first responders, and individuals unable to safely quarantine and isolate at home. Costs are reimbursed by FEMA at 100%.	**FEMA reimburses local government and nonprofit shelter projects directly.**	**X**			**N/A**
Emergency Housing Vouchers (EHV)	Housing Choice Vouchers targeted to households experiencing or at high risk of homelessness. EHV comes with some limited services funding to support tenant move-in and housing stability	**HUD provides 196 vouchers to DHCD and 612 to entitlement PHAs**	**X**	**X**		**808 vouchers**
HOME	Provides funding for projects serving homeless or at-risk of homeless households: • Production or Preservation of Affordable Housing • Tenant-Based Rental Assistance (TBRA) • Supportive Services • Purchase and Development of Non-Congregate Shelter	**HUD awards $23m to DHCD and $45m to entitlement counties directly**	**X**	**X**	**X**	**$68 million**

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.***

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.**	▪ 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.**	▪ 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 launched November 2019
C	**Identify other housing stock that can be made available to those experiencing homeless.**	▪ 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.**	▪ 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 $10.3 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.**	▪ 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.**	▪ 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.**	▪ 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.**	▪ 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	2022
B	**Increase access to proper respite or convalescent care for the homeless statewide.**	▪ 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)	2022
C	**Assess exit-planning strategies used by jails and other institutions to determine service and housing gaps.**	▪ 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	2022

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.
- ✓ Provided guidance to local ERAP administrators on how ERAP funds can be used for people returning from incarceration to secure new housing and incentivize landlords to rent to them.

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.**	▪ Coordinate all information held by each CoC and all three VA medical centers to establish a statewide by-name list. ▪ Recommend the expansion of existing housing options, HUD VASH, and SSVF.	DHCD, MD VA, CoCs, USVA (VISN 5 Homeless Services),	Ongoing
B	**Improve and make more consistent, the resources available to homeless Vets.**	▪ Work with the Maryland Community Services Locator (MCSL) to enhance the online directory of housing resources for homeless veterans.	Veterans Work Group members	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.**	▪ 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.	Ongoing
B	**Increase housing options for youth and young adults experiencing or at risk of homelessness.**	▪ Assess current availability of safe, affordable housing for unstably housed and homeless youth and young adults. ▪ Write a status update on recommendations from the 2013 UHY Task Force report regarding housing options and outline next steps.	ICH, State agencies, Housing First Workgroup, local stakeholders, community service providers	Ongoing Ongoing
C	**Increase participation by youth in policy process and elevate the issue to statewide stakeholders.**	▪ Recruit persons with personal experience of homelessness and/or other specific knowledge and experience related to youth and young adult homelessness to serve on ICH Youth 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	Ongoing Ongoing
D	**Eliminate education barriers for youth experiencing homelessness.**	▪ Support MSDE in the development and implementation of the McKinney-Vento State plan. ▪ Support local partners as they work to meet the terms of the state plan and assess gaps in education and transportation services.	ICH, State agencies, local stakeholders, community service providers	Ongoing Ongoing

Accomplishments Thus Far:

- ✓ Governor included $1 million in DHCD's FY20 and FY21 budgets to support programs serving youth experiencing homelessness
- ✓ DHCD hosted Homeless Youth Symposium in 2019 and 2020
- ✓ 2019 Legislative Session passed HB 911 to establish the Workgroup to Study Shelter and Supportive Services for Unaccompanied Homeless Minors.
- ✓ 2020 Legislative Session passed HB206, Unaccompanied Minors in Need of Shelter and Supportive Services, to affirm minors have the ability to self-consent to shelter and require service providers to make contact with family and child welfare within certain timeframes.

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*	*TIMEFRAMES*
A	Form a taskforce comprised of workforce system stakeholders	▪ 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.	COMPLETE
B	Use data to understand the demographics, goals, and needs of homeless job seekers.	▪ 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.	Ongoing
C	Build an inventory of current workforce system initiatives and programming focused on serving homeless jobseekers.	▪ 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.	Ongoing
D	Create two "Guide to Opportunity" publications for workforce system staff and homeless jobseeker populations.	▪ 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, addition, 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.	TBD

E	Build awareness of and advocate for the homeless job seeker population.	▪ 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.	Ongoing
F	Build systems collaborations between workforce system partners.	▪ 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).	Ongoing

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.**	▪ 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	Ongoing
B	**Establish a nomination and selection process, guidelines considering diversity of experience and demographics.**	▪ 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	Ongoing
C	**Broaden participation of people with lived experience in the Workgroup and ICH meetings.**	▪ 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.	Ongoing
D	**Provide support and resources to allow members with lived experience to participate.**	▪ 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	Ongoing
E	**Establish a feedback loop to broaden representation of people with lived experience.**	▪ 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, ongoing