Overview of Homelessness and Homeless Services in Maryland

Department of Legislative Services
Office of Policy Analysis
Annapolis, Maryland

September 2015

DEPARTMENT OF LEGISLATIVE SERVICES
OFFICE OF THE EXECUTIVE DIRECTOR
MARYLAND GENERAL ASSEMBLY

Warren G. Deschenaux
Executive Director

September 10, 2015

The Honorable Thomas V. Mike Miller, Jr., President of the Senate
The Honorable Michael E. Busch, Speaker of the House of Delegates
Members of the General Assembly

Ladies and Gentlemen:

The attached report, titled *Overview of Homelessness and Homeless Services in Maryland*, provides background information for the Joint Committee on Ending Homelessness as the committee begins its work. Chapter 427 of 2014 established the Joint Committee on Ending Homelessness. The committee held its first meeting on September 8, 2015, and the information contained in this report was presented to the committee in that meeting.

The report provides information on the definitions of homelessness, methods of counting the homeless, recent legislation, the number of homeless in Maryland and certain demographic characteristics of Maryland's homeless population, the available housing inventory for the homeless in Maryland, and State agency homeless services and affordable housing programs.

This report was prepared by Jennifer B. Chasse, Jason A. Kramer, Simon G. Powell, Kaitlyn S. Shulman, and Tonya D. Zimmerman, under the general direction of Jennifer B. Chasse and Simon G. Powell. Maureen R. Merzlak created the maps used in the report. Kamar Merritt provided administrative support. Your questions and comments are welcomed.

Sincerely,

Warren G. Deschenaux
Executive Director

WGD/JBC:SGP/km

iii

Contents

Executive Summary

In the past few decades, there has been an increase in the rate of homelessness. Most recently, the housing crisis and the Great Recession created a spike in foreclosures and unemployment. Recognizing this growing issue, Chapter 427 of 2014 established the Joint Committee on Ending Homelessness to study issues relating to homelessness, including housing, income, health care, education, government supports, and veterans experiencing homelessness and to identify means to prevent, mitigate the effects of, and end homelessness in Maryland. This report is designed to provide information on homelessness, homelessness in Maryland, and homeless services offered by State agencies to assist the joint committee's efforts.

Homelessness in Maryland

According to U.S. Department of Housing and Urban Development (HUD) data, in 2014, the total homeless population in Maryland was 7,856 individuals. While the total homeless population increased to a high of 11,698 individuals in 2009, the number of homeless people has declined in every other year since 2007. The majority of homeless people in Maryland are sheltered individuals (79.8% in 2014).

The majority of Maryland's homeless population are individuals (63%) rather than people in families (37%). In fact, the share of the homeless population that are people in families has generally decreased since 2007. In 2014, 1,740 of Maryland's homeless individuals (22%) were categorized as

chronically homeless. According to HUD, 15% and 17% of the homeless population counted fell into the severely mentally ill and chronic substance abuse categories, respectively. Data from the Department of Health and Mental Hygiene indicated that in fiscal 2014, 2,658 individuals served by the public mental health system reported being homeless at the most recent meeting.

The number of homeless veterans has generally declined from 2011, with 654 homeless veterans in fiscal 2014. Conversely, the number of homeless unaccompanied youth and children increased by 7.3% in Maryland in 2014, to 411 homeless unaccompanied youth and children.

Homelessness by Continuum of Care

The local planning bodies responsible for coordinating homelessness services in a geographic area are Continuum of Care (CoC).

In 2014, 32.7% of the homeless population in Maryland was in the Baltimore City CoC. The Charles, Calvert, and St. Mary's counties CoC population contained the second highest share of the homeless population (14.5%). The Garrett County CoC had the lowest share of the homeless population (0.2%). Similar to the share of the overall homeless population, Baltimore City CoC has the largest share of the chronically homeless population (28.2%), and the Charles, Calvert, and St. Mary's

counties CoC has the second largest share of Maryland's chronically homeless population (26.2%).

Although statewide, the majority of the homeless population are individuals, in some CoC areas the majority of the homeless population are people in families (Cumberland/Allegany, Harford, and Prince George's counties). In one additional CoC area (the Charles, Calvert, and St. Mary's counties CoC), 49.9% of the homeless population are people in families. Nearly half (46.6%) of Maryland's homeless veterans reside in the Baltimore City CoC. The Cecil County CoC contains the second highest share of Maryland's homeless veterans (10.6%) with Charles, Calvert, and St. Mary's counties CoC closely following (10.4%, or a difference of one individual).

Housing Inventory

The number of total year-round beds available for homeless populations has remained relatively consistent since 2009. In 2014, a total of 5,950 beds were available statewide, primarily transitional housing (3,027) and emergency shelter (2,818). The largest share of year-round beds are located in the Baltimore City CoC (40.7%). While the second highest share of Maryland's homeless population in 2014 was identified as being in the Charles, Calvert, and St. Mary's counties CoC, that area had only the fifth highest share of year-round beds. Statewide, the share of year-round beds available to households with children in 2014 was 47.3%; however, in most CoC areas in Maryland that year, the share was over 50.0%. The share of year-round beds available to households with children was less than half in only six CoC areas, including Baltimore City and Montgomery County.

State Programs to Aid the Homeless

The State offers a number of programs to help the homeless:

- The Department of Housing and Community Development (DHCD) operates several programs, including the Emergency Solutions Grant program, the Rental Allowance Program, Families First, Community Services Block Grants, and the Shelter and Transitional Housing Facilities Grant program. DHCD also has programs to increase the supply of affordable housing, a major cause of homelessness. In Maryland, HUD estimates that there is a shortage of approximately 190,700 affordable rental housing units for families earning less than 50% of the area median income. Affordable housing is generally defined as housing expenses costing no more than 30% of gross income.

- The Department of Human Resources, as the State's primary human services agency, offers a number of programs that support low-income households or provide services for the currently homeless including direct eviction assistance or services to households that are currently homeless, providing funds to shelters to support operations, as well as programs that assist households with meeting needs that may then allow the household to maintain housing, *e.g.,* the Temporary Cash Assistance Program and the Supplemental Nutrition Assistance Program (formerly known as Food Stamps).

- The Department of Health and Mental Hygiene has four primary programs in the Behavioral Health Administration serving populations that are homeless or at risk of homelessness. These programs are each targeted to individuals with mental illness or co-occurring substance use disorders.

Conclusion

The homeless population in Maryland, which increased during the recession, has been declining in recent years. However, issues remain including:

- the majority of the homeless population is sheltered but there remain a substantial number of unsheltered homeless individuals;

- the number of beds needed varies by region, and gaps exist at the local level;

- specific need is found among special populations, particularly individuals with behavioral health needs;

- lack of affordable housing remains a wider concern; and

- State funding is somewhat limited in scope, and the programs are spread across three agencies, which may impact coordination.

x

Overview of Homelessness and
Homeless Services in Maryland

Overview

Chapter 427 of 2014 established the Joint Committee on Ending Homelessness comprised of five members each from the Maryland Senate and of the House of Delegates. The joint committee is charged with studying issues relating to homelessness, including housing, income, health care, education, government supports, and veterans experiencing homelessness to identify means to prevent, mitigate the effects of, and end homelessness in Maryland.

This report is designed to provide more information on homelessness, homelessness in Maryland, and homeless services that are offered by State agencies. The report serves as background information as the joint committee begins its work. The report contains information on the following issues:

- background information including definitions of homelessness and ending homelessness, methods of counting the number of homeless individuals and families, and a history of homelessness;

- statistics on homelessness and an inventory of beds available to the homeless population in Maryland;

- affordable housing issues;

- programs offered by the Department of Health and Mental Hygiene (DHMH), the Department of Housing and Community Development (DHCD); the Department of Human Resources (DHR); and

- a brief overview of services offered by other entities.

Defining Homelessness

There are multiple federal definitions of homelessness, which are used to determine eligibility for federal programs in different departments and to track the number of homeless individuals in the country.

Health centers funded by the U.S. Department of Health and Human Services define a homeless person as "an individual who lacks housing (without regard to whether the individual is a member of a family), including an individual whose primary residence during the night is a supervised public or private facility that provides temporary living accommodations and an

individual who is a resident in transitional housing" (42 U.S.C. § 254b*).* This definition is relatively broad and encompasses most individuals who experience instability in one's living arrangements, including, someone who is "doubled up," a situation where individuals lack permanent housing and stay with a series of friends and/or extended family members.

The U. S. Department of Education (ED) has a specific definition for homeless children and youth that recognizes the negative impact of instability in a living situation, particularly on children. Homeless children and youth are defined as individuals who lack a fixed, regular, and adequate nighttime residence and includes children and youth who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement. Children in these circumstances are more vulnerable to disruptions to their education, social networks, and health care, which adversely impact their well-being and development.

The U.S. Department of Housing and Urban Development (HUD) uses the more narrow definition from the federal Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act. This definition affects who is eligible for various HUD-funded homeless assistance programs. HUD defines homelessness as:

- individuals and families who lack a fixed, regular, and adequate nighttime residence and includes a subset for an individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or a place not meant for human habitation immediately before entering that institution;

- individuals and families who will imminently lose their primary nighttime residence;

- unaccompanied youth and families with children and youth who are defined as homeless under other federal statutes who do not otherwise qualify as homeless under this definition; or

- individuals and families who are fleeing, or are attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member.

Opening Doors, the federal strategic plan to prevent and end homelessness, defines an end to homelessness as when every community will have a systematic response in place that ensures homelessness is prevented whenever possible or is otherwise a rare, brief, and nonrecurring experience. It is not possible to eliminate homelessness completely so that homelessness is at an absolute zero, because people can fall into homelessness due to a number of circumstances that are not always preventable, including unpredictable emergencies and unwelcoming family environments.

Counting the Homeless

HUD requires communities to conduct a Point-in-Time (PIT) count – unduplicated one-night estimates of homeless populations conducted during the last week of January. Continuum of Cares (CoC), the local planning bodies responsible for coordinating the full range of homelessness services in a geographic area, must do a PIT count of the sheltered population every year and an unsheltered PIT count at least every other year. In its guidance, HUD defines sheltered homeless as, "An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangement (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low-income individuals)." Unsheltered homeless are defined as, "An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground." (24 C. F. R. § 578.3)

HUD provides funding and standards for conducting the PIT count, but CoCs can use additional local funds and a variety of approved methods to produce the counts, which can complicate analysis. The data is submitted to HUD, which reviews the data for accuracy and quality.

The PIT count provides a snapshot of homelessness by providing demographic data, estimates of the number of homeless people within subpopulations, and an idea of where people are taking shelter. The counts also include a housing inventory count, which tallies the number of shelter and permanent supportive housing beds and units available on the night of the count by program type.

By conducting the count at one point in time, the data is not duplicative, but this method leaves data susceptible to other weaknesses. People who experience homelessness at other points during the year are not captured. Although the count is done in January when people in cold climates are more likely to use homeless shelters, people are also more likely to seek temporary shelter with friends or in hotels. This method of counting also fails to capture the way this transient population moves between temporary living situations. For these reasons, HUD stresses the importance of analyzing PIT metrics in conjunction with other data when conducting needs assessments.

In addition to the PIT count, each CoC is responsible for maintaining a Homeless Management Information System (HMIS), a local information technology system used to collect client-level data and data on the provision of housing and services to homeless individuals and families and persons at risk of homelessness. An annualized count of everyone reported in HMIS over the course of a year, based on a representative sample of communities and weighted to represent the entire nation, shows the number of people that come into contact with a homeless residential assistance program and reveal a more accurate picture of who is experiencing homelessness than can be understood from just one PIT count. These figures, however, do not

include people who are unsheltered, if they do not use transitional housing or shelter at any point during the year. They also do not include people who use domestic violence shelters, which are exempted from reporting for reasons of client safety.

HUD releases an Annual Homeless Assessment Report each year based on the PIT count and the HMIS data, which provides estimates of homelessness, including demographic information, service use patterns, and the capacity to house homeless persons.

ED and the U.S. Department of Veterans Affairs (VA) conduct independent counts of homeless children and veterans, respectively. ED requires all state educational agencies and local educational agencies to report on the number of children and youth who are experiencing homelessness and who are enrolled in public schools. VA collects information on veterans who experience homelessness through data portals such as the Homeless Operations and Management Evaluation System and patient medical records.

Background of Homelessness and Solutions

Early data collection on homelessness in the 1980s, though not as refined, allow some analysis of how homelessness has changed over time. A 1987 U.S. Department of Agriculture survey found that homelessness was predominantly experienced by single adults. Only 10% of homeless adults were in households with children, and 84% of these households were headed by females. The remaining 90% of homeless adults were overwhelmingly single men. The most common intervention was emergency shelters, which allowed individuals to deal with a short-term crisis. In the past few decades, there has been an increase in the rate of homelessness, especially among families. This increase was the result of several factors, including a reduction of affordable housing, an increase in foreclosures, the cost-of-living outpacing wage growth and public assistance, higher unemployment and underemployment, higher education costs and debt, and the closing of state psychiatric institutions without the concomitant creation of community-based housing and services. The rapid increase in income inequality has also created unfavorable housing markets for people with lower incomes. Most recently, the housing crisis and the Great Recession created a spike in foreclosures and unemployment.

Data collection has also advanced, providing new insights into the causes of homelessness and the most effective interventions. Governments and nonprofits created interventions that targeted the underlying causes of homelessness: unemployment; addiction; health; *etc*., but only offered assistance in securing permanent housing upon completion of these interventions.

More recently, an alternative approach has emerged called Housing First. Housing First is premised on the principle that everyone is "housing ready" regardless of treatment compliance or criminal history and that safe and permanent housing can improve a person's quality of life and increase the likelihood of success in other interventions. Housing First was also built on the concept that the exact configuration of housing and services provided should be based on the needs and preferences of the population. Proponents of Housing First contend that for people experiencing chronic homelessness who generally have disabling conditions, permanent

supportive housing can break the cycle of the revolving door between the streets, hospitals, jail, and behavioral health facilities at a lower cost to the public.

The federal HEARTH Act, passed in 2009, placed a greater emphasis on permanent supportive housing and rapid rehousing as permanent housing solutions to homelessness. The shift away from transitional housing as a response to homelessness began to be seen in 2013 and continued in 2014.

Recent Legislation in Maryland

Unaccompanied Homeless Youth

Chapters 544 and 545 of 2013 defined unaccompanied homeless youth as an individual who is between the ages of 14 and 25 years; lacks a fixed, regular, and adequate nighttime residence; and is not in the physical custody of a parent or guardian. Chapters 544 and 545 also established the Task Force to Study Housing and Supportive Services for Unaccompanied Homeless Youth to compile information and identify the unique needs of unaccompanied homeless youth, identify gaps in the programs and resources currently available to meet those needs, and collect and compile data on the unaccompanied homeless youth population in the State.

The task force report to the General Assembly noted a lack of reliable data on homeless youth in Maryland prompting Chapter 425 of 2014, which established a Maryland Unaccompanied Homeless Youth and Youth Adult Demonstration Project to conduct data collection and analysis to determine the number and characteristics of unaccompanied homeless youth and young adults in specified CoCs. Additionally, the task force examined the government structures for evaluating and developing policies to address the needs of unaccompanied homeless youth and prevent youth homelessness and found the existing entities that examine homelessness in Maryland could benefit from restructuring.

Interagency Council on Homelessness

Chapter 341 of 2014 created the Interagency Council on Homelessness to study issues relating to homelessness; consult with stakeholders; review and make recommendations on State statutes, regulations, program services, and budgetary priorities; and provide an annual report to the General Assembly. Chapter 460 of 2015 required the Interagency Council on Homelessness to 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.

Joint Committee on Ending Homelessness

Chapter 427 of 2014 established the Joint Committee on Ending Homelessness comprised of five members each of the Maryland Senate and of the House of Delegates. The joint committee is charged with studying issues related to homelessness, including housing, income, health care, education, government supports, and veterans experiencing homelessness. The joint committee must work to identify State policies, programs, and actions; to review and make recommendations to align State statutes, regulations, programs, inconsistencies, and efficiencies in the implementation or attainment of State policies; and for identifying new laws, regulations, programs, services, and budgetary priorities that should or could prevent, mitigate the effects of, and end homelessness in Maryland.
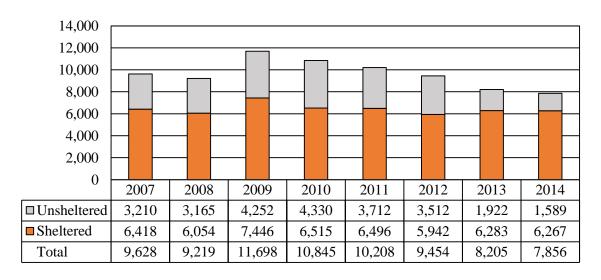
Homelessness in Maryland

As noted earlier, HUD publishes the results of the PIT estimates from the annual homelessness counts. This data is released at the state level and by the CoC. The data presented in this section is derived from data available from the *2014 Annual Homelessness Assessment Report: Part 1 – PIT Estimates of Homelessness* Resource Links (2007-2014 Point-in-Time Estimates by CoC).[1]

According to the annual HUD data, the total homeless population in Maryland in 2014 was 7,856, primarily sheltered individuals, as shown in **Exhibit 1**. Between 2008 and 2009, the homeless population increased by 26.9%; however, in every other year since 2007, the total homeless population has decreased compared to the prior year. The largest single year decrease occurred between 2012 and 2013, a decrease of 13.2%. The homeless population in Maryland in 2014 was 18.4% lower than in 2007 and was 32.8% lower than the 2009 peak. According to the *2014 Annual Homelessness Assessment Report*, since 2007, the nationwide homeless population experienced an 11.0% decline.

---

[1]Data from this section was derived from information available at *2014 Annual Homelessness Assessment Report*: *Part 1 – PIT Estimates of Homelessness,* Resource Links https://www.hudexchange.info/resource/4074/2014-ahar-part-1-pit-estimates-of-homelessness/

Exhibit 1
Sheltered and Unsheltered Homeless Population in Maryland
Calendar 2007-2014

	2007	2008	2009	2010	2011	2012	2013	2014
☐ Unsheltered	3,210	3,165	4,252	4,330	3,712	3,512	1,922	1,589
■ Sheltered	6,418	6,054	7,446	6,515	6,496	5,942	6,283	6,267
Total	9,628	9,219	11,698	10,845	10,208	9,454	8,205	7,856

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

Also shown in Exhibit 1, the majority of the homeless population in Maryland in each year was sheltered. The share of the homeless population in Maryland in shelters in 2014 was higher than the nationwide estimate of 69.0%, as reported in the *2014 Annual Homelessness Assessment Report*.

HUD reports estimates of the homeless population as individuals and people in families. People in families are defined by HUD in the *2014 Annual Homelessness Assessment Report* as people who are homeless in households that have at least one adult and one child. As shown in **Exhibit 2**, from 2007 through 2014, the majority of Maryland's homeless population has been individuals rather than people in families. The share of the homeless population that are people in families has generally decreased since 2007, with slight year-to-year fluctuations. In 2007, 47.5% of Maryland's homeless population were people in families, while in 2014, 36.6% were people in families. A similar share of the nationwide homeless population were people in families in 2014 (37.0%), according to the *2014 Annual Homelessness Assessment Report*.
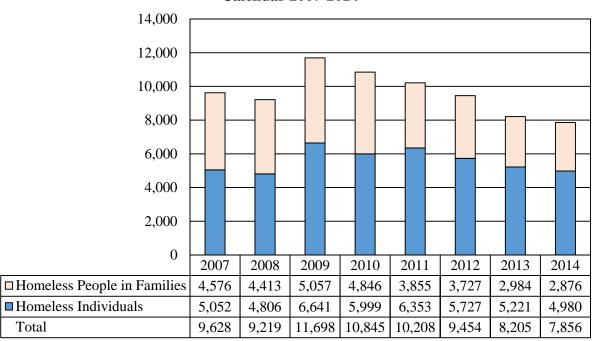
Exhibit 2
Individuals and Families Homeless Population in Maryland
Calendar 2007-2014

	2007	2008	2009	2010	2011	2012	2013	2014
☐ Homeless People in Families	4,576	4,413	5,057	4,846	3,855	3,727	2,984	2,876
■ Homeless Individuals	5,052	4,806	6,641	5,999	6,353	5,727	5,221	4,980
Total	9,628	9,219	11,698	10,845	10,208	9,454	8,205	7,856

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

Subpopulations

Exploring the trends and experiences of homeless subpopulations allows an understanding of different causes of homelessness, different experiences of homelessness, and how interventions can be adapted to be more effective.[2]

Chronically Homeless

HUD defines chronically homeless individuals as those individuals with disabilities who have had at least four periods of homelessness in the last three years or been homeless continuously for at least a year.

---

[2]Data on subpopulations (except the chronically homeless, veterans, and unaccompanied youth and children) are from subpopulations reports available in the *2014 Annual Homeless Assessment Report: Part 1 Point-in-Time Estimates of Homelessness,* Resource Links https://www.hudexchange.info/resource/4074/2014-ahar-part-1-pit-estimates-of-homelessness/   or directly through https://www.hudexchange.info/manage-a-program/coc-homeless-populations-and-subpopulations-reports/

HUD has changed the way it publishes data on chronically homeless individuals. Prior to 2011, information was reported for chronically homeless individuals with additional counts of sheltered and unsheltered chronically homeless individuals. Beginning in 2011, HUD began to report a total chronically homeless figure with additional counts for chronically homeless individuals and people in families. **Exhibit 3** presents the chronically homeless individual data prior to 2011 and the total chronically homeless data from 2011 to 2014. The counts of the chronically homeless in Maryland do not follow the larger trends in the homeless population. While the number of chronically homeless also experienced a large increase in 2009 (similar to the total homeless population), the number of chronically homeless did not peak in that year, instead peaking in 2010. In addition, the chronically homeless population has increased in 2013 and 2014 rather than continuing to decline from the peak as the total homeless population did.

Exhibit 3
Chronically Homeless in Maryland
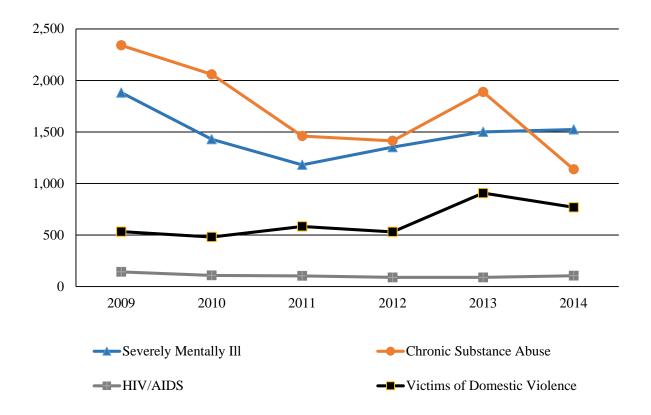**Calendar 2007-2014**

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

Individuals with Serious Behavioral Health Issues

HUD categorizes people into the severely mentally ill or chronic substance abuse subpopulations if their conditions are expected to be of long-continued and indefinite duration and substantially impairs the person's ability to live independently. **Exhibit 4** shows the change in homeless subpopulations in Maryland from 2009 to 2014. The number of people in the chronic substance abuse category dropped in 2014, and the growth in the number of the severely mentally ill subpopulation slowed to 2% in that year. This trend is likely influenced by the 2014 expansion of Medicaid in Maryland to childless adults. Still, in this period, over 15% and 17% of the homeless population counted fell into the severely mentally ill and chronic substance abuse categories, respectively.

Exhibit 4
Homeless Subpopulations in Maryland
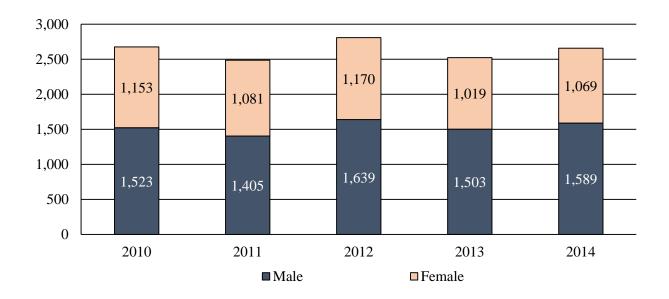**Calendar 2009-2014**

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

While much of the data presented in this report on the prevalence of homelessness in Maryland is available from the HUD PIT count estimates, DHMH also tracks data on the prevalence of homelessness in the Behavioral Health Administration's (BHA) Outcomes Measurement System. This data is available from clients of outpatient clinics involved in the public mental health system (*i.e.*, with serious and persistent mental health).

Exhibits 5 and **6** present data on clients based on a single observation point (the most recent interview) by gender and race. This provides a point in time estimate of homelessness among clients in the Outcomes Measurement Report. The total number of individuals that were homeless at the most recent interview has fluctuated in recent years, reaching a high point in fiscal 2012 (2,809). In fiscal 2014, 2,658 individuals reported being homeless at the most recent meeting, 5.4% less than in the fiscal 2012. The majority of the individuals reporting as homeless in each year were male (59.8% in fiscal 2014). The individuals reporting to be homeless in the most recent interview were also more likely to be African American, varying from 53.3% in fiscal 2014 to 56.1% in fiscal 2012.

Exhibit 5
Community Mental Health Services Outpatient Fee-For-Service Clients Reporting as Homeless by Gender
Fiscal 2010-2014

Source: Department of Health and Mental Hygiene, Behavioral Health Administration; Department of Legislative Services

Exhibit 6
Community Mental Health Services Outpatient Fee-for-service Clients
Reporting as Homeless by Race
Fiscal 2010-2014

Source: Department of Health and Mental Hygiene, Behavioral Health Administration; Department of Legislative Services

Exhibit 7 presents data on clients that have at least two data points with the same questionnaire in the Outcomes Measurement System. The data shows that in fiscal 2014, 4.7% of the clients with at least two available data points were homeless in both observations, which may be an indication of chronic homelessness among this population. As shown in this exhibit, this percent of individuals has decreased in recent years. The rate of unemployment at both observations is substantial, more than 60% in each year, which is a likely contributing factor to the rate of homelessness among this population.

Exhibit 7
Community Mental Health Services Outpatient Fee-for-service
Selected Outcomes
Fiscal 2010-2014

	Reported In				
	2010	**2011**	**2012**	**2013**	**2014**
Increase in Employment Between Observations	-5.5%	-2.2%	-1.7%	-0.1%	0.4%
Persons Unemployed in Both Observations	61.4%	74.0%	63.5%	63.1%	61.5%
Homelessness in Both Observations	6.6%	5.5%	5.5%	5.0%	4.7%

Source: Department of Health and Mental Hygiene, Behavioral Health Administration; Department of Legislative Services
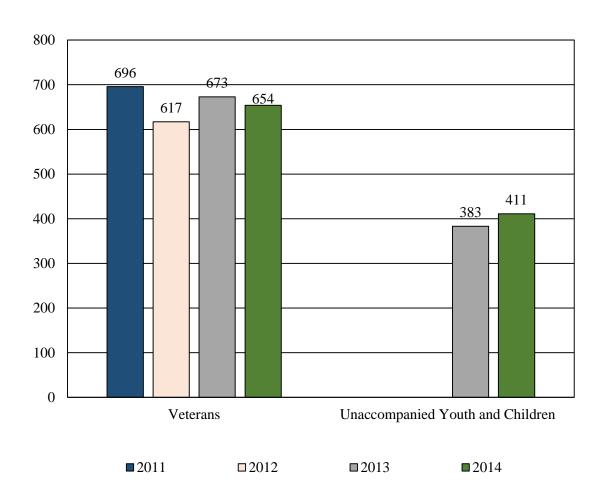

People with mental illness and chronic substance abuse can have a more difficult time maintaining relationships with friends and family and, therefore, may not have the same support structures that would help them avoid or escape homelessness. Mental illness and substance use disorders sometimes result in people being screened out or expelled from shelters, transitional housing, or public housing. They can also be banned from shelters. The instability of their situation makes it more difficult to maintain proper health care and medication management, which can exacerbate the problem. Difficulties in obtaining or maintaining employment also may contribute to homelessness in this population.

Veterans

In recent years, VA and HUD have been actively working with local public housing authorities, housing and service providers, and partners in the private sector as well as other government agencies to achieve the goal of ending veterans' homelessness. Veterans experience similar causes of homelessness to nonveterans, including interrelated economic and personal factors and a shortage of affordable housing. However, veterans are overrepresented among people experiencing homelessness, compared to both the general population and the population of people living in poverty. According to VA, veterans have high rates of post-traumatic stress disorder, traumatic brain injury, and sexual trauma, especially among women. About half of veterans who are experiencing homelessness have a serious mental illness, 70% have substance use problems, and over half have other health problems.

In recent years, HUD has expanded its reporting on the homeless population to include counts of homeless veterans (beginning in 2011) and unaccompanied youth and children (beginning in 2013). As shown in **Exhibit 8**, the number of homeless veterans has generally declined from 2011, with a decrease of 2.8% in 2014 compared to 2013. The decrease in Maryland between 2013 and 2014 was a lower rate of decline than occurred nationally (10.0%), according to the *2014 Annual Homelessness Assessment Report*.

Exhibit 8
Homeless Veterans and Homeless Unaccompanied Youth and Children in Maryland
Calendar 2011-2014

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

Unaccompanied Homeless Youth

Unaccompanied homeless youth are more likely to be doubled-up or "couch surfing" and, therefore, more likely to be undercounted. According to *Opening Doors*, as amended in 2015, research shows a high prevalence of depression, suicide ideation, and other mental health disorders among youth who are homeless, as well as chronic physical health conditions including asthma, hypertension, tuberculosis, diabetes, and hepatitis and high rates of substance use disorders. Some groups of children and youth are particularly vulnerable and overrepresented among youth who experience homelessness. These subpopulations include lesbian, gay, bisexual, transgender, and questioning youth; pregnant and parenting youth; youth involved with juvenile justice and child welfare systems; children with disabilities; and victims of human trafficking and exploitation. Youth in these subpopulations lack support structures and are more likely to have experienced trauma.

HUD defines unaccompanied children or youth as a person under 25 years old who is not a member of a family or a multi-child household. The number of homeless unaccompanied youth and children increased by 7.3% in Maryland in 2014 compared to 2013; while nationally the number decreased by less than 1% according to the *2014 Annual Homelessness Assessment Report*, as shown in Exhibit 8.

Homelessness by Continuum of Care

As noted earlier, CoCs are the local planning bodies responsible for coordinating homeless services. As shown in **Exhibit 9**, in 2014, 32.7% of the homeless population in Maryland was in the Baltimore City CoC. The Charles, Calvert, and St. Mary's CoC population contained the second highest share of the homeless population in Maryland in 2014 (14.5%). The Garrett County CoC had the lowest share of the homeless population in Maryland in 2014 (0.2%). Similar to the share of the overall homeless population, Baltimore City CoC has the largest share of the chronically homeless population (28.2%), and the Charles, Calvert, and St. Mary's Counties CoC has the second largest share of Maryland's chronically homeless population (26.2%).

Although statewide the majority of the homeless population are individuals, in some CoC areas the majority of the homeless population are people in families (Cumberland/Allegany, Harford, and Prince George's counties), also shown in Exhibit 9. In one additional CoC area (the Charles, Calvert, and St. Mary's counties CoC), 49.9% of the homeless population are people in families. By contrast, only 23.0% of the homeless population in the Baltimore City CoC area are people in families.

Nearly half (46.6%) of Maryland's homeless veterans reside in the Baltimore City CoC area. The Cecil County CoC contains the second highest share of Maryland's homeless veterans (10.6%) with Charles, Calvert, and St. Mary's counties CoC closely following (10.4% or a difference of one individual).

Exhibit 9
Homeless Population by Continuum of Care
Calendar 2014

Continuum of Care	Total Homeless	% of Maryland's Homeless Population	Homeless People in Families	% of Total Homeless People in Families	Chronically Homeless	Homeless Veterans
Cumberland/ Allegany County	120	1.5%	72	60.0%	19	11
Baltimore City	2,567	32.7%	590	23.0%	491	305
Harford County	223	2.8%	143	64.1%	82	8
Annapolis/ Anne Arundel County	384	4.9%	159	41.4%	73	18
Howard County	170	2.2%	72	42.4%	42	8
Baltimore County	569	7.2%	182	32.0%	119	25
Carroll County	124	1.6%	40	32.3%	22	6
Cecil County	195	2.5%	53	27.2%	49	69
Charles, Calvert, and St. Mary's Counties	1,141	14.5%	569	49.9%	456	68
Frederick City and County	246	3.1%	105	42.7%	90	10
Garrett County	13	0.2%	6	46.2%	0	1
Mid-Shore Regional	111	1.4%	31	27.9%	15	9
Hagerstown/Washington County	107	1.4%	43	40.2%	15	19
Wicomico, Somerset, and Worcester Counties	336	4.3%	85	25.3%	30	36
Prince George's County/ Maryland	659	8.4%	438	66.5%	56	26
Montgomery County	891	11.3%	288	32.3%	181	35
Total	**7,856**		**2,876**		**1,740**	**654**

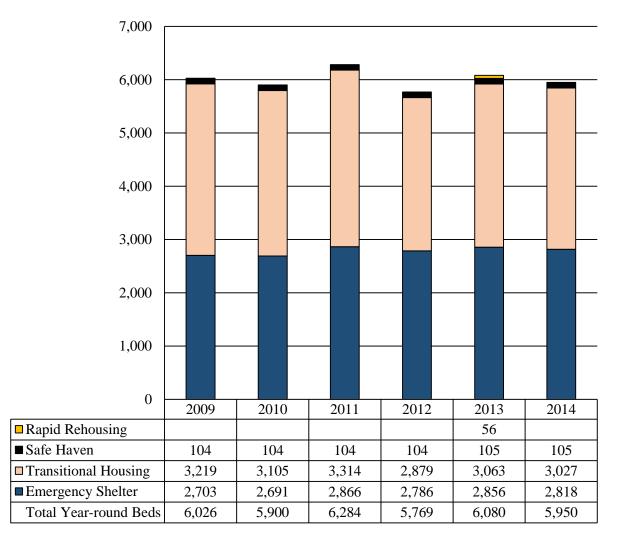Source: U.S. Department of Housing and Urban Development

Housing Inventory

As noted earlier, as part of the *Annual Homeless Assessment Report,* HUD publishes data on the inventory of shelter beds. Data presented in this section is from data published with the *2014 Annual Homelessness Assessment Report: Part – PIT Estimates of Homelessness* Resource Links (2007-2014 Housing Inventory Count by CoC). Not all data is reported in the same format in each year, which leads to some difficulties in comparing year-to-year data. Definitions used by HUD in the Housing Inventory Count as stated in the *2014 Annual Homelessness Assessment Report* are:

- *Emergency Shelter* – a facility, which primarily provides temporary shelter for people who are homeless;

- *Transitional Housing* – a program providing a place to stay and support services for up to 24 months, which allows the individual to overcome barriers to obtaining and maintaining permanent housing;

- *Safe Haven* – a program that provides semi or private long-term housing for individuals with severe mental illness, the programs may not serve more than 25 individuals at any given location; and

- *Rapid Rehousing* – a program model to quickly move individuals out of homelessness and into permanent housing.

Exhibit 10 presents information on the available year-round beds by type in Maryland. In 2013, the summary detail included rapid rehousing as a separate category. There has been limited yearly fluctuation in the total available beds in Maryland. In 2014, there were 1.3% fewer beds available than in 2009, a decrease of 76 beds. The largest yearly increase occurred between 2010 and 2011, an increase of 6.5%, resulting in the highest total number of beds in that year (6,284).

Exhibit 10
Year-round Beds by Type in Maryland
Calendar 2009-2014

	2009	2010	2011	2012	2013	2014
☐ Rapid Rehousing					56	
■ Safe Haven	104	104	104	104	105	105
☐ Transitional Housing	3,219	3,105	3,314	2,879	3,063	3,027
■ Emergency Shelter	2,703	2,691	2,866	2,786	2,856	2,818
Total Year-round Beds	6,026	5,900	6,284	5,769	6,080	5,950

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

In each year, transitional housing was the largest share of available year-round beds. In most years, transitional housing beds were just over half of the year-round beds. The only exception is 2012, when transitional beds accounted for 49.9%, rather than slightly more than half of the available beds. Despite the slightly higher number of transitional housing beds available, emergency shelters were not less than 44.0% of the year-round beds in any year since 2009.

Not all shelters or year-round beds are available to households with children. **Exhibit 11** presents data on the availability of year-round beds by whether or not children are allowed. Beginning in 2012, HUD began to report data on whether the shelter beds were available to households with only children. In 2014, there were 2% fewer beds available to households with children or households with only children than in 2009, a difference of 59 beds. With the exception of 2012, the number of beds available to households with children has fluctuated within a relatively small range. In no year since 2009, were fewer than 44% of year-round beds available to households with children.

Exhibit 11
Year-round Beds by Availability to Households with Children in Maryland
Calendar 2009-2014

	2009	2010	2011	2012	2013	2014
◻ Beds for Households with Only Children				0	12	24
◻ Beds for Households without Children	3,127	2,974	3,333	3,176	3,165	3,110
◼ Beds for Households with Children	2,899	2,926	2,951	2,593	2,903	2,816
Total Beds	6,026	5,900	6,284	5,769	6,080	5,950

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

Exhibit 12 presents information on the total number of year-round beds available to households with or without children by CoC area. The largest share of year-round beds in Maryland are located in the Baltimore City CoC area, 40.7% of all year-round beds in 2014. While the second highest share of Maryland's homeless population in 2014 was identified as being in the Calvert, Charles, and St. Mary's counties CoC, that area had only the fifth highest share of year-round beds.

Exhibit 12
Year-round Beds by Availability to Households with Children by Continuum of Care
Calendar 2014

Continuum of Care	Total Year-round Beds	% of Statewide Total Year-round Beds	Total Year-round Beds for Households with Children	% of Year-round Beds Available to Households with Children	Total Year-round Beds for Households without Children	Total Year-round Beds for Households with Only Children
Cumberland/Allegany County	131	2.2%	91	69.5%	40	0
Baltimore City	2,424	40.7%	735	30.3%	1,673	16
Harford County	154	2.6%	98	63.6%	56	0
Annapolis/Anne Arundel County	243	4.1%	171	70.4%	72	0
Howard County	114	1.9%	87	76.3%	27	0
Baltimore County	430	7.2%	270	62.8%	160	0
Carroll County	112	1.9%	66	58.9%	46	0
Cecil County	171	2.9%	64	37.4%	107	0
Charles, Calvert, and St. Mary's Counties	409	6.9%	281	68.7%	128	0
Frederick City and County	198	3.3%	140	70.7%	58	0
Garrett County	30	0.5%	11	36.7%	19	0
Mid-Shore Regional	52	0.9%	31	59.6%	21	0
Hagerstown and Washington County	226	3.8%	69	30.5%	157	0
Wicomico, Somerset, and Worcester Counties	206	3.5%	80	38.8%	126	0
Prince George's County/Maryland	450	7.6%	335	74.4%	107	8
Montgomery County	600	10.1%	287	47.8%	313	0
State	5,950		2,816		3,110	24

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

Statewide, the share of year-round beds available to households with children in 2014 was 47.3%; however, in most CoC areas in Maryland that year, the share was over 50.0%. The share of year-round beds available to households with children was less than half in only six CoC areas, including Baltimore City and Montgomery County.

Exhibit 13 presents information on the number of emergency shelter beds by type by CoC in calendar 2014. The Baltimore City CoC had the highest share of year-round emergency shelter beds in Maryland in calendar 2014, 29.6%. However, Baltimore City CoC's share of seasonal emergency shelter beds was only 1.3%. The seasonal emergency beds were more evenly distributed than year-round beds, with five CoC areas having just over 10.0% of the seasonal emergency shelter beds.

Exhibit 13
Available Emergency Shelter Beds by Continuum of Care
Calendar 2014

Continuum of Care	Total Year-round Emergency Shelter Beds	% of Year-round Emergency Shelter Beds	Total Seasonal Emergency Shelter Beds	% of Seasonal Emergency Shelter Beds	Total Emergency Shelter Overflow Beds
Cumberland/Allegany County	80	2.8%	10	1.1%	9
Baltimore City	834	29.6%	12	1.3%	224
Harford County	65	2.3%	93	10.4%	0
Annapolis/Anne Arundel County	147	5.2%	85	9.5%	50
Howard County	74	2.6%	20	2.2%	32
Baltimore County	377	13.4%	96	10.7%	0
Carroll County	62	2.2%	25	2.8%	13
Cecil County	52	1.8%	35	3.9%	0
Charles, Calvert, and St. Mary's Counties	248	8.8%	90	10.1%	104
Frederick City and County	54	1.9%	65	7.3%	0
Garrett County	21	0.7%	0	0.0%	0
Mid-Shore Regional	15	0.5%	73	8.2%	0
Hagerstown/Washington County	152	5.4%	56	6.3%	0
Wicomico, Somerset, and Worcester Counties	157	5.6%	95	10.6%	10
Prince George's County/Maryland	196	7.0%	50	5.6%	17
Montgomery County	284	10.1%	90	10.1%	229
State	2,818		895		688

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

Department of Housing and Community Development Programs for Homelessness

DHCD operates several programs with a primary goal of serving some portion of the homeless population, including the Emergency Solutions Grant program, the Rental Allowance Program (RAP), Families First, Community Services Block Grants (CSBG), and the Shelter and Transitional Housing Facilities Grant program.

Emergency Solutions Grant Program

There were approximately $2 million in general funds in the fiscal 2015 budget for the Emergency Solutions Grant program, a $1 million increase over the prior year. The program is designed to help people regain stability in housing after experiencing a housing crisis or homelessness. HUD recently changed rules and now requires a one-to-one match for the grants by the sub-grantees. Since many of the sub-grantees are very small nonprofit organizations, the increased match requirement would have limited their ability to obtain the necessary funding to provide housing outreach, prevent homelessness, and provide emergency shelter. State funding – which started in fiscal 2014 – provides money to those nonprofits in part to meet the federal match requirements, but also to allow the organizations to provide more services, since HUD caps the match at $800,000 per year. In fiscal 2013, grantees funded by the Emergency Solutions Grant served 5,234 people, which rose to 6,372 served in fiscal 2014.
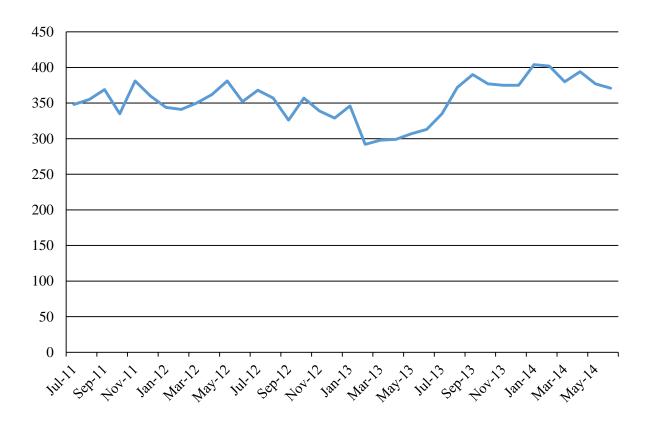
Rental Allowance Program

DHCD's RAP provides grants to local governments in the State to provide rent subsidies to low-income families who are homeless or have an emergency housing need. Approximately 350 families statewide receive assistance via the program in any given month, as shown in **Exhibit 14**. The largest amount of grant funds are disbursed to Baltimore City, Baltimore County, Prince George's County, and Montgomery County.

Families First

A new program, the Families First Initiative, funded with approximately $500,000 in special funds from the General Bond Reserve Fund and a grant from the Freddie Mac Foundation, launched in 2014. The program is a self-sufficiency program for veterans in Prince George's County designed to assist veterans with children that are either homeless or at imminent risk of homelessness. Through this program, DHCD has assisted 52 veterans and their family members by providing a stable living situation through rental subsidies. In conjunction with the subsidies, the veterans are enrolled in a program that connects the veteran with community resources such as workforce training, career development, childcare, and transportation. The goal is that upon graduation, the family will be able to afford a market rate rental unit and achieve self-sufficiency.

Exhibit 14
Rental Allowance Program
Families Assisted
Fiscal 2012-2014

RAP: Rental Allowance Program

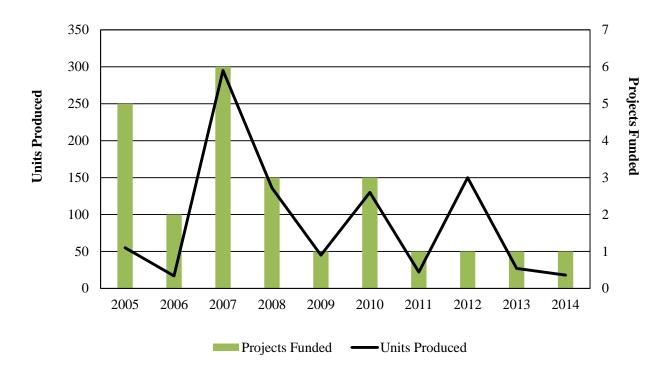Source: Department of Housing and Community Development

Community Services Block Grant

The CSBG program provides services via Community Action Agencies located throughout the State. CSBG funds are used to provide services to residents below 125% of the federal poverty level. The services include housing assistance and emergency shelter, as well as education, transportation, and employment services. DHCD awarded $8.6 million in federal funds in fiscal 2015 for CSBG, a portion of which was used for housing assistance or programs related to homelessness. DHCD reports that 175,416 people were served by CSBG programs in fiscal 2013, and 197,596 were served in fiscal 2014.

Shelter and Transitional Housing Facilities Grant Program

The Shelter and Transitional Housing Facilities Grant program provides grants to local governments and nonprofit groups to develop emergency shelters and transitional housing for homeless individuals and families. As shown in **Exhibit 15**, organizations using this program have produced nearly 900 housing units in 24 projects over the 10-year period ending in fiscal 2014.

Exhibit 15
Shelter and Transitional Housing Facilities Grant Program
Housing Units Produced
Fiscal 2005-2014

Source: Department of Housing and Community Development

Department of Housing and Community Development Programs for Affordable Housing

One of the major causes of homelessness is the low supply of affordable housing. In Maryland, HUD estimates that there is a shortage of approximately 190,700 affordable rental housing units for families earning less than 50% of the area median income. Affordable housing is generally defined housing expenses as costing no more than 30% of gross income.

The cost of affordable housing is dependent on geography. HUD annually estimates the fair market rents (FMR) across the country, which are primarily used to set payment amounts for various rental payment assistance programs. FMR is set at the fortieth percentile gross rent in the area, although in Baltimore City and Anne Arundel, Baltimore, Carroll, Cecil, Harford, Howard, and Queen Anne's counties, it is set at the fiftieth percentile gross rent in the area. As shown in **Exhibit 16**, the differing rental costs and income levels lead to a wide range in the definition of affordable. Nowhere in Maryland would a person working a single, full-time, minimum-wage job be able to afford a two-bedroom apartment at FMR. In half of Maryland counties, it would take at least three full-time, minimum-wage jobs to afford a two-bedroom apartment at fair market rent. The National Low-Income Housing Coalition's *Out of Reach 2015* report indicates that the wage required to pay for a two-bedroom apartment at FMR in Maryland is the seventh highest in the country.

In light of this situation, DHCD operates several programs with the goal of increasing the supply of affordable housing in the State.

Exhibit 16
Fair Market Rent and Median Income by County

County	Hourly Wage Necessary to Afford a Two-bedroom FMR	Two-bedroom FMR	Annual Income Needed to Afford a Two-bedroom FMR	Full-time Jobs Needed to Afford a Two-bedroom FMR	Annual AMI	Monthly Rent Affordable at AMI[1]	30% of AMI[2]	Monthly Rent Affordable at 30% of AMI
Allegany	$12.37	$643	$25,720	1.5	$51,600	$1,290	$15,480	$387
Anne Arundel	23.69	1,232	49,280	3	89,600	2,240	26,880	672
Baltimore	23.69	1,232	49,280	3	89,600	2,240	26,880	672
Baltimore City	23.69	1,232	49,280	3	89,600	2,240	26,880	672
Calvert	28.04	1,458	58,320	3.5	109,200	2,730	32,760	819
Caroline	16.17	841	33,640	2	70,500	1,763	21,150	529
Carroll	23.69	1,232	49,280	3	89,600	2,240	26,880	672
Cecil	22.23	1,156	46,240	2.8	81,100	2,028	24,330	608
Charles	28.04	1,458	58,320	3.5	109,200	2,730	32,760	819
Dorchester	16.08	836	33,440	2	60,400	1,510	18,120	453
Frederick	28.04	1,458	58,320	3.5	109,200	2,730	32,760	819
Garrett	12.58	654	26,160	1.6	59,100	1,478	17,730	443
Harford	23.69	1,232	49,280	3	89,600	2,240	26,880	672
Howard[3]	23.69	1,232	49,280	3	89,600	2,240	26,880	672
Kent	16.65	866	34,640	2.1	71,800	1,795	21,540	539
Montgomery	28.04	1,458	58,320	3.5	109,200	2,730	32,760	819
Prince George's	28.04	1,458	58,320	3.5	109,200	2,730	32,760	819
Queen Anne's	23.69	1,232	49,280	3	89,600	2,240	26,880	672
St. Mary's	23.83	1,239	49,560	3	99,900	2,498	29,970	749
Somerset	13.42	698	27,920	1.7	56,200	1,405	16,860	422
Talbot	20.06	1,043	41,720	2.5	78,900	1,973	23,670	592

County	Hourly Wage Necessary to Afford a Two-bedroom FMR	Two-bedroom FMR	Annual Income Needed to Afford a Two-bedroom FMR	Full-time Jobs Needed to Afford a Two-bedroom FMR	Annual AMI	Monthly Rent Affordable at AMI[1]	30% of AMI[2]	Monthly Rent Affordable at 30% of AMI
Washington	16.48	857	34,280	2.1	65,300	1,633	19,590	490
Wicomico	17.73	922	36,880	2.2	60,700	1,518	18,210	455
Worcester	16.94	881	35,240	2.1	73,200	1,830	21,960	549

AMI: Area Median Income, fiscal 2015

FMR: Fair Market Rent (Housing and Urban Development, 2014), fiscal 2015

[1]Affordable rents represent the generally accepted standard of spending not more than 30% of gross income on gross housing costs.
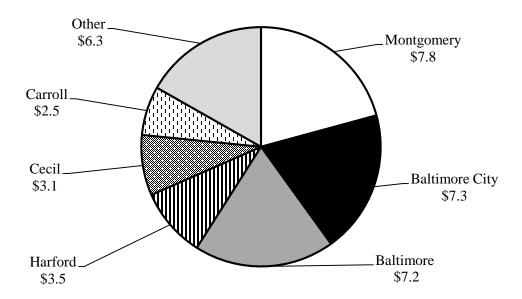
[2]The federal standard for extremely low-income households. Does not include Housing and Urban Development-specific adjustments.

[3]Columbia City not included due to insufficient data.

Source: National Low Income Housing Coalition

Rental Housing Works

Rental Housing Works (RHW) has seen extensive use since program inception in fiscal 2013, with $37.7 million in RHW funds supporting completed or in construction rental housing by the end of 2014. Those funds have been used as part of the financing for more than $430.0 million in total projects for 2,712 new or rehabilitated affordable rental housing units. As shown in **Exhibit 17**, more than half of RHW funds have gone to Montgomery County ($7.8 million), Baltimore City ($7.3 million), and Baltimore County ($7.2 million).

Exhibit 17
Rental Housing Works Funding by County
Fiscal 2013-2015
($ in Millions)

Source: Department of Housing and Community Development

In addition to those projects either completed or underway, another 3,529 units using $53.6 million of RHW funds as part of $585.0 million in construction are in DHCD's pipeline. More than two-thirds of those funds are for projects in Baltimore City ($24.4 million) or Prince George's County ($11.5 million).

Partnership Rental Housing Program

The Partnership Rental Housing Program provides deferred-payment loans to local governments to build or rehabilitate rental housing for residents earning less than 50% of the statewide median income. Repayment is not required if the borrower continues to own and lease the housing to eligible households. The program is funded at $6 million per year.

Between fiscal 2005 and 2014, projects using this source of funding produced nearly 700 units of housing. As shown in **Exhibit 18**, most of these units are created in Baltimore City and Anne Arundel and Howard counties.

Exhibit 18
Partnership Rental Housing Program
Fiscal 2005-2014

County	Units Produced
Baltimore City	166
Howard	137
Anne Arundel	84
St. Mary's	69
Queen Anne's	40
Cecil	37
Allegany	28
Montgomery	27
Talbot	26
Frederick	23
Baltimore County	15
Carroll	11
Dorchester	8
Total	**671**

Source: Department of Housing and Community Development

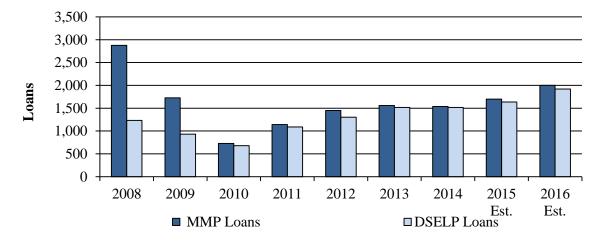---

Federal Low-Income Housing Tax Credits

DHCD often uses multiple programs when funding affordable housing projects. In addition, tax credits from the federal Low-Income Housing Tax Credits program are often used in the financing of affordable housing projects. The program is a subsidy used to promote the construction and rehabilitation of affordable rental housing. Maryland was allocated $27.5 million

in tax credits through the program in fiscal 2014; the syndication of those tax credits generated another $147.2 million in equity to be used for affordable housing projects, often in conjunction with other DHCD programs.

Homeownership Programs

In addition to rental housing, DHCD also strives to assist low- and moderate-income residents to purchase homes. Two key portions of DHCD efforts toward these objectives include the Maryland Mortgage Program (MMP) and the Down Payment and Settlement Expense Loan Program (DSELP). **Exhibit 19** shows the large, rapid decline in the number of DSELP and MMP loans provided from fiscal 2008 through 2010 followed by a steady increase in program usage through fiscal 2013. That trend ended in fiscal 2014 when the number of MMP loans decreased by 1.4%. However, DHCD believes that the slowdown in the program usage is temporary and will strongly rebound in fiscal 2015 and 2016 due to new programs and a higher profile marketing strategy. One of the larger new initiatives is MMP – Triple Play, which is a program that DHCD will operate in Prince George's County using funds earmarked for the county from the National Attorneys General Mortgage Servicing Settlement. Homeownership programs are slated to receive $11.7 million in fiscal 2016, with most of those funds expected to be used for DSELP.
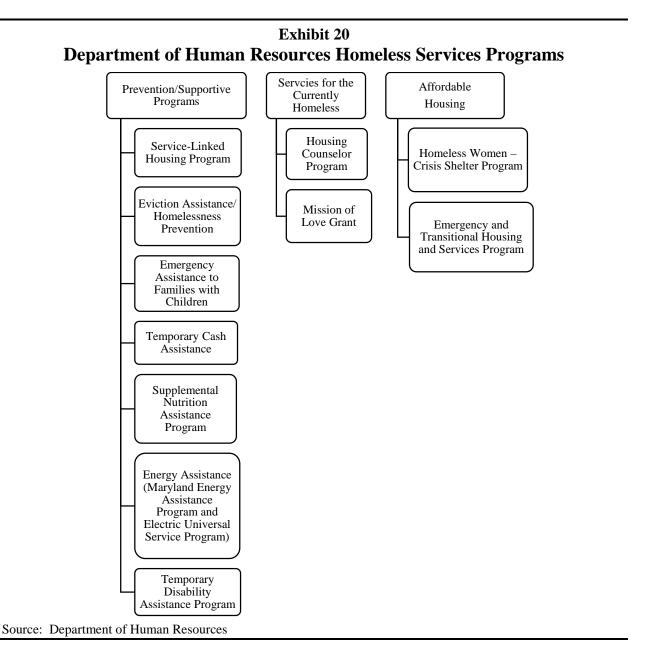
Exhibit 19
Homeownership Assistance
Fiscal 2008-2016 Est.

DSELP: Down Payment and Settlement Expense Loan Program
MMP: Maryland Mortgage Program

Source: Governor's Budget Books, Fiscal 2009-2015

Department of Human Resources Role in Homeless Services

DHR, as the State's primary human services agency, offers a number of programs that support low-income households or provide services for the currently homeless, as shown in **Exhibit 20**. The programs offered by DHR that directly prevent homelessness through eviction assistance or provide services to households that are currently homeless are relatively small in scope. The largest of DHR's homeless services programs provide funds to shelters to support operations.

Exhibit 20
Department of Human Resources Homeless Services Programs

Prevention/Supportive Programs
- Service-Linked Housing Program
- Eviction Assistance/ Homelessness Prevention
- Emergency Assistance to Families with Children
- Temporary Cash Assistance
- Supplemental Nutrition Assistance Program
- Energy Assistance (Maryland Energy Assistance Program and Electric Universal Service Program)
- Temporary Disability Assistance Program

Servcies for the Currently Homeless
- Housing Counselor Program
- Mission of Love Grant

Affordable Housing
- Homeless Women – Crisis Shelter Program
- Emergency and Transitional Housing and Services Program

Source: Department of Human Resources

Administration of Homeless Services Programs

DHR operates direct homeless services programs through the Bureau of Homeless Services in the Family Investment Administration. DHR seeks applications through a grant-funding process for local agencies to administer these programs. In fiscal 2016, DHR developed a new application that covers each of the programs operated by DHR. Individual providers seek funding from the local administering agencies. DHR notes in the new application that future funding decisions will be based on outcomes, feedback from local administering agencies and providers, and goals set by the Interagency Council on Homelessness and the General Assembly.

Prevention/Supportive Programs

Supportive programs for low-income households include programs that provide a direct grant or benefit to prevent homelessness and programs that assist households with meeting needs that may then allow the household to maintain housing because fewer household resources are needed for meeting the other needs. Examples of supportive programs that only indirectly assist households in maintaining housing are:

- Temporary Cash Assistance Program, providing monetary assistance to families with dependent children;

- Supplemental Nutrition Assistance Program (formerly known as Food Stamps), assisting low-income households to purchase food;

- Temporary Disability Assistance Program, providing cash assistance to disabled adults with either a short-term disability or while applying for federal disability payments; and

- Energy Assistance Programs (Maryland Energy Assistance Program and Electric Universal Service Program), providing assistance with heating and/or electric bills to low-income households.

Additional information on the funding, benefit levels, and number of participants for these and other indirect supportive programs (such as the Medical Assistance Program) offered by other State agencies is available in the *Public Benefits for Children and Families* report published biennially by the Department of Legislative Services (DLS). The most recent edition, from calendar 2014, is available on the DLS website at the following uniform resource locator: http://dls.state.md.us/data/polanasubare/polanasubare_heaandhumser/Public-Benefit-for-Children-and-Families-2014-Report.pdf.

In addition to the supportive services that assist low-income households more generally, DHR provides direct homeless prevention services through three primary programs: (1) the

Service-Linked Housing program; (2) the Eviction Assistance/Homeless Prevention program; and (3) the Emergency Assistance to Families with Children (EAFC) program.
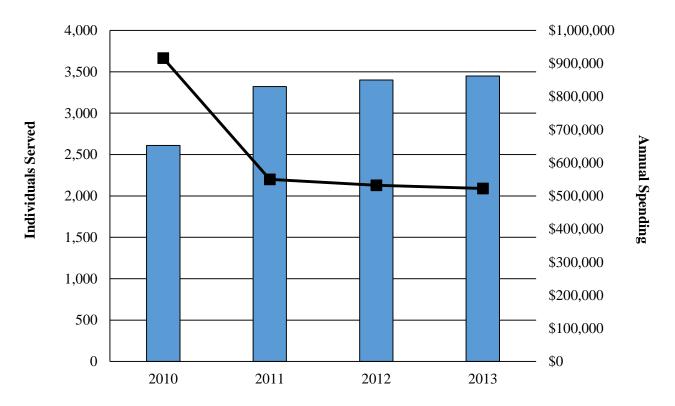
The Service-Linked Housing program provides funding to support a resident advocate staff position. The resident advocate staff links low-income households in permanent housing with supportive services to enable the household to maintain housing. DHR provides grants to local governments who administer the program. The program is available in 13 jurisdictions, shown in **Exhibit 21**. As shown in the exhibit, the program is largely unavailable on the Eastern Shore or in Southern Maryland resulting in gaps in service delivery. The fiscal 2016 budget provides $550,000 in general funds for the program. Prior to fiscal 2011, the program received approximately $1.0 million of general funds per year; funding has remained at or slightly below $550,000 since that time. **Exhibit 22** provides information on the number of individuals served and funding. The number of individuals served has increased each year despite the reduced funding.

Exhibit 21
Service-Linked Housing Program Availability

Source: Department of Human Services

Exhibit 22
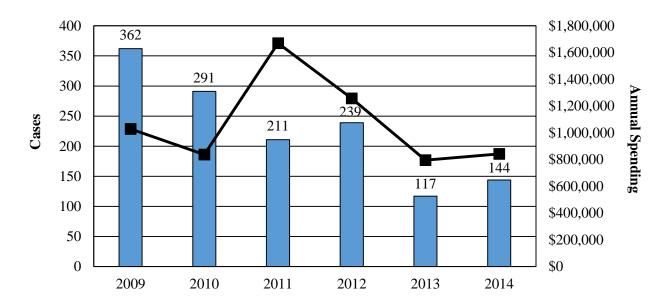# Service-Linked Housing Program Individuals Served
Fiscal 2010-2013

Source: Department of Human Resources; Governor's Budget Books

The Eviction Assistance/Homeless Prevention program provides direct grants to households at risk of homelessness due to a pending eviction. The funds may also be used to support eviction prevention counselors, landlord tenant mediators, administrative expenses, and transportation expenses. To receive a direct grant, a household must have evidence of a pending eviction or that the household is at risk of eviction. DHR provides the funds to local government entities or local departments of social services (LDSS), which administer the program in each jurisdiction. The fiscal 2016 budget for the program is $843,000 in general funds. Spending on the program has varied in recent years, with spending in the low- to mid- $800,000s in two years and as high as $1.7 million in fiscal 2011. **Exhibit 23** provides information on the total number of households receiving a grant through the program each year. Although there is some annual variation in households receiving a grant, in general, the number of households served, has declined since fiscal 2009. In fiscal 2014, the number of households served through the program was 60% lower than in fiscal 2009. Despite the decline in funding in fiscal 2011, the number of individuals served through the program increased.

Exhibit 23
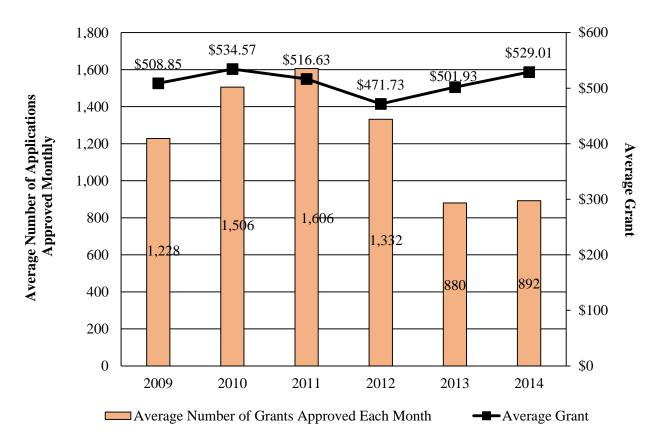**Eviction Assistance Cases Per Year**
Fiscal 2009-2014

Note: Funding may not include all administrative expenditures associated with the program in all years.

Source: Department of Human Resources

EAFC provides cash assistance to families in emergency situations who need assistance in paying rent or utilities or for other emergencies. The families receiving assistance must have at least one child younger than 21 years of age. The families receiving assistance must have an eviction notice, utility turn-off notice, or other proof of emergency. The families must also show proof that the emergency causing the need for assistance was not caused by a family member quitting a job. Families may only receive this assistance once every two years. Although similar to the Eviction Assistance program, EAFC is more expansive providing emergency assistance beyond direct eviction assistance. The program is funded with Temporary Assistance for Needy Families (TANF) funding. Between fiscal 2009 and 2014, spending on the program ranged between $5.3 million and $10.0 million. The fiscal 2016 budget for the program is approximately $6.0 million. **Exhibit 24** provides information on the average grant and the average number of grants approved each month. As shown in Exhibit 24, after increasing in fiscal 2010 and 2011, the average number of grants approved each month substantially declined in fiscal 2012 (a decrease of 17.1%) and fiscal 2013 (a decrease of 33.9%). The average grant has varied within a relative small range in each recent year, except fiscal 2012, and is generally in the low $500 range.

Exhibit 24
Emergency Assistance to Families with Children Average Number of Applications Approved Each Month and Average Grant
Fiscal 2009-2014

Source: Department of Human Resources

Assistance from the Eviction Assistance program and EAFC are impacted by the amount of available funds, the size of the grants, and the number of households applying for this assistance. As a result, declines in spending or number of households served may be the result of reduced demand due to changes in economic conditions in families. For example, in certain years, a higher level of funds was budgeted than was spent, likely reflective of lower demand, while the opposite has occurred in other years. As the economy has begun to recover from the recession, lower demand for these types of services would not be unexpected.

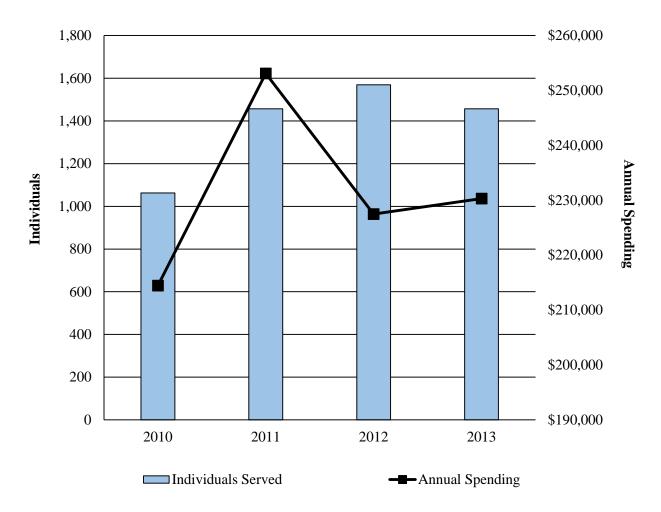## Services for the Currently Homeless

DHR provides only a limited number of programs that support currently homeless families beyond those indirect supportive programs mentioned in the previous section. The Housing Counselor program provides funding to support a staff position that assists families or those at risk of homelessness to obtain and maintain housing. Funds available from this program may be used for staff costs or client expenses associated with obtaining housing. These client expenses may include the first month's rent, security deposit, certain moving costs, and certain transportation costs. DHR provides these grant funds to either nonprofit organizations or local government entities. The program is available in five jurisdictions, as shown in **Exhibit 25**. The fiscal 2016 budget for the program totals $258,414, primarily in general funds. Although DHR typically budgets some TANF funding for the program, these funds are often unavailable to the program. The number of households served has fluctuated but has not been consistent with the trend of spending. **Exhibit 26** provides information on the number of individuals served through the program. Spending for the program has varied year-to-year but has been below the budgeted level each year.

Exhibit 25
Housing Counselor Program Availability

Source: Department of Human Resources

Exhibit 26
Housing Counselor Program Individuals Served
Fiscal 2010-2013

Source: Department of Human Resources

DHR also provides a grant to Mission of Love, an organization operating in Prince George's County, to support certain administrative expenditures of the organization. Mission of Love provides food, clothing, furniture, and counseling to low-income people living in Prince George's County including those who are homeless. The fiscal 2016 budget includes a $278,605 grant to Mission of Love. Funding for the grant is largely general funds, but includes some TANF funding. While budgeted annually, the TANF funding is often unavailable and not spent.
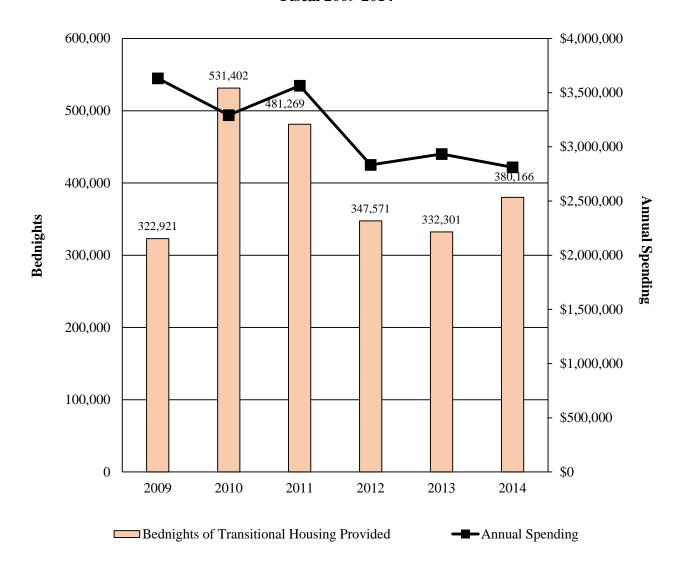
Programs Support Shelter Operations

DHR also has two grant programs that support shelter operations: (1) the Emergency and Transitional Housing program and (2) the Homeless Women – Crisis Shelter program. The Emergency and Transitional Housing program provides funds for shelter operations and support services. The funds may be used on a limited basis for eviction prevention but only after Eviction Assistance program funds have been exhausted. Funding from the program may also be used for certain costs associated with moving into permanent housing from a shelter including transportation costs. DHR provides the grant funds to local governments or LDSS offices who administer the program. Program spending decreased in three years since fiscal 2009 (9.4% in fiscal 2010, 20.5% in fiscal 2012, and 4.2% in fiscal 2014). The fiscal 2016 budget includes $2.8 million in general funds, a level equal to the fiscal 2014 spending. The decreases in spending have impacted the number of bednights of transitional housing provided to some extent. **Exhibit 27** shows the Emergency and Transitional Housing program bednights of transitional housing. The number of bednights of transitional housing provided in fiscal 2014 was approximately 17.76% higher than in fiscal 2009 despite a decrease in spending of 22.6%. The fiscal 2010 figures are artificially inflated as bednights from the Homeless Women – Crisis Shelter program were inadvertently included in that year.

The Homeless Women – Crisis Shelter program supports facilities that provide temporary shelter, meals, information and referral services, and counseling to homeless women and their children. DHR provides these grant funds to local governments of LDSS who administer the program. As shown in **Exhibit 28**, the program is available in 13 jurisdictions; however, there are gaps in the service delivery through this program, primarily in portions of Western Maryland and the Eastern Shore. Program spending has been relatively consistent since fiscal 2009, with annual spending of between approximately $1.1 million and $1.2 million. The fiscal 2016 budget also includes approximately $1.2 million in general funds for the program. Despite the consistent funding level, the number of homeless women and children receiving shelter and services has declined in nearly all years since fiscal 2009, as shown in **Exhibit 29**. The number of women and children served in fiscal 2014 was 40.7% lower than fiscal 2009.

In total, DHR's programs provide limited funding for homeless service programs with the largest amounts of funding directed to support shelter operations. Outside the indirect supportive program, the only prevention program or direct services program with significant funding levels is EAFC, of which eviction prevention is only one component.
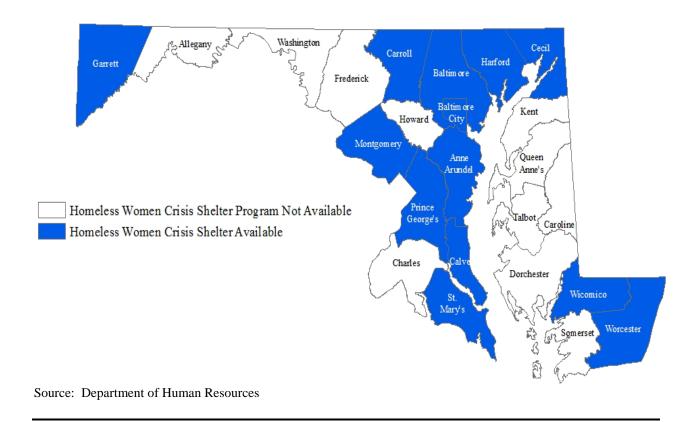
Exhibit 27
Emergency and Transitional Housing Program Bednights of Transitional Housing Provided and Funding
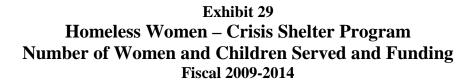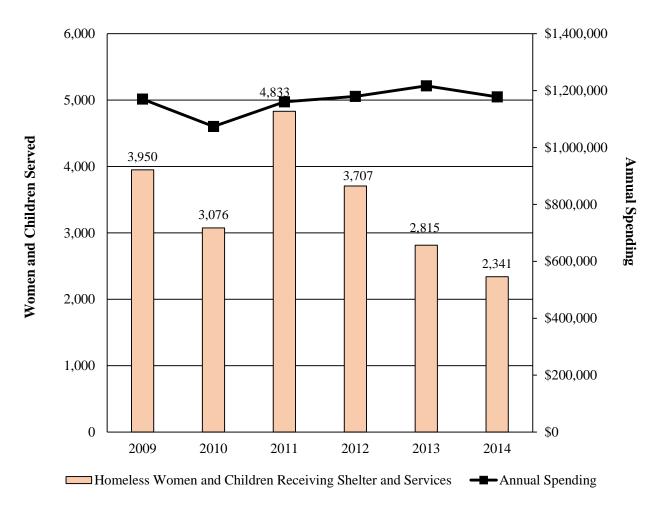**Fiscal 2009-2014**

Note: The fiscal 2010 figures are artificially inflated as bednights from the Homeless Women – Crisis Shelter program were inadvertently included in that year.

Source: Department of Human Resources; Governor's Budget Books

Exhibit 28
Homeless Women – Crisis Shelter Program Availability

Source: Department of Human Resources

Exhibit 29
Homeless Women – Crisis Shelter Program
Number of Women and Children Served and Funding
Fiscal 2009-2014

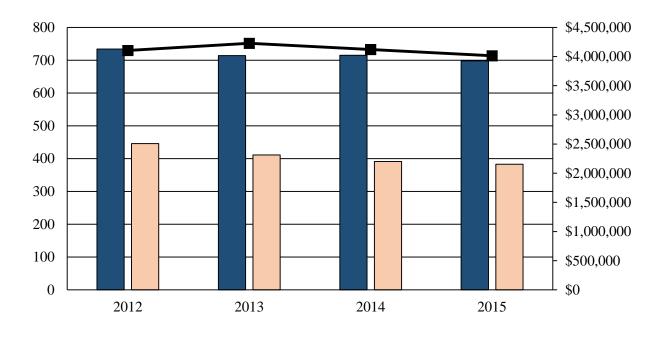Homeless Women and Children Receiving Shelter and Services   Annual Spending

Source: Department of Human Resources; Governor's Budget Books

Department of Health and Mental Hygiene Homeless Services Program

DHMH has four primary programs in BHA serving populations that are homeless or at risk of homelessness. These programs are each targeted to individuals with mental illness or co-occurring substance use disorders.

Through the CoC program, DHMH provides rental assistance to homeless individuals and families with an adult with a serious mental illness or co-occurring substance use disorder. Half of the units that are subsidized are targeted to individuals that were recently released from incarceration and that were either homeless before incarceration or are currently homeless. The participants in the program also receive support services from public behavioral health providers or State or local agencies. The program is funded primarily by HUD with a limited amount of general fund support. Total spending for the program, as shown in **Exhibit 30**, has ranged between $4.0 million and $4.2 million from fiscal 2012 to 2015. After a slight increase in fiscal 2013, spending decreased in fiscal 2014 and 2015. The fiscal 2016 budget for the program is $4.7 million. However, each year the amount spent by jurisdictions was lower than the amount awarded. As also shown in Exhibit 30, the number of individuals served and the number of units subsidized has generally fallen consistent with the trend in spending. In fiscal 2015, 4.9% fewer households were served and 14.1% fewer units were subsidized than in fiscal 2012.

Exhibit 30
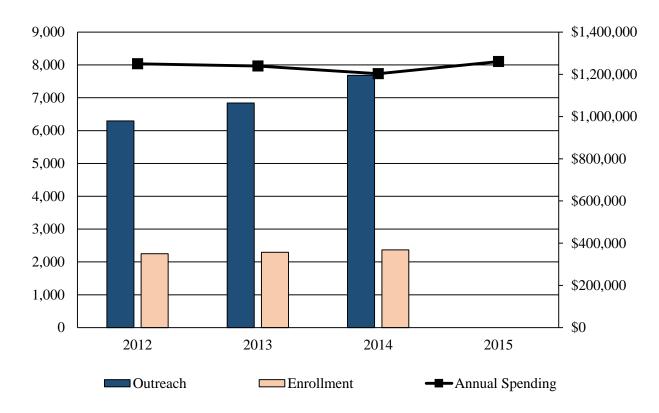# Continuum of Care Program Spending
Fiscal 2012-2015

Number of Individuals Served ▢ Number of Housing Units Subsidized ■ Annual Spending

Note: Spending for fiscal 2015 includes missing data for one jurisdiction.

Source: Department of Health and Mental Hygiene; Governor's Budget Books

The Projects for the Assistance in Transition from Homelessness (PATH) program is used for outreach, engagement, case management, screening, diagnostic services, consultation to shelters, training, housing assistance, supportive services, mental health, and substance use services to address individuals who are homeless with a serious mental illness or co-occurring substance use disorder currently disconnected from services and supports to obtain permanent housing. Case managers funded through PATH may be located at shelters, service agencies, and detention centers. The program is funded with federal funds. The annual spending was relatively consistent from fiscal 2012 through 2015, ranging between $1.2 million and $1.3 million, as shown in **Exhibit 31**. The fiscal 2016 budget for the program is $1.3 million. As also shown in Exhibit 31, the number of individuals enrolled in the program and reached through outreach activities has increased since fiscal 2012. Data for fiscal 2015 is not yet available.

Exhibit 31
Projects for Assistance in Transition from Homelessness Annual Spending
Fiscal 2012-2015

Source: Department of Health and Mental Hygiene; Governor's Budget Books

The Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) Outreach, Access, and Recovery Initiative (known as SOAR) is designed to improve access to benefits for individuals who are homeless or at risk of homelessness. Through the initiative, the BHA Office of Adults and Specialized Behavioral Health Services supports local jurisdictions in convening local workgroups. By the end of fiscal 2014, the initiative was available in 18 jurisdiction, as shown in **Exhibit 32**. The number of jurisdictions operating the program has increased since fiscal 2012. In that year, the program was operational in 14 jurisdictions. The office assists the local workgroups in developing plans regarding how the initiative will be implemented locally. Individuals wishing to become a case manager through the program must undergo training. The case manager assists potential applicants in the application process for SSI/SSDI benefits. With the increase in jurisdictions operating the program, the number of cases served has also increased each year since fiscal 2012, as shown in **Exhibit 33**. The number of cases was 33.1% higher in fiscal 2015 than in fiscal 2012.
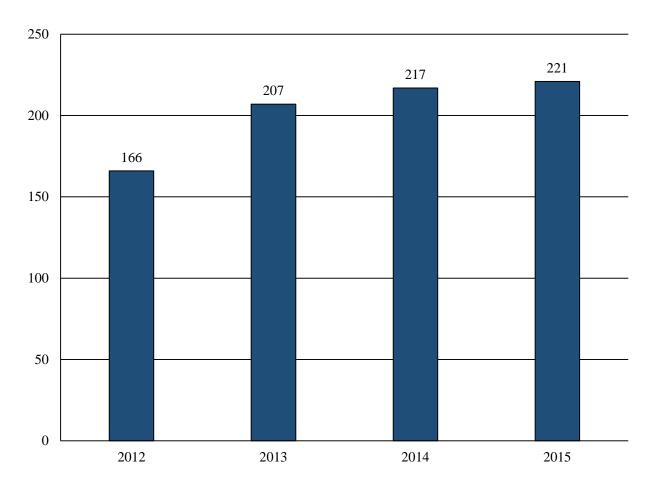
Exhibit 32
SOAR Initiative Availability
Fiscal 2014

SOAR: Supplemental Security Income/Social Security Disability Insurance Outreach, Access, and Recovery

Source: Department of Health and Mental Hygiene

Exhibit 33
SOAR Cases
Fiscal 2012-2015

SOAR: Supplemental Security Income/Social Security Disability Insurance Outreach, Access, and Recovery

Source: Department of Health and Mental Hygiene

The Transitional Housing Assistance Program targets individuals with mental illness, substance abuse, or other barriers to housing or who are formerly homeless with housing support for two years. The program began in fiscal 2013 and has received $1 million annually since that time.

Local Governments and Private Organizations Homeless Services Programs

As described earlier in this report, local governments may receive funds from State agencies to operate certain homeless services programs. In addition, the federal government may provide funds to local governments directly to operate some homeless services programs. For example, the Section 8 Housing Voucher Program is operated by local public housing authorities in a number of jurisdictions in the State. Local governments may also dedicate their own resources to homeless services. In addition, some local governments have developed a local plan to end homelessness (*e.g.,* Baltimore City and Howard County). Other examples of work undertaken by local governments are:

- Montgomery County established an Interagency Commission on Homelessness; and

- Anne Arundel and Montgomery counties have held Homeless Resource Days.

Private organizations are often the direct service provider for homeless services. These organizations may receive State funds, either directly or through the local government, or federal funds. These organizations may also receive grants or donations to support work. These organizations offer a variety of services including shelter; case management; counseling and substance abuse services; job training and employment services; grants to prevent eviction; and referral services. Additional detail on homeless services provided by private organizations will be forthcoming in future meetings from providers directly and is, therefore, not described fully in this report.

Conclusions

The homeless population in Maryland was impacted by the housing crisis and recession. The number of homeless individuals reported through the HUD PIT estimates were at the highest level since 2007 in 2009, 11,698. The 2009 figure was 26.9% higher than 2008. The number of homeless individuals has declined since that time, falling below the 2008 level by 2013. The 2014 number of homeless individuals, 7,856, was 32.8% below the 2009 peak. Despite overall improvement, the data show that these figures are vulnerable to recessions and economic conditions.

- **The Gap Between Those Seeking Shelter and Available Beds:** In each year since 2007, the majority of the homeless population in Maryland has been sheltered. In fact, the 2013 and 2014 reported figures of the unsheltered homeless population were the lowest during this period. However, in no year since 2007 was the unsheltered homeless population less than 20% of the homeless population. Even in the most positive two years (2013 and 2014) in which the highest share of the homeless population was sheltered, more than 1,500 homeless individuals were unsheltered. Much work is still required to completely reduce to zero the unsheltered homeless population.

- **The Gap Between Those Seeking Shelter and Available Beds Varies Across the State:** The number of unsheltered homeless individuals can be expected given the counts of available year-round beds in Maryland of emergency shelter, transitional housing, or safe haven housing, which are substantially less than the number of homeless individuals reported in each year. In 2014, the number of reported year-round beds was 5,950, only 75.7% of the number of homeless. However, in that same year there were an additional 1,583 seasonal or overflow emergency shelter beds reported, which brings the total number of available beds to nearly 96.0% of the estimate of homeless in that year. Nonetheless, the gap between those seeking shelter and available beds occurs not only at the State level but at a local level as well. For example, as noted earlier, the Charles, Calvert, and St. Mary's counties CoC had 14.5% (1,141) of Maryland's homeless population in 2014 but only 6.9% (409) of Maryland's available year-round beds. More funding is likely necessary to bring the level of year-round beds to the level of need.

- **Addressing the Needs of Specific Populations, Families:** Additional work is also needed to ensure that the needs of specific populations are being met. For example, in 2014, 2,876 homeless individuals in Maryland were reported as homeless in families. Meanwhile, 2,816 year-round beds were available to households with children (an additional 24 were available to households with only children). While these figures are close, the fact that the number of homeless individuals in families was higher than year-round beds available to households with children could leave some children vulnerable to being unsheltered.

- **Addressing the Needs of Specific Populations, Persons with Disabilities:** The issue of affordable housing for persons with disabilities, specifically mental illness and addiction, remains a significant issue and is reflected in the extent of homelessness amongst that population. Even when housing is available, the clients that are targeted for services in these units have extremely limited income and high unemployment rates. Competition for Section 8 vouchers and other subsidies is extremely fierce. State efforts to expand residential capacity and access for this population has not met the extent of need. Addressing this need would require a major reorientation of thinking and resources. The change in thinking may also need to include rules about access to shelters for persons with addictions, including investigating innovations in other states regarding requiring sobriety. State examination of Housing First policies, which focus on getting individuals in housing before addressing and without condition on the ability of an individual to maintain sobriety, may be a step toward this effort. However, solutions may also be needed for emergency shelters, including discussion of requirements of shelters regarding sobriety and mental illness. Long-term success for many clients with serious mental illness and addictions requires stable housing.

- **Lack of Affordable Housing Is a Wider Concern:** The lack of affordable housing is a concern in Maryland. Information available from the National Low Income Housing Coalition highlights this problem indicating that it would not be possible to afford a two-bedroom apartment at fair market rent anywhere in Maryland with a single full-time job at minimum wage. In some jurisdictions, it would require as many as three and a half full-time jobs at minimum wage to pay the fair market rent for a two-bedroom apartment.

- **State Agency Funding for Homeless Services Is Limited:** Total spending on homeless services and affordable housing programs, including general obligation bonds, equal nearly $100.0 million in fiscal 2016. However, several of the programs included in this total (for example, the Homeownership programs and Community Services Block Grant) are not dedicated entirely to affordable housing or homeless services. In total, in fiscal 2016, general fund spending for these services is $24.2 million, of which $15.0 million is for the Rental Housing Works and Homeownership programs and was available as a result of a one-time infusion of general funds. Two programs totaling $6.8 million are available for eviction prevention through direct grants, but the larger of the two programs is also used for assistance other than evictions.

  Portions of State spending are directed to certain subpopulations which may require additional assistance, but this spending is small in scope, $8.5 million, and encompasses individuals with mental illness or substance use disorders ($7.0 million), women and children ($1.2 million), and homeless veterans in Prince George's County ($0.3 million).

- **Coordination of State Efforts:** State spending is spread across several agencies, and it is not clear the extent to which these discrete programs are coordinated between agencies or between local jurisdictions. A number of State programs, for example in DHR, provide funds to the jurisdictions who then administer the programs.

Appendix 1

State Agency Funding for Homeless Services and Affordable Housing
Fiscal 2016

	GF	SF	FF	TF	GO	Total with GO
Department of Human Resources						
Service-Linked Housing Program	$550,000	$0	$0	$550,000	$0	$550,000
Eviction Assistance Program	843,000	0	0	843,000	0	843,000
Emergency Assistance for Families With Children	0	0	5,996,305	5,996,305	0	5,996,305
Housing Counselor Program	204,173	0	54,241	258,414	0	258,414
Mission of Love Grant	220,121	0	58,484	278,605	0	278,605
Emergency Transitional Housing Program	2,844,632	0	0	2,844,632	0	2,844,632
Homeless Women – Crisis Shelter Program	1,173,814	0	0	1,173,814	0	1,173,814
Department of Human Resources Total	**$5,835,740**	**$0**	**$6,109,030**	**$11,944,770**	**$0**	**$11,944,770**
Department of Health and Mental Hygiene						
Continuum of Care Program	$49,881	$0	$4,686,195	$4,736,076	$0	$4,736,076
Projects for Assistance in Transition from Homelessness	0	0	1,271,000	1,271,000	0	1,271,000
Transitional Housing Assistance	1,040,247	0	0	1,040,247	0	1,040,247
Department of Health and Mental Hygiene Total	**$1,090,128**	**$0**	**$5,957,195**	**$7,047,323**	**$0**	**$7,047,323**
Department of Housing and Community Development						
Emergency Solutions Grant	$533,057	$1,406,943	$800,000	$2,740,000	$0	$2,740,000
Rental Allowance Program	1,700,000			1,700,000	0	1,700,000
Families First	0	300,000	0	300,000	0	300,000
Community Services Block Grant	0	0	9,300,000	9,300,000	0	9,300,000
Shelter and Transitional Housing Facilities Grant Program	0	0	0	0	1,500,000	1,500,000
Rental Housing Works	10,000,000	24,750,000	3,000,000	37,750,000	10,000,000	47,750,000
Partnership Rental Housing	0	0	0	0	6,000,000	6,000,000
Homeownership Programs	5,000,000	1,200,000	700,000	6,900,000	4,800,000	11,700,000
Department of Housing and Community Development Total	**$17,233,057**	**$27,656,943**	**$13,800,000**	**$58,690,000**	**$22,300,000**	**$80,990,000**
Total State Agency Funding	**$24,158,925**	**$27,656,943**	**$25,866,225**	**$77,682,093**	**$22,300,000**	**$99,982,093**

Note: SOAR funds are included in PATH expenditures because PATH supports the work of SOAR. This does not includes funds from the Maryland Mortgage Program or Low Income Housing Tax Credit, which are not budgeted. Homeownership programs and Community Services Block Grant are not entirely dedicated to affordable housing or homelessness related programs. Homeownership program and Rental Housing Works program general funds were restricted from the Board of Public Works Public School Construction Program to be used for this purpose.

Source: Department of Human Resources; Department of Housing and Community Development; Department of Health and Mental Hygiene; Governor's Budget Books