



January 1, 2014

The Honorable Michael E. Busch
Speaker of the House
H-101 State House
Annapolis, Maryland 21401-1991

**RE: Annual Report of the Governor's Interagency
Council on Homelessness (MSAR# 2016)**

Dear Speaker Busch:

In accordance with Executive Order 01.01.2002.14, please find enclosed the 2013 Annual Report of the Governor's Interagency Council on Homelessness.

As noted in the report, the face of homelessness has changed: it includes more and more everyday people struggling to recover from a job loss or divorce, as well as those who lack access to affordable housing and health care. In an effort to consolidate and streamline services provided to these vulnerable individuals and families, included in this report are seven key strategies developed this year for the Council to explore as part of its effort to update the 2005 10-year Plan to End Homelessness.

If you should have any further questions or require additional information, please contact me at 410-767-7109 or Allyson Black, Executive Director of Government Affairs at 410-767-7193.

Sincerely,

Theodore Dallas
Secretary

Enclosure



January 1, 2014

The Honorable Martin O'Malley
Governor, State of Maryland
100 State Circle
Annapolis, Maryland 21401

**RE: Annual Report of the Governor's Interagency
Council on Homelessness (MSAR# 2016)**

Dear Governor O'Malley:

In accordance with Executive Order 01.01.2002.14, please find enclosed the 2013 Annual Report of the Governor's Interagency Council on Homelessness.

As noted in the report, the face of homelessness has changed: it includes more and more everyday people struggling to recover from a job loss or divorce, as well as those who lack access to affordable housing and health care. In an effort to consolidate and streamline services provided to these vulnerable individuals and families, included in this report are seven key strategies developed this year for the Council to explore as part of its effort to update the 2005 10-year Plan to End Homelessness.

If you should have any further questions or require additional information, please contact me at 410-767-7109 or Allyson Black, Executive Director of Government Affairs at 410-767-7193.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Theodore Dallas'.

Theodore Dallas
Secretary

Enclosure



January 1, 2014

The Honorable Thomas V. Mike Miller, Jr.
President of the Senate
H-107 State House
Annapolis, Maryland 21401-1991

**RE: Annual Report of the Governor's Interagency
Council on Homelessness (MSAR# 2016)**

Dear President Miller:

In accordance with Executive Order 01.01.2002.14, please find enclosed the 2013 Annual Report of the Governor's Interagency Council on Homelessness.

As noted in the report, the face of homelessness has changed: it includes more and more everyday people struggling to recover from a job loss or divorce, as well as those who lack access to affordable housing and health care. In an effort to consolidate and streamline services provided to these vulnerable individuals and families, included in this report are seven key strategies developed this year for the Council to explore as part of its effort to update the 2005 10-year Plan to End Homelessness.

If you should have any further questions or require additional information, please contact me at 410-767-7109 or Allyson Black, Executive Director of Government Affairs at 410-767-7193.

Sincerely,

Theodore Dallas
Secretary

Enclosure

GOVERNOR'S INTERAGENCY COUNCIL ON HOMELESSNESS ANNUAL REPORT
MARYLAND DEPARTMENT OF HUMAN RESOURCES

Completed in response to Executive Order 01.01.2002.14E

MSAR#2016

January 1, 2014

TABLE OF CONTENTS

STATUTORY REPORT REQUIREMENT	2
INTRODUCTION	2
INTERAGENCY COUNCIL ON HOMELESSNESS	2-3
HOMELESSNESS PREVENTION PROGRAM	3-4
2013 EXTENT OF HOMELESSNESS	4-7
STRATEGIC COLLABORATION	7-8
CONCLUSION	

REPORT REQUIREMENT – BY EXECUTIVE ORDER

The Department of Human Resources (DHR) submits this report in response to the following excerpt from Executive Order 01.01.2002.14E, effective June 20, 2002:

*“The Council shall report annually to the Governor and, as provided in §2-1246 of the State Government Article, to the General Assembly on **progress in preventing and alleviating the incidence of homelessness in Maryland and on recommendations for executive and legislative action.**”* (emphasis added)

INTRODUCTION

Homelessness is a complex social and public health crisis. For agencies who serve individuals experiencing homelessness, the population is transient, which poses various challenges to quantify and track episodes of homelessness. According the 2013 Maryland Point-in-Time Survey, 8,205 Marylanders experienced homelessness at some point during the year. Four factors are primarily responsible for homelessness: lack of affordable housing, lack of affordable health care, low incomes, and the lack of comprehensive services. Securing and maintaining affordable, safe housing is a challenge for many. Individuals and families in central Maryland are still struggling to remain in their homes. In 2011, there were 14,418 evictions in central Maryland alone¹.

The report that follows is the result of a collaboration involving the Department of Human Resources (DHR) and the Interagency Council on Homelessness (ICH). The report provides information on the extent of homelessness during the preceding year, and the effectiveness of the homelessness prevention program in preventing families and individuals from becoming homeless in compliance with the aforementioned Executive Order guidelines. The analysis component of the report includes a Point-In-Time Census data analysis followed by a list of strategies focused on the prevention and reduction of homelessness in the state.

INTERAGENCY COUNCIL ON HOMELESSNESS

The Interagency Council on Homelessness (ICH) was created by Executive Order in 2002 (Executive Order 01.01.2002.14) to coordinate State policy regarding the homeless. The ICH is staffed by DHR and is composed of representatives from all state agencies whose resources/programming impact the ability of Maryland residents to live in a safe, stable environment and minimize their risk of becoming homeless: DHR, Department of Health and Mental Hygiene, Department of Housing and Community Development, Department of Labor, Licensing and Regulation, Maryland State Department of Education, Department of Public

¹ United Way of Central Maryland. <http://www.uwcm.org/main/doc/The%20State%20of%20Basic%20Needs%20-%202013.pdf> . January 2013.

Safety and Correctional Services, Department of Business and Economic Development, Department of Aging, Department of Transportation, and the Governor's Office for Children. Each plays a different role in the establishment of economic, emotional and physical stability and should be included to develop an effective cross-agency working group to implement new approaches and initiatives.

HOMELESSNESS PREVENTION SERVICES PROGRAM

The Department of Human Resources provides approximately \$5.5M, through five programs, directly to the state's Continuum of Care (CoC) organizations and local government agencies to support their efforts to make homelessness rare and brief. Throughout the 24 jurisdictions, the programs provide financial assistance to families that are evicted or facing imminent eviction in addition to providing relocation assistance for individuals experiencing homelessness. In some jurisdictions, counselors mediate between tenants and landlords to prevent evictions.

The CoCs use the state's resources to augment funds awarded from other funding sources, specifically the U.S. Department of Housing and Urban Development (HUD)². DHR funding categories, and their related impact, are as follows:

- *The Emergency and Transitional Housing Services Fund (ETHS)*
- *The Homelessness Prevention Program (HPP)*
- *Homeless Women - Crisis Shelter Program (HW-CSP)*
- *Housing Counselor Fund (HC)*
- *Service-Linked Housing Fund (SLH)*

The Emergency and Transitional Housing Services Fund (ETHS) funds emergency and transitional shelter beds and support services such as food and transportation in every jurisdiction across the state. ETHS funds are also used to provide eviction/foreclosure prevention assistance. ETHS operates through local governments in each jurisdiction who then partner with local community-based service agencies. In FY2013, \$2.7M was granted to local jurisdictions to support 337,718 bed nights in homeless shelters, providing services to 14,927 persons.

The Homelessness Prevention Program (HPP) supports short-term mediation and intervention services in every jurisdiction to work with tenants and landlords to prevent eviction. One-time financial grants/subsidies are also provided to prevent eviction. HPP is measured by the number of eviction prevention grants and services provided, such as counseling services. In FY2013, roughly \$850,000 was granted to local jurisdictions to support 1,089 eviction grants and 5,847 units of other services.

The Homeless Women - Crisis Shelter Program (HW-CSP) provides emergency and transitional shelter to homeless women and children, including safe accommodations to victims of domestic violence and their children in twelve jurisdictions – Anne Arundel County, Baltimore City, Baltimore County, Carroll County, Cecil County, Garrett County, Harford County, Montgomery County, Prince George's County, St. Mary's County, Wicomico County

² An explanation of the CoCs and their role is detailed later in the report.

and Worcester County. Other services include meals, case management and counseling, and direct resource referral for mental health care, education, training and employment services. In FY2013, \$1.1M was granted to local jurisdictions to support 85,496 bed nights, providing services to 2,167 persons.

The Housing Counselor Fund (HC) funds Housing Counselor positions in non-profit or public agencies in five jurisdictions – Baltimore City, Baltimore County, Harford County, Montgomery County and Washington County. DHR contracts with local governments, with referrals primarily from local departments of social services. Housing Counselors work with homeless families and individuals to locate and maintain affordable, permanent housing. In FY2013, a little over \$258,000 was awarded to organizations in the targeted jurisdictions. These funds are primarily used to pay the salaries of staff providing counseling services. During this period, 1,652 persons received counseling services.

The Service-Linked Housing Fund (SLH) provides twelve local jurisdictions with funds to hire resident advocates to help low-income families and individuals retain permanent housing by linking them to appropriate community resources/services. In FY2013, \$550,000 was awarded to support the salaries of staff in organizations located in Allegany County, Anne Arundel County, Baltimore City, Baltimore County, Caroline County, Carroll County, Frederick County, Garrett County, Harford County, Montgomery County, Prince George’s County and Washington County. Those staff assisted 2,036 persons in receiving 9,677 units of services, including behavioral health, employment, transportation and utility assistance.

In addition, DHR provided small grants of up to \$5,000 to local jurisdictions to support “homeless resource days” (HRD). The HRD activities are based on the Project Homeless Connect national model for delivering services to the homeless community by bringing together services to meet every need into one place at one time. The HRD provides on-site services for the local homeless community, such as medical exams and screenings, haircuts, legal advice, identification, access to healthy food, etc. Participating homeless and at-risk individuals and families are paired with a volunteer guide, who helps the participant navigate the various services and shares the experience of the event. In FY2013, 11 events were held in 12 jurisdictions including Baltimore City (in partnership with the Baltimore County and the United Way of Central Maryland), Anne Arundel County, Frederick County, Charles County, and Prince George’s County.

EXTENT OF HOMELESSNESS

2013 POINT-IN-TIME CENSUS AND ANALYSIS

A significant portion of the funding under HUD programs is granted to Continuums of Care (CoC). A CoC is a community plan to organize and deliver housing and services to meet the specific needs of people who are homeless as they move to stable housing and maximum self-sufficiency. There are sixteen CoCs in the state of Maryland, with each entity receiving competitive funding directly from HUD to support the development and implementation of

strategies to make homelessness rare and brief. HUD requires each CoC to conduct a bi-annual census—the Point-in-Time (PIT) count that is recorded in the Homeless Management Information Systems (HMIS) data system. (Though HUD requires a bi-annual count, some jurisdictions voluntarily opt to conduct annual counts.) The PIT is a count of sheltered and unsheltered homeless persons on a single night in January. These counts reveal the number of homeless persons in our shelters and on our streets at a single point-in-time. Each count is planned, coordinated, and carried out locally by the CoCs.

TABLE 1. MARYLAND POINT-IN-TIME (PIT) COMPARATIVE RESULTS BY CONTINUUM OF CARE: 2013 V. 2011

JURISDICTION	2013 COUNT	2011 ³ COUNT
Allegany County	76	123
Anne Arundel County	400	382
Baltimore City	2,638	4,094
Baltimore County	919	881
Carroll County	134	174
Cecil County	234	159
Frederick County	275	280
Garrett County	7	9
Harford County	166	243
Howard County	194	189
Lower Shore ⁴	360	253
Mid Shore ⁵	87	85
Montgomery County	1,004	1,141
Prince George's County	686	772
Southern MD ⁶	833	1,153
Washington County	192	210
TOTAL COUNT	8,205	10,148

In 2013, CoCs in Maryland reported a total of 8,205 homeless clients, including 2,991 clients with households with at least one adult and with at least one child under the age of 18. Table 1 of this report provides a more detailed PIT analysis, including a comparison of the 2013 PIT to the 2011 PIT and a demographic snapshot of the homeless population in Maryland. In summary, the HMIS data as reported provides the following additional information⁷:

- Baltimore City has the highest homeless population (2,638 or 32% of the homeless population in the state)

reported in Maryland. This is followed by Montgomery County (1,004 or 12%), Baltimore County (919 or 11%), and Southern Maryland (833 or 10%). These four jurisdictions account for two-thirds of the homeless population in Maryland.

- Baltimore County reported the largest population of *chronically homeless* (245) followed closely by Baltimore City (211).

³2012 unsheltered counts not required by HUD. Analysis performed on the last 2 years where both a sheltered and unsheltered count was required. The data was compiled by the HMIS Administrator for the data collaborative.

<http://hudhre.info/index.cfm?do=actionHomelessrptsSearch>

⁴ Lower Shore Counties = Somerset, Wicomico and Worcester

⁵ Mid Shore Counties = Caroline, Dorchester, Kent, Queen Anne's, and Talbot

⁶ Southern MD Counties = Charles, Calvert, and St. Mary's

⁷ The data was compiled by the HMIS Administrator for the data collaborative.

<http://hudhre.info/index.cfm?do=actionHomelessrptsSearch>

- Prince George's County has the highest population of unaccompanied children under the age of 18 who were reported homeless (18).
- Individuals with a history of chronic substance abuse represented the largest reported demographic group of homeless at 1,888, followed by the severely mentally ill representing 1,499, and the chronically homeless at 1,335.

Although it would seem logical that a PIT comparison of every other year (where "sheltered and unsheltered" PIT counts are required), would produce an accurate analysis, there are concerns about the integrity of the data. It is believed that the following factors contributed to the inconsistencies in a few areas of the PIT counts:

- 1. Wide array of varying methodologies of PIT data collection processes between, and also within, each CoC (from 2011 to 2013):** For the first time, HUD required each CoC to complete 5 pages of "data collection methodology" descriptions for the 2013 PIT report (on HUDHDX.info). HUD is aware of the different techniques used to collect PIT data, and is perhaps now analyzing the methodologies to create a more uniform process for future PIT counts, which will improve accuracy and consistency. Since a uniform process for PIT is not currently mandated, a CoC's ability to choose their own methodology may easily result in erratic data from year to year.
- 2. Staff turnover and/or agency changes:** Several CoCs experienced a significant amount of staff turnover and/or agency changes between 2011 to 2013, which is most likely another contributing factor accounting for the differences in the PIT counts. Former staff members and/or agencies from the 2011 PIT may have had a wealth of experience in coordinating an accurate PIT count, while the newer staff members and/or agencies may have little to no experience. In other CoCs, new staff members may have brought positive changes to the PIT counts by identifying and correcting issues that existed in past counts. There are several variables for PIT implementation, such as planning, knowledge of local geography, data collection, knowledge of PIT guidelines, volunteer/agency coordination, training, relationships with other agencies, homelessness education, HMIS experience, communication, knowledge of population densities, leadership, funding management, compiling data, analyzing data, staff support, methodologies, etc.
- 3. Reliance on external vs. internal resources for planning, data collection and data analysis:** From 2011 to 2013, some CoCs moved away from their reliance on consultants and contractors for carrying out PIT planning, data collection and data analysis, instead relying on internal staff resources who were more familiar with the local homeless population and service delivery system. In Baltimore City, this was the case. In 2009 and 2011, the City relied on an outside contractor to complete the PIT counts. In 2013, the City changed its approach and relied on its expert staff members. With this expertise, a true comparison and analysis of past and current data occurred, which resulted in a more accurate reporting of the data.

The aforementioned factors may have led to the spikes and declines in a few areas of the

comparison of the 2011 and 2013 PIT data. The CoCs are collectively reviewing the report in an attempt to clarify inconsistencies where possible and identify strategies for a stronger PIT process in 2015. In addition, Department of Housing and Community Development will be issuing incentive grants to 5 CoCs to pilot innovative approaches to the upcoming 2014 Point-in-Time survey (conducted during the last week in January 2014), with a particular emphasis on *approaches to expanding the count of unsheltered individuals and families and also veterans* (both sheltered and unsheltered). The lessons learned from the 2014 survey will be used to strengthen the larger 2015 census count.

STRATEGIC COLLABORATION

Though there are agencies working at the state level to make homelessness rare and brief, the majority of the resources invested and the work taking place occurs locally.

CONTINUUM OF CARE

As described earlier, a HUD funded CoC is a community plan to organize and deliver housing and services to meet the specific needs of people who are homeless as they move to stable housing and maximum self-sufficiency. It includes action steps to end homelessness and prevent a return to homelessness. HUD identifies four necessary parts of a continuum:

- Outreach, intake, and assessment in order to identify and link appropriate levels of service and housing needs;
- Emergency shelter to provide an immediate and safe alternative to sleeping on the streets, especially for homeless families with children;
- Transitional housing with supportive services to allow for the development of skills that will be needed once permanently housed; and
- Permanent supportive housing to provide individuals and families with an affordable place to live with services if needed.

Maryland's sixteen CoCs each receive competitive funding directly from HUD to support the development and implementation of strategies to make homelessness rare and brief. In 2012, Maryland CoCs received a combined total of \$49.1M to fund homeless service programs. This past year, DHR worked collaboratively with the Maryland Department of Housing and Community Development (DHCD) and the Maryland Department of Health and Mental Hygiene (DHMH) to convene the CoCs on a monthly basis over the past year. The purpose of those joint meetings was to further develop the Homeless Management Information System data warehouse, discuss data sharing between the CoCs, develop cross border collaboration strategies and explore the creation of supportive services for special populations such as veterans, youth aging out of care and individuals with mental illnesses. The joint collaboration with the CoCs is consistent with the strategies identified during the stakeholder meeting to pursue the development of a:

1. Realistic "picture" of homelessness in Maryland by measuring quantitative and qualitative data indicators per jurisdiction: number of homeless, demographics,

availability and utilization of existing resources, gaps in programming/resources. This is being implemented in part through the creation of the Homeless Data Warehouse.

2. Strategic, need-based approach to allocation and distribution of funding for shelter and homeless services among all 24 jurisdictions across the state.
3. Set of indicators, to include population, poverty, unemployment, utilization of services and assistance programs such as food stamps, emergency shelter, housing eviction prevention and subsidies to support the proposed allocation and distribution formula.

Service providers and those involved in public policy efforts to make homelessness rare and brief must be more nimble in their response to the unique needs within this changing population. DHR recognized that in order to meet this new challenge, the State of Maryland's 10-year plan must be updated, to become not only reactive to address the needs of those experiencing homelessness, but also proactive in preventing homelessness. Strategy sessions were conducted with stakeholders, as well as representatives from the U.S. Interagency Council to End Homelessness, and ICH representatives from other states (Minnesota and Utah) to explore opportunities to revamp the plan and revitalize ICH. During the sessions, key topics were discussed regarding efforts underway to understand the extent of homelessness in Maryland, including strategies to assess needs, special populations, jurisdictional disparities, data collection; the current and existing services/resources/partnerships; potential areas for improved coordination and service delivery; and opportunities to strengthen the ICH, with active stakeholders and prioritized goals and objectives.

The sessions resulted in a proposed list of strategies to explore in the coming year, as part of collaborative efforts to truly understand the prevalence of homelessness, as well as the current availability of resources.

1. Consistent, standardized outcome reporting among all jurisdictions in Maryland.
2. Development of a cross-agency, cross-organization approach to significantly reducing homelessness in Maryland.
3. Development of an outreach strategy that would identify and build on partnerships between ICH member agencies, local government agencies and community programs that provide direct services to the homeless population.

CONCLUSION

The face of homelessness is changing. What used to disproportionately impact chronically homeless individuals (typically single males) is now impacting families.

Though the ICH has no formal recommendations for executive or legislative action at this time, stakeholder agencies will continue to pursue and guide the continued development and implementation of the following strategies during the coming calendar year using existing funding allocations.

1. Collaborate with DHCD, DHR and DHMH to issue small incentive grants to 5-10 CoCs to pilot innovative approaches to the upcoming 2014 Point-in-Time survey (conducted during the last week in January 2014), with a particular emphasis on *approaches to expanding the count of unsheltered individuals and families and also veterans* (either sheltered or unsheltered).
2. Through the joint efforts to fund an HMIS Coordinator, DHCD, DHR, and DHMH will provide technical assistance to jurisdictions on applications to secure additional Veterans Assistance and Supportive Housing (VASH) vouchers that will be made available in the coming months.
3. Revamp the homeless services grant programs overseen by DHR to better address the needs of Maryland's currently or at risk of experiencing homelessness.
4. Assist the Governor's Office of Children (GOC) with the further review and discussion of recommendations put forth by the Unaccompanied Homeless Youth Task Force.