Maryland
DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT

Maryland Homelessness

Five Years of Progress - 2015 to 2020

Each January, Maryland Continuums of Care survey people experiencing homelessness. This homeless "point-in-time count" (PIT) is a one-day snapshot that captures the characteristics and situations of people living without a home. While PIT data can't capture every unsheltered person, the data is collected using the same methodology each year and can be used to benchmark trends. *Please note: all data included in this report is pending final approval from HUD and is subject to change. National data is 2014-2019 (2020 not yet released by HUD). All data was collected prior to February 2020 and does not reflect current or future impacts to homelessness as a result of COVID19.*

	TOTAL HOMELESSNESS	UNSHELTERED HOMELESSNESS	SHELTERED HOMELESSNESS
MARYLAND	↓24% to 6,355	↓30% to 1,253	↓23% to 5,102
NATIONAL	↓2% to 567,715	↑20% to 211,293	↓11% to 356,422

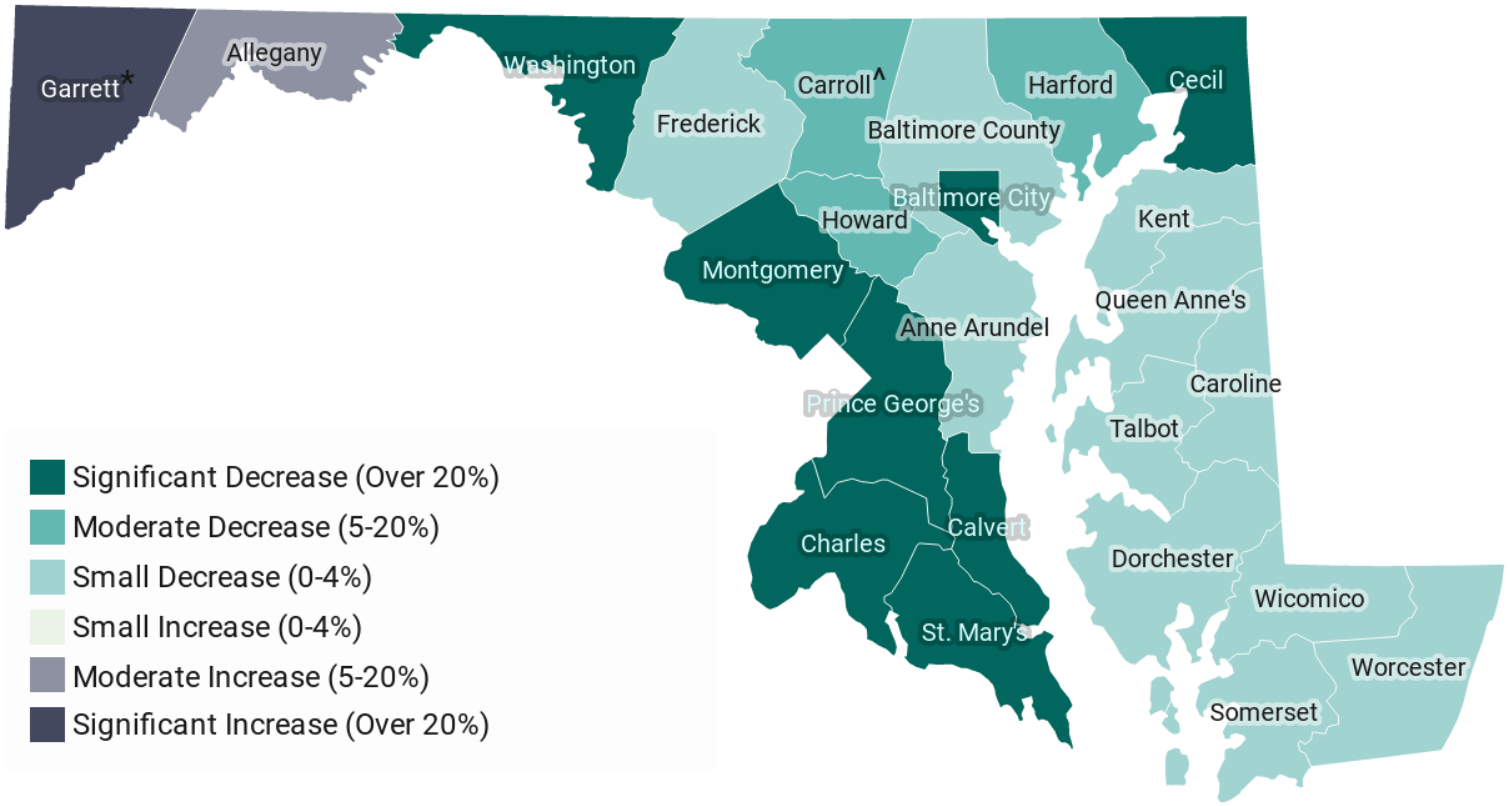
Subpopulation Trends	2015	2020	Trend
Persons in Families*	3007	1908	↓36%
Children Under 18	1908	1202	↓37%
Young Adults (18-24)	664	344	↓48%
Adults Over 24	5818	4809	↓17%
Female	3245	2539	↓22%
Male	5139	3725	↓28%
Transgender or Gender Non-Conforming	6	38	↑500%^
Black, Indigenous, People of Color	5374	4133	↓23%
Hispanic/Latino	503	366	↓27%
Unaccompanied Youth*	474	227	↓52%
Chronic Homelessness*	1847	1387	↓25%
Domestic Violence	963	344	↓64%
Veterans*	714	462	↓35%

*See subpopulation definitions on next page.

^Due to small total number and changes to HUD data entry requirements, increase can be attributed largely to better data collection.

Maryland Point-in-Time Count Comparison, 2015 and 2020

Percent Change in Total Number of People Experiencing Homelessness by County



Garrett County - Small sample size. Total count increased from 9 to 21 people during time period.
^Carroll County - Did not conduct unsheltered count in 2020. 2019 unsheltered data was utilized to compare between years

*SUBPOPULATION DEFINITIONS

Chronically Homeless

An individual with one or more disabling conditions or a family with a head of household with a disabling condition who:

- » Has been continuously homeless for 1 year or more and/or;
- » Has experienced 4 or more episodes of homelessness within the past 3 years.

Veterans

Persons who have served on active duty in the Armed Forces of the United States. This does not include inactive military reserves or the National Guard unless the person was called up to active duty.

Families

A household with at least one adult member (persons 18 or older) and at least one child member (persons under 18).

Unaccompanied Youth

Youth under the age of 18 and young adults between the ages of 18 and 24 years old who are experiencing homelessness and living without a parent or legal guardian.

Key Factors to Maryland's Progress on Homelessness

Summary

- All Continuums of Care except two experienced an overall decrease in homelessness: Garrett and Allegany. Their increases were very small – Garrett from nine people to 21 people, and Allegany from 96 to 103.
- All household types experienced double-digit reductions in homelessness from 2015 to 2020, with the largest reduction in number of children and young adults experiencing homelessness.
- Maryland has achieved substantial progress (more than 25% reduction) on meeting USICH goals to end Veteran Homelessness and Chronic Homelessness.
- While the total number of Black, Indigenous, and People of Color (BIPOC) experiencing homelessness has decreased significantly, BIPOC continue to be disproportionately impacted by homelessness (65% of homeless in 2015 and 2020 were BIPOC compared to the state's population of 41%).

Targeted Investment in Permanent Housing Resources

DHCD and HUD increasingly required Continuums of Care to allocate funds towards rapid re-housing assistance and permanently subsidized housing. In 2017, DHCD invested in a year-long learning collaborative providing frontline staff with the tools and knowledge to effectively implement rapid re-housing. Furthermore, in addition to utilizing State Homelessness Solutions Program funds, HUD Continuum of Care Program Funds, and private capital, CoCs expanded relationships with local community partners such as Public Housing Authorities and affordable multifamily properties to dedicate or set aside subsidized permanent housing units exclusively for the homeless (ex: Section 8, Public Housing, LIHTC). During this time:

- Permanent Supportive Housing beds increased more than **5%**
- Rapid Re-Housing beds increased by more than **525%**
- Other Dedicated Permanent Housing beds increased by more than **820%**

Implementing Coordinated Entry and Housing Prioritization

HUD required each CoC to establish a Coordinated Entry System that has a universal process for assessing, prioritizing, and referring homeless households for services and housing. Prior to implementation, homeless households would generally have to apply at every housing program within the CoC boundaries to be considered for housing. Individual programs had significant discretion to admit the households they deemed "ready" for housing and often did not prioritize those who were chronically homeless or had the most severe service needs. Through Coordinated Entry, CoCs now prioritize households with the longest history of homelessness and highest need for services (as determined by a universal assessment tool) for the most intensive interventions. Streamlining access to these programs has been a key reason the number of chronically homeless individuals decreased by 25% over the last 5 years.

Lowering Barriers to Services – Housing First

Prior to 2015, most Maryland homeless services programs followed the "Housing Ready" philosophy, placing clients into housing only when the case managers deemed the client "ready" for housing. Based on evidence supporting that health, employment, and education indicators all improve faster when stably housed, under Housing First, programs may not deny admission to households or discharge them based on substance use, criminal background, or willingness to engage in supportive services or other preconditions. Essentially, the goal of Housing First is to "meet clients where they are", recognizing that clients are much more willing and able to participate in needed services if they have the stability of housing. In 2015, the United States Interagency Council on Homelessness broadly implemented Housing First across all federally funded homeless grants and DHCD following suit by expanding the requirements to State-funded programs. That same year, DHCD began encouraging CoCs to adopt low barrier shelter practices and housing first principles as a condition of receiving State funds. With the consolidation of State homeless programs into a single program in 2017, DHCD required Housing First as a condition of receiving funds.

Consolidating State Homeless Services Funding

The consolidation of homeless services funding in 2017 from various state agencies into the State Homelessness Solutions Program has allowed DHCD to:

- Allocate funds only to Continuums of Care, who are accountable for homeless program outcomes in their service area and coordinate local planning bodies
- Strategically target funding to most needed services and housing interventions
- Provide additional training and technical assistance support to CoCs increase compliance and program performance
- Expand and standardize statewide data collection on homeless programs, making the State more competitive for Federal funds and providing accurate and timely data on needs of people experiencing homelessness

Launching a new Balance of State Continuum of Care

Maryland DHCD worked collaboratively with 5 existing Continuums of Care to merge into a new Balance of State Continuum of Care in 2020. The Balance of State region now includes Allegany, Garrett, Washington, Cecil, Calvert, Charles, and St. Mary's counties. DHCD was selected as the lead agency for the Continuum of Care and will submit all federal funding applications, establish, and operate the Coordinated Entry System, oversee a centralized Homeless Management Information System, and provide policy and planning staffing support for all strategies to end homelessness. The new merged Continuum of Care will make these rural and suburban counties significantly more competitive for federal funds, increase collaboration and coordination across Maryland, and provide more State resources and support for addressing homelessness.

Using Performance Outcomes to Competitively Award Funds

DHCD and HUD implemented performance-based funding competitions, incentivizing CoCs to focus on improving their system and project outcomes. High-performing CoCs are awarded bonus funding to create or expand existing projects. Performance focuses on three key metrics:

- Reducing the average length of time homeless
- Increasing homeless system exits to permanent housing
- Reducing housing instability and preventing returns to homelessness