



Calvert - Charles - St. Mary's

Continuum of Care

Dedicated to ending homelessness.

Gaps and Needs Analysis: 2017

Like communities all across the country, Southern Maryland annually assesses both the number of persons who are experiencing homelessness as well as available resources to address their needs. The results help determine gaps and identify priorities which guide ongoing efforts to achieve the goals outlined in the Strategic Plan to Prevent and End Homelessness, 2016-2018 in Calvert, Charles and St. Mary's Counties.

This report summarizes findings from a number of data collection efforts and recent studies that examine housing stability in Southern Maryland (see Appendix A - D, below). Information in the report was first assessed by the Strategic Planning Committee of the Calvert-Charles-St. Mary's Continuum of Care (CoC) and then discussed with the full CoC, including those representing the local Homeless Boards of the three jurisdictions. The CoC is the primary regional body that coordinates efforts to address homelessness throughout Southern Maryland. The CoC is unique as it combines the efforts of three distinct local jurisdictions, each of whom is committed to preventing and ending homelessness in their community. See Appendix E below for more information on the CoC.

2017 Summary Findings and Trends:

Factors impacting homelessness:

1. Southern Maryland is one of the fastest growing regions in the state (Maryland State Office of Legislative Services, January 2015).
 - Of the 24 local jurisdictions in Maryland, St. Mary's experienced the highest rate of growth in the state, followed by Charles with the second highest. Calvert County had the 5th highest rate in the state.
2. The cost of living in Southern Maryland continues to strain households.
 - According to data collected by the United Way (ALICE, 2017), Charles and Calvert Counties have the 3rd and 4th highest cost of living in the state, respectively.
 - This same data indicates that Charles County has the lowest housing affordability score in the state and Calvert has the third lowest.

- Evictions increased by 15% in Calvert County (2015 Calvert County Sheriff's Office), by 24% in St. Mary's (2016 District Court of Maryland for St. Mary's County) and in Charles the number of eviction notices fluctuated between 315 and 472 per month during the 2016-2017 school year (Charles County Sheriff's Office).
3. Those with behavior health and substance abuse histories are at increased risk for homelessness. According to a 2016 data from the Maryland Hospital Association on Behavior Health in Maryland:
- A significant percent of hospital admissions in Southern Maryland involve behavioral health: 34.9% for Calvert Memorial Hospital; 35.3% for Medstar St. Mary's, and 18.2% for University of Maryland Charles County (2016, Behavioral Health in Southern Maryland, Maryland Hospital Association, Infographic)
 - In March 2017, Maryland declared a State of Emergency in response to the opioid addiction crisis and the Governor committed an additional \$50 million over the next five years to strengthen enforcement, prevention and treatment.
 - Between 2013 and 2014 behavioral health ER visits in Southern Maryland rose 10%; Opioid related ER visits rose 15% and heroin related visits rose 8%.

Efforts to Address Homelessness

1. By coordinating efforts and working as one CoC, Southern Maryland has seen a steady decline in the total number of homeless as defined by the US Department of Housing and Urban Development (HUD).
 - In 2017 we counted 419 homeless on the last Wednesday in January as part of the annual Point In Time (PIT) survey, down from a high of 1141 in 2014. This number includes both individuals who are sheltered in Emergency or Transitional Housing and unsheltered ("on the street") individuals.
 - Southern Maryland is the only CoC in the state with more unsheltered homeless individuals than sheltered: Of the 419, 55% were considered unsheltered. Of those, 191 were in Charles County.
 - Of the 55% unsheltered homeless in our region, 67% were youth (ages 0-24).
 - While some individuals choose not to seek shelter, there are not enough beds in the current inventory to accommodate those who do want shelter.
 - Further clarifying definition of unsheltered continues to be a PIT volunteer training focus.
 - The number of chronically homeless and veterans who are homeless has decreased, nearly 80% and 66%, respectively, in the last three years.

- In 2014 Southern Maryland received 21 federal VA Supportive Housing (VASH) vouchers and in 2012 we received a Supportive Services for Veteran Families (SSVF) grant, which served 117 households in 2015.
 - 100% of our HUD funded programs operate under a housing first model and either dedicate or prioritize beds for the chronically homeless through permanent supportive housing (PSH).
 - The CoC added nearly 40 permanent supportive (PSH) beds targeted to chronically homeless, disabled households, an increase of 15% since 2013. Nonetheless, just over 100 (nearly 25%) of the 2017 PIT homeless count was comprised of chronically homeless or homeless veterans.
 - Transportation to where one is currently living to an available unit is often a barrier.
 - PSH residents do not consistently accept Section 8 when available. This causes a delay in opening up PSH beds to others.
 - While the number of chronically homeless is relatively evenly dispersed across the three counties, permanent supportive housing units that prioritize this population are not.
2. The high cost of living in Southern Maryland suggests the need to have more rapid rehousing (RRH) for those who fall into homelessness due to a temporary setback.
 - The CoC has increased RRH almost four fold in the past two years. We housed 357 people /172 households through RRH in 2016.
 - As this program evolves, we see the following challenges:
 - Transportation to where one is currently living to an available unit is often a barrier.
 - Need an increase in number of affordable housing units and landlords willing to work with CoC service providers.
 - Security deposits for households with homeless history are over double the normal fee. Churches and other civic groups are strained to help offset this cost of move in.
 3. There are not enough resources available for women in a housing crisis.
 4. Need to increase ESG and other funding for transitional housing.
 - Driven primarily by HUD criteria, which no longer support transitional housing, agencies who provide this valuable service to our community have lost critical funding.
 5. The needs of unaccompanied youth who are literally homeless or at risk of homelessness remain a priority for the CoC.
 - The number of unaccompanied youth (ages 18-24) who are literally homeless has decreased from a high of 109 in the 2015 PIT count to 24 in the 2017 PIT count.

- Of the 24 unaccompanied youth ages 18-24 counted in the 2017 PIT, the majority (62%) were unsheltered.

6. Increased attention needs to be paid to identifying individuals and families at risk of homelessness.
 - In Charles County alone, nearly 500 individuals were identified as at risk of homelessness (July 1, 2016 – June 30, 2017), 100 more than the entire region's number of individuals as counted as literally homeless in January 2017 point in time survey.
 - The CoC has established Interdisciplinary Teams (IDTs) in each county to help identify those who are vulnerably housed and connect those who are experiencing the crisis of homelessness with local resources.
7. Increased attention needs to be paid to the housing needs of those exiting jail, hospitals or inpatient mental health programs.
 - In June 2016 St. Mary's County opened the first Medical Respite program for homeless in the CoC. This 6 bed facility has served 8 individuals in its first year, all of whom have gone onto permanent housing after recovering from acute illness.
 - The success of the Medical Respite program has encouraged expansion to other parts of the state.

Appendix A

Data Collection: Gap and Needs Analysis, 2017

The Gap and Needs Analysis utilizes a number of data points.

Data collection tools required by US Department of Housing and Urban Development (HUD) include those below. It is important to note that these data sources focus on those who HUD defines as literally homeless - those in emergency shelters, transitional housing, domestic violence safe houses or who are “on the street”.

- Homeless Management Information System (HMIS), a data base used by all providers who receive federal dollars and provide services to the homeless population;
- Point-In-Time (PIT) survey which provide a snapshot of the number of sheltered (those in emergency shelters, transitional housing, domestic violence safe houses) and unsheltered (those that are “on the street”) homeless individuals and families that reside in our region on one single night in January (last Wednesday in the month); and
- Housing Inventory Count (HIC), which documents beds/units available to the homeless population.

Data collection tools also include results of periodic studies and evaluations at the local, regional or state level. These additional data tools broaden HUD’s restricted definition of “literally” homeless and give us a sense of those who at risk of homelessness or are vulnerably housed – one paycheck away from homelessness or those who are doubled up with friends and relatives on a temporary basis.

Our 2017 Gaps and Needs Analysis also incorporates the results of:

- YouthReach - a new collaboration with the University of Maryland School of Social Work aimed at documenting the needs of unaccompanied youth 18-25 who are homeless or at risk of homelessness.
- ALICE, a report by the United Way of Maryland documenting needs of Asset Limited, Income Constrained and Employed (ALICE) households in each county of the state.
- Charity Tracker: database on requests for service to the region’s social service providers, some of which address need of homeless or those at risk of homelessness.

Finally, in addition to quantitative data, service providers throughout the Southern Maryland region routinely provide qualitative input by identifying trends, challenges and potential opportunities in their programs.

Appendix B

The 2017 Point-in-Time Results for Southern Maryland

The Southern Maryland region counted 419 individuals that were literally homeless, as per HUD definition, during the 2017 PIT count. This includes 232 persons that were unsheltered, and 187 persons that were sheltered (emergency or transitional housing). Below is a synopsis of the regional data for 2017.

CATEGORY	SHELTERED			UNSHELTERED	TOTAL
	Emergency Shelter	Transitional Housing	Safe Haven		
Total Number of Households	121	25	0	125	271
Total Number of Persons	146	41	0	232	419
Number of Children (under age 18)	23	16	0	71	110
Number of Persons (18 to 24)	11	0	0	27	38
Number of Persons (over age 24)	112	25	0	134	271
<i>HUD Target Populations</i>					
Number of Unaccompanied Young Adults (ages 18-24)	9	0	0	15	24
Number of Unaccompanied Children (under age 18)	0	0	0	2	2
Number of Veterans	3	2	0	17	22
Number of Chronically Homeless	39	0	0	40	79

Here is a comparison of PIT data over the last five years for the total number of individuals.

YEAR	SHELTERED INDIVIDUALS			UNSHELTERED INDIVIDUALS	TOTAL
	Emergency Shelter	Transitional Housing	Safe Haven		
2017	146	41	0	232	419
2016	171	42	0	251	464
2015	326	86	0	569	981
2014	401	150	0	590	1,141
2013	198	135	5	495	833

While the CoC works as a collaborative effort amongst the three counties, there are distinct differences in the number of homeless individuals in each jurisdiction. The table below shows 2017 PIT results by county.

COUNTY	SHELTERED INDIVIDUALS			UNSHelterED INDIVIDUALS	TOTAL
	Emergency Shelter	Transitional Housing	Safe Haven		
Calvert	48	0	0	6	54
Charles	55	41	0	191	287
St. Mary's	43	0	0	35	78

Appendix C

2017 Housing Inventory Count (HIC)

The HIC catalogs available beds and units dedicated to serve persons who are homeless. The inventory includes beds that are short term/emergency based and these beds are counted as part of the PIT. The HIC also includes beds the CoC uses to provide permanent housing with customized support designed to stabilize individuals and families who have experienced the crisis of homelessness. These longer term beds are not included in the PIT.

Below is a table indicating the short term/emergency beds available at the time of the PIT.

2017 Housing Inventory Count: Homeless Beds			
	Year Round Beds	Seasonal beds	Beds Occupied PIT
Emergency Shelter: Any facility, the primary purpose of which is to provide a temporary shelter for the homeless in general or for specific populations of the homeless, and which does not require occupants to sign leases or occupancy agreements	119	95	146
Transitional Housing: A project that is designed to provide housing and appropriate supportive services to homeless persons to facilitate the movement to independent living within 24 months.	46	0	41
Safe Haven: is a form of supportive housing that serves hard-to-reach homeless persons with severe mental illness who come primarily from the streets and have been unable or unwilling to participate in housing or supportive services. Currently, our region does not have any safe havens.	0	0	0

The following table shows the growth in permanent beds 2013-2017.

Housing Inventory Count: Permanent Housing Beds By Year					
	2013	2014	2015	2016	2017
Permanent Supportive Housing (PSH): These are community-based housing units without a designated length of stay in which formerly homeless individuals and families live as independently as possible. In 2014, the CoC adopted a policy to dedicate PSH beds to chronically homeless households.	246	256	252	274	281
Rapid Rehousing (RRH): These programs quickly connect families and individuals experiencing homelessness to permanent housing through a tailored package of assistance that may include the use of time-limited financial assistance and targeted supportive services.	6	4	6	6	32

Appendix D

Asset Limited, Income Constrained, Employed (ALICE) Households

In addition to working with HUD to serve those who are literally homeless or chronically homeless, the CoC also focuses on understanding and addressing the needs of the vulnerably housed in an effort to prevent homelessness from occurring.

A United Way of Maryland 2017 study examined needs of those who are **Asset Limited, Income Constrained, Employed (ALICE)**. These are households that earn more than the US poverty level but less than the basic cost of living for the community they reside in. Many of these households are one paycheck away from the crisis of homelessness, or may be temporarily doubled up with family or friends.

The United Way study also assesses each community's capacity to assist ALICE households in the areas of housing, employment and community resources. The table below summarizes the ALICE findings for the three counties in Southern Maryland. Please note, the survival budget for a family of four is consistent with HUDs 2016 Median Family Income information which can be found [here](https://www.huduser.gov/portal/datasets/il/il2017/2017summary.odn) (https://www.huduser.gov/portal/datasets/il/il2017/2017summary.odn).

	Percent of County below ALICE threshold	Housing Affordability Score (1-100)	Job Opportunities Score (1-100)	Community Resources Score (1-100)	Survival Budget, Single Person	Survival Budget, Family of Four
Calvert	34%	44 (poor)	52 (fair)	57 (fair)	\$31,536	\$74,280
Charles	32%	31 (poor)	56 (good)	61 (good)	\$31,536	\$74,688
St. Mary's	32%	60 (good)	48 (fair)	54 (fair)	\$25,368	\$68,652

Appendix E

About the Continuum of Care

A Continuum of Care (CoC) is a local/regional system for helping people who are homeless or at imminent risk of homelessness. There are CoCs in every state and in most communities across the country. CoCs bring together community leaders, service providers, government agency representatives, and homeless/formerly homeless individuals to ensure that appropriate housing and social services are in place to address the whole range of homeless needs in the community. A coordinated system of services is developed, appropriate for each jurisdiction, to minimize the amount of time a household has to be homeless.

CoCs are considered a “best practice” for addressing and preventing homelessness. Benefits of this approach include:

- Reduce the time an individual or family experiencing a housing crisis has to go from program to program seeking assistance.
- Provide accurate information on the number of people experiencing a housing crisis, identify key factors involved in housing instability, help determine the need for additional beds and/or support services to address and prevent a housing crisis.
- Increase coordination and reduce duplication of services by public and private providers in the region.
- Collaborative approaches to expanding funding resources to meet the growing needs of this vulnerable population.

The Calvert-Charles-St. Mary’s Continuum of Care (CoC) is the primary regional body that coordinates efforts to address homelessness throughout Southern Maryland. The CoC is unique as it combines the efforts of three distinct local jurisdictions, each of whom is committed to preventing and ending homelessness in their community.

While the Board meets on a monthly basis, it has worked together to accomplish some of the following successes:

- Develop a universal application tool for all service providers to use when providing services, that lessens the amount of duplicate information that is requested from each agency;
- Coordinates a Homeless Management Information System (HMIS) that tracks the number of homeless in our region and the services they are provided
- Conduct unified PIT effort better utilizing resources.

The Calvert-Charles-St. Mary’s County Continuum of Care is open to all stakeholders in the Tri-County region interested in preventing and ending homelessness. The CCSMCoC works closely with the local Homeless Service Boards in each of the three counties and partners with local and state agencies, including: Departments of Social Services, local Housing Authorities, and

many others. For more information on the Calvert-Charles-St. Mary's Continuum of Care, contact the CoC Board Chair, Sara Martin: 301-863-8500, sara@mdmetrocast.net, www.somdhomeless.org, or the Chair of your local Homeless Service Board:

- Calvert – Reverend Margaret Van Auker: 410-326-4874, betsy.vanauker@gmail.com
- Charles – Mike Bellis: 301-609-4844, mbellis@unitedwaycharles.org and Corae Young, 301-609-9900, cyoung@lifestylesofmd.org
- St. Mary's – Kerry Miciotto: 240-725-5755, kerry.miciotto@maryland.gov