



# **10-Year Plan to End Homelessness**

**December 2005**

**Vision: To make homelessness in Maryland a rare and brief occurrence**

Prepared by the Governor's Interagency Council on Homelessness

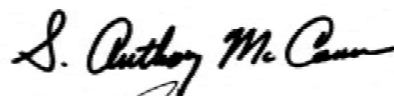
**Maryland's 10-Year Plan to End Homelessness**  
**Prepared by the Governor's Interagency Council on Homelessness**

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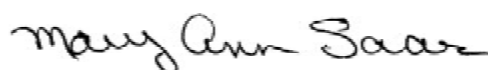
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## EXECUTIVE SUMMARY

The U.S. Interagency Council on Homelessness has asked the states to create and implement 10-Year Plans to End Homelessness. In response to that request, the Maryland Governor's Interagency Council on Homelessness (ICH) has identified in this Plan a series of recommendations and timelines aimed at making homelessness in Maryland rare and brief. The ICH chose to focus this report on the common denominator of all homeless and at-risk families and individuals: extreme poverty, because it is the very poor who tend to be in the most unstable housing situations, and it is also the very poor who also struggle the most with earning enough income to make ends meet and to provide for basic daily needs such as food, health care, transportation, and other critical living expenses. Thus, many of the recommendations and strategies discussed in subsequent sections target those households with very low incomes, which (for the purposes of this Plan) is defined as those below 30% of Area Median Income.

The recommendations contained in this Plan focus on four areas: housing, income, health, and cross-cutting issues. The following are select recommendations in each section. The Plan also contains a number of federal recommendations in addition to those presented below.

### **Housing:**

- Implement the eight recommendations of the Governor's Commission on Housing Policy (December 2004)
- Maintain and expand state incentives to increase the production of affordable housing
- Increase availability and use of rental assistance for all very low income households and operating subsidies for organizations and companies who manage housing for low income households
- Increase accessibility of public housing for homeless households
- Support changes at local level to encourage expansion of affordable housing
- Intervene to decrease the number of evictions and foreclosures
- Require all public agencies to develop interagency discharge plans to strive to ensure that no one leaving public institutions or custody is discharged into homelessness
- Increase the flexibility of existing State financing programs to support the preservation by nonprofits of smaller rental housing developments with existing federal rental subsidies

### **Income:**

- Develop current capacity of business community to employ homeless people.
- Train employers (especially small businesses) on the potential presented by homeless people and on common issues faced by these households (loss of housing, no medical insurance, lack of child care).
- Reduce barriers to employment for certain types of prior criminal activity.
- Develop and implement strategies that create and expand career job ladders (e.g., create/expand partnerships between employers and higher education or other training programs).
- Develop a comprehensive services center approach for the coordination and/or delivery of comprehensive employment and support services to maximize assistance for very low income households and to reduce barriers to accessing jobs, services and benefits.
- Improve understanding, responsiveness, and coordination of job placement counselors, social service staff, and small business employment developers on issues presented by homeless households and on resources available.
- Increase availability of Adult Literacy and English as a Second Language instruction.

- Develop and provide training in needed technical and occupational skills.
- Provide training in financial management, consumer issues, and job maintenance skills to very low income households.
- Add other assistance to help meet adequate level of income, such as housing subsidy, utility subsidy, etc.
- When appropriate, expand availability of using third party as representative payee
- Increase access to benefits by choosing the least restrictive option (or “opting in”), e.g., lengthening certification times, accepting alternative verifications.
- Develop a common application form for public benefits which includes housing status as one of the fields and which requires customers to present verifying documents only once.
- Expand current efforts to assist inmates in filling out applications and obtaining pre-approval for FIA benefits and programs.

#### **Health:**

- Expand efforts to reach potentially eligible individuals who have not applied for Medicaid and other assistance programs (e.g., Pharmacy Assistance).
- Explore all possible strategies to increase the number of individuals who have access to regular and affordable health care services.
- Develop and coordinate systems of care that integrate mental health, addictions, and somatic services.

#### **Cross-Cutting Issues:**

- All state agencies with responsibility for care of state residents should develop and implement procedures and make resources available to minimize the risk of individuals becoming homeless.
- State agencies should identify and organize existing data on services to homeless people
- Require recipients of state and federal homeless services, eviction prevention, housing assistance and other relevant funds to participate in the Homeless Management Information System or in a more broadly based data warehouse (if initiated).
- Encourage state agencies to include housing status on applications for services and benefits.
- Local jurisdictions should adopt a model of coordinated case management targeted to all homeless individuals or families.
- Public and private institutions should improve discharge planning and linkages to community services so that appropriate supports will be in place for persons released from prisons, discharged from psychiatric hospitals, or transitioning from foster care.
- Expand availability of child care, coordinated centers for family programming/services, transportation, and Head Start.
- Prevent discrimination in the delivery of services for low income and homeless households, which may be hard to serve.
- Increase capacity of emergency food programs to assist low-income families with nutrition and food costs.
- Ensure availability of “wraparound” supportive services.

This 10-Year Plan must be considered a living document. The recommendations and strategies contained herein are a means to an end, but over the next several years, other strategies and ideas will be generated and acted upon as the problem of homelessness evolves. The key to success is the partnerships that have been developed in past years and those that will be created in response to this Plan, as we continue to focus on innovative solutions that will make homelessness in Maryland a rare and brief occurrence.

## LIST OF ACRONYMS

ADAA	Alcohol and Drug Abuse Administration
AMI	Area Median Income
CMS	Center for Medicare and Medicaid Services
CSA	Core Service Agency
DBED	Department of Business and Economic Development
DBM	Department of Budget and Management
DHCD	Department of Housing and Community Development
DHMH	Department of Health and Mental Hygiene
DHR	Department of Human Resources
DJS	Department of Juvenile Services
DLLR	Department of Labor, Licensing, and Regulation
DORS	Division of Rehabilitation Services (a division of MSDE)
DPSCS	Department of Public Safety and Correctional Services
DVA	Department of Veteran Affairs
FIA	Family Investment Administration (Department of Human Resources)
GWIB	Governor's Workforce Investment Board
HHS	U. S. Department of Health and Human Services
HUD	U. S. Department of Housing and Urban Development
ICH	Interagency Council on Homelessness
LDSS	Local Department of Social Services
MDOA	Maryland Department of Aging
MDOD	Maryland Department of Disabilities
MDOT	Maryland Department of Transportation
MSDE	Maryland State Department of Education
PAL	program assistance letters
PHA	Public Housing Authority
SAPTBG	Substance Abuse Prevention and Treatment Block Grant
SDAT	State Department of Assessments and Taxation
SSA	Social Security Administration
SSI	Supplemental Security Income
USDA	U.S. Department of Agriculture
WIA	Workforce Investment Act



## **State of Maryland 10-Year Plan to End Homelessness**

The U.S. Interagency Council on Homelessness has asked the states to create and implement 10-Year Plans to End Homelessness. In response to that request, the Maryland Governor's Interagency Council on Homelessness (ICH) has identified in this Plan a series of recommendations and timelines aimed at making homelessness in Maryland rare and brief.

There are many ways to define homelessness; some are broad and others are more narrowly focused. This Plan will use the definition outlined by the U.S. Department of Health and Human Services/Health Resources and Services Administration, which states:

“A homeless person is an individual (without regard to whether the individual is a member of a family) without permanent housing who:

- Lives on the streets;
- Stays in a shelter, mission, single room occupancy facility, transitional housing facility, abandoned building or vehicle, or any other unstable or non-permanent situation;
- Lives “doubled up,” a term that refers to a situation where individuals are unable to maintain their housing and are forced to stay with a series of friends and/or extended family members; and/or
- Was previously homeless and is released from a prison or hospital without a stable housing situation to which he/she can return.

A recognition of the instability of an individual's living arrangements is critical to the definition of homelessness.”<sup>1</sup>

This definition allows a more flexible understanding of the issues confronted by very low income individuals and families when housing becomes unstable, putting them at imminent risk of homelessness. It also better reflects the reality of homelessness in rural parts of the state.

Any plan to make homelessness rare and brief in Maryland must look beyond the families and individuals experiencing homelessness at any given time. The population of homeless people is not static; every day many households are at risk of becoming homeless while many others regularly cycle in and out of homelessness, reflecting the fundamental instability of their housing situations. To address this issue credibly and comprehensively, the ICH chose to focus this report on the common denominator of all homeless and at-risk families and individuals: extreme poverty. For it is the very poor who tend to be in the most unstable housing situations, and it is also the very poor who also struggle the most with earning enough income to make ends meet and to provide for basic daily needs such as food, health care, transportation, and other

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<sup>1</sup> U.S. Department of Health and Human Services, Health Resources and Services Administration, Bureau of Primary Health Care, Program Assistance Letters. PAL 99-12, “Principles of Practice - A Clinical Resource Guide for Health Care for the Homeless Programs,” signed March 1, 1999. Available at: <ftp://ftp.hrsa.gov/bphc/docs/1999PALS/PAL99-12.PDF>

critical living expenses. Thus, many of the recommendations and strategies discussed in subsequent sections target those households with very low incomes, which for the purposes of this Plan is defined as those below 30% of Area Median Income. These households are more likely to include people with disabilities (including mental illness and addiction), the elderly on fixed incomes, persons leaving institutions (e.g., prisons, foster care, inpatient care at a hospital or psychiatric facility) without employment or income, and working households who simply cannot make enough money to cover the rising costs of housing and utilities.

Several factors, either alone or in combination, can cause homelessness. Lack of affordable housing, lack of adequate income, and poor health are all primary reasons why people become homeless. In addition, a lack of supportive services (such as transportation, child care, rental and energy assistance, emergency food assistance) and lack of adequate discharge planning also contribute to homelessness. Once a family or individual becomes homeless, it is harder to regain housing. While it is less traumatic for the household and ultimately less expensive to prevent homelessness than to ameliorate it, the current system is structured to manage homelessness after it occurs. It is not designed to prevent or end homelessness.

Maryland and most other states currently manage homelessness via a fragmented system of emergency shelter programs and transitional housing units. Using data reported to the State in FY2004, Maryland has a total of 6,264 beds available to individuals experiencing homelessness; 2,733 overnight emergency shelter beds, 3,213 transitional shelter beds, and an additional 318 beds that can be used as either emergency or transitional beds.<sup>2</sup> The expectation is that families and individuals will move from emergency to transitional housing (for a maximum of two years) to permanent housing. Unfortunately, due to a lack of affordable permanent housing units in the State, there are too few placements available for those coming out of transitional housing programs. The bottleneck this situation creates results in much longer stays in shelters and, consequently, fewer beds available for new residents. Across the state, thousands of families and individuals are turned away from emergency shelters because there is no bed space, and must sleep in alternative arrangements such as a car, on the street, or doubled up with those who will take them in. There are a few permanent housing programs aimed at those experiencing homelessness; however, there are far too few units to meet the demand.

Policy makers would be wise to consider the current costs associated with homelessness when all service sectors are taken into account. In FY2005, approximately \$35 million was spent on shelter operations alone, with an average bednight costing approximately \$25 per person. The average amount paid for a hospital stay in Maryland is \$8,403, and a bednight in one of Maryland's public mental health hospitals averages \$500 per day. In addition, the average cost per day in prison is estimated at \$60.66, and the average cost per day in jail is \$61.28.<sup>3</sup> There is a wide body of literature documenting that individuals experiencing homelessness (especially those who are chronically homeless) cycle through all these systems, suffer poorer health, are at greater risk for injury and assault, have longer lengths of stay when admitted to the hospital, and have greater frequency of jail and prison detentions (often for

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<sup>2</sup> Maryland Department of Human Resources, Annual Report on Homelessness Services for Fiscal Year 2004. Available at: <http://www.dhr.state.md.us/transit/pdf/ann2004.pdf>.

<sup>3</sup> Per diem costs at county jails and detention centers vary widely, from \$31.47 to \$106.40. The range is partially explained by overall jail population, with smaller jurisdictions having fewer individuals incarcerated (hence smaller facilities to maintain), while more populous counties have more people and larger, more expensive facilities.

misdemeanor charges like loitering or sleeping in public). There are also costs associated with court, police, food banks, drop-in centers and other public services.

When known and estimated costs are added, the State of Maryland already spends many tens of millions of dollars annually to manage homelessness, but in spite of these expenditures, tens of thousands of people experience homelessness each year. In fact, the numbers of those experiencing homelessness appear to be rising, especially amongst youth and families. Most importantly, these costs do not take into consideration the considerable opportunity cost to both the individual and to society when homelessness and its related challenges rob people of their vitality, their ability to work and contribute to society, and to provide a stable, independent environment for themselves and their family. Truly, the state can no longer afford the current problem of homelessness, which manages the situation but does little to end it. A better use of current resources could be organized to provide better opportunities and outcomes for those residents who are homeless or at risk of homelessness.

A 10-Year Plan addressing the myriad of issues related to homelessness is intended to assist the State of Maryland plan for a more coordinated approach to ending homelessness. Because there are many facets of the problem, no one solution will fix the current situation. Often issues related to homelessness seem so complex that it is difficult for policymakers to know where to focus, or how to allocate scarce resources in the most effective manner. Affordable housing certainly is a major part of the solution, but housing alone will not solve the problem, especially for those experiencing longer-term homelessness and for many others struggling for different reasons. Health and income also need to be integral components to the solution. This Plan outlines recommendations associated with objectives that will reduce homelessness if implemented in conjunction with each other over a 10-year period. Where possible, funding sources and strategies have been suggested as starting points for action.

The following three sections will concentrate on central areas of homelessness: housing, health, and income. A fourth section will focus on cross-cutting issues and discuss how each of the three areas link together, and a fifth section will contain charts of the recommendations in a timeline format so it is easier to see how components coordinate with each other. Appendix A presents a county-by-county snapshot of information related to very low income and/or homeless populations so that county officials and other local stakeholders in Maryland's communities might understand how aspects of homelessness affect their jurisdiction. Appendix B contains the membership of the ICH and the individuals who contributed to this Plan.

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## I. HOUSING

Individuals experiencing homelessness or who are at risk of becoming homeless share two characteristics—they are very poor and they either have no housing or have unstable housing. This section of the Plan addresses strategies for creating attainable housing and preventing the loss of housing. In this way, the State of Maryland can address the solution from both sides of the problem, which is to ameliorate existing homelessness and to prevent homelessness for those on the edge.

### **FOCUS AREA: ATTAINABLE HOUSING**

The following objectives and related strategies will focus on affordable and attainable housing. For the purposes of this Plan, the term ‘affordable housing’ refers to housing units that cost a household to spend 30 percent or less of their combined income for rent (or mortgage) and utilities. Attainable housing refers to housing units that have barriers other than cost (e.g., barring those with criminal history, poor rental and credit histories, etc.). Households are called very low income if they fall below 30 percent of the Area Median Income (AMI) threshold.

Ideally, any strategy for developing more housing units will provide a continuum of options, including multifamily dwellings, single room occupancy facilities, accessory apartments, congregate living, supportive housing and more. There is no one housing solution that will fit with the specific needs of all very low income households or in all jurisdictions, hence, it is essential that local, state, and federal governments look for innovative options that help create housing opportunities for those in need.

**Objective 1: Make 120,000 units of housing available for households below 30% of AMI.**

In December 2004, the Governor’s Commission on Housing Policy issued to the Governor a report containing eight recommendations for actions to increase and preserve quality affordable housing in all Maryland communities to meet the needs of working families, individuals with disabilities, the homeless and the elderly.<sup>4</sup> The Commission calculated that 157,000 units of housing are needed within 10 years to meet Maryland’s housing needs. For the Interagency Council, DHCD determined that approximately 120,000 of these units are needed specifically for households currently spending more than 30 percent of total income on housing needs (see table 1). It is important to note that this figure does not necessarily mean that 120,000 units need to be built as new units, but it does mean that 120,000 households need to be able to find affordable housing given their income. The aim of this section of the Plan is to build on the work of the Governor’s Commission by recommending actions that can help create affordable housing opportunities targeted at Maryland’s very low income population.

Recommendation 1: Implement the eight recommendations of the Governor’s Commission on Housing Policy (December 2004)

The recommendations of the Commission were not all aimed at the very low income population; however, the effects of each recommendation serve to enhance the housing stock available in Maryland’s communities for all income levels. To that end, if a greater array of housing options exists for everyone, housing units for the very low income population should become increasingly available as higher income groups shift upward, leaving their units vacant. The eight recommendations are summarized as follows:

1. Develop a housing plan for each jurisdiction, as deemed appropriate by the jurisdiction. Among other items, the housing plans may address the supply of land properly zoned for residential purposes and sufficient to accommodate growth that equitably addresses

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<sup>4</sup> The Commission’s final report can be obtained from the Maryland Department of Housing and Community Development at: <http://www.dhcd.state.md.us/Website/housingpolicy/document/FINAL011305report.pdf>

**Table 1. Affordable Rental Housing Shortage in Maryland, 2005-2014 Projection  
Families Earning Less than 30% of the Area Median Income\*  
Paying More Than 30% of Household Income for Housing**

County	Family		Senior		Elderly Disabled		Non-Elderly Disabled		Total
	Total	SSI-Level	Senior	SSI-Level	Total	SSI-Level	Total	SSI-Level	
Allegany	525	372	241	174	151	91	79	54	996
Anne Arundel	6,640	2,185	1,470	496	924	261	722	226	9,757
Baltimore City	7,481	5,305	2,565	1,856	1,610	975	1,883	1,274	13,540
Baltimore	10,012	4,169	3,638	1,547	2,284	813	1,379	548	17,314
Calvert	668	208	134	43	84	22	83	25	970
Caroline	242	129	82	46	52	24	42	21	418
Carroll	1,463	505	361	127	227	67	155	51	2,206
Cecil	1,006	419	230	98	145	51	139	55	1,520
Charles	1,452	478	259	87	163	46	198	62	2,071
Dorchester	231	145	110	70	69	37	44	27	454
Frederick	2,505	866	558	197	350	103	272	90	3,686
Garrett	178	113	65	43	41	22	28	17	311
Harford	2,446	889	550	203	345	106	275	96	3,616
Howard	5,048	1,417	735	211	461	111	380	102	6,623
Kent	183	96	89	48	56	25	27	14	355
Montgomery	18,423	5,391	4,484	1,329	2,807	698	1,563	437	27,277
Prince George's	14,837	5,455	2,688	1,011	1,689	531	2,245	786	21,458
Queen Anne's	336	122	103	38	65	20	43	15	547
Somerset	183	129	64	46	40	24	32	22	319
St. Mary's	1,131	439	224	89	141	47	121	45	1,617
Talbot	341	164	174	85	109	45	43	20	667
Washington	1,413	741	519	279	326	146	214	107	2,472
Wicomico	950	498	294	158	185	83	138	69	1,567
Worcester	362	190	189	101	119	53	56	28	726
<b>Maryland</b>	<b>78,056</b>	<b>30,426</b>	<b>19,826</b>	<b>8,381</b>	<b>12,442</b>	<b>4,402</b>	<b>10,162</b>	<b>4,188</b>	<b>120,486</b>
							<b>Total SSI</b>	<b>47,397</b>	

Source: DHCD, Office of Research.

Note: \* Projections assume no DHCD production beyond 2005.

affordability for all Maryland citizens at all incomes, including workforce families/individuals, seniors, individuals with disabilities below SSI level, and the homeless.

2. Modify State funding requirements for housing and economic development financial resources to ensure that the supply of workforce/affordable housing is considered as an element of the decision-making process.
3. Introduce legislation that creates a Maryland Housing and Community Revitalization Trust Fund (the Trust Fund) administered by DHCD that would receive a portion of the increase in real estate property taxes caused by State investment in a housing or community revitalization initiative.
4. Utilize a portion of the funds generated by the Maryland Housing and Community Revitalization Trust Fund to support community-based organizations and non-profit organizations that provide housing counseling programs.
5. Support and encourage the State's participation in the Maryland Equity Fund Steering Committee that will analyze Maryland's ability to support an Equity Fund that will provide funds for workforce/affordable housing and community revitalization initiatives.
6. Create a Bridge Subsidy Demonstration Program for individuals with disabilities by reallocating a portion of existing resources of funds from the Maryland Department of Housing and Community Development and other State agencies, for the purpose of providing short-term rental assistance to 75 to 100 individuals annually, for up to three years, while the individuals await permanent housing assistance such as a Section 8 Housing Choice Voucher. The cost is estimated to be \$700,000 annually for three years, totaling \$2.1 million.
7. Create an interdepartmental steering committee, established by the Governor and led by the Department of Budget and Management, to address service delivery efficiencies and 1) direct a portion of any State savings and/or 2) redirect existing resources for the production of affordable housing for seniors and individuals with disabilities at SSI level income, regardless of age.
8. Include the Maryland Department of Housing and Community Development in the review process of the State's surplus property inventory to assist with the identification of land appropriate for housing development, which includes workforce housing, senior housing and housing for individuals with disabilities, including those at SSI level income.

Recommendation 2: Maintain and expand state incentives and funding (public and private) to increase the production of affordable housing

1. Maintain funding of DHCD Rental Housing Programs (to stimulate production of rental housing for low-income households)  
*Partnering Agencies:* DHCD, Maryland Association of Housing and Rehabilitation Agencies, non-profit and for-profit developers, local governments, local public housing authorities  
*Funding Sources:* General Funds FY 06 \$13 million

*Timeline:* Immediate

2. Maintain funding of Partnership Rental Housing Program (to expand supply of affordable housing for the working poor)  
*Partnering Agencies:* DHCD, Maryland Association of Housing and Rehabilitation Agencies, non-profit developers  
*Funding Sources:* General Funds FY 06 \$6 million  
*Timeline:* Immediate
3. Provide incentives for public and private developers and landlords to commit to accept as tenants some people who would not otherwise qualify because of poor credit or rental histories, provided the people were participating in a supportive services program for the homeless or other similar support program.  
*Partnering Agencies:* DHCD, DHMH, DHR, local governments, public and private service providers  
*Timeline:* 3-6 years  
*Strategies:* Financial incentives, risk mitigation agreements
4. Continue to use the point structure of the Qualified Allocation Plan to provide incentives for production of units targeted to very low income households.  
*Partnering Agencies:* DHCD  
*Funding Sources:* federal low income housing tax credits and DHCD rental housing funds  
*Timeline:* immediate
5. Encourage local public housing authorities to participate in the Capital Fund Securitization Bond issuance for rehabilitation of public housing.  
*Partnering Agencies:* DHCD, public housing authorities  
*Timeline:* 18-24 months
6. Encourage businesses to include workforce affordable housing in their development/construction plans  
*Partnering Agencies:* DHCD, DBED, local planning and zoning agencies  
*Timeline:* 3-6 years  
*Strategies:* Provide local density bonuses/exemptions for businesses that create workforce housing.
7. Encourage rental subsidies for households below 30% of AMI through the current renters' tax credit for seniors.  
*Partnering Agencies:* DHCD, SDAT, MDOA  
*Timeline:* 2 years  
*Strategies:* Develop marketing plan to inform seniors below 30% of AMI that the State offers a renters tax credit for seniors.
8. Develop methods and resources to support the role of recognized/licensed recovery houses.  
*Partnering Agencies:* DHMH, DHR, local housing authorities  
*Timeline:* 3-6 years

*Strategies:* Convene workgroup of service providers and state officials to develop standards and practices for operation and sources of reimbursement/support for facilities.

9. Partner with local and national foundations to develop local projects to assist those below 30% AMI.

*Partnering Agencies:* DHCD, DHR, DHMH, MDOD, MDOA, local housing authorities

*Timeline:* 2-4 years

*Strategies:* Develop a list of local and national foundations to approach regarding potential partnerships, then reach out to each foundation regarding a specific project.

10. Partner with developers and real estate companies to develop a product for new homeowners to purchase. Profits would benefit an affordable housing fund (e.g., Chesapeake Bay Trust )

*Partnering Agencies:* Developers, Real Estate Companies, SDAT, DHCD

*Timeline:* 2 years

*Strategies:* Outreach to developers, real estate companies, SDAT, and DHCD to determine nature and details of potential product.

11. Increase fees on the purchase of houses for investment purposes, on properties above a specified value or on second homes; use funds for affordable housing fund.

*Partnering Agencies:* Developers, SDAT

*Timeline:* 2-4 years

*Strategies:* Meet with SDAT to discuss potential recommendations and fiscal impact. Work with SDAT to implement increase in fees on the purchase of investment homes and second homes.

12. Create a check off for affordable housing on state income tax forms.

*Partnering Agencies:* DHR, DHCD, SDAT

*Timeline:* 2-4 years

*Strategies:* Meet with SDAT to discuss potential recommendations and fiscal impact. Work with SDAT to modify the state income tax form and allow for charitable donations for affordable housing.

13. Develop state incentives to require developments receiving state or local funding to include units for homeless or at risk households.

*Partnering agencies:* DHCD

*Timeline:* 3-6 years

*Strategies:* Encourage local jurisdictions to examine current zoning regulations regarding water and sewage use to determine balance between environmental land use issues and need for additional housing units not on large plots of land.

Recommendation 3: Increase availability and use of rental assistance for very low income households and operating subsidies for organizations and companies operating housing for low income households.

1. Local Public Housing Authorities could consider expediting process or using priorities as tools to address homeless households at imminent risk.

*Partnering Agencies:* DHCD, local housing authorities/commissions, DHR

*Funding Sources:* DHCD; Local housing authorities/commissions; Family Unification Program

*Timeline:* 2 years

*Strategies:* Utilize Family Unification Program—either federal program, or based on federal program; Write new priorities into state Consolidated Plan; utilize universal notification & voluntary disclosure policies

2. Facilitate and encourage acceptance of Housing Choice (Section 8) vouchers by landlords and management companies.

*Partnering Agencies:* DHCD, DHR, MDOD, Local Housing Authorities/Commissions, local property management associations

*Funding Sources:* Federal Housing Choice Voucher program through Local Housing Authorities

*Timeline:* 2 years

*Strategies:* Address misgivings with renting to target population; address stigma with education/marketing campaign.

3. Assist voucher recipients with barriers to placement: personal presentation, legal rights

*Partnering Agencies:* DHR, DLLR, MDOD, Office of the Public Defender, Maryland Commission on Human Relations, Homeless Persons Representation Project, Maryland Disability Law Center, Legal Aid Bureau, Non-Profits/Faith-Based Organizations

*Funding Sources:* Office of the Public Defender, DHR, Philanthropic/Foundation Donations

*Timeline:* 2 years

*Strategies:* Legislation around discrimination based on receipt of voucher, personal presentation; network of available resources for clothing and other basic needs

4. Develop “bridge” subsidies: 2 year subsidies while household works toward self-sufficiency

*Partnering Agencies:* DBM, DHCD, DHR, DHCD, MDOD, Department of Natural Resources, Local Housing Authorities/Commissions

*Funding Sources:* Private lending institutions, federal funds (Temporary Aid to Needy Families, Home Investment Partnerships Program)

*Timeline:* 3 years

*Strategies:* Restructure Rental Assistance Programs to allow for longer/deeper subsidies; explore use of Temporary Aid to Needy Families for longer term housing support; develop Community Land Trusts to provide funding; replicate Baltimore County program which uses HOME funds for “bridge” subsidies.

5. Develop funding for down payments and security deposits so that low-income households can establish housing quicker and easier

*Partnering Agencies:* DHCD, DBM, Private Lending Institutions, Bankers’ Association

*Funding Sources:* DHCD (HUD Home Investments Partnerships Program, Maryland Affordable Housing Trust), DBM, Private Lending Institutions

*Timeline:* 3 years

*Strategies:* Model on the DHCD Community Development Administration’s Maryland Mortgage Program; engage faith-based organizations to act as sponsors for security deposits and first month’s rent;

6. Cross-train caseworkers (DSS, DJS, DPSCS, hospitals) on availability of housing subsidies (e.g., Child Welfare League of America program in PG County)  
*Partnering Agencies:* DHR, DHCD, DJS, DPSCS, DHMH, MDOD  
*Funding Sources:* Private, non-profit (Child Welfare League of America, Freddie Mac, Fannie Mae)  
*Timeline:* 2 years  
*Strategies:* Use Child Welfare League of America cross-training curriculum for housing and foster care workers; modify as needed

Recommendation 5: Increase accessibility of public housing for homeless households

1. Local Public Housing Authorities could consider expediting process or using priorities as tools to address homeless households at imminent risk.  
*Partnering Agencies:* DHCD, Local Housing Authorities/Commissions, DHR, MDOD  
*Funding Sources:* HUD, DHCD, Local housing authorities/commissions  
*Timeline:* 2 years
2. Remove barriers faced by many homeless and low-income households: ex-offenders, drug users  
*Partnering Agencies:* HUD  
*Strategies:* Family Unification Program, incentivize housing households with multiple barriers (e.g., pay double security deposits, give 24-hour contact to landlords, provide some community services, etc.).

Recommendation 6: Support changes at local level to encourage expansion of affordable housing

*Partnering agencies:* Department of Aging, Housing, Real Estate Association of Maryland, St. Ambrose Housing

1. Develop ways to require landlords to bring properties into compliance with local codes. Explore the expansion of Project TEVO in Baltimore City to other areas of the state.
2. Encourage the re-examination of codes limiting construction of accessory apartments. These could be attainable housing for homeless households. They could also result in attainable units becoming vacant as the tenants in those units move into accessory apartments.
3. Expand the home sharing programs to match homeless households with persons needing tenants for income/housekeeping/maintenance.
4. Engage all 66 of the community foundations throughout State to work on individual community issues (zoning in Garrett, water and sewage in Carroll etc.).
5. Review Smart Growth policies for their impact in supporting or hindering the development of affordable housing.

Federal recommendation: U.S. HUD could encourage local PHAs to re-evaluate policies related to access to public housing for ex-offenders, especially those with drug-related offenses. HUD participates in the national offender re-entry initiatives, and PHAs could be encouraged to develop strategies and action plans in line with those objectives so that this population can obtain housing in a safe and healthy manner.

Federal recommendation: Create a federal housing trust fund to increase the number of affordable housing units available to very low income households.

## **FOCUS AREA: PREVENTING LOSS OF HOUSING**

The following objectives and related strategies will focus on prevention of homelessness by ensuring that individuals and families do not lose existing housing. Preventing the loss of housing includes a number of aspects, to include eviction prevention (for reasons other than criminal activity or serious lease violations), proper discharge planning from public institutions (hospitals, prisons, and foster care), and rental assistance. Not only is it more difficult to re-gain housing once it is lost, but nearly every other aspect of one's life worsens. It is difficult to maintain employment, manage health conditions, and preserve family relationships when one is living on the streets or in shelters. Thus, it is especially important that prevention be made a priority.

### **Objective 1: Make the prevention of homelessness a priority for state agencies**

#### Recommendation 1: Intervene to decrease the number of evictions and foreclosures

*Partnering Agencies:* DHR, DHMH, local homeless boards

*Timeline:* 3 -10 Years

*Strategies:*

- Work with Rent Court, tenants and their representatives, Homeless Persons Representation Project, and management companies to develop intervention strategies.
- Develop an early warning system using current service providers (in-home aides, etc.) to identify households in need of assistance prior to eviction.
- Identify a central place for landlords to call when households are needing help (i.e., a 211 system).
- Educate landlords about options/resources available for tenants other than eviction.
- Increase or reallocate resources for eviction/homelessness prevention

*Partnering Agencies:* DHCD, DHR, DHMH, DBED, Homeless Persons Representation Project

*Funding Sources:* General Funds, Temporary Aid to Needy Families, Emergency and Transitional Housing And Services Program, Emergency Services Grant

*Timeline:* 2 years

*Strategies:* Local jurisdictions might consider instituting a small fee for filing for eviction, with funding generated into a fund to assist households in need.

- Continue Service-Linked Housing in 13 current jurisdictions  
*Partnering Agencies:* DHR, local homeless boards, local governments  
*Funding Sources:* General Funds \$1.1 million  
*Strategies:* Expand services to additional jurisdictions with additional funding

Recommendation 2: Require all public agencies to develop interagency discharge plans to strive to ensure that no one leaving public institutions or custody is discharged into homelessness.

*Partnering Agencies:* DHMH, DHR, DPSCS, DJS

*Timeline:* 1 year

*Strategies:* Develop memorandums of understanding between key agencies regarding resources and housing placements, ensure that caseworkers are responsible for verifying housing arrangements of persons being released; develop and implement cross-training of case managers, social workers, and housing workers.

## **Objective 2: Ensure preservation of affordable housing units receiving federal subsidies**

Recommendation: Increase the flexibility of existing State financing programs to support the preservation by nonprofits of smaller rental housing developments with existing federal rental subsidies.

*Partnering Agencies:* DHCD

*Funding Sources:* Partnership Rental Housing Program

*Timeline:* 3-6 years

*Strategies:* Such projects are often too small to make effective use of the federal low income housing tax credit program yet provide rental subsidies that make them affordable for the very low income, including the recently homeless. The Partnership Rental Housing Program would be a potential source of funds but requires local government ownership, which is often not viable for these projects. Additionally, the Multifamily Rehabilitation Program and the Nonprofit Rehabilitation Program can be used for rehabilitation but not acquisition, and the Emergency Shelter and Transitional Housing Grant program cannot be used to finance permanent housing. Expanding the types of projects these programs can fund and targeting this flexibility to serving households at or below 50% of the statewide/area median income would provide one more tool in the ongoing efforts to provide a range of housing choices to Maryland's neediest citizens.

## **Objective 3: Reduce out-of-home placements for children based on inadequate housing**

Recommendation 1: Develop financial and program supports targeted to families for whom housing is a primary factor in the decision to place or maintain children in out-of-home settings.

*Partnering Agencies:* DHR, Governor's Office for Children, DHCD

*Funding Sources:* Title IV-E or other federal funds, More for Maryland, other State general funds

*Timeline:* 3-6 years

*Strategies:* Use IV-E funds or other child welfare funds to provide rental assistance and supportive services for families able to be reunified with adequate housing; develop option of out-of-home placement prevention support.

Recommendation 2: Ensure successful transition to adulthood for youth aging out of care (e.g., foster care).

*Partnering Agencies:* DHR, local departments of social services, Local Housing Authorities

*Funding Sources:* Chafee Foster Care Independence Program Funds

*Timeline:* 1-2 years

*Strategies:* Maximize utilization of Chafee funds for children at least 18 years of age who are aging out of care and may be in need of assistance with room and board.

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## II. INCOME

Caught in the cycle of poverty, Maryland's poor, unemployed and underemployed citizens are struggling. On the job, many low-wage workers have multiple barriers that make it difficult to perform adequately. Many must cope with past or present addictions, mental health issues, physical disabilities, and unstable housing. The lack of benefits associated with low-wage jobs means that few have health insurance, resulting in poor care and thus poor health. In addition, many workers from poor communities lack critical life skills and educational achievements required to succeed in the workplace. All of these obstacles affect job performance. These workers are less likely to move up to higher paying jobs, and more likely to lose even entry-level jobs.

At this point, the workers begin anew the search for employment in the face of low skill levels, low education attainment, poor work history, and for many, criminal records. Most rely on public transportation and therefore cannot consider those jobs located in suburban locations where transportation is intermittent or nonexistent.

As a result of inconsistent incomes, many of these job seekers experience homelessness and/or intermittent unstable housing situations. However, securing a job does not mean the end to homelessness. In fact, many homeless individuals are working—they just do not make enough money to afford housing in the current housing market. Maryland's poor want to support themselves and their children but lack the resources to achieve their goals. They need training, education and a support system to secure and maintain jobs that can sustain their families.

Enhancing the skills of this population will not only increase their potential, but will also benefit area businesses by providing them with a pool of more qualified workers from which to hire. Meeting the workforce needs of businesses is essential in order to build Maryland's economy. A healthier state will encourage development and boost tourism. The benefits of investing in the state's workforce are clear, and the costs of ignoring this issue are equally clear. Millions of public dollars are used to maintain homeless shelters where lengths of stay are increasing, to operate prisons and jails where recidivism among the poor is common, to support single-parent families whose child support is delinquent or non-existent, and to provide emergency health care which is the primary recourse for many indigent households.

Below are recommendations and strategies focused on employment, training and education, and public benefits. These approaches are intended to assist Maryland's lowest income households to be better able to work and provide a sustainable income that meets daily living needs.

## **FOCUS AREA: EMPLOYMENT**

Employment and housing status are critically linked to one another. It is difficult to maintain a steady work schedule without stable housing, and it is impossible to achieve stable housing without having regular, adequate income. Providing jobs for very low income populations is an important component to addressing poverty in general and is essential to enabling them to live independently. The following objectives will address strategies for increasing employment opportunities, removing barriers to employment, increasing wages, and improving the state's response to issues presented by the very low income population.

### **Objective 1: Increase employment opportunities**

Recommendation 1: Develop current capacity of business community to employ homeless people.

*Partnering agencies:* DHR, DPSCS, DLLR

*Timeline:* Immediate

*Strategy:* Work with GWIB Challenged Populations Committee to identify business concerns, employment opportunities, and structural barriers, especially for target populations (e.g., ex-offenders, persons aging out of foster care) and to communicate the information learned to area providers for use in work with their clients. State agencies and employers can partner with recovery houses and other workforce development sources to provide employment opportunities

Recommendation 2: Identify existing and potential subsidies and coordinate support services to offer employers additional incentives

*Partnering agencies:* DHR, DHMH, DVA, DLLR, MDOD

*Funding sources:* U.S. Department of Labor (Federal Incentives), State of Maryland

*Timeline:* 18-24 months

*Strategies:* Work with appropriate State and Federal entities to simplify the Tax Credit process. Increase knowledge and use of employer incentives such as The Federal Bonding Program, Work Opportunity Tax Credit, Enterprise Zone Tax Credit. Develop marketing tools combining all of the incentives and provide presentations to employer groups.

### **Objective 2: Remove barriers to employment**

Recommendation 1: Train employers (especially small businesses) on the potential presented by homeless people and on common issues faced by these households (loss of housing, no medical insurance, lack of child care)

*Partnering agencies:* GWIB, DHR, DBED, MDOD, Downtown Partnership, Maryland Institute for Employment and Training Professionals

*Timeline:* 18-24 months

*Strategy:* Encourage and support the development of training to include education and awareness of homeless issues. Provide training to both public and private employers.

Recommendation 2: Increase the number of people hired by the state from current restricted groups

*Partnering agencies:* DBM, DPSCS, DHMH, DLLR, MSDE

*Timeline:* 18-24 months

*Strategy:* Determine current level of employment by state. Review and clarify state policies regarding categorical denial of employment for certain populations. Clearly indicate on job applications if membership in certain categories prohibits licensing or employment. Educate consumers, service providers, and employment development programs on current policies.

Recommendation 3: Increase the number of homeless people served by Division of Rehabilitation Services

*Partnering agencies:* MSDE

*Timeline:* 18-24 months

*Strategy:* Establish baseline of number served; identify institutional barriers; explore using the Technology Assistance Program to help meet needs of population; create better linkages with other service providers.

Recommendation 4: Reduce barriers to employment for certain types of prior criminal activity.

*Partnering agencies:* DPSCS, DLLR, MSDE

*Timeline:* 2-4 years

*Strategy:* Implement policies that reform criminal record expungement laws; train job counselors/employment agencies in expungement procedures. Develop a list of job types for which people with criminal backgrounds are eligible and make that list available to service providers.

**Objective 3: Increase wages**

Recommendation 1: Encourage employers to offer wage structures that meet living wage standard.

*Partnering agencies:* DLLR, DHCD, DBED

*Timeline:* 6-10 years

*Strategy:* Identify potential wage and salary incentives; educate employers about incentives and about benefits of paying higher wage; explore ways to expand employment which includes housing as partial payment for labor.

Recommendation 2: State will review salary structure in comparison with actual cost of living using the Living Wage or Self-Sufficiency Standard

*Partnering agencies:* DBM, DLLR, DHR

*Timeline:* immediate

*Strategy:* Compare income eligibility standards for Food Stamp and other means-tested programs to state salary schedules. Compare salary schedule for lower grades to area Self-Sufficient wage, living wage, and private industry compensation.

Recommendation 3: Develop and implement strategies that create and expand career job ladders (e.g., create/expand partnerships between employers and higher education or other training programs).

*Partnering agencies:* Governor's Workforce Investment Boards and members of the GWIB Subcabinet (workforce-related state departments)

*Funding sources:* Public/Private Partnership

*Timeline:* 2-6 years

*Strategy:* Develop a strategic, statewide approach to human resource development that will help unemployed and underemployed individuals move from unemployment and low-paying, dead-end jobs to career opportunities which provide upward mobility within Maryland companies. Designed to meet employers' needs by eliminating skills gaps, the program will also provide incentives to employers to fund individual skills development for their employees resulting in the creation of a pathway to higher wages and more employment stability. Businesses participating in this effort will be given special recognition for these improvements.

#### **Objective 4: Improve state's response to issues presented by homeless and at-risk households**

Recommendation 1: Develop a comprehensive services center approach for the coordination and/or delivery of comprehensive employment and support services to maximize assistance for very low income households and to reduce barriers to accessing jobs, services and benefits.

*Partnering agencies:* DLLR, DHR, DHMH, MSDE/DORS, MDOD

*Funding sources:* Federal and state funds, grants, private sector

*Timeline:* 3-6 years

*Strategy:* Examine the possibility of creating a pilot project for Baltimore City and two other jurisdictions. Require pilot projects to incorporate an evaluation mechanism, which includes but is not limited to customer satisfaction and access to benefits/training measures. Require pilot projects to compile and maintain data and materials that would allow program to be replicated. Examine opportunities for state incentives to encourage development of pilots. Centers should be able to give information about other benefits customers would qualify to receive. Centers should be using a wage scale (Self-Sufficiency Wage/Living Wage/U.S. Department of Labor Lower Living Standard Income/private industry) to calculate people's needs when they are applying to jobs. For example, a calculator to assist with determining self-sufficiency wage is available at: <http://www.womensassoc.org/worksheet/worksheet.htm>. Consider full range of options for implementation of "service centers" that effectively provides for coordinated delivery of benefits and services; such options may include: integrating Temporary Aid to Needy Families and Workforce Investment Act funded agencies to operate as one-stops, contracting with community-based organizations, outstationing caseworkers at community organizations, or

outstationing Workforce Investment Act staff at Temporary Aid to Needy Families' offices or vice versa.

Recommendation 2: Improve understanding, responsiveness, and coordination of job placement counselors, social service staff, and small business employment developers on issues presented by homeless households and on resources available.

*Partnering agencies:* DBED, DHR, DLLR, DHMH, MDOD

*Timeline:* Immediate-24 months

*Strategy:* Train case workers to provide awareness of other benefits. Provide brochures and other promotional materials to publicize the existence of other benefit programs to other service agencies. Develop one-page summaries of state assistance programs to distribute to customers. All state offices that administer benefits should have pamphlets, posters, or other ways to advertise the existence of other benefits that customers may be able to use. Use training similar to that in Objective 2: Recommendation 1.

Recommendation 3: Encourage local homeless service providers to participate in Local Workforce Investment Board activities

*Partnering agencies:* Local Workforce Investment Boards, local homeless boards and service providers,

*Timeline:* 18-24 months

*Strategy:* Educate providers about role of WIB in targeting employment for homeless people; publicize WIB activities;

Recommendation 4: Each state agency should have personnel trained to handle issues related to homelessness and be a point of contact for the public. These individuals will also coordinate with other agencies to ensure better collaboration between state systems (e.g., DSS collaboration with employment/training services at DLLR).

*Partnering agencies:* ICH members

*Timeline:* 1-2 years

*Strategy:* ICH will monitor progress

Federal recommendation: Federal minimum wage of \$5.15 per hour should be increased to reflect dramatic rise in cost of living.

## **FOCUS AREA: TRAINING AND EDUCATION**

Training and education are crucial to obtaining employment that offers a career ladder, benefits, and a higher degree of job stability and permanency. Currently, Maryland is ranked 48<sup>th</sup> nationally on expenditures for adult literacy, and 20 percent of Maryland residents read at or

below a 4<sup>th</sup> grade level.<sup>5</sup> More recently, the Maryland Adult Education FY04 Score Card reported the following:

- Currently there are 927,264 Marylanders who need adult education services;
- Nearly 24 percent of the adult population need literacy/English as a Second Language services;
- 52 percent of people who need adult education are in prime working years (16 to 44 years old);
- Individuals with a high school diploma earn \$7,216 more per year when they participate in adult education and literacy classes;
- Employed students have a wage gain of \$1,817 to \$2,579 within 18 months of adult education program exit, an 18 to 25 percent increase for minimum wage workers; and
- For Maryland inmates who participate in adult education, there is a 19 percent drop in recidivism.<sup>6</sup>

Unemployment and underemployment are linked to the lack of either basic skills and/or a high school credential. Making adult education accessible for this population will increase their prospects for self-sufficiency.

**Objective 1: Improve ability of homeless and other at-risk households to secure and maintain jobs**

Recommendation 1: Increase availability of Adult Literacy and English as a Second Language instruction.

*Partnering agencies:* MSDE, DHR

*Funding sources:* General Funds, federal funds, private and philanthropic sources

*Timeline:* 2 years

*Strategies:* Post adult literacy information on MSDE website so that it is publicly available. Contact information at the local and state level should be updated on the website regularly so that caseworkers and individuals wanting assistance can readily know where to go for services. Engage adult education/literacy practitioners and partners in identifying and clarifying the barriers to education. Include information on adult literacy in training of agency and job placement staff. Develop options for homeless individuals to access adult education/literacy services. Pilot and adapt education options in diverse locations, including correctional facilities. Select best practices (e.g., Superintendent's Panel on Excellence in Adult Education) and link programs statewide.

Recommendation 2: Develop and provide training in needed technical and occupational skills

*Partnering agencies:* Governor's Workforce Investment Board Subcabinet

*Funding sources:* Existing state and federal funds, grants

*Timeline:* 3-6 years

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<sup>5</sup> Maryland State Department of Education, "Literacy Works: The Report of the Task Force to Study Adult Education," December 2001.

<sup>6</sup> Maryland State Department of Education, Adult Education and Literacy Services, *Maryland Adult Education FY04 Score Card*, October 2005. Available at: [www.umbc.edu/alrc](http://www.umbc.edu/alrc).

*Strategy:* Use adult education/literacy teachers to support reading, writing and math skills development specifically related to the technical/occupational skill area. Partner with employers to provide technical skills training.

Recommendation 3: Provide training in financial management, consumer issues, and job maintenance skills to very low income households

*Partnering agencies:* GWIB, DBED, DBM in partnership with local banks, MSDE

*Timeline:* 3-6 years

*Strategy:* Develop pilot trainings in 2 or 3 sites and evaluate success. Use Money Smart curriculum from U.S. Department of Labor. Use adult education consumer curriculum to support training.

## **Objective 2: To educate general public about issues related to homelessness**

Recommendation 1: Develop marketing/PR campaign to change perception of those who are homeless (e.g., families, veterans, working people) and the issues they face

*Partnering agencies:* Cooperation among DLLR, DHR, DVA, DBED, DPSCS, MSDE, DHMH

*Timeline:* 18 months

*Strategies:* Gather statistics to help public campaign (i.e., how many work, are receiving minimum wage, have children, are veterans, are children themselves, number of families “one paycheck away” from homelessness, etc.). Consider advertising campaign to highlight issues related to homelessness and emphasize working families who live in shelters or on the street. Establish broad-based partnerships to bring together community organizations and public/private agencies in order to change the perception of those who are homeless.

Federal recommendation: Revise higher education loan requirements to include those who have drug-related convictions in their past.

## **FOCUS AREA: PUBLIC BENEFITS**

Public benefits such as food stamps, supplemental security income (SSI), Women, Infants and Children (WIC), and Temporary Assistance to Needy Families are all critical safety net tools that allow individuals and families to be able to receive some income or services when they are unable to work. Unfortunately, benefit levels are usually quite low and often inadequate to meeting housing and other minimum living expenses. The following objectives and strategies discuss how public benefits might be better maximized to keep very low income populations from becoming homeless due to inadequate levels of aid.

**Objective 1: Total benefit levels for families and individuals should better approach minimum standard of living**

Recommendation 1: Add other assistance to help meet adequate level of income, such as housing subsidy, utility subsidy, etc.

*Partnering agencies:* DHR, DHCD

*Funding sources:* federal and state general funds

*Timeline:* 7-10 years

*Strategy:* Encourage the General Assembly to add the value of other types of assistance (e.g., energy assistance and Medical Assistance) when calculating the level of assistance the family receives as well as to increase the percentage of the Minimum Living Level that the total package of assistance should provide.

Recommendation 2: When appropriate, expand availability of using third party as representative payee

*Partnering agencies:* DHR, Community and Faith Based Organizations, Social Security Administration

*Funding sources:* federal and state general funds, seek grant funding

*Timeline:* ongoing

*Strategy:* Explore best practices from other jurisdictions to determine ways to best identify those needing a representative payee and to increase the pool of people from which to select an appropriate party to act as a responsible third party recipient.

**Objective 2: Improve access to all public benefits for homeless and at risk households.**

Recommendation 1: Increase access to benefits by choosing the least restrictive option (or “opting in”), e.g., lengthening certification times, accepting alternative verifications, etc.

*Partnering agencies:* DHR, USDA Food and Nutrition Service, U.S. Department of Health and Human Services

*Funding sources:* federal and state general funds

*Timeline:* Ongoing

*Strategy:* Use federal waivers to Food Stamp Program rules, and policy options to increase access and limit barriers to food stamps. Examples:

- There are policy options that allow states to disqualify individuals who are not complying with child support court orders. The State has not chosen the option.
- The State chose the simplified reporting option for food stamps, which limits reporting requirements of most households.
- The State also chose to use a homeless shelter deduction to the maximum allowable amount for homeless households that incur any shelter cost.
- Recently passed State legislation allows ex-offenders who were convicted of a felony drug offense to receive food stamps
- Train Family Investment staff to ensure that everyone is interpreting verification policy in the least restrictive manner possible.

Recommendation 2: Develop a common application form for public benefits which includes housing status as one of the fields and which requires customers to present verifying documents only once.

*Partnering agencies:* DHR, DHMH, DHCD, DLLR, MDoA, USDA Food and Nutrition Service, United Way

*Funding sources:* federal and state general funds, seek grant funding

*Timeline:* 18 – 24 months

*Strategies:* Identify common information collected; develop common on-line application using other states' online applications as models; develop a release of information for all potential benefits to allow clients to waive privacy rules so that agencies can better share information; develop a system of immediate (preferably electronic) referral to other agencies.

Recommendation 3: Explore ways to ensure effective access to Temporary Cash Assistance for eligible families who have received benefits for 60 months or longer.

*Partnering agencies:* DHR

*Funding sources:* Federal and state general funds

*Timeline:* 18 – 24 months

*Strategy:* Examine the feasibility of developing a case-action review system for Temporary Cash Assistance cases that have received benefits for more than 60 months. The review process could help ensure that adequate supports are being provided to these families to help them move toward independence from welfare. Information gained from the case review would be used to inform policy and training decisions.

Recommendation 4: Expand current efforts to assist inmates in filling out applications and obtaining pre-approval for FIA benefits and programs.

*Partnering agencies:* DHR, DHMH, DPSCS, U.S. Department of Health and Human Services, USDA Food and Nutrition Service

*Funding sources:* federal and state general funds, seek grant funding

*Timeline:* 18-24 months

*Strategy:* Implement and expand on ongoing efforts between state and federal agencies. Clarify DHR Action Transmittal (AT) 05-33, p. 3 #6 to require inmates subject to AT with community release plans receive written verification (i.e., receipt that states what programs applied for, what verifications submitted, date and information on inmates rights and responsibilities). Require agencies subject to agreement detailed in DHR AT 05-33 to conduct regular intra-agency reviews that monitor the percentage of the applications accepted, percentage approved, percentage of denials, and reasons for denials, as well as to keep track of complaints to highlight possible areas in need of improvements. Examine current agreements between DHR, Social Security Administration, and public safety agencies; identify areas to expand current application agreements. Identify what, if any, federal sources of funding for possible pilot projects exist.

**Objective 3: Extend eligibility to low-income groups not currently eligible.**

Recommendation 1: Identify groups who are not currently eligible and need benefits or services, just as recently passed legislation from 2005 General Assembly session allows certain ex-offenders to receive food stamps.

*Partnering agencies:* DHR, Community and Faith Based Organizations

*Funding sources:* federal and state general funds, seek grant funding

*Timeline:* immediate and long term

*Strategy:* Immediately: Revise COMAR to reflect recently passed legislation expanding food stamp eligibility for ex-offenders convicted of a drug-related felony from custodial parents only to all applicants who pass drug tests and meet other food stamp requirements.

Long term: Work with community and faith based organizations to identify other needy groups and sources for funding the services or benefits.

Federal recommendation: SSI benefits should be increased to allow an individual to maintain independent living.

Federal recommendation: The Social Security Administration should be quicker at processing applications. Currently, SSI can take 18 to 24 months to obtain.

Federal recommendation: SSI should be suspended, not terminated, for those incarcerated or in a treatment facility. The time required for re-applying does not allow for an individual to transition well back into the community.

Federal recommendation: The U.S. Department of Agriculture Food and Nutrition Service should allow all pre-release prisoners to apply for Food Stamps before their release so that the effective date of the application will be the date of release, and their food stamp benefits will be available as soon as they go to the local department of social services to pick up their Electronic Benefit Transfer cards. Right now, federal rules allow only prisoners who are applying for SSI to apply for Food Stamps while still in prison so that their benefits are available upon release.

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### **III. HEALTH**

There is a strong association between poor health, low income, and homelessness. Disabilities, chronic health conditions, mental illness, addictions, and injuries occur at higher rates among the very low-income population, and rates of morbidity and mortality are higher among homeless individuals. But even among middle class households, a sudden illness or an accident can push people into homelessness as they lose their jobs or health care costs force them into bankruptcy. Further, homelessness exacerbates already poor health as the mental and physical hardship that accompanies living on the street or in shelters can cause new health problems and exacerbate existing conditions, perpetuating the condition of homelessness.

In 2002, Maryland estimated that there were approximately 393,000 individuals without health insurance—roughly half of these have incomes below \$25,000 per year. Medicaid and other public programs cover many individuals who are very low income and who have a documented disability, but not all individuals are eligible for these programs and thus have no access to affordable health care. Some are eligible, but because of mental illness or other condition are unable to complete the application. Some are eligible for some services but not for the range of services they need to return to health and productivity, and some find that the fragmented system is unable to serve their complex needs and does not work for their complicated health problems.

The following objectives and strategies discuss how health care services can provide better access to vulnerable populations who are in need.

### **FOCUS AREA: ACCESS**

Access to health care is vital to preventing homelessness and ameliorating it once it occurs, particularly for those experiencing chronic conditions. Ensuring access calls for a three-pronged approach: (1) **enrolling** individuals in programs for which they are eligible; (2) **expanding** benefit packages to include needed services; and (3) **coordinating** services so they appropriately and cost-effectively meet the needs of low-income and homeless Marylanders.

#### **Objective 1: Enroll all individuals who are currently eligible for existing programs**

Recommendation: Expand efforts to reach potentially eligible individuals who have not applied for Medicaid and other assistance programs (e.g., Pharmacy Assistance).

*Partnering agencies:* DHR, DHMH, community service providers

*Timeline:* immediate

*Strategy:* As resources are available, out-station eligibility workers to other service providers (e.g., health clinics, drop-in centers, soup kitchens). Assist those who cannot fill out applications independently.

#### **Objective 2: Expand availability of current health services**

Recommendation: Explore all possible strategies to increase the number of individuals who have access to regular and affordable health care services.

The following are a series of strategies that might be implemented to address the issues related to uninsurance and assist very low income individuals access health services in a way that may prevent homelessness due to health-related issues, or assist individuals already homeless with existing health conditions.

*Partnering agencies:* DHMH, U.S. HHS/CMS

*Strategies:*

- State should implement Medicaid program for employed persons with disabilities (EPD Program) so that losing medical coverage is not a disincentive for going to work. Timeline: 1 year.
- State should continue to implement provisions of the Community Health Care Access and Safety Net of 2005 (HB 627). Timeline: 2-3 years
- State should increase utilization and referral to Maryland Health Insurance Program, Maryland’s high-risk pool, to ensure access to care for the medically uninsurable. Timeline: 1-3 years
- Explore expanding Pharmacy Discount Program to non-Medicare population up to 200% of FPL. Timeline: 3 years.
- Maryland should implement a system to refer individuals ineligible for Medicaid and other public programs to other community health resources for care. Timeline: 3 years.
- Explore expanding the Primary Care Waiver to include more individuals and fuller benefit level. Timeline: 5-8 Years
- State should explore regional partnerships with surrounding states to enhance the capacity of the health care system to serve low-income and/or uninsured individuals. Timeline: 3-6 years.

**Objective 3: Coordinate health services to maximize effectiveness**

Recommendation: Develop and coordinate systems of care that integrate mental health, addictions, and somatic services.

Of those people who have either a mental or substance abuse disorder, about half have a co-occurring disorder.<sup>7</sup> A “co-occurring disorder” is not a single disease. These disorders are severe, chronic, symptomatic, or impairing to different degrees in different people, and individuals vary in their motivation and readiness to seek help and change. Similarly, substance abuse and mental health systems differ in their methods, staffing, outreach, capacity, and ideology. Current funding methods and regulations do not encourage creative, cross-system responses to the need for screening, evaluation, and treatment. Systems of care are fragmented and rigid, which places the burden of coordinating care on individuals who are ill-prepared for this task.

Separately, substance abuse and mental disorders are treatable just as other chronic illnesses; however, individuals who experience these disorders simultaneously are sicker, require more

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<sup>7</sup> U.S. Department of Health and Human Services, *Mental health: A report of the Surgeon General*, U.S. Department of Health and Human Services, SAMHSA, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health, 1999.

costly care, and are more difficult to treat than those with a mental or substance abuse disorder alone. Housing instability and homelessness is a consequence of co-occurring disorders. Not having a home makes assessment difficult and protracted. A range of safe, affordable housing options are necessary such as safe havens or low demand residences for engagement and persuasion and alcohol and drug free housing during active treatment and relapse prevention.

*Partnering agencies:* DHMH, local health departments, DHCD, DHR, and DPSCS

*Funding sources:* SAMHSA, Co-occurring Center of Excellence, Substance Abuse Prevention and Treatment Block Grant, Mental Health Block Grant, Medicaid, Temporary Aid for Needy Families. Build flexibility into funding regulations so that integrated services can be sustained. Blend or braid separate mental health and substance abuse funding streams. Funding needs should be within the context of system needs and capacities.

*Timeline:* The State of Maryland is anticipated to be dual-diagnosis-capable with some dual diagnosis enhanced treatment within 3-5 years.

*Strategy:* Support the recommendations of the DHMH Leadership Team and the Task Force on Co-Occurring Disorders. Use the Comprehensive, Continuous, Integrated System of Care Model, which includes the following components: system level of change; efficient use of existing resources; incorporation of best practices; integrated treatment philosophy; facilitation of identification, welcoming and accessibility; development of basic dual diagnosis capable competencies for all clinicians; implementation of a system-wide training plan; developing a plan for a comprehensive program array; evidence based practice; peer dual recovery supports; residential supports and services; and continuum levels of care.

Federal recommendation: The federal government should work toward a comprehensive system of health care services for all individuals, to include those who are very low income.

Federal recommendation: Until a comprehensive system of care is developed for all individuals, the federal government should assist states with expansion of Medicaid to include the most vulnerable populations.

Federal recommendation: The federal government should assist states in providing preventive health care to those who are uninsured or underinsured.

Federal recommendation: HHS/CMS should allow states to have more flexible options to serve non-elderly adult population.

Federal recommendation: HHS/CMS should improve timeliness of waiver approvals.

Federal recommendation: HHS/CMS should support state in expanding EPD Program in the future and give more flexibility for implementation.

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## IV. CROSS-CUTTING ISSUES

Homelessness is a complex issue, and often problems and solutions overlap one another in related areas. In addition to the three major focus areas of housing, income and health, there are three topics that, when addressed, help each of the primary areas better work in concert together: the importance of supportive services; the particular attention to be paid to special populations; and the critical need for better data in order to support the policy changes inevitably needed to improve the service system.

### **FOCUS AREA: SUPPORTIVE SERVICES**

#### **Objective 1: Increase coordination among services for homeless households.**

Recommendation 1: Local jurisdictions should adopt a model of coordinated case management targeted to all homeless individuals or families.

*Partnering agencies:* DHR, DHMH, DPSCS, Local Housing Authorities, homeless services providers

*Funding sources:* Community Development Block Grant/Community Services Block Grant

*Timeline:* 2 years

*Strategies:* Local jurisdictions may consider using of single point of entry model and promote other models that bring together case managers involved in different areas of service delivery (e.g., Gateway, Targeted Case Management, Service Linked Housing, universal intake/assessment, etc.). Support efforts to integrate mental health and substance abuse services. Consider linking funding to outcomes related to coordinated services. Local governments may investigate best practices from other jurisdictions and implement those that meet local needs. State government could provide a forum for local governments to share successes at periodic trainings/conferences.

Recommendation 2: Public and private institutions should improve discharge planning and linkages to community services so that appropriate supports will be in place for persons released from prisons, discharged from psychiatric hospitals, or transitioning from foster care.

*Partnering agencies:* DHR, DPSCS, DHMH, DLLR, DHCD/Public Housing Authorities, Maryland Department of Veteran's Affairs, U.S. Veteran's Administration

*Timeline:* 1 year

*Strategies:*

- Identify or develop model discharge plans for various institutions and populations, emphasize substance abuse prevention and treatment programs, develop more widespread use of early mental health screening and services, and make better connections to stable housing, employment, and healthcare once released from institutional care.
- State and local agencies could enact MOUs to ensure benefits are awarded to eligible participants upon discharge (e.g., food stamps, WIC, etc.). Agencies should continue to implement the current MOU to re-instate Medicaid and Pharmacy Assistance prior to release for those who qualify.

- Work with recipient to identify a representative payee (if required).
- Consider organizing local interagency groups to plan for individual's release (using Local Management Boards as a model).
- Expand Project RESTART or similar model that transitions inmates and provides skills development.
- Develop programs that establish relationships between inmate and providers in the community prior to release to ensure medical follow-up (apply to all transitioning populations, to include foster care and psychiatric hospital--consider Texas or Massachusetts as a model).
- Establish partnerships with employers and job training programs in the community.

## **Objective 2: Improve access to supportive services**

### Recommendation 1: Expand availability of child care

There is a statewide shortage of regulated child care programs for working families, a shortage independent of ability to pay. For example, 68% of children under 12 with working mothers are cared for in their own homes, by relatives, in self-care or in non-regulated child care situations. The cost of child care is also prohibitive for low-income families. Currently a week of care for a child under 2 is over \$140 for family child care and over \$200 for center-based care.

*Partnering agencies:* MSDE, DHR, Maryland Department of Disabilities, Maryland Committee for Children

*Strategy:* Work with MSDE to expand the number of regulated child care slots; review current nature and availability of child care centers in light of the needs of homeless and transitioning families to determine changes necessary to meet those needs.

### Recommendation 2: Expand availability of coordinated centers for family programming/services

*Partnering agencies:* DHR, MSDE

*Timeline:* 3-6 years

*Strategy:* Design a referral process to direct homeless families to coordination centers who directly provide, or work with other programs that provide, necessary services to ameliorate problems associated with homelessness, i.e. lack of job skills, parenting classes, education options, and early childhood development services.

### Recommendation 3: Expand availability of transportation

*Partnering agencies:* MDoT and local governments

*Timeline:* 3-6 years

*Strategies:*

- Transportation agencies should review fares and programs geared toward transit-dependent, low-income individuals.
- Local transportation agencies should implement worker-friendly schedules and routes, especially to serve large employment sites.
- Transportation agencies should promote programs that provide incentives for local employers to subsidize the cost of public transportation for employees.

- State and local agencies should coordinate funding and oversight of human services transportation programs to ensure services are provided efficiently and uniformly to all consumers.
- Transit agencies should encourage partnerships with transportation advocacy groups (private, public and non-profit) to create transportation solutions for all persons.
- Transit agencies should develop plans for evacuating homeless individuals in emergency situations.

Recommendation 4: Expand availability of Head Start

*Partnering agencies:* MSDE-Head Start State Collaboration and Homeless Education, U.S. Department of Health and Human Services, Administration for Children and Families, Region III Office

*Funding sources:* Federal and State

*Timeline:*

*Strategy:* Advocate for increased federal and State assistance to serve all homeless children (Head Start priority to serve homeless children up the extent possible is already in place)

Recommendation 5: Prevent discrimination in the delivery of services for low income and homeless households, which may be hard to serve.

*Partnering agencies:* DHMH, DHR, MDoA, MDoD, Homeless Persons Representation Project, Legal Services

*Timeline:* 3-6 years

*Strategy:* Service providers could hold periodic trainings on the subject of the laws and procedures concerning reasonable accommodations and various types of disabilities (particularly mental illness) and how to serve mentally ill and/or homeless individuals. All applicants for services should be asked about alternate addresses and be allowed to use them. If alternate addresses are given, notices should be sent out to both the primary address and the alternate address. When appropriate, service providers could also ask about notification to a third party (e.g., a relative, social worker, legal provider) and/or verbal (telephone call) notice of agency decisions and actions.

Recommendation 6: Increase capacity of emergency food programs to assist low-income families with nutrition and food costs.

*Partnering agencies:* DHR, Maryland Food Bank, faith-based and community-based organizations (including the Salvation Army, local fire departments, senior housing)

*Funding sources:* Maryland Emergency Food Program, Statewide Nutrition Assistance Program, The Emergency Food Assistance Program

*Timeline:* 2 years

*Strategy:* Work with local food providers and Maryland Food Bank to identify unserved/underserved areas; develop mobile food pantry programs and mini-food banks to make food available in those areas; increase public awareness of the availability of emergency food; work with local schools, churches, and in-home programs to identify households in need; expand the opportunities for accepting and distributing “bonus” foods from the U.S. Department of Agriculture, particularly through the Maryland Food Bank.

## **FOCUS AREA: DATA**

Unfortunately, there is not very much data on homeless individuals and families. Often the service systems they use do not ask about housing status (e.g., Medicaid, hospitals, corrections, etc.) and data-sharing between systems on client information is often protected by confidentiality or privacy laws and concerns. However, being able to collect and coordinate data to the greatest extent possible is important because policy decisions cannot be made without an adequate understanding of the problem and how solutions may help ameliorate those problems. It is important to understand the difficulty in counting individuals who are homeless, or in identifying them in public systems. Below are some strategies for obtaining better information on individuals who use public systems so more informed solutions can be crafted in the future.

### **Objective 1: Better coordinate existing data on homeless populations**

Recommendation: State agencies should identify and organize existing data on services to homeless people

*Partnering agencies:* DHR, DHMH, DHCD, DLLR

*Timeline:* 18-24 months

*Strategy:* As feasible include housing status in applications for services/benefits.

### **Objective 2: To increase the level of data collected on homeless populations**

Recommendation 1: Require recipients of state and federal homeless services, eviction prevention, housing assistance and other relevant funds to participate in the Homeless Management Information System or in a more broadly based data warehouse (if initiated).

*Partnering agencies:* DHR, DHCD, DHMH

*Funding sources:* HUD (Supportive Housing Program/Emergency Services Grant/Community Development Block Grant), DHR,

*Timeline:* 18-24 months

*Strategies:* Include requirement in contracts with local jurisdictions and private organizations. Work with state agencies and recipients to develop process for data transfer from existing systems. Work with the statewide Homeless Management Information System Collaborative to standardize information sharing procedures. Develop limited privacy waiver so that clients can give permission to agencies to share information.

Recommendation 2: Encourage state agencies to include housing status on applications for services and benefits. Also see Public Benefits Objective 2, Recommendation 2.

*Partnering agencies:* DHR, DHMH, DHCD, DPSCS,

*Funding sources:*

*Timeline:* 2-4 years

*Strategy:* Request that state agencies, to the best of their ability, add housing status fields to their data systems and applications for benefits.

Federal recommendation: The U.S. Interagency Council on Homelessness could initiate changes at federal level requiring housing status on applications for federal benefits.

Federal recommendation: Explore the creation of a data warehouse with information from many states that would allow evaluation of the overall impact of state programs on homeless households.

Federal recommendation: Federal agencies should streamline definitions of “homelessness” for programs, thus enabling states to streamline program and benefit applications and achieve more efficiencies through integration. Currently, definitions differ between programs and funding streams. Data would be more easily collected at the state and local level if a common definition were determined.

## **FOCUS AREA: SPECIAL POPULATIONS**

Those experiencing or at risk of homelessness are not a homogeneous population. Every individual has a unique history and circumstance that has or can lead to loss of housing, and there are many factors that determine how quickly housing can be re-stabilized. However, within this population at any given time, certain demographics and other shared characteristics emerge. It is important that service providers and policy makers understand that some groups of individuals do not qualify for or may not respond well to traditional services and consequently, may be particularly vulnerable to homelessness. The four special populations being considered in this Plan are youth, veterans, senior citizens, and individuals with disabilities. In no way should this section be interpreted to minimize the importance of every individual who experiences homelessness or is in unstable housing; however, these four populations present special considerations. *Many of the recommendations made in previous sections should be considered with particular attention to the specific needs of these four groups.*

Homeless youth are those under the age of 18 and have often either run away or have been kicked out of their original homes. Many have histories of abuse and neglect, and because of this, tend to also have been placed in foster care or other out-of-home placement at some point. They present a special situation because of their legal status as minors and because most programs focus on families or adult individuals. Social workers and other service providers are required by law to report vulnerable youth on the street, and often, these youth avoid contact with assistance programs because they fear being returned to an abusive or otherwise detrimental environment. Most homeless shelters do not admit unaccompanied youth because they cannot accept responsibility for them. Youth living on the street are at high risk for exploitation, violence and injury. Due to an often-troubled background, their needs for mental health services (particularly for trauma) and substance abuse treatment are also quite high.

National studies have found that 23 percent of homeless individuals are veterans.<sup>8</sup> The initial evaluations of soldiers returning from Afghanistan and Iraq indicate high levels of post-traumatic stress and anxiety, conditions which make the re-integration into families, communities, and employment difficult. Veterans returning from active duty must have the support services

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<sup>8</sup> Burt, M.R., et al, *Homelessness: Programs and the People They Serve*, Washington DC, Interagency Council on the Homeless.

required to ensure a successful transition. It is vital that mental health screenings be conducted prior to release and that all needed support services (including addiction treatment and somatic care) continue to be available to all soldiers after returning from active duty.

Seniors are at a particular risk for poverty and homelessness because their incomes tend to remain static while the costs of living continue to rise. They risk losing housing if their homes fall into disrepair and they are unable to pay for renovations, or they may lose a home they have owned for years because they are unable to pay increasing tax assessments. An undetermined number of elderly Marylanders are living with friends and families (“doubled up”) because they could not maintain their housing. These living situations may be very unstable as the senior has no legal standing with regard to the housing. Homeless shelters and the streets do not tend to be safe places because seniors are more vulnerable to crime and victimization. The effect of unstable housing and lack of resources can contribute to declining health, hastening admission to a long-term care facility if family supports are unavailable to help with care in the home. Special attention to seniors’ housing and healthcare vulnerabilities will help older Marylanders age in place with dignity as long as possible.

Disabilities put people at increased risk of homelessness, and sometimes can even cause the loss of housing. For people with behavioral disorders, shelters may not be acceptable options. Conversely, the shelters may not be willing to accept such homeless individuals. Individuals with physical disabilities often find that shelters and housing assistance programs cannot offer accessible facilities. Unable to physically navigate these buildings, they are forced to find shelter on the street. Their disability in this environment makes them more vulnerable to victimization and crime, and is also likely to exacerbate existing health issues. Housing initiatives should make a special effort to include units that are accessible to people with disabilities.

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## V. CONCLUSION

Making homelessness a rare and brief occurrence in Maryland is possible. It requires a dedicated resolve from many facets of society and requires not only changing the way some systems function, but also a change in attitude. Progress lies in achieving so many changes, both large and small, seen and unseen. Taken together, these changes will provide the basis for a better life for thousands of individuals and families experiencing homelessness, will constitute a more efficient and effective use of public resources for the public good, and will bring a forgotten segment of our population back into the mainstream.

The number of Maryland residents living in poverty has increased over the past two years, and now stands at 9.2% of the population.<sup>9</sup> This means that well over 500,000 individuals live below the poverty line. While it is uncertain exactly how many of these individuals are homeless, 6,264 emergency shelter and transitional housing beds are at continuous 99%-100% capacity, and an untold number sleep on the streets or are doubled up on couches and living room floors across the state. Maryland cannot afford (socially, morally, or economically) to continue to allow thousands of residents to live in poverty and homelessness. The cost in human terms to the

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<sup>9</sup> U.S. Census, *Income, Poverty, and Health Insurance Coverage in the United States: 2004*: 25.

lives and futures of these individuals and families is tremendous. The cost in financial terms is no less stunning—millions of dollars are spent each year and yet the numbers of homeless individuals are increasing. This includes lost productivity of potential employees, and the costs associated with medical care, criminal justice, and social services. These costs are guaranteed to continue—with no change in outcomes—without a fundamental change in the way this issue is addressed.

How will we know if the Plan is successful? Because homelessness is such a multi-faceted issue, the changes necessary need to take place in many areas, making it difficult to identify one responsible party or one key indicator to quantify “success” by traditional evaluation methods. As we work together to implement this Plan, the agencies and organizations involved will define specific expectations and benchmarks to measure progress on individual areas of activity. This does not mean that the cumulative effects of the actions identified in this Plan will not reveal themselves in positive outcomes. Success will be demonstrated when fewer people use homeless shelters and stay for shorter periods of time, when homeless encampments become an anomaly, and when special events around the holidays for “the homeless” are a thing of the past.

This does not mean that current service providers will go out of business; rather, it means that services to those in need no longer need to be designated as ‘homeless.’ Emergency shelter providers will change the nature of their business models to reflect a changing clientele; people who still have needs but who are stably housed instead of living on the street or in temporary shelters. This is the measure of success.

This 10-Year Plan must be considered a living document. The recommendations and strategies contained herein are a means to an end, but over the next several years, other strategies and ideas will be generated and acted upon as the problem of homelessness evolves. The key to success is the partnerships that have been developed in past years and those that will be created in response to this Plan, as we continue to focus on innovative solutions that will make homelessness in Maryland a rare and brief occurrence.

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## VI. REFERENCES

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**Appendix A: Charts of Recommendations by Timeframe**



# Maryland 10-Year Plan to End Homelessness



Housing



Income



Health














Cross-Cutting Issues

<b>TIMELINE: IMMEDIATE/SHORT-TERM (YEAR 0-2)</b>			
	<b>Recommendation</b>	<b>Strategy</b>	<b>Focus Area</b>
*	Maintain and expand state incentives and funding (public and private) to increase the production of affordable housing	Maintain funding of DHCD Rental Housing Programs	
v	Maintain and expand state incentives and funding (public and private) to increase the production of affordable housing	Maintain funding of Partnership Rental Housing Program	
v	Maintain and expand state incentives and funding (public and private) to increase the production of affordable housing	Continue to use the point structure of the Qualified Allocation Plan to provide incentives for production of units targeted to very low income households	
v	Maintain and expand state incentives and funding (public and private) to increase the production of affordable housing	Encourage local Public Housing Authorities to participate in the Capital Fund Securitization Bond issuance for rehabilitation of public housing	
	Maintain and expand state incentives and funding (public and private) to increase the production of affordable housing	Partner with developers and real estate companies to develop a product for new homeowners to purchase. Profits would benefit an affordable housing fund (e.g., Chesapeake Bay Trust)	
v	Maintain and expand state incentives and funding (public and private) to increase the production of affordable housing	Increase fees on the purchase of houses for investment purposes, on properties above a specified value or on second homes; use funds for affordable housing fund.	
	Maintain and expand state incentives and funding (public and private) to increase the production of affordable housing	Create a check off for affordable housing on state income tax forms.	
v	Maintain and expand state incentives and funding (public and private) to increase the production of affordable housing	Partner with local and national foundations to develop local projects to assist those below 30% AMI	
v	Increase availability and use of rental assistance for very low income households and operating subsidies for organizations and companies operating housing for low income households.	Local Public Housing Authorities could consider expediting process or using priorities as tools to address homeless households at imminent risk.	
v	Increase availability and use of rental assistance for very low income households and operating subsidies for organizations and companies	Facilitate and encourage acceptance of Housing Choice (Section 8) vouchers by landlords and management companies	









\* Priority selected by statewide participants

v Issue identified as important by ICH staff

TIMELINE: IMMEDIATE/SHORT-TERM (YEAR 0-2)			
	Recommendation	Strategy	Focus Area
	operating housing for low income households.		
	Increase availability and use of rental assistance for very low income households and operating subsidies for organizations and companies operating housing for low income households.	Assist voucher recipients with barriers to placement: personal presentation, legal rights	
* v	Increase availability and use of rental assistance for very low income households and operating subsidies for organizations and companies operating housing for low income households.	Cross-train caseworkers (DSS, DJS, DPSCS, hospitals) on availability of housing subsidies	
	Increase accessibility of public housing for homeless households	Local Public Housing Authorities could consider expediting process or using priorities as tools to address homeless households at imminent risk.	
* v	Intervene to decrease the number of evictions and foreclosures	Increase or reallocate resources for eviction/homelessness prevention	
v	Intervene to decrease the number of evictions and foreclosures	Continue Service-Linked Housing in 13 current jurisdictions	
	Require all public agencies to develop interagency discharge plans to strive to ensure that no one leaving public institutions or custody is discharged into homelessness	Develop MOUs between key agencies regarding resources and housing placements, ensure that caseworkers are responsible for verifying housing arrangements of persons being released; develop and implement cross-training of case managers, social workers, and housing workers	
	Ensure successful transition to adulthood for youth aging out of care (e.g., foster care).	Maximize utilization of Chafee funds for children at least 18 years of age who are aging out of care and may be in need of assistance with room and board.	
	Develop current capacity of business community to employ homeless people.	Work with GWIB Challenged Populations Committee to identify business concerns, employment opportunities, and structural barriers, especially for target populations (e.g., ex-offenders, persons aging out of foster care) and to communicate the information learned to area providers for use in work with their clients	
	Develop current capacity of business community to employ homeless people.	State agencies and employers can partner with recovery houses and other workforce development sources to provide employment opportunities	
	Identify existing and potential subsidies and coordinate support services to offer employers additional incentives	Work with appropriate State and Federal entities to simplify the Tax Credit process.	
	Identify existing and potential subsidies and coordinate support services to offer employers additional incentives	Increase knowledge and use of employer incentives such as The Federal Bonding Program, Work Opportunity Tax Credit, Enterprise Zone Tax Credit.	








\* Priority selected by statewide participants

v Issue identified as important by ICH staff

<b>TIMELINE: IMMEDIATE/SHORT-TERM (YEAR 0-2)</b>		
<b>Recommendation</b>	<b>Strategy</b>	<b>Focus Area</b>
Identify existing and potential subsidies and coordinate support services to offer employers additional incentives	Develop marketing tools combining all of the incentives and provide presentations to employer groups.	
Train employers (especially small businesses) on the potential presented by homeless people and on common issues faced by these households	Encourage and support the development of training to include education and awareness of homeless issues. Provide training to both public and private employers.	
Increase the number of people hired by the state from current restricted groups.	Determine current level of employment by state. Review and clarify state policies regarding categorical denial of employment for certain populations. On job applications clearly indicate if membership in certain categories prohibits licensing or employment. Educate consumers, service providers, and employment development programs on current policies.	
Increase the number of homeless people served by DORS	Establish baseline of number served; identify institutional barriers; explore using the Technology Assistance Program to help meet needs of population; create better linkages with other service providers.	
State will review salary structure in comparison with actual cost of living using the Living Wage or Self-Sufficiency Standard	Compare income eligibility standards for Food Stamp and other means-tested programs to state salary schedules. Compare salary schedule for lower grades to area self-sufficient wage, living wage, and private industry compensation.	
* v Improve understanding, responsiveness, and coordination of job placement counselors, social service staff, and small business employment developers on issues presented by homeless households and on resources available.	Train case workers to provide awareness of other benefits. Provide brochures and other promotional materials to publicize the existence of other benefit programs to other service agencies. Develop one-page summaries of state assistance programs to distribute to customers. All state offices that administer benefits should have pamphlets, posters, or other ways to advertise the existence of other benefits that customers may be able to use.	
Each state agency should have personnel trained to handle issues related to homelessness and be a point of contact for the public. These individuals will also coordinate with other agencies to ensure better collaboration between state systems (e.g., DSS collaboration with employment/training services at DLLR).	N/A	
Increase availability of Adult Literacy and English as a Second Language instruction.	Post adult literacy information on MSDE website so that it is publicly available. Engage adult education/literacy practitioners and partners in identifying and clarifying the barriers to education. Include information on adult literacy in training of agency and job placement staff. Develop options for homeless individuals to access adult education/literacy services. Pilot and adapt education options in diverse locations, including correctional facilities. Select best practices (e.g., Superintendent's Panel on Excellence in Adult Education) and link programs statewide.	







\* Priority selected by statewide participants

v Issue identified as important by ICH staff

<b>TIMELINE: IMMEDIATE/SHORT-TERM (YEAR 0-2)</b>			
	<b>Recommendation</b>	<b>Strategy</b>	<b>Focus Area</b>
	Encourage local homeless service providers to participate in Local Workforce Investment Board activities	Educate providers about role of Workforce Investment Boards in targeting employment for homeless people; publicize Workforce Investment Board activities	
v	Develop marketing/PR campaign to change perception of those who are homeless (e.g., families, veterans, working people) and the issues they face	Gather statistics to help public campaign (i.e., how many work, are receiving minimum wage, have children, are veterans, are children themselves, number of families “one paycheck away” from homelessness, etc.). Consider advertising campaign to highlight issues related to homelessness and emphasize working families who live in shelters or on the street. Establish broad-based partnerships to bring together community organizations and public/private agencies in order to change the perception of those who are homeless.	
	When appropriate, expand availability of using third party as representative payee	Explore best practices from other jurisdictions to determine ways to best identify those needing a representative payee and to increase the pool of people from which to select an appropriate party to act as a responsible third party recipient.	
	Increase access to benefits by choosing the least restrictive option (or “opting in”), e.g., lengthening certification times, accepting alternative verifications, etc.	Use federal waivers to Food Stamp Program rules, and policy options to increase access and limit barriers to food stamps. Train Family Investment staff to ensure that everyone is interpreting verification policy in the least restrictive manner possible.	
	Develop a common application form for public benefits which includes housing status as one of the fields and which requires customers to present verifying documents only once.	Identify common information collected; develop common on-line application using other states’ online applications as models; develop a release of information for all potential benefits to allow clients to waive privacy rules so that agencies can better share information; develop a system of immediate (preferably electronic) referral to other agencies.	
	Expand current efforts to assist inmates in filling out applications and obtaining pre-approval for FIA benefits and programs	Implement and expand on ongoing efforts between state and federal agencies. Clarify DHR Action Transmittal (AT) 05-33, p. 3 #6 to require inmates subject to AT with community release plans receive written verification. Require agencies subject to agreement detailed in DHR AT 05-33 to conduct regular intra-agency reviews that monitor the % of the applications accepted, % approved, % of denials, and reasons for denials, as well as to keep track of complaints to highlight possible areas in need of improvements. Examine current agreements between DHR, Social Services Administration, and public safety agencies; identify areas to expand current application agreements. Identify what, if any, federal sources of funding for possible pilot projects exist.	
	Explore ways to ensure effective access to Temporary Cash Assistance for eligible families who have received benefits for 60 months or longer	Examine the feasibility of developing a case-action review system for Temporary Cash Assistance cases that have received benefits for more than 60 months. The review process could help ensure that adequate supports are being provided to these families to help them move toward independence from welfare. Information gained from the case review would be used to inform policy and training decisions.	





\* Priority selected by statewide participants

v Issue identified as important by ICH staff














<b>TIMELINE: IMMEDIATE/SHORT-TERM (YEAR 0-2)</b>		
<b>Recommendation</b>	<b>Strategy</b>	<b>Focus Area</b>
Identify groups who are not currently eligible and need benefits or services, just as recently passed legislation from 2005 General Assembly session allows certain ex-offenders to receive food stamps	Revise COMAR to reflect recently passed legislation expanding food stamp eligibility for ex-offenders convicted of a drug-related felony from custodial parents only to all applicants who pass drug tests and meet other food stamp requirements.	
Expand efforts to reach potentially eligible individuals who have not applied for Medicaid and other assistance programs (e.g., Pharmacy Assistance).	As resources are available, out-station eligibility workers to other service providers (e.g., health clinics, drop-in centers, soup kitchens). Assist those who cannot fill out applications independently.	
Increase the number of individuals who have access to regular and affordable health care services.	State should implement Medicaid program for employed persons with disabilities (EPD Program) so that losing medical coverage is not a disincentive for going to work	
Increase the number of individuals who have access to regular and affordable health care services.	State should increase utilization and referral to Maryland Health Insurance Program (MHIP), Maryland's high-risk pool, to ensure access to care for the medically uninsurable	
Local jurisdictions should adopt a model of coordinated case management targeted to all homeless individuals or families	Local jurisdictions may consider using of single point of entry model and promote other models that bring together case managers involved in different areas of service delivery (e.g., Gateway, Targeted Case Management, Service Linked Housing, universal intake/assessment, etc.). Support efforts to integrate mental health and substance abuse services. Consider linking funding to outcomes related to coordinated services. Local governments may investigate best practices from other jurisdictions and implement those that meet local needs. State government could provide a forum for local governments to share successes at periodic trainings/conferences.	
* v Public and private institutions should improve discharge planning and linkages to community services so that appropriate supports will be in place for persons released from prisons, discharged from mental hospitals, or transitioning from foster care.	Identify or develop model discharge plans for various institutions and populations, emphasize substance abuse prevention and treatment programs, develop more widespread use of early mental health screening and services, and make better connections to stable housing, employment, and healthcare once released from institutional care. State and local agencies could enact MOUs to ensure benefits are awarded to eligible participants upon discharge (e.g., food stamps, WIC, etc.). Agencies should continue to implement the current MOU to re-instate Medicaid and Pharmacy Assistance prior to release for those who qualify. Work with recipient to identify a representative payee (if required). Consider organizing local interagency groups to plan for individual's release (using Local Management Boards as a model). Expand Project RESTART or similar model that transitions inmates and provides skills development. Develop programs that establish relationships between inmate and providers in the community prior to release to ensure medical follow-up (apply to all transitioning populations, to include foster care and psychiatric hospital--consider Texas or	

\* Priority selected by statewide participants












v Issue identified as important by ICH staff

<b>TIMELINE: IMMEDIATE/SHORT-TERM (YEAR 0-2)</b>		
<b>Recommendation</b>	<b>Strategy</b>	<b>Focus Area</b>
	Massachusetts as a model). Establish partnerships with employers and job training programs in the community.	
Increase capacity of emergency food programs to assist low-income families with nutrition and food costs	Work with local food providers and Maryland Food Bank to identify unserved/underserved areas; develop mobile food pantry programs and mini-food banks to make food available in those areas; increase public awareness of the availability of emergency food; work with local schools, churches, and in-home programs to identify households in need; expand the opportunities for accepting and distributing “bonus” foods from the U.S. Department of Agriculture, particularly through the Maryland Food Bank.	
Public and private institutions should improve discharge planning and linkages to community services so that appropriate supports will be in place for persons released from prisons, discharged from psychiatric hospitals, or transitioning from foster care.	Identify or develop model discharge plans for various institutions and populations, emphasize substance abuse prevention and treatment programs, develop more widespread use of early mental health screening and services, and make better connections to stable housing, employment, and healthcare once released from institutional care.	
v State agencies should identify and organize existing data on services to homeless people	As feasible, include housing status in applications for services/benefits	
v Require recipients of state and federal homeless services, eviction prevention, housing assistance and other relevant funds to participate in the Homeless Management Information System or in a more broadly based data warehouse (if initiated).	Include requirement in contracts with local jurisdictions and private organizations. Work with state agencies and recipients to develop process for data transfer from existing systems. Work with the statewide HMIS Collaborative to standardize information sharing procedures. Develop limited privacy waiver so that clients can give permission to agencies to share information.	









**TIMELINE: INTERMEDIATE-TERM (YEAR 3-6)**

Recommendation	Strategy	Focus Area
Maintain and expand state incentives and funding (public and private) to increase the production of affordable housing	Provide incentives for public and private developers to commit to accept as tenants some people who would not otherwise qualify because of poor credit or rental histories	
Maintain and expand state incentives and funding (public and private) to increase the production of affordable housing	Encourage businesses to include workforce affordable housing in their development/construction plans	
Maintain and expand state incentives and funding (public and private) to increase the production of affordable housing	Encourage rental subsidies for households below 30% of AMI through the current renters' tax credit for seniors.	
Maintain and expand state incentives and funding (public and private) to increase the production of affordable housing	Develop methods and resources to support the role of recognized/licensed recovery houses.	
Maintain and expand state incentives and funding (public and private) to increase the production of affordable housing	Develop state incentives to require developments receiving state or local funding to include units for homeless or at risk households.	
Increase accessibility of public housing for homeless households	Remove barriers faced by many homeless and low-income households: ex-offenders, drug users	
Increase availability and use of rental assistance for very low income households and operating subsidies for organizations and companies operating housing for low income households	Develop "bridge" subsidies: 2 year subsidies while household works toward self-sufficiency.	
Increase availability and use of rental assistance for very low income households and operating subsidies for organizations and companies operating housing for low income households	Develop funding for down payments and security deposits so that low-income households can establish housing quicker and easier.	
Intervene to decrease the number of evictions and foreclosures	Work with Rent Court, tenants and their representatives, Homeless Persons Representation Project, management companies to develop intervention strategies	
Intervene to decrease the number of evictions and foreclosures	Develop an early warning system using current service providers (in-home aides, etc.) to identify households in need of assistance prior to eviction	
Intervene to decrease the number of evictions and foreclosures	Identify a central place for landlords to call when households are needing help (i.e., a 211 system)	
Intervene to decrease the number of evictions and foreclosures	Educate landlords about options/resources available for tenants	
Support changes at local level to encourage expansion of affordable housing	Encourage the development of comprehensive local housing plans which will address the needs of households below 30% of AMI.	







**TIMELINE: INTERMEDIATE-TERM (YEAR 3-6)**

Recommendation	Strategy	Focus Area
Support changes at local level to encourage expansion of affordable housing	Develop state incentives, including statutes, to require developments receiving state or local funding to include units for homeless or at risk households.	
Support changes at local level to encourage expansion of affordable housing	Develop ways to require landlords to bring properties into compliance with local codes. Explore the expansion of Project TEVO in Baltimore City to other areas of the state.	
Support changes at local level to encourage expansion of affordable housing	Expand the home sharing programs to match homeless households with persons needing tenants for income/housekeeping/maintenance.	
Support changes at local level to encourage expansion of affordable housing	Engage all 66 of the community foundations throughout State to work on individual community issues (zoning in Garrett, water & sewage in Carroll etc.)	
Support changes at local level to encourage expansion of affordable housing	Encourage the re-examination of codes limiting construction of accessory apartments. These could be attainable housing for homeless households. They could also result in attainable units becoming vacant as the tenants in those units move into accessory apartments	
Support changes at local level to encourage expansion of affordable housing	Review Smart Growth policies for their impact in supporting or hindering the development of affordable housing.	
Increase the flexibility of existing State financing programs to support the preservation by nonprofits of smaller rental housing developments with existing federal rental subsidies.	Expand the types of projects existing housing assistance programs can fund and target this flexibility to serving households at or below 50% of the statewide/area median income would provide one more tool in the ongoing efforts to provide a range of housing choices to Maryland's neediest citizens.	
Develop financial and program supports targeted to families for whom housing is a primary factor in the decision to place or maintain children in out-of-home settings.	Use IV-E funds or other child welfare funds to provide rental assistance and supportive services for families able to be reunified with adequate housing; develop option of out-of-home placement prevention support.	
Reduce barriers to employment for certain types of prior criminal activity.	Implement policies that reform criminal record expungement laws; train job counselors/employment agencies in expungement procedures. Develop a list of job types for which people with criminal backgrounds are eligible and make that list available to service providers	
Develop and implement strategies that create and expand career job ladders (e.g., create/expand partnerships between employers and higher education or other training programs).	Develop a strategic, statewide approach to human resource development that will help unemployed and underemployed individuals move from unemployment and low-paying, dead-end jobs to career opportunities which provide upward mobility within Maryland companies. Businesses participating in this effort will be given special recognition for these improvements.	
Develop a comprehensive services center approach for the coordination and/or delivery of comprehensive employment and support services to maximize assistance for very low income households and to	Examine the possibility of creating a pilot project for Baltimore City and two other jurisdictions.	





**TIMELINE: INTERMEDIATE-TERM (YEAR 3-6)**









Recommendation	Strategy	Focus Area
reduce barriers to accessing jobs, services and benefits		
Develop and provide training in needed technical and occupational skills	Use adult education/literacy teachers to support reading, writing and math skills development specifically related to the technical/occupational skill area. Partner with employers to provide technical skills training.	
Provide training in financial management, consumer issues, and job maintenance skills to very low income households	Develop pilot trainings in 2 or 3 sites and evaluate success. Use Money Smart curriculum from U.S. Department of Labor. Use adult education consumer curriculum to support training.	
Increase the number of individuals who have access to regular and affordable health care services.	State should continue to implement provisions of the Community Health Care Access and Safety Net of 2005 (HB 627).	
Increase the number of individuals who have access to regular and affordable health care services.	Explore expanding Pharmacy Discount Program to non-Medicare population up to 200% of FPL.	
Increase the number of individuals who have access to regular and affordable health care services.	Maryland should implement a system to refer individuals ineligible for Medicaid and other public programs to other community health resources for care.	
Increase the number of individuals who have access to regular and affordable health care services.	Explore expanding the Primary Care Waiver to include more individuals and fuller benefit level.	
Develop and coordinate systems of care that integrate mental health, addictions, and somatic services.	Support the recommendations of the DHMH Leadership Team and the Task Force on Co-Occurring Disorders. Use the Comprehensive, Continuous, Integrated System of Care (CCISC) Model, which includes the following components: system level of change; efficient use of existing resources; incorporation of best practices; integrated treatment philosophy; facilitation of identification, welcoming and accessibility; development of basic dual diagnosis capable competencies for all clinicians; implementation of a system-wide training plan; developing a plan for a comprehensive program array; evidence based practice; peer dual recovery supports; residential supports and services; and continuum levels of care.	
Expand availability of current health services	State should explore regional partnerships with surrounding states to enhance the capacity of the health care system to serve low-income and/or uninsured individuals.	












**TIMELINE: INTERMEDIATE-TERM (YEAR 3-6)**

<b>Recommendation</b>	<b>Strategy</b>	<b>Focus Area</b>
Expand availability of child care	Work with MSDE to expand the number of regulated child care slots; review current nature and availability of child care centers in light of the needs of homeless and transitioning families to determine changes necessary to meet those needs.	
Expand availability of Head Start	Advocate for increased federal and State assistance to serve all homeless children (Head Start priority to serve homeless children up the extent possible is already in place)	
Prevent discrimination in the delivery of services for low income and homeless households, which may be hard to serve.	Service providers could hold periodic trainings on the subject of the laws and procedures concerning reasonable accommodations and various types of disabilities (particularly mental illness) and how to serve mentally ill and/or homeless individuals. All applicants for services should be asked about alternate addresses and be allowed to use them. If alternate addresses are given, notices should be sent out to both the primary address and the alternate address. When appropriate, service providers could also ask about notification to a third party (e.g., a relative, social worker, legal provider) and/or verbal (telephone call) notice of agency decisions and actions.	
Expand availability of transportation	Transportation agencies should review fares and programs geared toward transit-dependent, low-income individuals. Local transportation agencies should implement worker-friendly schedules and routes, especially to serve large employment sites. Transportation agencies should promote programs that provide incentives for local employers to subsidize the cost of public transportation for employees. State and local agencies should coordinate funding and oversight of human services transportation programs to ensure services are provided efficiently and uniformly to all consumers. Transit agencies should encourage partnerships with transportation advocacy groups (private, public and non-profit) to create transportation solutions for all persons. Transit agencies should develop plans for evacuating homeless individuals in emergency situations.	
Expand availability of coordinated centers for family programming/services	Design a referral process to direct homeless families to coordination centers who directly provide, or work with other programs that provide, necessary services to ameliorate problems associated with homelessness, i.e. lack of job skills, parenting classes, education options, and early childhood development services.	
Encourage state agencies to include housing status on applications for services and benefits.	Request that US ICH initiate changes at federal level requiring housing status on applications for federal benefits. Explore the creation of a data warehouse with information from many agencies (e.g., South Carolina) which would allow evaluation of the overall impact of state programs on homeless households.	







**TIMELINE: LONG-TERM (YEAR 7-10)**

<b>Recommendation</b>	<b>Strategy</b>	<b>Focus Area</b>
Encourage employers to offer wage structures that meet living wage standard.	Identify potential wage and salary incentives; educate employers about incentives and about benefits of paying higher wage; explore ways to expand employment which includes housing as partial payment for labor.	
Add other assistance to help meet adequate level of income, such as housing subsidy, utility subsidy, etc	Encourage the General Assembly to add the value of other types of assistance (e.g., energy assistance and Medical Assistance) when calculating the level of assistance the family receives as well as to increase the percentage of the Minimum Living Level that the total package of assistance should provide.	
Expand current efforts to assist inmates in filling out applications and obtaining pre-approval for FIA benefits and programs	Implement and expand on ongoing efforts between state and federal agencies. Clarify DHR Action Transmittal (AT) 05-33, p. 3 #6 to require inmates subject to AT with community release plans receive written verification. Require agencies subject to agreement detailed in DHR AT 05-33 to conduct regular intra-agency reviews that monitor the % of the applications accepted, % approved, % of denials, and reasons for denials, as well as to keep track of complaints to highlight possible areas in need of improvements. Examine current agreements between DHR, Social Security Administration, and public safety agencies; identify areas to expand current application agreements. Identify what, if any, federal sources of funding for possible pilot projects exist.	
Identify groups who are not currently eligible and need benefits or services, just as recently passed legislation from 2005 General Assembly session allows certain ex-offenders to receive food stamps.	Work with community and faith based organizations to identify other needy groups and sources for funding the services or benefits.	

<b>TIMELINE: NOT DEFINED</b>		
<b>Recommendation</b>	<b>Strategy</b>	<b>Focus Area</b>
Implement the eight recommendations of the Governor's Commission on Housing Policy	Develop a housing plan for each jurisdiction	
Implement the eight recommendations of the Governor's Commission on Housing Policy	Modify State funding requirements for housing and economic development financial resources to ensure that the supply of workforce/affordable housing is considered as an element of the decision-making process	
Implement the eight recommendations of the Governor's Commission on Housing Policy	Introduce legislation that creates a Maryland Housing and Community Revitalization Trust Fund (the Trust Fund)	
Implement the eight recommendations of the Governor's Commission on Housing Policy	Utilize a portion of the funds generated by the Maryland Housing and Community Revitalization Trust Fund to provide housing counseling programs	
Implement the eight recommendations of the Governor's Commission on Housing Policy	Support and encourage the State's participation in the Maryland Equity Fund Steering Committee	
Implement the eight recommendations of the Governor's Commission on Housing Policy	Create a Bridge Subsidy Demonstration Program for individuals with disabilities	
Implement the eight recommendations of the Governor's Commission on Housing Policy	Create an interdepartmental steering committee, established by the Governor and led by the Department of Budget and Management, to address service delivery efficiencies	
Implement the eight recommendations of the Governor's Commission on Housing Policy	Include the Maryland Department of Housing and Community Development in the review process of the State's surplus property inventory to assist with the identification of land appropriate for housing development	

<b>FEDERAL RECOMMENDATIONS</b>	
<b>Recommendation</b>	<b>Focus Area</b>
U.S. HUD could encourage local PHAs to re-evaluate policies related to access to public housing for ex-offenders, especially those with drug-related offenses. HUD participates in the national offender re-entry initiatives, and PHAs could be encouraged to develop strategies and action plans in line with those objectives so that this population can obtain housing in a safe and healthy manner.	
Create a federal housing trust fund to increase the number of affordable housing units available to very low income households.	
Federal minimum wage of \$5.15 per hour should be increased to reflect dramatic rise in cost of living.	
Revise higher education loan requirements to include those who have drug-related convictions in their past.	
SSI benefits should be increased to allow an individual to maintain independent living.	
The Social Security Administration should be quicker at processing applications. Currently, SSI can take 18 to 24 months to obtain.	
SSI should be suspended, not terminated, for those incarcerated or in a treatment facility. The time required for re-applying does not allow for an individual to transition well back into the community.	
The U.S. Department of Agriculture Food and Nutrition Service should allow all pre-release prisoners to apply for Food Stamps before their release so that the effective date of the application will be the date of release, and their food stamp benefits will be available as soon as they go to the local department of social services to pick up their EBT cards. Right now, federal rules allow only prisoners who are applying for SSI to apply for Food Stamps while still in prison so that their benefits are available upon release	
The federal government should work toward a comprehensive, universal system of health care services for all individuals, to include those who are very low income.	
Until a comprehensive, universal system of care is developed, the federal government should assist states with expansion of Medicaid to include the most vulnerable populations.	
The federal government should assist states in providing preventive health care to those who are uninsured or underinsured.	

**FEDERAL RECOMMENDATIONS**

<b>Recommendation</b>	<b>Focus Area</b>
Federal recommendation: HHS/CMS should allow states to have more flexible options to serve non-elderly adult population.	
Federal recommendation: HHS/CMS should improve timeliness of waiver approvals.	
Federal recommendation: HHS/CMS should support state in expanding EPD Program in the future and give more flexibility for implementation.	
The U.S. Interagency Council on Homelessness could initiate changes at federal level requiring housing status on applications for federal benefits.	
Explore the creation of a data warehouse with information from many states that would allow evaluation of the overall impact of state programs on homeless households.	
Federal agencies should streamline definitions of “homelessness” for programs, thus enabling states to streamline program and benefit applications and achieve more efficiencies through integration. Currently, definitions differ between programs and funding streams. Data would be more easily collected at the state and local level if a common definition were determined.	

## **Appendix B: County-by-County Data**



**Homelessness is caused by a myriad of factors, to include insufficient income to afford or maintain housing, loss of employment, and poor health. People at risk of homelessness usually face one or more of these issues.** Once a family or individual becomes homeless, it becomes much harder to regain housing. While it is less traumatic for the household and ultimately less expensive to prevent homelessness than to ameliorate it, the current system is only structured to manage homelessness after it occurs. It is not designed either to prevent or to end homelessness.

## Who is homeless or at-risk in Allegany County?

The population of homeless people is not static. Every day many households are at risk of becoming homeless while many others regularly cycle in and out of homelessness, reflecting the fundamental instability of their housing situations due to lack of adequate wages or affordable housing and poor health or disability. To address homelessness credibly and comprehensively, our actions must focus on the common denominator of all homeless and at-risk families and individuals: extreme poverty.

Very low income households are those whose income is below 30% of the Area Median level. These households are more likely to include people with disabilities (including mental illness and addiction), the elderly on fixed incomes, persons leaving institutions (e.g., prisons, foster care, inpatient care at a hospital or psychiatric facility) without employment or income, and working households who simply do not make enough money to cover the rising costs of housing and utilities. Thus, the very poor tend to be in the most unstable housing situations and struggle the most with earning enough income to provide for basic daily needs such as food, health care, transportation, and other critical living expenses.

Fair market rent is set at the 40<sup>th</sup> percentile for all rental units in the county (i.e., 60% of all rental units rent for more than this amount). According to the U.S. Department of Housing and Urban Development, **housing is “affordable” when it requires no more than 30% of the household’s gross income.** Households paying more than 50% of their income for housing are at extreme risk of homelessness.

Thirteen States and over two hundred local jurisdictions have adopted 10 year plans to end homelessness.

**Maryland can make homelessness rare and brief.**

### **Allegany County**

Fair Market Rent for  
2 Bedroom Unit<sup>1</sup>  
**\$439/month**

Income needed for  
affordable 2 bedroom unit<sup>1</sup>  
**\$17,560/year or \$8.44/hour**

Very low income household  
(30% of Area Median)<sup>2</sup>  
**\$10,935**

Number of very low income  
households paying:  
30% or more for rent<sup>3</sup>  
**1,951**  
50% or more for rent<sup>3</sup>  
**1,331**

Units of affordable housing  
needed by 2014<sup>4</sup>  
**996**

People in shelters in 2004<sup>5</sup>  
**433**

Children in shelters in 2004<sup>5</sup>  
**138**

Homeless children in schools<sup>6</sup>  
**58**

Residents with no health  
insurance<sup>7</sup>  
**7948 / 12.4%**

<sup>1</sup> Based on HUD 2005 calculation of Fair Market Rent for Maryland jurisdictions.

<sup>2</sup> Maryland Department of Planning

<sup>3</sup> National Low Income Housing Coalition

<sup>4</sup> Department of Housing and Community Development, 2005

<sup>5</sup> Department of Human Resources: Annual Report on Homelessness Services, 2004.

<sup>6</sup> Maryland State Department of Education, 2005.

<sup>7</sup> Department of Health and Mental Hygiene, BRFS, 2002

**Homelessness is caused by a myriad of factors, to include insufficient income to afford or maintain housing, loss of employment, and poor health. People at risk of homelessness usually face one or more of these issues.** Once a family or individual becomes homeless, it becomes much harder to regain housing. While it is less traumatic for the household and ultimately less expensive to prevent homelessness than to ameliorate it, the current system is only structured to manage homelessness after it occurs. It is not designed either to prevent or to end homelessness.

## Who is homeless or at-risk in Anne Arundel County?

The population of homeless people is not static. Every day many households are at risk of becoming homeless while many others regularly cycle in and out of homelessness, reflecting the fundamental instability of their housing situations due to lack of adequate wages or affordable housing and poor health or disability. To address homelessness credibly and comprehensively, our actions must focus on the common denominator of all homeless and at-risk families and individuals: extreme poverty.

Very low income households are those whose income is below 30% of the Area Median level. These households are more likely to include people with disabilities (including mental illness and addiction), the elderly on fixed incomes, persons leaving institutions (e.g., prisons, foster care, inpatient care at a hospital or psychiatric facility) without employment or income, and working households who simply do not make enough money to cover the rising costs of housing and utilities. Thus, the very poor tend to be in the most unstable housing situations and struggle the most with earning enough income to provide for basic daily needs such as food, health care, transportation, and other critical living expenses.

Fair market rent is set at the 40<sup>th</sup> percentile for all rental units in the county (i.e., 60% of all rental units rent for more than this amount). According to the U.S. Department of Housing and Urban Development, **housing is “affordable” when it requires no more than 30% of the household’s gross income.** Households paying more than 50% of their income for housing are at extreme risk of homelessness.

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**Maryland can make homelessness rare and brief.**

### Anne Arundel County

Fair Market Rent for  
2 Bedroom Unit<sup>1</sup>  
**\$847/month**

Income needed for  
affordable 2 bedroom unit<sup>1</sup>  
**\$33,880/year or \$16.29/hour**

Very low income household  
(30% of Area Median)<sup>2</sup>  
**\$21,945**

Number of very low income  
households paying:  
30% or more for rent<sup>3</sup>  
**4,057**  
50% or more for rent<sup>3</sup>  
**3302**

Units of affordable housing  
needed by 2014<sup>4</sup>  
**9,757**

Adults in shelters in 2004<sup>5</sup>  
**1,261**

Children in shelters in 2004<sup>5</sup>  
**510**

Homeless children in schools<sup>6</sup>  
**292**

Residents with no health  
insurance<sup>7</sup>  
**18,230 / 4.8%**

<sup>1</sup> Based on HUD 2005 calculation of Fair Market Rent for Maryland jurisdictions.

<sup>2</sup> Maryland Department of Planning

<sup>3</sup> National Low Income Housing Coalition

<sup>4</sup> Department of Housing and Community Development, 2005

<sup>5</sup> Department of Human Resources: Annual Report on Homelessness Services, 2004.

<sup>6</sup> Maryland State Department of Education, 2005.

<sup>7</sup> Department of Health and Mental Hygiene, BRFS, 2002

**Homelessness is caused by a myriad of factors, to include insufficient income to afford or maintain housing, loss of employment, and poor health. People at risk of homelessness usually face one or more of these issues.** Once a family or individual becomes homeless, it becomes much harder to regain housing. While it is less traumatic for the household and ultimately less expensive to prevent homelessness than to ameliorate it, the current system is only structured to manage homelessness after it occurs. It is not designed either to prevent or to end homelessness.

## Who is homeless or at-risk in Baltimore City?

The population of homeless people is not static. Every day many households are at risk of becoming homeless while many others regularly cycle in and out of homelessness, reflecting the fundamental instability of their housing situations due to lack of adequate wages or affordable housing and poor health or disability. To address homelessness credibly and comprehensively, our actions must focus on the common denominator of all homeless and at-risk families and individuals: extreme poverty.

Very low income households are those whose income is below 30% of the Area Median level. These households are more likely to include people with disabilities (including mental illness and addiction), the elderly on fixed incomes, persons leaving institutions (e.g., prisons, foster care, inpatient care at a hospital or psychiatric facility) without employment or income, and working households who simply do not make enough money to cover the rising costs of housing and utilities. Thus, the very poor tend to be in the most unstable housing situations and struggle the most with earning enough income to provide for basic daily needs such as food, health care, transportation, and other critical living expenses.

Fair market rent is set at the 40<sup>th</sup> percentile for all rental units in the county (i.e., 60% of all rental units rent for more than this amount). According to the U.S. Department of Housing and Urban Development, **housing is “affordable” when it requires no more than 30% of the household’s gross income.** Households paying more than 50% of their income for housing are at extreme risk of homelessness.

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**Maryland can make homelessness rare and brief.**

### Baltimore City

Fair Market Rent for  
2 Bedroom Unit<sup>1</sup>  
**\$847/month**

Income needed for  
affordable 2 bedroom unit<sup>1</sup>  
**\$33,880/year or \$16.29/hour**

Very low income household  
(30% of Area Median)<sup>2</sup>  
**\$10,320**

Number of very low income  
households paying:  
30% or more for rent<sup>3</sup>  
**34,027**  
50% or more for rent<sup>3</sup>  
**24,821**

Units of affordable housing  
needed by 2014<sup>4</sup>  
**13,540**

People in shelters in 2004<sup>5</sup>  
**16,475**

Children in shelters in 2004<sup>5</sup>  
**2,156**

Homeless children in schools<sup>6</sup>  
**788**

Residents with no health  
insurance<sup>7</sup>  
**73,949 / 7.7%**

<sup>1</sup> Based on HUD 2005 calculation of Fair Market Rent for Maryland jurisdictions.

<sup>2</sup> Maryland Department of Planning

<sup>3</sup> National Low Income Housing Coalition

<sup>4</sup> Department of Housing and Community Development, 2005

<sup>5</sup> Department of Human Resources: Annual Report on Homelessness Services, 2004.

<sup>6</sup> Maryland State Department of Education, 2005.

<sup>7</sup> Department of Health and Mental Hygiene, BRFS, 2002

**Homelessness is caused by a myriad of factors, to include insufficient income to afford or maintain housing, loss of employment, and poor health. People at risk of homelessness usually face one or more of these issues.** Once a family or individual becomes homeless, it becomes much harder to regain housing. While it is less traumatic for the household and ultimately less expensive to prevent homelessness than to ameliorate it, the current system is only structured to manage homelessness after it occurs. It is not designed either to prevent or to end homelessness.

## Who is homeless or at-risk in Baltimore County?

The population of homeless people is not static. Every day many households are at risk of becoming homeless while many others regularly cycle in and out of homelessness, reflecting the fundamental instability of their housing situations due to lack of adequate wages or affordable housing and poor health or disability. To address homelessness credibly and comprehensively, our actions must focus on the common denominator of all homeless and at-risk families and individuals: extreme poverty.

Very low income households are those whose income is below 30% of the Area Median level. These households are more likely to include people with disabilities (including mental illness and addiction), the elderly on fixed incomes, persons leaving institutions (e.g., prisons, foster care, inpatient care at a hospital or psychiatric facility) without employment or income, and working households who simply do not make enough money to cover the rising costs of housing and utilities. Thus, the very poor tend to be in the most unstable housing situations and struggle the most with earning enough income to provide for basic daily needs such as food, health care, transportation, and other critical living expenses.

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### Baltimore County

Fair Market Rent for  
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**\$847/month**

Income needed for  
affordable 2 bedroom unit<sup>1</sup>  
**\$33,880/year or \$16.29/hour**

Very low income household  
(30% of Area Median)<sup>2</sup>  
**\$17,295**

Number of very low income  
households paying:  
30% or more for rent<sup>3</sup>  
**12,314**  
50% or more for rent<sup>3</sup>  
**10,195**

Units of affordable housing  
needed by 2014<sup>4</sup>  
**17,314**

Adults in shelters in 2004<sup>5</sup>  
**1,527**

Children in shelters in 2004<sup>5</sup>  
**497**

Homeless children in schools<sup>6</sup>  
**685**

Residents with no health  
insurance<sup>7</sup>  
**44,754 / 15.3%**

<sup>1</sup> Based on HUD 2005 calculation of Fair Market Rent for Maryland jurisdictions.

<sup>2</sup> Maryland Department of Planning

<sup>3</sup> National Low Income Housing Coalition

<sup>4</sup> Department of Housing and Community Development, 2005

<sup>5</sup> Department of Human Resources: Annual Report on Homelessness Services, 2004.

<sup>6</sup> Maryland State Department of Education, 2005.

<sup>7</sup> Department of Health and Mental Hygiene, BRFSS, 2002

**Homelessness is caused by a myriad of factors, to include insufficient income to afford or maintain housing, loss of employment, and poor health. People at risk of homelessness usually face one or more of these issues.** Once a family or individual becomes homeless, it becomes much harder to regain housing. While it is less traumatic for the household and ultimately less expensive to prevent homelessness than to ameliorate it, the current system is only structured to manage homelessness after it occurs. It is not designed either to prevent or to end homelessness.

## Who is homeless or at-risk in Calvert County?

The population of homeless people is not static. Every day many households are at risk of becoming homeless while many others regularly cycle in and out of homelessness, reflecting the fundamental instability of their housing situations due to lack of adequate wages or affordable housing and poor health or disability. To address homelessness credibly and comprehensively, our actions must focus on the common denominator of all homeless and at-risk families and individuals: extreme poverty.

Very low income households are those whose income is below 30% of the Area Median level. These households are more likely to include people with disabilities (including mental illness and addiction), the elderly on fixed incomes, persons leaving institutions (e.g., prisons, foster care, inpatient care at a hospital or psychiatric facility) without employment or income, and working households who simply do not make enough money to cover the rising costs of housing and utilities. Thus, the very poor tend to be in the most unstable housing situations and struggle the most with earning enough income to provide for basic daily needs such as food, health care, transportation, and other critical living expenses.

Fair market rent is set at the 40<sup>th</sup> percentile for all rental units in the county (i.e., 60% of all rental units rent for more than this amount). According to the U.S. Department of Housing and Urban Development, **housing is “affordable” when it requires no more than 30% of the household’s gross income.** Households paying more than 50% of their income for housing are at extreme risk of homelessness.

Thirteen States and over two hundred local jurisdictions have adopted 10 year plans to end homelessness.

**Maryland can make homelessness rare and brief.**

Calvert County	
Fair Market Rent for 2 Bedroom Unit <sup>1</sup>	<b>\$1,187/month</b>
Income needed for affordable 2 bedroom unit <sup>1</sup>	<b>\$47,480/year or \$22.83/hour</b>
Very low income household (30% of Area Median) <sup>2</sup>	<b>\$23,880</b>
Number of very low income households paying: 30% or more for rent <sup>3</sup>	<b>535</b>
50% or more for rent <sup>3</sup>	<b>353</b>
Units of affordable housing needed by 2014 <sup>4</sup>	<b>970</b>
People in shelters in 2004 <sup>5</sup>	<b>868</b>
Children in shelters in 2004 <sup>5</sup>	<b>175</b>
Homeless children in schools <sup>6</sup>	<b>102</b>
Residents with no health insurance <sup>7</sup>	<b>6,433 / 9.6%</b>

<sup>1</sup> Based on HUD 2005 calculation of Fair Market Rent for Maryland jurisdictions.

<sup>2</sup> Maryland Department of Planning

<sup>3</sup> National Low Income Housing Coalition

<sup>4</sup> Department of Housing and Community Development, 2005

<sup>5</sup> Department of Human Resources: Annual Report on Homelessness Services, 2004.

<sup>6</sup> Maryland State Department of Education, 2005.

<sup>7</sup> Department of Health and Mental Hygiene, BRFS, 2002

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# Who is homeless or at-risk in Caroline County?

The population of homeless people is not static. Every day many households are at risk of becoming homeless while many others regularly cycle in and out of homelessness, reflecting the fundamental instability of their housing situations due to lack of adequate wages or affordable housing and poor health or disability. To address homelessness credibly and comprehensively, our actions must focus on the common denominator of all homeless and at-risk families and individuals: extreme poverty.

Very low income households are those whose income is below 30% of the Area Median level. These households are more likely to include people with disabilities (including mental illness and addiction), the elderly on fixed incomes, persons leaving institutions (e.g., prisons, foster care, inpatient care at a hospital or psychiatric facility) without employment or income, and working households who simply do not make enough money to cover the rising costs of housing and utilities. Thus, the very poor tend to be in the most unstable housing situations and struggle the most with earning enough income to provide for basic daily needs such as food, health care, transportation, and other critical living expenses.

Fair market rent is set at the 40<sup>th</sup> percentile for all rental units in the county (i.e., 60% of all rental units rent for more than this amount). According to the U.S. Department of Housing and Urban Development, **housing is “affordable” when it requires no more than 30% of the household’s gross income.** Households paying more than 50% of their income for housing are at extreme risk of homelessness.

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<b>Caroline County</b>
Fair Market Rent for 2 Bedroom Unit <sup>1</sup> <b>\$565/month</b>
Income needed for affordable 2 bedroom unit <sup>1</sup> <b>\$22,600/year or \$10.87/hour</b>
Very low income household (30% of Area Median) <sup>2</sup> <b>\$13,065</b>
Number of very low income households paying: 30% or more for rent <sup>3</sup> <b>404</b>
50% or more for rent <sup>3</sup> <b>256</b>
Units of affordable housing needed by 2014 <sup>4</sup> <b>418</b>
People in shelters in 2004 <sup>5</sup> <b>187</b>
Children in shelters in 2004 <sup>5</sup> <b>109</b>
Homeless children in schools <sup>6</sup> <b>18</b>
Residents with no health insurance <sup>7</sup> <b>No data reported</b>

<sup>1</sup> Based on HUD 2005 calculation of Fair Market Rent for Maryland jurisdictions.  
<sup>2</sup> Maryland Department of Planning  
<sup>3</sup> National Low Income Housing Coalition  
<sup>4</sup> Department of Housing and Community Development, 2005  
<sup>5</sup> Department of Human Resources: Annual Report on Homelessness Services, 2004.  
<sup>6</sup> Maryland State Department of Education, 2005.  
<sup>7</sup> Department of Health and Mental Hygiene, BRFSS, 2002

**Homelessness is caused by a myriad of factors, to include insufficient income to afford or maintain housing, loss of employment, and poor health. People at risk of homelessness usually face one or more of these issues.** Once a family or individual becomes homeless, it becomes much harder to regain housing. While it is less traumatic for the household and ultimately less expensive to prevent homelessness than to ameliorate it, the current system is only structured to manage homelessness after it occurs. It is not designed either to prevent or to end homelessness.

## Who is homeless or at-risk in Carroll County?

The population of homeless people is not static. Every day many households are at risk of becoming homeless while many others regularly cycle in and out of homelessness, reflecting the fundamental instability of their housing situations due to lack of adequate wages or affordable housing and poor health or disability. To address homelessness credibly and comprehensively, our actions must focus on the common denominator of all homeless and at-risk families and individuals: extreme poverty.

Very low income households are those whose income is below 30% of the Area Median level. These households are more likely to include people with disabilities (including mental illness and addiction), the elderly on fixed incomes, persons leaving institutions (e.g., prisons, foster care, inpatient care at a hospital or psychiatric facility) without employment or income, and working households who simply do not make enough money to cover the rising costs of housing and utilities. Thus, the very poor tend to be in the most unstable housing situations and struggle the most with earning enough income to provide for basic daily needs such as food, health care, transportation, and other critical living expenses.

Fair market rent is set at the 40<sup>th</sup> percentile for all rental units in the county (i.e., 60% of all rental units rent for more than this amount). According to the U.S. Department of Housing and Urban Development, **housing is “affordable” when it requires no more than 30% of the household’s gross income.** Households paying more than 50% of their income for housing are at extreme risk of homelessness.

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Carroll County	
Fair Market Rent for 2 Bedroom Unit <sup>1</sup>	<b>\$847/month</b>
Income needed for affordable 2 bedroom unit <sup>1</sup>	<b>\$33,880/year or \$16.29/hour</b>
Very low income household (30% of Area Median) <sup>2</sup>	<b>\$21,825</b>
Number of very low income households paying: 30% or more for rent <sup>3</sup>	<b>1,206</b>
50% or more for rent <sup>3</sup>	<b>1,001</b>
Units of affordable housing needed by 2014 <sup>4</sup>	<b>1,713</b>
People in shelters in 2004 <sup>5</sup>	<b>1,380</b>
Children in shelters in 2004 <sup>5</sup>	<b>100</b>
Homeless children in schools <sup>6</sup>	<b>66</b>
Residents with no health insurance <sup>7</sup>	<b>11,483 / 9.9%</b>

<sup>1</sup> Based on HUD 2005 calculation of Fair Market Rent for Maryland jurisdictions.

<sup>2</sup> Maryland Department of Planning

<sup>3</sup> National Low Income Housing Coalition

<sup>4</sup> Department of Housing and Community Development, 2005

<sup>5</sup> Department of Human Resources: Annual Report on Homelessness Services, 2004.

<sup>6</sup> Maryland State Department of Education, 2005.

<sup>7</sup> Department of Health and Mental Hygiene, BRFS, 2002

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# Who is homeless or at-risk in Cecil County?

The population of homeless people is not static. Every day many households are at risk of becoming homeless while many others regularly cycle in and out of homelessness, reflecting the fundamental instability of their housing situations due to lack of adequate wages or affordable housing and poor health or disability. To address homelessness credibly and comprehensively, our actions must focus on the common denominator of all homeless and at-risk families and individuals: extreme poverty.

Very low income households are those whose income is below 30% of the Area Median level. These households are more likely to include people with disabilities (including mental illness and addiction), the elderly on fixed incomes, persons leaving institutions (e.g., prisons, foster care, inpatient care at a hospital or psychiatric facility) without employment or income, and working households who simply do not make enough money to cover the rising costs of housing and utilities. Thus, the very poor tend to be in the most unstable housing situations and struggle the most with earning enough income to provide for basic daily needs such as food, health care, transportation, and other critical living expenses.

Fair market rent is set at the 40<sup>th</sup> percentile for all rental units in the county (i.e., 60% of all rental units rent for more than this amount). According to the U.S. Department of Housing and Urban Development, **housing is “affordable” when it requires no more than 30% of the household’s gross income.** Households paying more than 50% of their income for housing are at extreme risk of homelessness.

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**Cecil County**

Fair Market Rent for  
2 Bedroom Unit<sup>1</sup>  
**\$802/month**

Income needed for  
affordable 2 bedroom unit<sup>1</sup>  
**\$32,080/year or \$15.42/hour**

Very low income household  
(30% of Area Median)<sup>2</sup>  
**\$17,415**

Number of very low income  
households paying:  
30% or more for rent<sup>3</sup>  
**1,060**

50% or more for rent<sup>3</sup>  
**806**

Units of affordable housing  
needed by 2014<sup>4</sup>  
**1,520**

People in shelters in 2004<sup>5</sup>  
**821**

Children in shelters in 2004<sup>5</sup>  
**267**

Homeless children in schools<sup>6</sup>  
**90**

Residents with no health  
insurance<sup>7</sup>  
**10,667 / 17.0%**

<sup>1</sup> Based on HUD 2005 calculation of Fair Market Rent for Maryland jurisdictions.

<sup>2</sup> Maryland Department of Planning

<sup>3</sup> National Low Income Housing Coalition

<sup>4</sup> Department of Housing and Community Development, 2005

<sup>5</sup> Department of Human Resources: Annual Report on Homelessness Services, 2004.

<sup>6</sup> Maryland State Department of Education, 2005.

<sup>7</sup> Department of Health and Mental Hygiene, BRFSS, 2002

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## Who is homeless or at-risk in Charles County?

The population of homeless people is not static. Every day many households are at risk of becoming homeless while many others regularly cycle in and out of homelessness, reflecting the fundamental instability of their housing situations due to lack of adequate wages or affordable housing and poor health or disability. To address homelessness credibly and comprehensively, our actions must focus on the common denominator of all homeless and at-risk families and individuals: extreme poverty.

Very low income households are those whose income is below 30% of the Area Median level. These households are more likely to include people with disabilities (including mental illness and addiction), the elderly on fixed incomes, persons leaving institutions (e.g., prisons, foster care, inpatient care at a hospital or psychiatric facility) without employment or income, and working households who simply do not make enough money to cover the rising costs of housing and utilities. Thus, the very poor tend to be in the most unstable housing situations and struggle the most with earning enough income to provide for basic daily needs such as food, health care, transportation, and other critical living expenses.

Fair market rent is set at the 40<sup>th</sup> percentile for all rental units in the county (i.e., 60% of all rental units rent for more than this amount). According to the U.S. Department of Housing and Urban Development, **housing is “affordable” when it requires no more than 30% of the household’s gross income.** Households paying more than 50% of their income for housing are at extreme risk of homelessness.

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<p><b>Charles County</b></p> <p>Fair Market Rent for 2 Bedroom Unit<sup>1</sup> <b>\$1,187/month</b></p> <p>Income needed for affordable 2 bedroom unit<sup>1</sup> <b>\$47,480/year or \$22.83/hour</b></p> <p>Very low income household (30% of Area Median)<sup>2</sup> <b>\$22,200</b></p> <p>Number of very low income households paying: 30% or more for rent<sup>3</sup> <b>1,419</b></p> <p>50% or more for rent<sup>3</sup> <b>937</b></p> <p>Units of affordable housing needed by 2014<sup>4</sup> <b>2,071</b></p> <p>People in shelters in 2004<sup>5</sup> <b>868</b></p> <p>Children in shelters in 2004<sup>5</sup> <b>382</b></p> <p>Homeless children in schools<sup>6</sup> <b>348</b></p> <p>Residents with no health insurance<sup>7</sup> <b>6,241 / 6.4%</b></p>
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<sup>1</sup> Based on HUD 2005 calculation of Fair Market Rent for Maryland jurisdictions.

<sup>2</sup> Maryland Department of Planning

<sup>3</sup> National Low Income Housing Coalition

<sup>4</sup> Department of Housing and Community Development, 2005

<sup>5</sup> Department of Human Resources: Annual Report on Homelessness Services, 2004.

<sup>6</sup> Maryland State Department of Education, 2005.

<sup>7</sup> Department of Health and Mental Hygiene, BRFSS, 2002

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## Who is homeless or at-risk in Dorchester County?

The population of homeless people is not static. Every day many households are at risk of becoming homeless while many others regularly cycle in and out of homelessness, reflecting the fundamental instability of their housing situations due to lack of adequate wages or affordable housing and poor health or disability. To address homelessness credibly and comprehensively, our actions must focus on the common denominator of all homeless and at-risk families and individuals: extreme poverty.

Very low income households are those whose income is below 30% of the Area Median level. These households are more likely to include people with disabilities (including mental illness and addiction), the elderly on fixed incomes, persons leaving institutions (e.g., prisons, foster care, inpatient care at a hospital or psychiatric facility) without employment or income, and working households who simply do not make enough money to cover the rising costs of housing and utilities. Thus, the very poor tend to be in the most unstable housing situations and struggle the most with earning enough income to provide for basic daily needs such as food, health care, transportation, and other critical living expenses.

Fair market rent is set at the 40<sup>th</sup> percentile for all rental units in the county (i.e., 60% of all rental units rent for more than this amount). According to the U.S. Department of Housing and Urban Development, **housing is “affordable” when it requires no more than 30% of the household’s gross income.** Households paying more than 50% of their income for housing are at extreme risk of homelessness.

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**Maryland can make homelessness rare and brief.**

<b>Dorchester County</b>
Fair Market Rent for 2 Bedroom Unit <sup>1</sup> <b>\$539/month</b>
Income needed for affordable 2 bedroom unit <sup>1</sup> <b>\$21,560/year or \$10.37/hour</b>
Very low income household (30% of Area Median) <sup>2</sup> <b>\$11,760</b>
Number of very low income households paying: 30% or more for rent <sup>3</sup> <b>758</b>
50% or more for rent <sup>3</sup> <b>544</b>
Units of affordable housing needed by 2014 <sup>4</sup> <b>454</b>
People in shelters in 2004 <sup>5</sup> <b>184</b>
Children in shelters in 2004 <sup>5</sup> <b>17</b>
Homeless children in schools <sup>6</sup> <b>0</b>
Residents with no health insurance <sup>7</sup> <b>8,140 / 26.1%</b>

<sup>1</sup> Based on HUD 2005 calculation of Fair Market Rent for Maryland jurisdictions.

<sup>2</sup> Maryland Department of Planning

<sup>3</sup> National Low Income Housing Coalition

<sup>4</sup> Department of Housing and Community Development, 2005

<sup>5</sup> Department of Human Resources: Annual Report on Homelessness Services, 2004.

<sup>6</sup> Maryland State Department of Education, 2005.

<sup>7</sup> Department of Health and Mental Hygiene, BRFS, 2002

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## Who is homeless or at-risk in Frederick County?

The population of homeless people is not static. Every day many households are at risk of becoming homeless while many others regularly cycle in and out of homelessness, reflecting the fundamental instability of their housing situations due to lack of adequate wages or affordable housing and poor health or disability. To address homelessness credibly and comprehensively, our actions must focus on the common denominator of all homeless and at-risk families and individuals: extreme poverty.

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Fair market rent is set at the 40<sup>th</sup> percentile for all rental units in the county (i.e., 60% of all rental units rent for more than this amount). According to the U.S. Department of Housing and Urban Development, **housing is “affordable” when it requires no more than 30% of the household’s gross income.** Households paying more than 50% of their income for housing are at extreme risk of homelessness.

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<b>Frederick County</b>	
Fair Market Rent for 2 Bedroom Unit <sup>1</sup>	<b>\$1,187/month</b>
Income needed for affordable 2 bedroom unit <sup>1</sup>	<b>\$47,480/year or \$22.83/hour</b>
Very low income household (30% of Area Median) <sup>2</sup>	<b>\$22,050</b>
Number of very low income households paying: 30% or more for rent <sup>3</sup>	<b>2,339</b>
50% or more for rent <sup>3</sup>	<b>1,689</b>
Units of affordable housing needed by 2014 <sup>4</sup>	<b>3,686</b>
People in shelters in 2004 <sup>5</sup>	<b>1,298</b>
Children in shelters in 2004 <sup>5</sup>	<b>357</b>
Homeless children in schools <sup>6</sup>	<b>117</b>
Residents with no health insurance <sup>7</sup>	<b>6,312 / 4.5%</b>

<sup>1</sup> Based on HUD 2005 calculation of Fair Market Rent for Maryland jurisdictions.

<sup>2</sup> Maryland Department of Planning

<sup>3</sup> National Low Income Housing Coalition

<sup>4</sup> Department of Housing and Community Development, 2005

<sup>5</sup> Department of Human Resources: Annual Report on Homelessness Services, 2004.

<sup>6</sup> Maryland State Department of Education, 2005.

<sup>7</sup> Department of Health and Mental Hygiene, BRFSS, 2002

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## Who is homeless or at-risk in Garrett County?

The population of homeless people is not static. Every day many households are at risk of becoming homeless while many others regularly cycle in and out of homelessness, reflecting the fundamental instability of their housing situations due to lack of adequate wages or affordable housing and poor health or disability. To address homelessness credibly and comprehensively, our actions must focus on the common denominator of all homeless and at-risk families and individuals: extreme poverty.

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Garrett County	
Fair Market Rent for 2 Bedroom Unit <sup>1</sup>	<b>\$452/month</b>
Income needed for affordable 2 bedroom unit <sup>1</sup>	<b>\$18,080/year or \$8.69/hour</b>
Very low income household (30% of Area Median) <sup>2</sup>	<b>\$11,115</b>
Number of very low income households paying: 30% or more for rent <sup>3</sup>	<b>432</b>
50% or more for rent <sup>3</sup>	<b>265</b>
Units of affordable housing needed by 2014 <sup>4</sup>	<b>311</b>
People in shelters in 2004 <sup>5</sup>	<b>168</b>
Children in shelters in 2004 <sup>5</sup>	<b>68</b>
Homeless children in schools <sup>6</sup>	<b>17</b>
Residents with no health insurance <sup>7</sup>	<b>4,462 / 17.4%</b>

<sup>1</sup> Based on HUD 2005 calculation of Fair Market Rent for Maryland jurisdictions.

<sup>2</sup> Maryland Department of Planning

<sup>3</sup> National Low Income Housing Coalition

<sup>4</sup> Department of Housing and Community Development, 2005

<sup>5</sup> Department of Human Resources: Annual Report on Homelessness Services, 2004.

<sup>6</sup> Maryland State Department of Education, 2005.

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## Who is homeless or at-risk in Harford County?

The population of homeless people is not static. Every day many households are at risk of becoming homeless while many others regularly cycle in and out of homelessness, reflecting the fundamental instability of their housing situations due to lack of adequate wages or affordable housing and poor health or disability. To address homelessness credibly and comprehensively, our actions must focus on the common denominator of all homeless and at-risk families and individuals: extreme poverty.

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### Harford County

Fair Market Rent for  
2 Bedroom Unit<sup>1</sup>  
**\$847/month**

Income needed for  
affordable 2 bedroom unit<sup>1</sup>  
**\$33,880/year or \$16.29/hour**

Very low income household  
(30% of Area Median)<sup>2</sup>  
**\$20,445**

Number of very low income  
households paying:  
30% or more for rent<sup>3</sup>  
**2,167**  
50% or more for rent<sup>3</sup>  
**1,718**

Units of affordable housing  
needed by 2014<sup>4</sup>  
**3,616**

People in shelters in 2004<sup>5</sup>  
**769**

Children in shelters in 2004<sup>5</sup>  
**250**

Homeless children in schools<sup>6</sup>  
**153**

Residents with no health  
insurance<sup>7</sup>  
**9,389 / 6.3%**

<sup>1</sup> Based on HUD 2005 calculation of Fair Market Rent for Maryland jurisdictions.

<sup>2</sup> Maryland Department of Planning

<sup>3</sup> National Low Income Housing Coalition

<sup>4</sup> Department of Housing and Community Development, 2005

<sup>5</sup> Department of Human Resources: Annual Report on Homelessness Services, 2004.

<sup>6</sup> Maryland State Department of Education, 2005.

<sup>7</sup> Department of Health and Mental Hygiene, BRFSS, 2002

**Homelessness is caused by a myriad of factors, to include insufficient income to afford or maintain housing, loss of employment, and poor health. People at risk of homelessness usually face one or more of these issues.** Once a family or individual becomes homeless, it becomes much harder to regain housing. While it is less traumatic for the household and ultimately less expensive to prevent homelessness than to ameliorate it, the current system is only structured to manage homelessness after it occurs. It is not designed either to prevent or to end homelessness.

## Who is homeless or at-risk in Howard County?

The population of homeless people is not static. Every day many households are at risk of becoming homeless while many others regularly cycle in and out of homelessness, reflecting the fundamental instability of their housing situations due to lack of adequate wages or affordable housing and poor health or disability. To address homelessness credibly and comprehensively, our actions must focus on the common denominator of all homeless and at-risk families and individuals: extreme poverty.

Very low income households are those whose income is below 30% of the Area Median level. These households are more likely to include people with disabilities (including mental illness and addiction), the elderly on fixed incomes, persons leaving institutions (e.g., prisons, foster care, inpatient care at a hospital or psychiatric facility) without employment or income, and working households who simply do not make enough money to cover the rising costs of housing and utilities. Thus, the very poor tend to be in the most unstable housing situations and struggle the most with earning enough income to provide for basic daily needs such as food, health care, transportation, and other critical living expenses.

Fair market rent is set at the 40<sup>th</sup> percentile for all rental units in the county (i.e., 60% of all rental units rent for more than this amount). According to the U.S. Department of Housing and Urban Development, **housing is “affordable” when it requires no more than 30% of the household’s gross income.** Households paying more than 50% of their income for housing are at extreme risk of homelessness.

Thirteen States and over two hundred local jurisdictions have adopted 10 year plans to end homelessness.

**Maryland can make homelessness rare and brief.**

Howard County	
Fair Market Rent for 2 Bedroom Unit <sup>1</sup>	<b>\$847/month</b>
Income needed for affordable 2 bedroom unit <sup>1</sup>	<b>\$33,880/year or \$16.29/hour</b>
Very low income household (30% of Area Median) <sup>2</sup>	<b>\$25,260</b>
Number of very low income households paying: 30% or more for rent <sup>3</sup>	<b>1,890</b>
50% or more for rent <sup>3</sup>	<b>1,647</b>
Units of affordable housing needed by 2014 <sup>4</sup>	<b>6,623</b>
People in shelters in 2004 <sup>5</sup>	<b>770</b>
Children in shelters in 2004 <sup>5</sup>	<b>374</b>
Homeless children in schools <sup>6</sup>	<b>222</b>
Residents with no health insurance <sup>7</sup>	<b>21,393 / 11.8%</b>

<sup>1</sup> Based on HUD 2005 calculation of Fair Market Rent for Maryland jurisdictions.

<sup>2</sup> Maryland Department of Planning

<sup>3</sup> National Low Income Housing Coalition

<sup>4</sup> Department of Housing and Community Development, 2005

<sup>5</sup> Department of Human Resources: Annual Report on Homelessness Services, 2004.

<sup>6</sup> Maryland State Department of Education, 2005.

<sup>7</sup> Department of Health and Mental Hygiene, BRFS, 2002

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## Who is homeless or at-risk in Kent County?

The population of homeless people is not static. Every day many households are at risk of becoming homeless while many others regularly cycle in and out of homelessness, reflecting the fundamental instability of their housing situations due to lack of adequate wages or affordable housing and poor health or disability. To address homelessness credibly and comprehensively, our actions must focus on the common denominator of all homeless and at-risk families and individuals: extreme poverty.

Very low income households are those whose income is below 30% of the Area Median level. These households are more likely to include people with disabilities (including mental illness and addiction), the elderly on fixed incomes, persons leaving institutions (e.g., prisons, foster care, inpatient care at a hospital or psychiatric facility) without employment or income, and working households who simply do not make enough money to cover the rising costs of housing and utilities. Thus, the very poor tend to be in the most unstable housing situations and struggle the most with earning enough income to provide for basic daily needs such as food, health care, transportation, and other critical living expenses.

Fair market rent is set at the 40<sup>th</sup> percentile for all rental units in the county (i.e., 60% of all rental units rent for more than this amount). According to the U.S. Department of Housing and Urban Development, **housing is “affordable” when it requires no more than 30% of the household’s gross income.** Households paying more than 50% of their income for housing are at extreme risk of homelessness.

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<p><b>Kent County</b></p> <p>Fair Market Rent for 2 Bedroom Unit<sup>1</sup> <b>\$634/month</b></p> <p>Income needed for affordable 2 bedroom unit<sup>1</sup> <b>\$25,360/year or \$12.19/hour</b></p> <p>Very low income household (30% of Area Median)<sup>2</sup> <b>\$13,575</b></p> <p>Number of very low income households paying: 30% or more for rent<sup>3</sup> <b>277</b></p> <p>50% or more for rent<sup>3</sup> <b>208</b></p> <p>Units of affordable housing needed by 2014<sup>4</sup> <b>355</b></p> <p>People in shelters in 2004<sup>5</sup> <b>17</b></p> <p>Children in shelters in 2004<sup>5</sup> <b>0</b></p> <p>Homeless children in schools<sup>6</sup> <b>1</b></p> <p>Residents with no health insurance<sup>7</sup> <b>No data reported</b></p>
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<sup>1</sup> Based on HUD 2005 calculation of Fair Market Rent for Maryland jurisdictions.

<sup>2</sup> Maryland Department of Planning

<sup>3</sup> National Low Income Housing Coalition

<sup>4</sup> Department of Housing and Community Development, 2005

<sup>5</sup> Department of Human Resources: Annual Report on Homelessness Services, 2004.

<sup>6</sup> Maryland State Department of Education, 2005.

<sup>7</sup> Department of Health and Mental Hygiene, BRFSS, 2002

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## Who is homeless or at-risk in Montgomery County?

The population of homeless people is not static. Every day many households are at risk of becoming homeless while many others regularly cycle in and out of homelessness, reflecting the fundamental instability of their housing situations due to lack of adequate wages or affordable housing and poor health or disability. To address homelessness credibly and comprehensively, our actions must focus on the common denominator of all homeless and at-risk families and individuals: extreme poverty.

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Fair market rent is set at the 40<sup>th</sup> percentile for all rental units in the county (i.e., 60% of all rental units rent for more than this amount). According to the U.S. Department of Housing and Urban Development, **housing is “affordable” when it requires no more than 30% of the household’s gross income.** Households paying more than 50% of their income for housing are at extreme risk of homelessness.

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<b>Montgomery County</b>	
Fair Market Rent for 2 Bedroom Unit <sup>1</sup>	<b>\$1,187/month</b>
Income needed for affordable 2 bedroom unit <sup>1</sup>	<b>\$47,480/year or \$22.83/hour</b>
Very low income household (30% of Area Median) <sup>2</sup>	<b>\$24,000</b>
Number of very low income households paying: 30% or more for rent <sup>3</sup>	<b>12,434</b>
50% or more for rent <sup>3</sup>	<b>10,121</b>
Units of affordable housing needed by 2014 <sup>4</sup>	<b>27,277</b>
People in shelters in 2004 <sup>5</sup>	<b>4,457</b>
Children in shelters in 2004 <sup>5</sup>	<b>1,507</b>
Homeless children in schools <sup>6</sup>	<b>598</b>
Residents with no health insurance <sup>7</sup>	<b>48,893 / 6.9%</b>

<sup>1</sup> Based on HUD 2005 calculation of Fair Market Rent for Maryland jurisdictions.

<sup>2</sup> Maryland Department of Planning

<sup>3</sup> National Low Income Housing Coalition

<sup>4</sup> Department of Housing and Community Development, 2005

<sup>5</sup> Department of Human Resources: Annual Report on Homelessness Services, 2004.

<sup>6</sup> Maryland State Department of Education, 2005.

<sup>7</sup> Department of Health and Mental Hygiene, BRFS, 2002

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## Who is homeless or at-risk in Prince George’s County?

The population of homeless people is not static. Every day many households are at risk of becoming homeless while many others regularly cycle in and out of homelessness, reflecting the fundamental instability of their housing situations due to lack of adequate wages or affordable housing and poor health or disability. To address homelessness credibly and comprehensively, our actions must focus on the common denominator of all homeless and at-risk families and individuals: extreme poverty.

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Fair market rent is set at the 40<sup>th</sup> percentile for all rental units in the county (i.e., 60% of all rental units rent for more than this amount). According to the U.S. Department of Housing and Urban Development, **housing is “affordable” when it requires no more than 30% of the household’s gross income.** Households paying more than 50% of their income for housing are at extreme risk of homelessness.

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<b>Prince George’s County</b>	
Fair Market Rent for 2 Bedroom Unit <sup>1</sup>	<b>\$1,187/month</b>
Income needed for affordable 2 bedroom unit <sup>1</sup>	<b>\$47,480/year or \$22.83/hour</b>
Very low income household (30% of Area Median) <sup>2</sup>	<b>\$20,025</b>
Number of very low income households paying: 30% or more for rent <sup>3</sup>	<b>15,744</b>
50% or more for rent <sup>3</sup>	<b>12,395</b>
Units of affordable housing needed by 2014 <sup>4</sup>	<b>21,458</b>
People in shelters in 2004 <sup>5</sup>	<b>2,244</b>
Children in shelters in 2004 <sup>5</sup>	<b>911</b>
Homeless children in schools <sup>6</sup>	<b>1,658</b>
Residents with no health insurance <sup>7</sup>	<b>73,875 / 13.0%</b>

<sup>1</sup> Based on HUD 2005 calculation of Fair Market Rent for Maryland jurisdictions.

<sup>2</sup> Maryland Department of Planning

<sup>3</sup> National Low Income Housing Coalition

<sup>4</sup> Department of Housing and Community Development, 2005

<sup>5</sup> Department of Human Resources: Annual Report on Homelessness Services, 2004.

<sup>6</sup> Maryland State Department of Education, 2005.

<sup>7</sup> Department of Health and Mental Hygiene, BRFSS, 2002

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## Who is homeless or at-risk in Queen Anne’s County?

The population of homeless people is not static. Every day many households are at risk of becoming homeless while many others regularly cycle in and out of homelessness, reflecting the fundamental instability of their housing situations due to lack of adequate wages or affordable housing and poor health or disability. To address homelessness credibly and comprehensively, our actions must focus on the common denominator of all homeless and at-risk families and individuals: extreme poverty.

Very low income households are those whose income is below 30% of the Area Median level. These households are more likely to include people with disabilities (including mental illness and addiction), the elderly on fixed incomes, persons leaving institutions (e.g., prisons, foster care, inpatient care at a hospital or psychiatric facility) without employment or income, and working households who simply do not make enough money to cover the rising costs of housing and utilities. Thus, the very poor tend to be in the most unstable housing situations and struggle the most with earning enough income to provide for basic daily needs such as food, health care, transportation, and other critical living expenses.

Fair market rent is set at the 40<sup>th</sup> percentile for all rental units in the county (i.e., 60% of all rental units rent for more than this amount). According to the U.S. Department of Housing and Urban Development, **housing is “affordable” when it requires no more than 30% of the household’s gross income.** Households paying more than 50% of their income for housing are at extreme risk of homelessness.

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<b>Queen Anne’s County</b>	
Fair Market Rent for 2 Bedroom Unit <sup>1</sup>	<b>\$847/month</b>
Income needed for affordable 2 bedroom unit <sup>1</sup>	<b>\$33,880/year or \$16.29/hour</b>
Very low income household (30% of Area Median) <sup>2</sup>	<b>\$20,040</b>
Number of very low income households paying: 30% or more for rent <sup>3</sup>	<b>338</b>
50% or more for rent <sup>3</sup>	<b>234</b>
Units of affordable housing needed by 2014 <sup>4</sup>	<b>547</b>
People in shelters in 2004 <sup>5</sup>	<b>15</b>
Children in shelters in 2004 <sup>5</sup>	<b>8</b>
Homeless children in schools <sup>6</sup>	<b>0</b>
Residents with no health insurance <sup>7</sup>	<b>2,652 / 9.3%</b>

<sup>1</sup> Based on HUD 2005 calculation of Fair Market Rent for Maryland jurisdictions.  
<sup>2</sup> Maryland Department of Planning  
<sup>3</sup> National Low Income Housing Coalition  
<sup>4</sup> Department of Housing and Community Development, 2005  
<sup>5</sup> Department of Human Resources: Annual Report on Homelessness Services, 2004.  
<sup>6</sup> Maryland State Department of Education, 2005.  
<sup>7</sup> Department of Health and Mental Hygiene, BRFS, 2002

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## Who is homeless or at-risk in St. Mary's County?

The population of homeless people is not static. Every day many households are at risk of becoming homeless while many others regularly cycle in and out of homelessness, reflecting the fundamental instability of their housing situations due to lack of adequate wages or affordable housing and poor health or disability. To address homelessness credibly and comprehensively, our actions must focus on the common denominator of all homeless and at-risk families and individuals: extreme poverty.

Very low income households are those whose income is below 30% of the Area Median level. These households are more likely to include people with disabilities (including mental illness and addiction), the elderly on fixed incomes, persons leaving institutions (e.g., prisons, foster care, inpatient care at a hospital or psychiatric facility) without employment or income, and working households who simply do not make enough money to cover the rising costs of housing and utilities. Thus, the very poor tend to be in the most unstable housing situations and struggle the most with earning enough income to provide for basic daily needs such as food, health care, transportation, and other critical living expenses.

Fair market rent is set at the 40<sup>th</sup> percentile for all rental units in the county (i.e., 60% of all rental units rent for more than this amount). According to the U.S. Department of Housing and Urban Development, **housing is “affordable” when it requires no more than 30% of the household’s gross income.** Households paying more than 50% of their income for housing are at extreme risk of homelessness.

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### Saint Mary's County

Fair Market Rent for  
2 Bedroom Unit<sup>1</sup>  
**\$799/month**

Income needed for  
affordable 2 bedroom unit<sup>1</sup>  
**\$31,960/year or \$15.37/hour**

Very low income household  
(30% of Area Median)<sup>2</sup>  
**\$18,165**

Number of very low income  
households paying:  
30% or more for rent<sup>3</sup>  
**951**  
50% or more for rent<sup>3</sup>  
**636**

Units of affordable housing  
needed by 2014<sup>4</sup>  
**1,617**

Adults in shelters in 2004<sup>5</sup>  
**591**

Children in shelters in 2004<sup>5</sup>  
**222**

Homeless children in schools<sup>6</sup>  
**37**

Residents with no health  
insurance<sup>7</sup>  
**2,360 / 3.9%**

<sup>1</sup> Based on HUD 2005 calculation of Fair Market Rent for Maryland jurisdictions.

<sup>2</sup> Maryland Department of Planning

<sup>3</sup> National Low Income Housing Coalition

<sup>4</sup> Department of Housing and Community Development, 2005

<sup>5</sup> Department of Human Resources: Annual Report on Homelessness Services, 2004.

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<sup>7</sup> Department of Health and Mental Hygiene, BRFSS, 2002

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## Who is homeless or at-risk in Somerset County?

The population of homeless people is not static. Every day many households are at risk of becoming homeless while many others regularly cycle in and out of homelessness, reflecting the fundamental instability of their housing situations due to lack of adequate wages or affordable housing and poor health or disability. To address homelessness credibly and comprehensively, our actions must focus on the common denominator of all homeless and at-risk families and individuals: extreme poverty.

Very low income households are those whose income is below 30% of the Area Median level. These households are more likely to include people with disabilities (including mental illness and addiction), the elderly on fixed incomes, persons leaving institutions (e.g., prisons, foster care, inpatient care at a hospital or psychiatric facility) without employment or income, and working households who simply do not make enough money to cover the rising costs of housing and utilities. Thus, the very poor tend to be in the most unstable housing situations and struggle the most with earning enough income to provide for basic daily needs such as food, health care, transportation, and other critical living expenses.

Fair market rent is set at the 40<sup>th</sup> percentile for all rental units in the county (i.e., 60% of all rental units rent for more than this amount). According to the U.S. Department of Housing and Urban Development, **housing is “affordable” when it requires no more than 30% of the household’s gross income.** Households paying more than 50% of their income for housing are at extreme risk of homelessness.

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<b>Somerset County</b>	
Fair Market Rent for 2 Bedroom Unit <sup>1</sup>	<b>\$516/month</b>
Income needed for affordable 2 bedroom unit <sup>1</sup>	<b>\$20,640/year or \$9.92/hour</b>
Very low income household (30% of Area Median) <sup>2</sup>	<b>\$10,230</b>
Number of very low income households paying: 30% or more for rent <sup>3</sup>	<b>697</b>
50% or more for rent <sup>3</sup>	<b>560</b>
Units of affordable housing needed by 2014 <sup>4</sup>	<b>319</b>
People in shelters in 2004 <sup>5</sup>	<b>43</b>
Children in shelters in 2004 <sup>5</sup>	<b>13</b>
Homeless children in schools <sup>6</sup>	<b>12</b>
Residents with no health insurance <sup>7</sup>	<b>No data reported</b>

<sup>1</sup> Based on HUD 2005 calculation of Fair Market Rent for Maryland jurisdictions.

<sup>2</sup> Maryland Department of Planning

<sup>3</sup> National Low Income Housing Coalition

<sup>4</sup> Department of Housing and Community Development, 2005

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## Who is homeless or at-risk in Talbot County?

The population of homeless people is not static. Every day many households are at risk of becoming homeless while many others regularly cycle in and out of homelessness, reflecting the fundamental instability of their housing situations due to lack of adequate wages or affordable housing and poor health or disability. To address homelessness credibly and comprehensively, our actions must focus on the common denominator of all homeless and at-risk families and individuals: extreme poverty.

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Talbot County	
Fair Market Rent for 2 Bedroom Unit <sup>1</sup>	<b>\$662/month</b>
Income needed for affordable 2 bedroom unit <sup>1</sup>	<b>\$26,480/year or \$12.73/hour</b>
Very low income household (30% of Area Median) <sup>2</sup>	<b>\$14,820</b>
Number of very low income households paying: 30% or more for rent <sup>3</sup>	<b>610</b>
50% or more for rent <sup>3</sup>	<b>431</b>
Units of affordable housing needed by 2014 <sup>4</sup>	<b>667</b>
People in shelters in 2004 <sup>5</sup>	<b>24</b>
Children in shelters in 2004 <sup>5</sup>	<b>0</b>
Homeless children in schools <sup>6</sup>	<b>23</b>
Residents with no health insurance <sup>7</sup>	<b>1,886 / 6.9%</b>

<sup>1</sup> Based on HUD 2005 calculation of Fair Market Rent for Maryland jurisdictions.

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<sup>3</sup> National Low Income Housing Coalition

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<sup>5</sup> Department of Human Resources: Annual Report on Homelessness Services, 2004.

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## Who is homeless or at-risk in Washington County?

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### Washington County

Fair Market Rent for  
2 Bedroom Unit<sup>1</sup>  
**\$616/month**

Income needed for  
affordable 2 bedroom unit<sup>1</sup>  
**\$24,640/year or \$11.85/hour**

Very low income household  
(30% of Area Median)<sup>2</sup>  
**\$14,115**

Number of very low income  
households paying:  
30% or more for rent<sup>3</sup>  
**2,565**  
50% or more for rent<sup>3</sup>  
**1,941**

Units of affordable housing  
needed by 2014<sup>4</sup>  
**2,472**

People in shelters in 2004<sup>5</sup>  
**2,340**

Children in shelters in 2004<sup>5</sup>  
**674**

Homeless children in schools<sup>6</sup>  
**114**

Residents with no health  
insurance<sup>7</sup>  
**15,905 / 14.6%**

<sup>1</sup> Based on HUD 2005 calculation of Fair Market Rent for Maryland jurisdictions.

<sup>2</sup> Maryland Department of Planning

<sup>3</sup> National Low Income Housing Coalition

<sup>4</sup> Department of Housing and Community Development, 2005

<sup>5</sup> Department of Human Resources: Annual Report on Homelessness Services, 2004.

<sup>6</sup> Maryland State Department of Education, 2005.

<sup>7</sup> Department of Health and Mental Hygiene, BRFSS, 2002

**Homelessness is caused by a myriad of factors, to include insufficient income to afford or maintain housing, loss of employment, and poor health. People at risk of homelessness usually face one or more of these issues.** Once a family or individual becomes homeless, it becomes much harder to regain housing. While it is less traumatic for the household and ultimately less expensive to prevent homelessness than to ameliorate it, the current system is only structured to manage homelessness after it occurs. It is not designed either to prevent or to end homelessness.

## Who is homeless or at-risk in Wicomico County?

The population of homeless people is not static. Every day many households are at risk of becoming homeless while many others regularly cycle in and out of homelessness, reflecting the fundamental instability of their housing situations due to lack of adequate wages or affordable housing and poor health or disability. To address homelessness credibly and comprehensively, our actions must focus on the common denominator of all homeless and at-risk families and individuals: extreme poverty.

Very low income households are those whose income is below 30% of the Area Median level. These households are more likely to include people with disabilities (including mental illness and addiction), the elderly on fixed incomes, persons leaving institutions (e.g., prisons, foster care, inpatient care at a hospital or psychiatric facility) without employment or income, and working households who simply do not make enough money to cover the rising costs of housing and utilities. Thus, the very poor tend to be in the most unstable housing situations and struggle the most with earning enough income to provide for basic daily needs such as food, health care, transportation, and other critical living expenses.

Fair market rent is set at the 40<sup>th</sup> percentile for all rental units in the county (i.e., 60% of all rental units rent for more than this amount). According to the U.S. Department of Housing and Urban Development, **housing is “affordable” when it requires no more than 30% of the household’s gross income.** Households paying more than 50% of their income for housing are at extreme risk of homelessness.

Thirteen States and over two hundred local jurisdictions have adopted 10 year plans to end homelessness.

**Maryland can make homelessness rare and brief.**

<p><b>Wicomico County</b></p> <p>Fair Market Rent for 2 Bedroom Unit<sup>1</sup> <b>\$640/month</b></p> <p>Income needed for affordable 2 bedroom unit<sup>1</sup> <b>\$25,600/year or \$12.31/hour</b></p> <p>Very low income household (30% of Area Median)<sup>2</sup> <b>\$13,230</b></p> <p>Number of very low income households paying: 30% or more for rent<sup>3</sup> <b>1,857</b></p> <p>50% or more for rent<sup>3</sup> <b>1,457</b></p> <p>Units of affordable housing needed by 2014<sup>4</sup> <b>1,567</b></p> <p>People in shelters in 2004<sup>5</sup> <b>1,556</b></p> <p>Children in shelters in 2004<sup>5</sup> <b>470</b></p> <p>Homeless children in schools<sup>6</sup> <b>295</b></p> <p>Residents with no health insurance<sup>7</sup> <b>8,928 / 15.8%</b></p>
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<sup>1</sup> Based on HUD 2005 calculation of Fair Market Rent for Maryland jurisdictions.

<sup>2</sup> Maryland Department of Planning

<sup>3</sup> National Low Income Housing Coalition

<sup>4</sup> Department of Housing and Community Development, 2005

<sup>5</sup> Department of Human Resources: Annual Report on Homelessness Services, 2004.

<sup>6</sup> Maryland State Department of Education, 2005.

<sup>7</sup> Department of Health and Mental Hygiene, BRFSS, 2002

**Homelessness is caused by a myriad of factors, to include insufficient income to afford or maintain housing, loss of employment, and poor health. People at risk of homelessness usually face one or more of these issues.** Once a family or individual becomes homeless, it becomes much harder to regain housing. While it is less traumatic for the household and ultimately less expensive to prevent homelessness than to ameliorate it, the current system is only structured to manage homelessness after it occurs. It is not designed either to prevent or to end homelessness.

## Who is homeless or at-risk in Worcester County?

The population of homeless people is not static. Every day many households are at risk of becoming homeless while many others regularly cycle in and out of homelessness, reflecting the fundamental instability of their housing situations due to lack of adequate wages or affordable housing and poor health or disability. To address homelessness credibly and comprehensively, our actions must focus on the common denominator of all homeless and at-risk families and individuals: extreme poverty.

Very low income households are those whose income is below 30% of the Area Median level. These households are more likely to include people with disabilities (including mental illness and addiction), the elderly on fixed incomes, persons leaving institutions (e.g., prisons, foster care, inpatient care at a hospital or psychiatric facility) without employment or income, and working households who simply do not make enough money to cover the rising costs of housing and utilities. Thus, the very poor tend to be in the most unstable housing situations and struggle the most with earning enough income to provide for basic daily needs such as food, health care, transportation, and other critical living expenses.

Fair market rent is set at the 40<sup>th</sup> percentile for all rental units in the county (i.e., 60% of all rental units rent for more than this amount). According to the U.S. Department of Housing and Urban Development, **housing is “affordable” when it requires no more than 30% of the household’s gross income.** Households paying more than 50% of their income for housing are at extreme risk of homelessness.

Thirteen States and over two hundred local jurisdictions have adopted 10 year plans to end homelessness.

**Maryland can make homelessness rare and brief.**

### Worcester County

Fair Market Rent for  
2 Bedroom Unit<sup>1</sup>  
**\$606/month**

Income needed for  
affordable 2 bedroom unit<sup>1</sup>  
**\$24,240/year or \$11.65/hour**

Very low income household  
(30% of Area Median)<sup>2</sup>  
**\$14,325**

Number of very low income  
households paying:  
30% or more for rent<sup>3</sup>  
**472**  
50% or more for rent<sup>3</sup>  
**353**

Units of affordable housing  
needed by 2014<sup>4</sup>  
**726**

People in shelters in 2004<sup>5</sup>  
**379**

Children in shelters in 2004<sup>5</sup>  
**71**

Homeless children in schools<sup>6</sup>  
**5**

Residents with no health  
insurance<sup>7</sup>  
**2,913 / 7.5%**

<sup>1</sup> Based on HUD 2005 calculation of Fair Market Rent for Maryland jurisdictions.

<sup>2</sup> Maryland Department of Planning

<sup>3</sup> National Low Income Housing Coalition

<sup>4</sup> Department of Housing and Community Development, 2005

<sup>5</sup> Department of Human Resources: Annual Report on Homelessness Services, 2004.

<sup>6</sup> Maryland State Department of Education, 2005.

<sup>7</sup> Department of Health and Mental Hygiene, BRFSS, 2002

## **Appendix C: Participant List**



This Plan is the product of ten months of intensive work. Beginning with a two-day Summit in December 2004 and continuing in the form of workgroups, presentations, and focus groups, individuals from local, state, and federal government, service providers, consumers, non-profit groups, and many other organizations worked together to determine the components of a solution to homelessness. At all times, the process was open to anyone who wanted to participate, and feedback from all over Maryland was received and incorporated.

Much appreciation and gratitude goes to the following people who participated in the formation of this Plan. Without their expertise and their willingness to come together to advocate for progress and change, this Plan would not have been possible.

Marvin Bailey, Making Choices  
Colleen Baumgartner, Carroll County Government Grants Office  
Shirelle Bennett, Howard County Department of Citizen Services  
Marian Bland, Maryland Department of Health and Mental Hygiene/Mental Hygiene Administration  
Sarah Bowes, Homeless Persons Representation Project  
Lisa Budlow, Associated Catholic Charities  
Lore' Chambers, City of Salisbury  
Trudy Chara, Governor's Workforce Investment Board  
Victor Clark, Maryland Department of Business and Economic Development  
David Conn, Associated Jewish Charities  
Stacy Davis, Maryland Department of Health and Mental Hygiene/Medicaid  
Vicki DiRuggiero, Social Security Administration  
Margaret Diem, Cecil County Dept of Social Services/  
Governor's Advisory Board on Homelessness  
Neil Donovan, National Alliance to End Homelessness  
Dick Doran, Community Assistance Network  
Kay Finegan, Maryland Department of Human Resources/Family Investment Administration  
Bob Finn, Maryland Department of Veteran's Affairs  
Amanda Folsom, Maryland Department of Health and Mental Hygiene/Medicaid  
Michael Franch, Maryland Department of Health and Mental Hygiene/Medicaid  
Michelle Frazier, Maryland State Department of Education  
Victoria Frazier, Prince George's County Department of Social Services  
Laura Gillis, Baltimore Homeless Services, Inc.  
Tom Godwin, Maryland Department of Health and Mental Hygiene/Mental Hygiene Administration  
John Greiner, Maryland Department of Housing and Community Development  
Deborah Harburger, Governor's Office of Children, Youth and Families  
Tomi Hiers, Maryland Department of Public Safety and Correctional Services  
Jeff Hild, Homeless Persons Representation Project

Philip Holmes, Goodwill Industries  
Edwina Howard, Maryland Department of Labor, Licensing and Regulation  
Steve Ingley, American Jails Association  
Leroy Jackson, Maryland Food Bank  
Terry Jennifer-Boone, Maryland Food Bank  
Sheryl Johnson, Department of Human Resources  
John Kardys, Maryland Department of Human Resources/Community Services Administration  
James Kelly, Department of Housing and Urban Development  
Bob Kirk, Baltimore City Department of Social Services  
Leslie Knapp, Jr., Maryland Association of Counties  
Allison Ladd, Maryland Department of Housing and Community Development  
Joann Levy, Women's Housing Coalition  
Paula Lewis, Department of Human Resources  
Hillary Lindeman, Prince George's County Department of Social Services  
Sharan London, Montgomery County Coalition for the Homeless  
Yevonnie Lowe, Family Crisis Center of Prince George's County  
Rosemary Malone, Maryland Department of Human Resources/Family Investment Administration  
Clif Martin, Housing Commission of Anne Arundel County,  
Trudy McFall, Homes for America  
Lynda Meade, Catholic Charities  
Pat Miedusiewski, Maryland Department of Health and Mental Hygiene  
Yoanna Moises, Homeless Persons Representation Project  
Sandy Monck, Baltimore County Office of Community Conservation  
Sherry Neil, Washington County Community Action Agency  
Dennis Nicholson, St. Mary's County Housing Commission  
Nancy Newman, Episcopal Community Services  
William Norbeck, Health Management Association, Inc.  
Dianne Pasternack, Homeless Persons Representation Project

Carol Payne, U.S. Department of Housing and Urban Development  
James Peck, Maryland Municipal League  
Barbara Peart, Department of Human Resources  
Luis Peralta, Maryland Department of Disabilities  
Yvonne Perret, Advocacy and Training Center  
Christine Poulsen, Anne Arundel County Department of Social Services  
Thomas Reynolds, Maryland Municipal League  
Alma Roberts, Center for Poverty Solutions  
Greta Rolland, Somerset County Department of Health  
Kathy Saxman, Washington County Community Action Agency  
Penny Scrivens, Department of Health and Mental Hygiene  
Becky Sherblom, Maryland Center for Community Development  
Lee Sherman, Catholic Charities  
Jeff Singer, Health Care for the Homeless  
Kathleen Spain, St. Vincent de Paul of Baltimore

John Springer, Circle of Caring  
Jean Stevko, Baltimore City Department of Social Services  
Dorothy Strawsburg, Maryland Department of Public Safety and Correctional Services  
Jolene Sullivan, Carroll County Department of Citizen Services  
Pat Sylvester, Maryland Department of Housing and Community Development  
Linda Webb, Maryland Department of Housing and Community Development  
Ron Wilson, Enterprise Homes  
Duane Yoder, Garrett County Community Action Council  
Crystal Young, Baltimore City Department of Social Services  
Grace Zaczek, Maryland Department of Health and Mental Hygiene/Family Health Administration  
Linda Zang, Maryland State Department of Education, Head Start

**Members of the Governor’s Interagency Council on Homelessness**

Victor Clark, Department of Business and Economic Development  
Bob Finn, Department of Veteran's Affairs  
Mike Franch, Department of Health and Mental Hygiene  
Deborah Harburger, Governor's Office of Children, Youth and Families  
Tomi Hiers, Department of Public Safety and Correctional Services  
John Kardys, Department of Human Resources  
Sherry Lofton, Department of Labor, Licensing and Regulation  
Allison Ladd, Department of Housing and Community Development  
Ilene Rosenthal, Department of Aging  
Nanette Schieke, Department of Transportation  
Walter Varner, Maryland State Department of Education  
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