

# Draft Recommendations and Discussion Points of the Workgroup to Study Shelter and Supportive Services for Unaccompanied Homeless Minors

Chapter 553 of 2019 requires the Workgroup to Study Shelter and Supportive Services for Unaccompanied Homeless Minors to make recommendations on:

- legislation, regulations, and policy initiatives to address the needs of unaccompanied homeless minors in the State;
- funding requirements and budgetary priorities to address the needs of unaccompanied homeless minors in the State; and
- any other relevant issues or considerations identified by the workgroup.

## Legislation, Regulations, and Policy Initiatives

- ***Minors' Right to Consent to Housing and Shelter Services:*** The Department of Housing and Community Development (DHCD) indicates that it does not currently support programs targeting unaccompanied homeless minors under the age of 18 due to liability concerns of service providers. The workgroup also found that unaccompanied homeless minors face a barrier to affordable housing when landlords are unwilling to enter lease agreements with minors due to liability concerns. **Workgroup members expressed interest in proposing legislation that would expressly give minors under the age of 18 the right to consent to housing and shelter services.**
- ***Minors' Right to Consent to Health Care:*** Health General Article § 20-102 in the *Annotated Code of Maryland* gives minors the same capacity as an adult to consent to medical or dental treatment. However, one of the conditions for minors who are living separate and apart from the minor's parent, parents, or guardian is that they are self-supporting. **Members of the workgroup expressed interest in removing this condition from the statute.**
- ***Age Minimum or Range of Minors Allowed to Consent to Shelter Services:*** **Workgroup members also discussed the potential need for a minimum age for minors to be able to consent to shelter services.** Other states that currently allow minors to consent to shelter have a variety of age ranges or minimums specified, such as ages 12 years or older, 15 years or older, and/or only ages 16 and 17. At least one state allows minors to consent to shelter services without specifying an age range. In Maryland, minors can consent to medical or dental treatment under certain conditions detailed in Health General Article § 20-102 in the *Annotated Code of Maryland*, but statute does not specify a minimum age.

- ***Licensing or Monitoring Requirements for Shelters Serving Minors:*** While the State does not currently license organizations providing housing and shelter services to adults, **workgroup members discussed the need for providers serving minors to have licensing or monitoring requirements** to maintain the safety and security of minors receiving housing services. Current monitoring of shelter services is handled through inspections and audits related to federal and State grant management by the U.S. Department of Housing and Urban Development (HUD) and DHCD. The Department of Human Services (DHS) also conducts its own monitoring and licensing of out-of-home placements for children in the foster care and child welfare system. Other State agencies responsible for placing children in out-of-home placements, such as the Maryland Department of Health, also monitor these placement settings in a separate process from DHS monitoring.
- ***Local Department of Social Services (LDSS) Reporting Guidelines:*** In a letter opposing House Bill 911 of 2019 as introduced, DHS expressed concern that the bill did not require a shelter or service provider to contact LDSS when an unaccompanied minor requests services. DHS would typically consider unaccompanied minors as “Children in Need of Assistance” and would provide services. However, other workgroup members were concerned that required reporting to LDSS for all unaccompanied homeless minors presenting for shelter services would deter youth from seeking services. **The workgroup may consider certain circumstances when shelter and housing service providers should be required to notify LDSS about an unaccompanied homeless minor and how LDSS staff members are required or expected to respond to any notifications.**
- ***Codifying a Host Home Model for Services:*** DHS currently administers the Certified Adult Residential Environment (CARE) Program, also known as Project Home, which develops, certifies, and monitors protective housing for certain individuals with disabilities. HUD describes host homes as a flexible and cost-effective model for providing stable housing and supports to assist in ending youth homelessness. **The workgroup may discuss whether it recommends creating a State host home program or model for unaccompanied homeless minors based on the CARE Program.**

## **Funding Requirements and Budgetary Priorities**

- ***Increased Funding for the Ending Youth Homelessness Grant Fund:*** Chapter 748 of 2018, the Ending Youth Homelessness Act, created the Ending Youth Homelessness Grant Program as a competitive, performance-based grant program to provide funds to housing and supportive services for unaccompanied homeless youth and youth at risk of homelessness. In its first grant cycle (fiscal 2020), DHCD awarded \$1 million as part of this program. The workgroup found that current funding levels are insufficient as DHCD received approximately \$3.7 million in funding requests for youth services. **The workgroup may wish to recommend legislation mandating the governor to include funding for youth homelessness in the annual allowance.**

## Other Relevant Issues

- ***Required or Recommended Services Offered to Minors:*** Under the Family and Youth Services Bureau's federal Basic Center Program, grantees must offer certain services that youth need (offered either directly or by referral). Some of these services include food, clothing, medical care, and trauma-informed individual, group, and family counseling. The workgroup may consider recommending wrap-around and supportive services that are especially necessary for youth experiencing homelessness. **This workgroup may also consider preferred or required training for providers serving youth and aftercare services or case management for youth after they leave a provider's shelter services.**