REPORT ON THE NEEDS OF THE HOMELESS COMMUNITY IN TALBOT COUNTY

Prepared by the TALBOT INTERFAITH SHELTER

November 2010
EXECUTIVE SUMMARY

The Talbot Interfaith Shelter, established in 2008, completed two years of service to the homeless in March 2010. Limited by fire regulations to five beds, the shelter operates for four months rotating among faith-based facilities. In this period, over 400 volunteers provided 690 bed nights and served 2,070 meals to 26 different individuals.

Following the 2009/10 season, the TIS board of directors decided to review the shelter’s operations and mission to determine how effectively it has met the needs of the homeless and what, if any, changes were needed. The board also wanted to better understand the local homeless community, as little information was readily available. The board hired a consultant to research homelessness in Easton, Talbot County and the Delmarva region, and the following report is the result.

Using information from this report, the board voted on a number of proposals for the 2010/11 season, determining that it is best to continue rotating the TIS site among host congregations, rather than move to a central location. Rather than continuing with a volunteer executive director, however, TIS will hire an operations manager for this season to coordinate the schedule and support host congregations. TIS will also extend the shelter season this year and continue its “open door policy” for guests.

The consultant’s report reveals that, as in most rural areas, services for the homeless are limited and scattered in the Mid-Shore region. It is difficult to even get a reliable count of the local homeless population, and there is little coordination among the area’s service providers. It appears that TIS is providing much-needed services to individuals who would otherwise be without help, and there are opportunities to expand services and partner with other government and nonprofit agencies in the area. There are also several federal and state programs through which TIS may be able to apply for grants or other funding in the future. Additionally, many individuals interviewed for this report spoke of a need for a regional “hub” that could bring services to the homeless.

The points outlined below will dictate TIS’s strategy for the upcoming season, but the board is continuing to evaluate the shelter’s structure and performance with the intention of setting long-term goals later this year.
The Path Forward for Program Year 2010-2011

The Board of Directors held lengthy discussions informed by the contents of the Needs Assessment Report. It also considered consultant recommendations and reviewed two years of operations, including volunteer and congregation feedback, in the context of current and projected revenues. For this year, the board determined that Talbot Interfaith Shelter will:

OPERATIONS:

1. **Maintain operations as a congregation-based rotating host site model.**
   **RATIONALE:** Considerable time has been devoted to identifying a central site of the appropriate size/layout and that was within reasonable budget parameters. After almost two years, it has become clear that at the present time and with current financial resources, nothing suitable is available. However, since this is likely to be a long-term goal for TIS, the search will continue. The needs assessment and our review of last year’s activity level suggest that from time to time more than five beds could be filled. With little hope that the current fire code limitation can be lifted, there is no potential for increasing capacity. We are reviewing the motel policy and will coordinate with other area shelters to identify ways TIS can support overflow.

2. **Extend the program year to begin early December and continue into mid-April.**
   **RATIONALE:** Cold weather may set in earlier and last later, so the need for shelter can extend beyond the current program year. One of the needs identified in the study was for a year-round facility, and while this is not currently feasible, a short extension appears to be a viable option.

3. **Employ an operations manager in addition to an overnight supervisor for up to six months.**
   **RATIONALE:** While the shelter has operated more efficiently as we gained experience, it became clear that a volunteer director could not reasonably manage the operations over a three to four-month period. The board feels that more sustained and focused support for host site coordinators and host sites is key to maintaining standards and providing the appropriate level of service to our guests. After a careful review of current budget resources and anticipated fundraising efforts, we made the decision to hire a part-time manager.

POLICY:

4. **Maintain an open-door policy that does not place limits on stays for qualified guests.**
   **RATIONALE:** This was a thoughtfully and thoroughly considered issue, and our response is based on a deepening understanding of homelessness and the homeless. It is clear that many of the factors that cause an individual to become homeless cannot
be easily ameliorated, and the simple need of that person may be a bed, satisfying meals and fellowship. At present in our county, there is very little for those who fall between the “street” and institutionalization. While some we serve experience temporary homelessness because of economic or other status changes, there are those who simply cannot maintain a stable living situation because of mental illness or related problems. For all of them winter is particularly cruel. The board feels that it is our mission to serve both types of homelessness while supporting access to resources that help address individual needs. As a faith-based organization, we should not be making judgments on a person’s worthiness to receive our help. While the question of someone “taking advantage” is a fair one, it can be addressed when warranted by circumstances.

SUSTAINABILITY:

V. Strengthen our tracking systems and referral capabilities and identify and strengthen our partnerships with appropriate public and private sector organizations.
RATIONAL: The board understands the limitations of a cold weather emergency shelter in terms of dealing with all the range of issues facing our guests. It is not our intention to become a social service organization that duplicates what is available in the community or what needs to be done by professionals. However, we do feel it is our responsibility to ensure that our guests are aware of the services that might be available to them and steer them in that direction. Strong relationships with community service providers and taking a leadership role with like-minded service agencies are key, as is a more structured approached to referrals and building a strong referral effort into our services.

VI. Continue robust fundraising and public efforts and strengthen communication with partner congregations and volunteers.
RATIONAL: Fundraising efforts through donations or grants have completely supported our two years of operation. We need to continue to grow our financial resources to meet current expenses and plan for the future. The support of an informed community is critical to this and deserves focused attention. Attention to both these areas will be given by committees composed of board members and volunteers. More frequent and substantive communication with all our supporters should ensure there is an avenue for feedback and help keep everyone abreast of developments.

VII. Begin long-term planning to look at additional services or modes of delivery.
RATIONAL: Any organization must continually assess its service delivery and look for ways of improvement. For example, many believe that a central site is a more efficient way of delivering service, although we have determined it is not possible right now. Also, it is possible that other services might be needed in such areas as medical/dental, storage, transportation, personal grooming, etc. As we understand more of our guests’ needs, we will look at those for which it may be
appropriate for us to help. One way to address these issues and broaden input will be to establish an advisory board of individuals or community leaders. We will consider this and other ways to advance our mission, and invite you to join us in this discussion.
I. **Introduction**

Following the 2009/10 shelter season, the TIS board of directors decided to review the operations and mission to determine how effectively the shelter met the needs of the homeless and what, if any, changes were needed. Of concern was the lack of quantitative or qualitative information on the local homeless community. The board determined it needed to better understand the make-up and unmet needs of the area’s homeless population and to identify and explore partnerships to enhance its efforts.

A consultant hired by the board conducted the study summarized here. The process included a review of current national and local studies, personal interviews with community informants (government, social service, faith communities, homeless individuals, volunteers, knowledgeable individuals) and a compilation of local service providers and their specific service areas.

II. **Definitions of the Homeless**

There are at least six different categories/definitions of homelessness:

1. **Victims of emergency situations** – Job loss, divorce/separation, domestic violence, death, disaster, and eviction result in homelessness. Generally these individuals and families seek assistance and move fairly quickly into a stable housing situation. The number in this category has increased in recent years.

2. **Persons with serious mental illness** – A significant number has either a mental health or substance abuse diagnosis. Many can live independently in the community with the supports of case managers, community mental health services and housing supports. In 2008, 26% of the homeless nationwide had a serious mental illness (AHAR, 2008).

3. **Persons with addiction disorders** (alcohol and substance abuse) - Substance abuse is both a cause and a result of homelessness. The most recent count is from the Substance Abuse and Mental Health Services Administration (2003), which estimated 38% of homeless people were dependent on alcohol and 26% abused other drugs.

4. **Chronically homeless** – Defined as a person who is an unaccompanied homeless individual with a disabling condition (e.g., substance abuse, serious mental illness, developmental disability, or chronic physical illness) who has either been continuously homeless for a year or more, or has had at least four episodes of homelessness in the past three years (Dept. of Housing & Urban Development). According to the National Alliance to End Homelessness (March 2010), about 120,000 people experience chronic homelessness. People in this subcategory have the following characteristics: typically male (79-86%), and middle-aged (60% between 35 and 54); usually live on the streets or in places not meant for human habitation (63% unsheltered); near-universal presence of disabilities (frequently multiple disabilities at once); frequent use of
emergency rooms, hospitals, mental health services, veterans’ services, substance abuse detoxification and treatment, and criminal justice resources.

5. **Homeless children and youth** who lack a fixed, regular, and adequate nighttime residence, include those who share housing due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds; are living in emergency or transitional shelters; are abandoned in hospitals; are awaiting foster care placement; who have a primary nighttime residence that is a private or public place not designed for or ordinarily used as a regular sleeping accommodation for human beings.

6. **Homeless veterans** - In 2009, the Department of Veterans Affairs estimated that there are approximately 131,000 homeless veterans, 20% of the entire homeless population. Many of these veterans will fit into many of the other categories but are separated since they are such a significant population.

### III. Local Situation

Services for the poor are scattered and fragmented in rural areas, where 9% of the nation’s homeless live. Delmarva is no exception. Not only is Delmarva geographically separated from the rest of the mainland, it is broken up into three states, with nine Maryland counties, three Delaware counties and two counties in Virginia. Combine those various levels of government and the need to spread resources across 5,400 square miles, and the result is small focused agencies serving small populations, generally lacking a regional view or regional collaboration. Each county and small town has its own levels of government trying to keep dollars flowing and doors open. All community agencies compete with one another for the shrinking pot of funding.

Many rural families on Delmarva have historically lived in poverty, doubling up in housing, pooling income, sharing childcare, etc. Land was generally cheap and people could garden, fish, hunt, and live off odd jobs in the seafood industry or agriculture. But, within the last 20 years, land prices have skyrocketed and Eastern Shore communities have been growing with larger numbers of vacation homes, part-time residents and retirees. As the seafood industry shrank and agriculture shifted from many small operators to a few big ones, poor families have been pressed against the wall. With the current recession, small towns are facing more foreclosures and sales of “distressed properties.” It’s fair to assume that these trends will continue.

The researcher had difficulty obtaining data on the homeless from local providers because each one collects and reports information in different ways. For example, the number of beds in a local shelter is counted one way by the shelter and another way by its funding agency. Some statistics, however, were available.

1. **110 homeless** persons across all categories in Talbot, Caroline, Kent, Queen Anne, and Dorchester counties (2009 Mid-Shore Mental Health Continuum of Care Annual Survey)
2 **15 people** currently homeless in Easton (identified by a local homeless advocate)

3 **2 individuals** living on Tilghman Island (identified by a local business owner)

4 **46 homeless veterans** presently living on the Eastern Shore; **3 are in Talbot County** (Mike Bargiband, Maryland’s Commitment to Veterans)

5 **Talbot County Public Schools report 83 students** who qualify as “not living in a permanent home;” **50 currently enrolled, 21 transferred out during the year, and 11 under the age of five.** The Office of Special Needs identifies this number as significantly higher than in the past and directly associates the spike with the recession. The children fall into five categories defined by the state:

- Living temporarily with family or friends
- Motel/Hotel/Trailer Park
- Area not designated as housing - car, park, abandoned building
- Emergency shelter
- Living with a parent who is a migrant worker

Local police departments and sheriff’s offices were unable to provide any solid data. Both Easton Memorial and Dorchester General Hospital Emergency Room personnel were aware of homeless persons, too, but collect no data. Local libraries were aware of users who appeared to be homeless and were heavy users, especially in inclement weather. Library staff were respectful in the discussion about these patrons: four regulars in Easton and eight or nine in Cambridge.

Of course, one cannot aggregate these numbers as the likelihood of double or triple counting will occur. What this points to is that homelessness is live among our affluence.

**IV. Talking with the Homeless**

The researcher spoke with homeless individuals on the streets of Easton as well as during “hot dog nights” at a gathering site in Easton sponsored by a local advocate for the homeless. These evenings were attended by a mix of homeless persons, members of faith communities and others interested in learning about homelessness.

Homeless individuals talked about issues surrounding the security and safe-keeping of themselves and their possessions, the barriers to housing such as the need for references and security deposits, the rules and leases that prevent people from doubling up, the difficulties with meals and personal care needs, the pressures of finding and keeping jobs, and the constant need for cigarette monies. An astonishing 70-80 % of the homeless are
regular tobacco users.

In general, conversations with the homeless about emergency shelters typically involve the rules and regulations around access and length of stay. No shelter investigated for this project allows an individual unlimited use year after year. However, as an advocate for the homeless in Easton points out, not everyone with a mental illness wants to or is capable of moving toward some independent lifestyle. Deinstitutionalization of the public mental health systems in the 1970’s released tens of thousands of people with mental illness into the streets, and they are now protected by civil rights to stay out in the community, as sick as they are -- or end up becoming as a result of their illness.

In the words of the homeless advocate: “We don’t ask the man in the wheelchair to just get up and go walk across the room to take care of his problem. Why should we ask someone who is not capable of sustaining independent living to go? We don’t ask the friend with breast cancer to just go try to work today. Is that so different from expecting one of your (TIS’s) frequent guests to buckle down and try to work or keep an apartment and a job? If we know that one of TIS’s frequent guests has a monthly income that could sustain an apartment and she isn’t choosing one, TIS is stuck with the choice of forcing her to move on (and go sleep in the woods) or of housing her in the cold winter months. From a faith-based perspective, what’s so wrong with that? Isn’t it clear that she needs some kind of ‘help’ with the housing issue?”

If two individuals who resided with TIS for two winters wanted to find individual, independent housing, the argument could be made they likely had ample opportunity to do so over the past two winters, given the churches, the volunteers, TIS staff, and linkages with other agencies that are involved. It’s the belief of the homeless advocate that these individuals were relatively stable last winter as a result of having TIS as a safe winter haven, claiming that the security of the TIS umbrella helped them stay sober, out of psychiatric hospitals, emergency rooms and in safe surroundings. Perhaps having a solid plan, the structure of a daily routine (can’t come in until evening, but a bed is ready at night) and the ongoing support of a community is the kind of housing that works for these individuals.

Gaps in services to homeless individuals in this region are large. Unlike services for children where widespread efforts are made to “wrap services around the child/family,” the homeless person in Talbot County and surrounding areas basically negotiates on his or her own, finding piecemeal access to emergency shelter, food, etc. It was surprising how many social service providers in this region didn’t know the name of any of the local emergency shelters, even when they said they referred individuals to these shelters.

Transportation is a big issue on this rural peninsula. Even though bus service is available, it’s often difficult for many to use in a timely manner. One service provider spoke about a 13-hour ordeal using the local bus system to reach Baltimore for a medical appointment. A shelter director talked about the “discouragement factor” which he describes as a large barrier for many homeless clients just in getting around and trying to find various kinds of help. He was only one person of many who spoke of the need for a regional “hub” that
could bring services to the homeless.

V. The Government’s Response to Homelessness

Federal Programs, Funding and Services

According to The Department of Housing and Urban Development (HUD), 12 million households now pay more than 50% of their annual incomes for housing or 20% more than the 30% maximum target recommended for families to be able to sustain housing and meet regular household expenses. HUD also reports that a family with one full-time worker earning minimum wage cannot afford the fair market value of a two-bedroom apartment in any U.S. region.

The main federal response to these issues is through HUD, whose homeless assistance programs are broken down into two main categories: formula (non-competitive – based on state and local Consolidated Plans), and competitive (funded under the umbrella of “Continuums of Care,” or CoC). Since 1999, 10% of annual CoC funding goes to projects in rural areas.

Competitive Programs:

The HUD’s McKinney-Vento Homeless Assistance Act programs award competitive grants based on plans developed by a local “Continuum of Care” system. A CoC is designed to address homelessness through a community-based process of identifying needs and building a system to address them. The approach is based on the understanding that homelessness is not caused merely by a lack of shelter, but involves a variety of unmet physical, economic, and social needs.

Continuum of Care Homeless Assistance Programs include:

1 Supportive Housing provides housing, including housing units and group quarters, that has a supportive environment with a planned service component. Locally, 43 individuals live in Supportive Housing operated by Crossroads Community.

2 Shelter Plus Care provides grants for rental assistance for homeless persons with disabilities through four component programs: Tenant, Sponsor, Project, and Single Room Occupancy (SRO) Rental Assistance. Locally, 28 people are in Shelter Plus Care administered by Mid-Shore Mental Health Systems and 23 others are in Shelter Plus Care Forensic administered by the Mental Hygiene Administration.

3 Single Room Occupancy provides rental assistance on behalf of homeless individuals in connection with moderate rehabilitation of SRO dwellings.
Formula Programs (Non-Competitive):

1. **Emergency Shelter Grant Program** is a federal grant program designed to help improve the quality of existing emergency shelters for the homeless, to make available additional shelters, to meet the costs of operating shelters, to provide essential social services to homeless individuals, and to help prevent homelessness. (See ESG distribution under Maryland State Funding Sources)

2. **Homeless Prevention and Rapid Re-Housing Program (HPRP)** is a part of the 2009 American Recovery and Reinvestment Act. HPRP has three layers: prevention, shelter diversion, and rapid re-housing. Its goal is to use $1.5 billion to address those marginally homeless families, who unlike the chronically homeless, can be stabilized with some rent assistance, including security deposits, first month’s rent, and back rent owed to landlords and linkage with benefits. HPRP resources are targeted to households with the highest likelihood of becoming homeless. Programs provide just enough assistance to prevent or end an episode of homelessness. HPRP uses the same formula as the one used by the Emergency Shelter Grant program to grant awards to state and local agencies. Locally, $152,668 was granted to the Neighborhood Service Center in July 2009. Other HPRP funds went to the Department of Social Services in Kent County, St. Martin’s Ministries in Caroline County, Delmarva Community Services in Dorchester County, and the Queen Anne’s County Housing Authority in Queen Anne’s County.

Maryland State Programs, Funding and Services

1. **Mid-Shore Mental Health Systems** is a state core services agency with 2009 revenue of $3,392,594 that administers the federal Continuum of Care (named Mid-Shore Regional CoC). This continuum is represented by the Mid-Shore Roundtable on Homelessness, which is a loosely organized network of service providers, government officials and others from Talbot, Dorchester, Caroline, Queen Anne’s, and Kent counties. Currently, $636,564 HUD dollars are funneled through Mid-Shore Mental Health Systems to projects within this regional CoC.

Lorry Hofman is the MSMHS staff person who is essentially the Mid-Shore’s homelessness coordinator for the Mid-Shore Regional CoC and the most knowledgeable person in the region on any issues of homelessness. It’s fair to assume that in the future, the MSRCoC will serve as both an organizing body and conduit through which all funds will pass to local service providers.

HUD’s website defines a Continuum of Care as “the primary decision-making body that represents a community’s plan to organize and deliver housing and services that meet the needs of homeless individuals and families.” It was clear during interviews that several of the participants on the Mid-Shore Roundtable do not understand the purpose of the Roundtable and the potential it has for directly funding programs and
services. It is key that TIS maintain a presence and, perhaps, assume a leadership role in the Mid-Shore Roundtable in the future.

Regionally, the Eastern Shore of Maryland is divided into three separate Continuums of Care: Cecil, Mid-Shore, and Wicomico-Somerset-Worcester. At the May Roundtable meeting, this organization was identified as something to consider broadening. It appears that the Mid-Shore Regional CoC could potentially seek to envelope all Eastern Shore counties into one large CoC on the Maryland part of Delmarva. In addition to freeing up some $40,000 to fund projects, the consolidation would assist in building knowledge and referral networks, and moving toward a more cohesive response to homelessness in the region. The best political strategy to pursue such an option is unknown: Mid-Shore Mental Health Systems may not be the appropriate agency to spearhead the effort.

2. **Emergency Shelter Grant Program** is offered through the State of Maryland’s Department of Housing and Community Development (DHCD) and supports shelters and homeless service programs in 19 counties and three municipalities. Baltimore City and urban counties receive ESG funding directly through HUD rather than DHCD. The grants provide homeless persons with basic shelter and essential support services. It can assist with the operational costs of the shelter facility, and for the administration of the grant. ESG also provides short-term homeless prevention assistance to those at risk of losing their own housing due to evictions, foreclosures or utility shutoffs.

Local governments in the following counties can apply for these funds: Allegany, Calvert, **Caroline**, Carroll, Cecil, Charles, **Dorchester**, Frederick, Garrett, Harford, Howard, Kent, **Queen Anne’s**, St. Mary’s, Somerset, **Talbot**, Washington, Wicomico, Worcester, plus the City of Annapolis, the City of Frederick, and the City of Salisbury. Local governments in the 23 jurisdictions can apply for the funding to support emergency and transitional homeless shelters and homeless services programs operated by local government agencies or nonprofits. Service providers prepare the applications, which must be submitted through the local government where the services are provided.

ESG funds are used to support operating costs, case management, and client services, and staffing and administrative costs for shelters and post-shelter transitional units. Funds can also be used to assist sheltered persons making the transition to permanent housing and independent living.

DHCD awards the ESG funds annually under a competitive application process. The maximum request varies depending on the annual allocation received from HUD. In recent years local government applicants have been able to request up to $50,000. In 2010 the following agencies received Emergency Shelter Grants.

- **Talbot County**: Neighborhood Service Center - $27,206; $28,070 in 2009
- **Queen Anne’s**: Our Haven - $18,495
- **Caroline**: St. Martin’s Ministries - $30,280
3. **Office of Grants Management** in the Maryland Department of Human Resources administers five programs for homeless services and housing support. Although Talbot County isn’t eligible for all of the following programs, they are in this report as a part of the inventory of state programs and serve as a sample of other kinds of homeless programs that are currently operating in Maryland. Locally HPP and ETHSP funds (described below) pass through the Department of Social Services to the Neighborhood Service Center, approximately $80,000 total for the two programs.

- **Homeless Prevention Program (HPP)** provides non-monetary assistance to households with pending eviction, and in some jurisdictions, support counselors who work with tenants and landlords to prevent eviction. By providing short-term mediation or linkage to resources, the program helps those at risk for eviction to stay in their rental homes. (The Neighborhood Service Center receives funds through this program.)

- **Emergency and Transitional Housing and Services Program (ETHS)** provides state funding for emergency and transitional shelters for people who are homeless. ETHS funds shelter beds and services such as rent assistance, food, transportation, and case management. ETHS is administered locally with significant involvement of local homelessness agencies. (The Neighborhood Service Center receives funds through this program.)

- **Housing Counselor Program (HCP)** operates in five jurisdictions and assists low-income families who are homeless, or in imminent danger of becoming homeless, to locate, secure and maintain permanent housing. (Talbot County does not qualify for this program.)

- **Service-Linked Housing Program (SLH)** provides funds in 13 jurisdictions to link low-income residents of permanent housing to community services. SLH stabilizes households that are in precarious situations, thereby avoiding episodes of homelessness. (Talbot County does not qualify for this program.)

- **Homeless Women – Crisis Shelter Home Programs (HW-CS)** is a home program that provides shelter, room and board, counseling, and referral services to homeless women and children. The shelters offer a 24-hour crisis hotline in addition to safe accommodations and meals. (Talbot County does not qualify for this program.)

**VI. Housing Assistance Programs**

The largest housing assistance program funded by HUD is called **Housing Choice** (previously known as Section 8). On the Eastern Shore, Housing Choice vouchers for Kent, Caroline, Talbot, Dorchester, Somerset, Wicomico and Worcester pass through the
Department of Housing and Community Development’s offices in Cambridge. That office has, at present, 2,600 people on the waiting list and 11 vouchers for those counties. Slots are extremely limited -- once families are determined eligible for a voucher and lease a unit, it is something they tend to keep for a long time. Openings happen without regularity or predictability, such as when a person dies or moves out of state. The DHCD office keeps a waiting list for each county, and the current waiting period is between four and five years.

A second kind of publicly funded housing is largely **federally developed, owned and managed congregate and apartment housing units** managed by local Public Housing Authorities. In mid-2010, HUD awarded an additional $37,000,000 to public housing authorities in Maryland to make capital improvements to public housing. Talbot County has two offices – the St. Michaels Housing Authority, which manages 61 units in two locations, and the Easton Housing Authority, which operates 65 units. These units are available to low-income working families. To be eligible, people must be employed and pass a credit and a criminal background check. Seniors are eligible as are people with disabilities. The local authority does not have a 100% occupancy rate (nobody seemed to want to divulge the actual occupancy rate, but did move the conversation towards the discretion that the authority has in making individual decisions based on specific circumstances). The income guidelines require a job – for a three-bedroom apartment the rent can be as low as $50/month and as high as $575/month. It would be difficult to find a market rate three-bedroom apartment in this region for anywhere close to that amount. If a family is in the public housing unit and becomes unemployed, they do not get evicted. In this case, the unemployed person’s rent drops to $50/month and there are other federal programs that the Housing Authority can sometimes employ for additional assistance.

The local authority is partnering now with **Habitat for Humanity and Rural Housing** to invite those families who are eligible for and may be interested in homeownership to explore options with Habitat. In many cases, with other federal and state assistance to cover closing costs and down payments, families can move into homeownership with an even lower monthly payment than they had with the public housing. The local office also reports that a number of families and individuals in public housing here do have individualized housing supports such as those offered by Crossroads. They are open to partnering with TIS and are aware of other housing authorities in other locations who built homeless shelters.

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