# 2025 Blueprint for Solving Homelessness

*The Delaware Continuum of Care (DE CoC) is a community-based collaborative that ensures a responsive, fair, and just approach to addressing homelessness and strives to achieve housing for all.*

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# I. Introduction

## Letter from the Continuum of Care

Dear Colleagues and Partners,

On behalf of the DE CoC, the CoC Board and Housing Alliance Delaware are proud to present the 2025 Blueprint for Solving Homelessness—a strategic framework designed to guide our collective efforts to prevent and end homelessness for all Delawareans. It is our goal that the state's leadership, especially those convening as members of the Interagency Collaborative to End Homelessness, will use this framework as a guide to take meaningful action. Leadership and strategic action at the state level is needed to solve this crisis.

Like many communities across the country, Delaware continues to face a deepening housing affordability crisis and an increasingly complex homeless response landscape. On any given night, more than 1,500 Delawareans, including a significant number of families with children, are experiencing homelessness. The demand for affordable housing and supportive services far exceeds the current supply, while rising housing costs continue to push more people into housing instability. Delaware also remains heavily reliant on federal funding for homeless assistance resources, making our statewide system of care vulnerable to shifting federal priorities or funding cuts.

Despite these challenges, we've seen real momentum. In recent years, new state-level investments, stronger legal protections for tenants and unhoused individuals, and unprecedented cross-sector collaboration have laid the groundwork for progress. This Blueprint intends to build on that momentum and progress, offering a comprehensive vision for a coordinated and housing-focused system that responds with urgency, compassion, and accountability. The strategies outlined herein are actionable and grounded in both national best practices and Delaware-specific needs, identified by the voices and expertise of DE CoC members and partners, including service providers, public agencies, housing developers, individuals with lived experience, and advocacy groups.

The DE CoC remains steadfast in its commitment to making homelessness in Delaware rare, brief, and non-recurring. Achieving that vision will require leadership, investment, and persistence. It will require breaking down silos and holding ourselves accountable to not only each other, but the individuals and families who rely on us for support and solutions. We invite all partners—government, philanthropy, private sector, service providers, and community members—to join us in putting this Blueprint into action.

**Together, we can make homelessness in Delaware a solvable challenge and ensure that every person has a safe and affordable place to call home.**

## Value Statements

**Ending Homelessness:** We believe that housing is a fundamental human right and that every person deserves a safe, stable, and permanent home in our communities. Regardless of past experiences, challenges, or circumstances, all individuals and families should have access to affordable, quality housing and the support they need to thrive. Delaware is committed to creating an inclusive, compassionate, and equitable housing system where homelessness is rare, brief, and non-recurring—ensuring that everyone has a place to call home.

**Collaboration and Shared Responsibility:** Ending homelessness is a shared responsibility across government agencies, nonprofits, the private sector, and the community. No single entity can solve homelessness alone – working together allows us to use resources more effectively, close service gaps, and share knowledge on what works. We value transparent communication, cross-sector partnerships, and collective accountability to our common goal.

**Accountability:** The insights and perspectives of individuals with lived experience of homelessness are essential and integrated into every stage of planning, decision-making, and actions carried out by the CoC. As a system, we must remain accountable for incorporating this input, as it is fundamental to our success. We are accountable to those we serve as well as each other.

**Data-Driven Action:** We are committed to transparency in measuring progress and outcomes. Programs will be evaluated on effectiveness, quality, and collaboration within the homeless response system. Data will inform decisions, and we will adjust strategies based on evidence of what achieves housing stability.

**Evidence-Based Models & Practices**: We are committed to implementing strategies and solutions that are grounded in research, proven models, and real-world results. By prioritizing evidence-based practices, such as Housing First, we ensure our efforts are both compassionate and effective. We recognize that continuous learning, adaptation, and innovation are essential to meeting the complex and evolving needs of people experiencing homelessness. We will invest in what works, replicate successful interventions, and remain open to emerging solutions that demonstrate measurable impact.

## Summary of Recommendations

Delaware urgently needs a comprehensive housing blueprint to strengthen the design of its housing system and unify efforts across sectors in addressing homelessness. The 2017 plan Ending Homelessness in Delaware: Our Action Plan was a crucial step that established systemwide objectives, but a new blueprint is essential to provide a collaborative framework for closing persistent gaps in the system. By outlining actionable recommendations across key focus areas this document can help ensure a coordinated, cross-sector approach.

The DE CoC's 2025 Blueprint for Solving Homelessness outlines a coordinated, data-driven strategy to make homelessness rare, brief, and non-recurring. Grounded in proven practices and informed by local data and stakeholder input, the Blueprint sets forth ***six core*** recommendations aimed at strengthening the state's homeless response system and expanding access to affordable housing and services. Together, these recommendations provide a roadmap for sustained, measurable progress toward ending homelessness in Delaware.

1. **Resolve Critical Systems Gaps**
   - Increase low barrier emergency shelter capacity
   - Expand street outreach and encampment response with mobile case management
   - Increase the stock of permanent supportive housing
   - Fund and implement a new statewide emergency rental assistance program for homelessness prevention.
2. **Increase Affordable Housing Supply and Access**
   - Expand the supply of affordable housing and prioritize housing that is affordable for the lowest income households—allocate funding and engage with local developers to incentivize development while also streamlining the process
   - Increase access to affordable rental housing for people experiencing homelessness
   - Expand landlord incentive programs
3. **Sustain and Expand Eviction Prevention**
   - Continue to provide and expand landlord-tenant mediation and legal assistance for tenants facing eviction
   - Ensure that tenants at risk of eviction have access to financial assistance to preserve or locate new housing
4. **Improve Cross-Systems Coordination**
   - Utilize the Interagency Collaborative to conduct a statewide inventory of homelessness-related programs, services and funding
   - Prepare contingency plans in anticipation of potential shifts or shortfalls in federal funding sources
   - Coordinate the implementation of a unified state plan with shared metrics
   - Strengthen interagency collaboration
   - Increase Data sharing and systems integration—increase the capacity of HMIS and other data systems to inform responses to homelessness

- Address Coordinated Entry/Access—Review and make changes to the Delaware coordinated entry system as needed to ensure that it meets client needs.

5. **Invest in Housing-Focused Case Management Services & Supports**
   - Provide training on housing navigation, stabilization, and retention practices
   - Reduce caseloads and increase individual engagement and support
   - Coordinate case management and service connection across systems of care

6. **Enhance Mainstream Benefits and Services**
   - The State should explore opportunities to expand access to cash benefits and income supports for the people and families with the lowest income
   - Increase person-centered mental health, crisis response, and treatment services
   - Coordinate institutional discharge planning
   - Incentivize workforce development and job/vocational training partnerships
   - Provide financial coaching, transportation, education and childcare assistance

# II. Components of an Effective Homeless Response System

The purpose of this section is to build a common vision of an effective and ideal homeless response system. While many aspects of an effective system are in place or being developed in DE, this section outlines the ideal system, highlighting national best practices that emphasize moving from isolated programs to a strategic community-wide response that is data-driven and collaborative. Envisioning an ideal homeless response system is critical to understanding our current system and building toward one that is coordinated, housing-focused, and where homelessness is rare, brief, and nonrecurring.

## Homeless Prevention & Flexible Assistance

Upstream interventions are the first line of defense against housing instability and homelessness. By resolving housing crises early and preventing displacement, communities can reduce the number of people becoming homeless. For most households, preventing homelessness is possible with flexible financial assistance that includes rental and utility assistance (including arrears) to keep them in their homes or moving costs like security and utility deposits and first month's rent if they need to move. Legal aid, mediation, and tenant-landlord supports are also essential to stabilize and preserve housing for at-risk households and avoid the long-term trauma and cost of losing housing before it occurs.

"Early warning" indicators are established to identify households at imminent risk of homelessness across a wide range of services and institutions like schools, hospitals, child welfare agencies, public housing authorities, the justice system, and other social services. Prevention is well-integrated not just in homeless response but into the broader safety net and public service infrastructure. It's offered up front whenever someone seeks help and treated as a core function of community well-being. When households can access timely, housing-focused support at the first sign of instability, emergency shelter can truly function as a last resort.

## Housing-Focused Street Outreach & Encampment Response

An effective system ensures people experiencing unsheltered homelessness are not left behind. Homeless Street Outreach must be proactive, person-centered, and grounded in evidence-based practices. People living unsheltered (encampments, vehicles, public spaces, or remote areas) face the most significant barriers to assistance, so reaching and supporting these individuals requires coordinated efforts that are trauma-informed, persistent, and prioritize housing in addition to temporary aid. Engagement is focused on building trust and offering housing-focused solutions, especially for those who may not actively seek services or have previously disengaged from the system. Outreach should be fully integrated to ensure people are quickly assessed and prioritized for shelter, housing, and services equitably and efficiently, without requiring system navigation or preconditions for support.

Encampment response policies avoid criminalization and forced displacement. Involuntary encampment closures, without adequate housing options, can deepen trauma, disrupt service

connections, and undermine progress toward stability. A humane and effective approach brings together outreach providers, public health professionals, local governments, and community organizations to support voluntary transitions into safe, stable housing whenever possible.

## Coordinated Entry/ Access

Coordinated Entry (CE) is the hub of an effective system. CE streamlines and simplifies access to homeless assistance resources by shifting the burden of navigating a complex maze of programs from those experiencing homelessness to the institutions charged with responding. CE promotes fairness through standardized assessment that evaluates every household's needs and vulnerabilities to help prioritize limited resources for those most at risk. It also creates a transparent and consistent method for access and referral across providers and regions. CE strengthens data quality, offering a real-time view of service demand, system performance, and outcomes. A well-run and system-wide CE process serves as a unified "front door" for assistance, ensuring people are connected to limited resources as efficiently, equitably, and transparently as possible.

## Shared Data System for Coordination and Accountability

A fully integrated homelessness response system relies on shared, real-time data to drive coordination, transparency, and performance. This includes a robust Homeless Management Information System (HMIS) that is used by all providers: prevention programs, drop-in programs, outreach teams, shelters, housing agencies, and service organizations except for domestic violence service providers that must track the data in a separate, secure system. This shared platform allows for coordinated care**,** enabling providers to track a person's progress across the system, reduce duplication, and quickly respond to emerging needs.

Just as importantly, a shared data system supports data-driven decision-making: it enables policymakers and system leaders to monitor key metrics like inflow, length of time homeless, housing placements, and returns to homelessness. With accurate, accessible data, the system can identify gaps, allocate resources more equitably, and improve system performance over time. When paired with data dashboards and regular reporting, HMIS becomes more than a compliance tool—it becomes the backbone of a responsive, accountable, and client-centered system that works collaboratively to end homelessness.

## Low-Barrier Emergency Shelters

Emergency shelters are vital to a response system, and when needed, should be readily available, safe, and housing-focused. Low-barrier models offer immediate access without unnecessary entry requirements like sobriety, excessive paperwork, identification, background checks, or service participation and prioritize dignity, harm reduction, and flexibility for people with pets, partners, possessions, or complex needs (mental health issues, substance use disorders, gender diversity, etc.). Effective shelters operate 24/7, initiate housing planning upon entry. An ideal system offers a range of shelter-types tailored to geographic demand and the needs of diverse populations.

Design and access should accommodate older adults, people leaving institutions, families, youth/young adults, LGBTQ+ individuals, and those fleeing domestic violence (DV). Non-

congregate options like hotel/motel vouchers or private rooms are especially critical for survivors, people with disabilities or health concerns, and others for whom communal settings are unsafe or inappropriate. Youth shelters should provide age-appropriate, developmentally informed support, and DV shelters must remain trauma-informed, confidential, and survivor-centered while coordinating with the broader system. Appropriate shelter capacity and design that's inclusive, low-barrier, and housing-focused shelter ensures no one is left unsheltered and everyone who needs it has a meaningful path to stable housing.

## Housing Resources and Prioritized Housing Matching

Rapidly moving people out of homelessness to safe, stable, permanent housing is the ultimate goal of an effective system. Data should be used to prioritize and match households to the most appropriate and available housing solutions. Resources like Housing Choice Vouchers (HCVs), Permanent Supportive Housing (PSH), and Rapid Re-Housing (RRH) are limited and should be strategically deployed based on need for maximum impact.

CoCs, housing authorities, health and human services, and other funders should actively coordinate to align housing placements with supportive services and increase access to long-term subsidies. This includes implementing homeless preferences or voucher set-asides to ensure timely access to affordable units and move-on strategies to transition people to other permanent housing options when intensive supports are no longer needed. All housing placements should follow a Housing First approach, not requiring people to complete treatment or shelter programs before moving into housing.

Alternative housing options such as shared housing, family reunification, or non-congregate settings are low-cost and offer safe and immediate solutions for those who may not need long-term or on-going subsidies or services. Flexible financial assistance, landlord engagement, and housing navigation services can help households secure and sustain these options. Many people experiencing homelessness are also able to self-resolve their housing crisis when given brief support to resolve the situation and don't require formal intervention. A well-functioning system offers a range of interventions, matching people to the least intensive, most appropriate solution that meets their needs, and preserving high-intensity housing resources for those who need them most.

## Evidence-Based Supportive Services

Many individuals exiting homelessness will need few, if any, ongoing support services to remain housed. Others will need continued assistance to address health, income, or other challenges that contributed to their housing instability and homelessness. An effective system ensures wraparound services during and after homelessness for those who need them. This means connecting clients to the right supports for as long as needed – whether through case managers, peer support specialists, or mainstream providers. This also means providing support services using evidence-based models that get real world results.

For residents in Permanent Supportive Housing, services are typically intensive and indefinite. Those in Rapid Rehousing or other housing may need shorter-term or tapering support, such as job placement, childcare, or budgeting assistance. Coordinated case management across agencies

(housing providers, healthcare, social services) is key so that each person or family has an individualized plan for maintaining housing. By continuing support after the crisis, the system reinforces housing as not just a placement but a lasting solution – improving outcomes for the individual and supporting the landlords who are housing them in the community.

## A Coordinated and Strategic Approach

Each of the components above is powerful on its own, but their true impact comes from functioning as one coordinated system within which the whole community is engaged. Interagency Councils on Homelessness (ICH) are important for leadership, vision, and coordination. ICH's bring together leaders from multiple government agencies to coordinate efforts to prevent and end homelessness. By having a leadership body with overarching accountability for homelessness across government sectors, the community and its actors are accountable for outcomes. Interagency Councils develop strategic plans, align funding, and promote policies that support housing stability and access to services. They also engage stakeholders, monitor progress, and share best practices to ensure an effective, unified response. A streamlined, equitable, housing-focused system will not only better serve individuals experiencing homelessness but also use public resources more effectively.

Equally important are Delaware's local and regional actors—particularly the Delaware Continuum of Care (CoC), which oversees coordinated entry, housing prioritization, and performance evaluation for the homelessness response system statewide. The CoC plays a central role in organizing service providers, applying for HUD funding, and ensuring the effective operation of emergency shelter, housing, and supportive services. In parallel, Delaware's three Consolidated Plan jurisdictions—New Castle County, Kent County, and the City of Wilmington—manage critical federal housing and community development resources and must continue to align their priorities and funding with the state's homelessness response goals.

Delaware's public housing authorities (PHAs) are also essential partners. They administer Housing Choice Vouchers, project-based subsidies, and public housing units that provide long-term housing solutions for individuals and families exiting homelessness. Increased collaboration between PHAs and the homelessness system—particularly in prioritizing applicants through coordinated entry and creating dedicated PSH units—can significantly expand housing opportunities for those most in need.

Additionally, strong connections are needed with the state's broader human services infrastructure, including behavioral health, substance use, aging and disability services, child welfare, and workforce development. Many people experiencing homelessness are also interacting with these systems and would benefit from integrated supports. A truly coordinated system must ensure that all sectors work together—sharing data, aligning eligibility criteria, and leveraging resources to meet the diverse needs of individuals and families experiencing or at risk of homelessness. When these systems operate in sync, Delaware can deliver a more equitable, efficient, and housing-focused response that uses public resources effectively and improves outcomes statewide.

# III. Delaware's Homeless Response System

## Current Demand

Delaware faces a significant shortage of affordable housing and rising homelessness. As of 2023, the state has an estimated gap of about 19,400 affordable rental units for extremely low-income renters (households at or below 50% of Area Median Income). Publicly assisted housing units, including public housing and vouchers, make up only about 3% of Delaware's total housing stock. Specifically, roughly 5,800 Housing Choice Vouchers are in use in private-market rentals and 4,700 project-based vouchers in subsidized units, alongside 2,100 public housing units and about 750 units designated for seniors or people with disabilities. Despite these resources, demand far exceeds supply: overall, only 1 affordable unit is available for every 2.4 low-income renter households in need.

Looking at the demographic groups most impacted by this shortage, Delaware's homeless population spans all ages, but children and older adults represent significant shares. Children under 18 accounted for the single largest age group in the 2025 Point-in-Time Count at about 27% of the homeless population. Notably, over 19% of homeless households are family households with at least one child. This amounts to hundreds of families statewide living in shelters or temporary situations, and family homelessness has been described as a growing concern.

Seniors are also heavily impacted, 22% of Delaware's homeless residents are older adults over age 55. Homelessness among seniors has risen sharply in recent years, with service providers reporting more older adults losing housing. There are long waitlists for the limited number of subsidized senior housing units, indicating a gap in housing resources for elderly Delawareans. Racial disparities are stark: while Black residents represent only 22% of the general population, they account for over 60% of those experiencing homelessness. Veterans, chronically homeless individuals with disabling conditions, and survivors of domestic violence also face significant barriers to housing and support, underscoring the need for more targeted interventions that take the service and housing needs of these populations into account.

Homelessness in Delaware remains at elevated levels post-pandemic. The 2024 Point-in-Time (PIT) count identified 1,358 people experiencing homelessness statewide on a single night. This included 238 unsheltered individuals. By early 2025 the homeless population had grown to 1,585 people, a 16% increase from 2024. While the unsheltered count in 2025 was reduced to 167, a 30% decrease, the total number of people experiencing homelessness is the highest count on record (excluding the height of the COVID emergency). It should also be noted that while the PIT count is a valuable tool for measuring unsheltered homelessness, it can undercount people who were not visible to outreach teams. In addition, the PIT count is not meant to capture those who are doubled up or unstably housed.

Measured annually, the number of people served in emergency shelter in DE was 3,276 people in federal FY2024. During the pandemic, the state's homeless population roughly doubled between 2020 and 2022, driven largely by expanded emergency shelter in hotels/motels. While the following PIT counts have shown a drop in the sheltered count (after pandemic hotel voucher programs

ended), the 2023 Homeless in Delaware study makes a strong case that this does not reflect an improvement – many people simply returned to precarious situations or sleeping outside.

Shelter capacity is struggling to meet demand. With the rollback of COVID-era hotel vouchers, Delaware's supply of emergency shelter and transitional housing beds declined, although not to prior levels given that two new shelters were added. Housing Alliance Delaware, which operates the centralized intake hotline, has recorded unprecedented need. Roughly 60% of Delaware's homeless people are in New Castle County shelters, versus only 15% in Sussex County, reflecting a geographic imbalance in capacity. In Sussex, homelessness far outpaces available services, leading to unsheltered individuals or those doubling up in unstable arrangements. Housing Alliance Delaware's Centralized Intake (CI) received nearly 36,000 calls for help in 2024. After determining that 7,131 households needed immediate housing assistance, 952 households were able to be referred to housing or shelter in Delaware. These numbers illustrate a high demand for shelter and housing assistance statewide that is not being fully met under current conditions.

## The Homelessness Response System in Delaware

*Structure & Stakeholders*

Broadly speaking, Delaware's response to homelessness has improved since 2015, but remains fragmented. While the Delaware CoC has achieved high levels of community participation, engagement, and federal funding, the CoC has not achieved the alignment that is needed across sectors, systems of care, and geography (shelters, local government, DHSS, public housing authorities, etc.) to achieve reductions in homelessness.

Stakeholders note that some policymakers view homelessness mainly through the lens of mental health or addiction, rather than housing affordability and scarcity. Lack of agreement on root causes can lead to underinvestment in solutions. Additionally, while new protections like proposed in the Homeless Bill of Rights are important, they come as unfunded mandates. For instance, prohibiting discrimination against the homeless is extremely important, but enforcing such laws or providing remedies (shelter, sanitation facilities, etc.) requires resources. In summary, Delaware's homeless response system is stretched thin: too few housing units, not enough shelter beds or geographic coverage, an overtaxed provider network, and structural challenges in data and policy that complicate a comprehensive response.

Delaware's Continuum of Care is statewide. Housing Alliance Delaware serves as the CoC lead, managing data (HMIS/CMIS), the annual PIT count, the CoC funding competition with HUD, and a Centralized Intake system.

*Coordinated Entry/Access to Help*

Through a single statewide homeless helpline Centralized Intake, that is operated by Housing Alliance DE, individuals and families in crisis are triaged and informed about available shelters or services; they are assessed and referred to open shelter beds, and CoC-funded rapid re-housing and supportive housing. Most of Delaware's temporary housing/emergency shelter programs do not receive direct referrals for open shelter or transitional housing beds from Centralized Intake.

*Emergency Shelter*

Emergency shelter options in DE include a mix of year-round shelters and seasonal programs, with the number of year-round shelter beds at 849 per night (2024 HIC). The Hope Center in New Castle County is the largest low-barrier shelter, providing private rooms for individuals and families and on-site services. Its innovative hotel-to-shelter conversion during COVID has become a model for the state's future shelter strategy, with officials exploring similar expansions in Kent and Sussex counties. Delaware also has a hotel/motel sheltering program that is run through the state that serves 100 people per night on average and provides approximately 2 weeks of assistance to stay at a hotel/motel. In addition, community organizations and faith-based groups operate cold weather emergency shelter and winter warming sites. There are also specialized shelters and transitional housing for particular populations: domestic violence shelters, youth and young adult programs, and a small number of transitional housing units.

*Housing Subsidies, Rental Assistance, and Homeless Prevention*

Rapid Re-Housing (RRH) programs provide short-term rental assistance and case management to help homeless individuals and families quickly move into private-market housing. RRH resources are administered by nonprofit providers via HUD grants and other public grants and are primarily available in New Castle County and the City of Wilmington. At any given time, there are 300-315 formerly homeless households living in RRH funded housing units in DE, compared to the 1,585 people who remain homeless. During federal FY2024, 3,276 people stayed in an emergency shelter in DE, and only 1,811 people received some kind of RRH assistance (housing search, rent help, case management, etc.). There is recognition that RRH must be scaled up and expanded to serve more people.

Permanent Supportive Housing (PSH) is offered for those with chronic homelessness and disabilities, combining long-term rental subsidies with supportive services. Delaware's PSH inventory of 728 units on any given night does not meet demand, leaving many high-need individuals on waitlists and on the streets. As of August 4, 2025, there were 211 people with disabilities experiencing long term chronic homelessness waiting for access to PSH in Delaware.

Rental assistance programs play a crucial role in Delaware's housing stability and homeless prevention efforts. During the pandemic, the Delaware Housing Assistance Program (DEHAP) disbursed over $120 million in federal Emergency Rental Assistance to nearly 22,000 households – helping pay back rent, utilities, and prevent evictions. As funds were expended, it was succeeded by the Housing Stability Program (HSP). HSP provided up to 3 months of rental assistance (max $1,800 per month) for tenants facing imminent eviction. This program expired in May 2025 due to funds being expended. There is currently no statewide rental assistance available for at risk tenants, only small local programs with limited funding.

However, the Eviction Defense Project provides free legal assistance to tenants below 200% of the poverty level who are facing eviction. Established through a partnership among Delaware's nonprofit civil legal services providers—including Community Legal Aid Society, Inc. (CLASI), Delaware Volunteer Legal Services (DVLS), and Legal Services Corporation of Delaware (LSCD)—the EDP offers free legal assistance and representation to eligible tenants facing eviction or the loss of housing subsidies. This effort was bolstered by the passage of Senate Substitute 1 for Senate Bill

1 in 2023, which grants qualifying low-income renters the right to legal representation in eviction proceedings, making Delaware one of the few states to enact such legislation. The project also provides financial assistance for rent and utility arrears, addressing underlying causes of eviction and reducing the risk of homelessness among vulnerable populations. While the project provides invaluable services to those who gain access, funding for staffing and financial assistance would need to be greatly expanded to meet the actual volume of households facing eviction.

Longer-term housing subsidies are available through federal and state voucher programs. Local housing authorities administer Housing Choice Vouchers (Section 8) that subsidize rent for low-income residents in the private market (about 6,000+ vouchers statewide). Delaware also operates the State Rental Assistance Program (SRAP), a state-funded voucher program serving individuals who need housing help (e.g. those exiting foster care, institutional settings, or with disabilities) who cannot obtain federal vouchers. However, there is no direct line of access or referral from homeless shelters or the streets to these housing assistance resources, nor any statewide priority given for people and families experiencing homelessness. It is also regularly reported by providers and clients that the supportive services received are insufficient for maintaining housing stability.

## Gaps and Challenges

*Unsheltered Homelessness*

Unsheltered homelessness and the presence of encampments represent a significant gap in Delaware's homelessness response system. The 2025 Point-in-Time count recorded 167 individuals living unsheltered--and providers report that this number underrepresents the true scale due to limitations in visibility and outreach coverage. Despite the need, the state lacks a robust, coordinated infrastructure for street outreach and encampment response. Many individuals remain outside because there are too few low-barrier shelter options, geographic isolation from services, and a lack of consistent, housing-focused engagement strategies. Encampment residents often face repeated displacement without meaningful alternatives, compounding trauma and disrupting service connections. While some local efforts have emerged, Delaware has yet to establish a comprehensive, statewide encampment strategy that aligns outreach, shelter access, public health, and housing placement.

*Housing Supply and Access*

Despite recent efforts, critical gaps hinder Delaware's ability to meet the needs of people experiencing homelessness. Housing supply shortages are the foundational challenge. With nearly 20,000 fewer affordable units than needed for low-income renters, many households simply cannot find housing within their means. This shortage drives both increases in homelessness and long shelter stays. High rents and a tight housing market mean that even those with vouchers or short-term assistance struggle to secure apartments. There is also a lack of specialized housing like accessible units for people with disabilities and supportive housing for those with behavioral health needs. The result is long waitlists, and vulnerable people with long stays in shelters or inadequate settings because appropriate housing is unavailable.

*Emergency Shelter Capacity*

Emergency shelter capacity is insufficient and unevenly distributed. The 2024 Housing Inventory Count (HIC) counted 849 emergency shelter beds and 317 transitional housing beds. The Housing Alliance of Delaware reported over 35,000 total calls to the Centralized Intake line in 2024, representing 7,131 households seeking housing assistance. Providers report nights when every shelter bed in the state is full, forcing people to endure sleeping in cars or outdoors. The shortage is most acute in Kent and Sussex counties. For example, Western Sussex County has virtually no emergency housing, and Sussex County has no emergency shelter for families with children. This means people are often cut off from jobs, schools, or support networks to get help; some spend what little income they have on transportation just to access shelter or services in other areas of DE. Furthermore, special population needs are not fully met—Delaware has very limited beds for youth and very few ADA-accessible shelters for those with mobility impairments.

*Coordinated Access to Resources*

There is broad agreement that people experiencing homelessness in Delaware should have a straightforward, equitable way to find resources that can help them. As Governor Meyer stated in the first month of his time in office, "Housing is a human right, and no Delawarean should be left out in the cold." Delaware's coordinated entry system has been operating since 2014, with many lessons learned and improvements along the way. However, Housing Alliance DE, shelter providers, and funders of homeless assistance agree that coordinated entry needs to evolve again. The system partners have been discussing how the coordinated entry system can better ensure that homeless services are accessible, people with the highest needs are not screened out of receiving help, and there are meaningful pathways from the street to housing.

*Inadequate Support Services*

Another major gap lies in supportive services and staffing. Housing or shelter alone is often not enough for individuals with complex needs to achieve and maintain housing stability. Providers report high caseloads and challenges in offering appropriate and intensive support for tenants with the highest needs. Workforce shortages and funding limitations make it difficult to expand services or even maintain current ones. Service providers report difficulty hiring and retaining case managers, counselors, and shelter staff due to relatively low pay and high burnout. High caseloads for caseworkers mean less individualized attention to help each client maintain housing. Stakeholders have called for more training and the adoption of the Housing First model among providers to ensure staff can help clients with re-housing and retention. In short, the capacity of the homeless services workforce is strained, which in turn limits how many people can be effectively served at any given time.

*Domestic Violence System Capacity*

The Delaware Coalition Against Domestic Violence (DCADV) has documented that DV shelters often operate at or near full capacity year-round, at times with waitlists. Survivors are sometimes forced to stay in unsafe situations or enter the general homeless system, where they may face additional risks. While DV shelters offer critical services, the statewide bed count is 116**,** significantly below the level needed to meet both emergency and longer-term safety needs for

survivors and their children. Any expansion in the emergency system must account for the unique needs of DV survivors, including confidential and secure locations, trauma-informed and culturally responsive support, geographic flexibility to escape abusers, non-congregate or family-friendly spaces, and rapid rehousing and long-term subsidies linked to victim services. Addressing these needs requires expanding DV shelter capacity, integrating DV-specific pathways into coordinated entry, and increasing funding for survivor-centered long-term or permanent affordable housing options.

*Data*

Several systemic and infrastructure issues further challenge Delaware's response. The state lacks a fully integrated data system to track homelessness across programs. Housing Alliance Delaware administers the Homeless Management Information System, CMIS, for Delaware. Including cold weather shelters and the state service center hotel/motel emergency shelter program, only 43% of Delaware's emergency shelter beds enter data into HMIS. Overall, 63% of all homeless assistance beds in Delaware, including shelter, rapid re-housing, transitional, and permanent supportive are in CMIS. The pandemic revealed fragmentation in data when many people receiving motel vouchers were "invisible" in the usual shelter counts. Efforts are underway to improve data sharing, but getting a complete picture of homelessness is still difficult, which hampers planning, accountability, and performance.

## Strengths and Recent Initiatives

Despite these challenges, Delaware has notable strengths. Because Delaware is small and has a single statewide CoC, stakeholders across government and nonprofits can collaborate closely. For example, the University of Delaware's Biden School recently partnered with state agencies to form The Biden School Housing Initiative aimed at better coordinating homelessness research and policy. Delaware's size can be an asset: leaders can more easily convene, share data, and craft joint solutions.

On April 17, 2025, Delaware Governor Matt Meyer signed Executive Order #8, establishing the Delaware Interagency Collaborative to End Homelessness. This 15-member advisory group aims to reduce overall homelessness in the state by 50% and eliminate child homelessness within five years. The Collaborative includes state cabinet members, county and city leaders, nonprofit partners, and legislative representatives. It will analyze current homelessness services, identify gaps, and coordinate resources to deploy targeted strategies.

In 2024, Governor Meyer established a statewide working group by executive order to develop streamlined permitting processes aimed at accelerating the development of both workforce and affordable housing. The working group brings together representatives from state and county planning offices, housing developers, and municipal leaders to identify best practices, propose statutory changes, and reduce regulatory barriers.

The Delaware Affordable Housing Production Task Force, established in August 2024 through House Bill 442, released its final report in April 2025, outlining nine key objectives to address the state's affordable housing crisis. The bipartisan 20-member task force, comprising state and local officials, housing organizations, developers, and community representatives, collaborated over

several months to develop 71 specific recommendations aimed at increasing the supply of affordable housing across Delaware.

In terms of programmatic innovations, the state has shown willingness to try new models. The Hope Center and the Springboard Collaborative are prime examples of newly developed facilities that offer privacy, safety, and dignity for residents in non-congregate spaces, including for pets and belongings. This "non-congregate" shelter model proved successful during COVID and is seen as a "forward-looking example for the future." Plans are being developed to potentially replicate the non-congregate low barrier approach in Kent and Sussex counties to expand shelter capacity in under-served areas.

There is ongoing support for "Code Purple" winter shelters, which involve partnerships between public agencies and faith communities to open warming centers on cold nights. These community-driven responses show the strength of grassroots involvement – for instance, Milford Advocacy for the Homeless provides outreach, basic supplies, and connection to services to people living unsheltered, relying heavily on volunteers to deliver services and fulfill it's mission. This kind of civic engagement is a notable asset in Delaware's system.

Delaware has also made progress on legal protections and policy reforms. In June 2024, the General Assembly passed landmark legislation (House Bills 439 and 440) adding housing status as a protected class under state housing and employment anti-discrimination law. Delaware has also strengthened tenants' rights in recent years. Delaware was among the first states to implement a right-to-counsel for evictions, recognizing that keeping people housed is far less costly than sheltering them after an eviction. These legal and policy measures – from anti-discrimination to eviction prevention –can help residents avoid homelessness.

In summary, Delaware's homelessness and housing system is at a pivotal moment. Strong interagency collaboration, innovative programs, and new legal protections form a foundation of strengths on which to build. These strengths can be leveraged to address the gaps – by expanding affordable housing stock, increasing low barrier shelter capacity statewide, and enhancing services. For policymakers, the task ahead is to sustain and scale these efforts. The recent surge in homelessness has made clear that a comprehensive, statewide response is needed.

## Building on Prior Work

In developing the new Delaware Housing Blueprint, it is essential to build upon the foundation of prior strategic plans and research. These existing resources offer valuable insights into past challenges, successes, and evolving housing needs across the state. By analyzing previous plans—such as comprehensive housing studies, homelessness strategies, and local development initiatives—we can identify persistent gaps, align with ongoing efforts, and avoid duplication. This approach ensures that the new Blueprint is informed by evidence and responsive to current conditions. The following is a list of key reports, plans, and research:

- Ending Homelessness in Delaware:  Our Action Plan, 2017
- Homelessness in Delaware: An Assessment, 2023
- An Overview of Family Homelessness in Delaware, 2021
- Delaware's Plan to Prevent and End Homelessness, 2013

- Homelessness in Delaware: Twenty years of data collection and research, 2007
- Breaking the Cycle: Delaware's Ten-Year Plan to End Chronic Homelessness and Reduce Long-Term Homelessness, 2007

# IV. Recommendations

## 1. Resolve Critical Systems Gaps

To effectively reduce and ultimately end homelessness in Delaware, the state must urgently address several critical gaps in its crisis response and housing systems. Communities face structural limitations that hinder their ability to respond to rising needs. This recommendation calls for targeted investments and policy changes to expand emergency shelter capacity, enhance housing-focused outreach and encampment response, increase the supply of permanent supportive housing, and restore a statewide emergency prevention and diversion fund. These strategies are essential to stabilize individuals in crisis, prevent homelessness before it begins, and build pathways to housing.

- **Increase low barrier emergency shelter capacity:** Delaware should increase the number and geographic distribution of emergency shelter beds to meet growing demand, particularly in underserved areas such as Sussex County. This includes investing in low-barrier, year-round shelters with appropriate accommodations for families, youth, older adults, and individuals with complex behavioral health needs.

- **Expand proactive street outreach and encampment response with mobile case management:** Delaware must expand street outreach efforts to ensure consistent, proactive engagement with individuals experiencing unsheltered homelessness. By scaling multidisciplinary outreach teams statewide that meet individuals where they are, support unsheltered residents, and build trust to facilitate housing placement, providers will be able to deliver housing-focused resolution strategies.

- **Increase the stock of permanent supportive housing:** To address the needs of individuals with chronic health conditions and long histories of homelessness, Delaware should expand the inventory of permanent supportive housing by dedicating new capital investments and rental subsidies for PSH units, leveraging federal resources such as Housing Choice Vouchers and Medicaid for supportive services. State and local governments should identify barriers to PSH development—such as zoning or project financing—and adopt policy changes that facilitate rapid creation of new units. PSH programs should be prioritized for individuals with high service needs and integrated into coordinated entry processes to ensure equitable access.

- **Fund and implement a new statewide emergency rental assistance program for homelessness prevention:** Delaware should reinstate a dedicated, statewide emergency homelessness prevention and shelter diversion fund to help households remain housed or resolve a housing crisis without entering shelter. These flexible funds should be accessible through community-based providers trained in problem-solving and mediation. The state should also establish early warning systems for targeting prevention funds, such as collaborating with public schools to identify and refer the families of students at risk of homelessness and offer timely housing-related assistance to their families. Sustained state funding, with clear eligibility criteria and regional allocation, is essential to ensure this resource is available consistently—not just during emergencies like the pandemic.

## 2. Increase Affordable Housing Supply and Access

Delaware must expand the supply of affordable housing through a multifaceted approach, implementing the recommendations from the Affordable Housing Production Task Force. To address homelessness, strategies must include expanding access to rental subsidies for people experiencing homelessness, expanding permanent supportive housing (PSH) for people with disabilities, and expanding housing supply that meets the needs of extremely low-income households. The action items below help close the housing gap and enable rapid and sustained exits from homelessness:

- **Expand the supply of affordable housing and prioritize housing that is affordable for the lowest income households:** allocate funding and engage with local developers to incentivize development while also streamlining the process. Engage local developers, expand incentives, and streamline the approval and building process. Set a target for new PSH units over the next five years, focusing on individuals experiencing chronic homelessness and those with behavioral health needs utilizing a project-based vouchers and supportive service funding to ensure long-term stability.
- **Increase access to affordable rental housing for people experiencing homelessness:** Expand the availability of tenant-based rental assistance and prioritize allocations for extremely low-income households, seniors, individuals with disabilities, and families exiting homelessness. Expanding access to housing vouchers and subsidies enables low-income renters to afford market-rate units. These subsidies bridge the gap between tenant income and prevailing rents, reducing housing instability and risk of homelessness. Reduce eligibility barriers such as credit history, income documentation, and background restrictions to help ensure that people experiencing homelessness can access affordable housing units.
- **Expand landlord incentive programs:** Offer tiered landlord incentives, including signing bonuses, risk mitigation funds, and fast-track inspections for landlords who rent to voucher holders or rapid re-housing clients from the CoC. Financial incentives like signing bonuses or risk mitigation funds compensate landlords for perceived risks and increase their willingness to lease to program participants.

## 3. Sustain & Expand Eviction Prevention

Prevention keeps individuals and families from entering the homelessness system by resolving their housing crisis either before or at the point of homelessness.

- **Continue to provide and expand landlord mediation and legal assistance:** Delaware should continue to expand and provide access to legal aid for low-income tenants in eviction proceedings. Since Delaware passed right to representation legislation, the program has been ramping up and rolling out. The program continues to grow and serves more households each year. This work is important for preventing homelessness and should continue to be supported and funded to ensure eligible households get access.

- **Ensure that tenants at risk of eviction have access to financial assistance**: Settlement assistance funds are flexible dollars that can be used to keep tenants in their homes during mediation and negotiation with landlords during eviction proceedings. These dollars can be offered directly to landlords to help pay rent owed, and/or negotiate a future payment plan. According to CLASI, the settlement assistance funds have been the most efficient and effective way to negotiate an agreement with a landlord to keep a household in their home. These funds were a one-time ARPA investment and will be fully depleted in 2025. New funds are needed. As of April 2025, 78% of the settlement assistance funds used by legal aid enabled a household to stay in their home; 15% of the funds were used to provide the household with time to move and avoid homelessness; and 7% were used to help a household keep a housing voucher.

## 4. Improve Cross-Systems Coordination

A coordinated response to homelessness requires alignment across state agencies, local governments, and nonprofit partners. On April 17, 2025, Governor Meyer signed Executive Order No. 8 establishing the Delaware Interagency Collaborative to End Homelessness. This 15-member advisory group will coordinate statewide efforts to reduce homelessness by 50% and end youth homelessness within five years.

- **Utilize the Interagency Collaborative to Conduct a statewide inventory of homelessness-related programs, services, and funding across agencies and nonprofit partners:** Identify all public and private initiatives currently addressing homelessness in Delaware, including housing programs, outreach services, mental health and substance use supports, and shelter operations. Mapping these efforts will reveal duplication, gaps, and opportunities for coordination, particularly across DHSS divisions, and between DHSS and housing providers (housing authorities and nonprofits). Develop standardized performance outcomes, recordkeeping, and documentation requirements for nonprofit grantees across state departments/divisions and federally funded programs to decrease the administrative burden on service providers.
- **Prepare contingency plans in anticipation of potential shifts or shortfalls in federal funding sources:** Proactively develop coordinated contingency plans across state agencies, local governments, and Continuum of Care partners. This includes mapping

essential services that rely heavily on federal funding, identifying high-risk gaps, and creating backup strategies to preserve core program functions. A shared planning framework will help prioritize critical interventions, protect housing placements, and avoid service disruptions during funding transitions.

- **Coordinate implementation of a unified state plan to end homelessness with shared metrics:** The Collaborative will work across agencies and jurisdictions to align goals, coordinate strategies, and define performance measures, ensuring all stakeholders are accountable to the same benchmarks in reducing homelessness.
- **Strengthen interagency collaboration:** Develop shared protocols for data exchange, service referrals, and discharge planning across systems. Launch interagency pilot projects focused on high-need populations, such individuals with disability or individuals exiting institutional care that includes case conferencing and housing-focused outcomes.
- **Data sharing and systems integration:** Integrate all providers and agencies into the Homeless Management Information System (HMIS) and allow for data exchange with other key systems, including Social Services, behavioral health and corrections. Use data dashboards to track system performance metrics like length of homelessness and rates of housing placement and retention, as well as to identify barriers to housing access and gaps in service delivery. Establishing shared data protocols and linking systems improves service delivery and enables better tracking of outcomes.
- **Address Coordinated Entry/Access:** Review and make changes to the Delaware coordinated entry system as needed to ensure that it is able to meet client needs. Come to consensus on the vision for coordinated entry in Delaware, aligning funders and service providers in a comprehensive system that expands the capacity and geographic reach of the Coordinated Entry system to ensure consistency, standard assessments and improved access to resources statewide.

## 5. Enhance Housing-Focused Case Management Services & Supports

Effective case management is essential for helping individuals and families navigate from homelessness to permanent housing. This strategy promotes housing-first training for providers, coordination of services across systems, and emphasizes long-term housing retention. Reducing caseloads and expanding proactive outreach ensures higher quality support and greater housing stability.

- **Provide housing navigation, stabilization, and retention training and technical assistance** Deliver ongoing professional development to case managers on housing-first principles, crisis resolution, landlord engagement, and long-term housing stability strategies. Implement structured follow-up protocols for at least 12 months post-placement to support housing retention. Provide coaching on lease compliance, budgeting, neighbor relations, and household management. Aim for a 90% retention rate among households placed through housing programs. Offer workshops and coaching on lease compliance, rights and responsibilities, and housing retention; maintain landlord liaison services to address tenancy issues early.

- **Reduce caseloads and increase individual engagement and support**: Fund lower caseload ratios (e.g., 1:15 for PSH, 1:20 for RRH) to allow for more individualized, effective case management and reduce staff burnout. Seek to secure funding and staffing to maintain caseloads of 1:15 in permanent supportive housing and 1:20 in rapid rehousing. Monitor caseload sizes and client outcomes to ensure quality of support, prevent burnout, and maximize long-term housing stability.
- **Coordinate case management and service connection across systems of care**: Implement shared protocols for cross-agency communication and service delivery, including real-time referrals, consent management, and case conferencing. Establish cross-agency case conferencing protocols to serve individuals with complex needs. Develop shared communication tools and consent forms to allow real-time coordination among housing, healthcare, corrections, and behavioral health providers.

## 6. Enhance Mainstream Benefits & Services

This strategy focuses on improving the financial stability of households at risk of or experiencing homelessness. It includes integrating workforce development with housing programs, expanding job training and apprenticeships, improving access to income supports (like benefits and tax credits), and enhancing transportation options. Financial counseling and tenant education are also prioritized to help individuals manage income and maintain stable housing. The overarching goal is to ensure households can achieve long-term stability through increased income and financial resilience. Many people experiencing homelessness face behavioral health challenges. This strategy also calls for increased access to treatment, mobile crisis outreach, and integrated care models. Discharge planning from hospitals, treatment centers, and correctional facilities helps to prevent homelessness following release. Trauma-informed and culturally competent services are also essential to meet the diverse needs of the population. Coordinating behavioral health care with housing support improves outcomes and reduces chronic homelessness.

- **The State should explore opportunities to expand access to cash benefits and income supports for the people and families with the lowest income.** Streamline benefits enrollment through integrated applications and co-location of services. Provide benefits screening at shelters, drop-in centers, and reentry programs to connect eligible individuals to SNAP, WIC, TANF, GA, and SSI/SSDI. Fund mainstream benefits navigators to assist with application, enrollment, and utilization of services and provide training and technical assistance to homeless response system staff. Simplifying/streamlining enrollment and increasing outreach for public benefits boosts household income and reduces reliance on emergency services.
- **Increase person-centered mental health, crisis response, and treatment services**: Invest in mental and behavioral health infrastructure, mobile crisis teams, and peer support to provide timely, trauma-informed care tailored to individual needs. Fund new outpatient mental health and substance use treatment slots and new residential treatment beds over the next three years. Expand telehealth infrastructure to reach underserved populations, including individuals in shelters and rural areas.

- **Coordinate institutional discharge planning**: Embed housing navigators in hospitals, jails, behavioral health centers, and treatment facilities to create housing plans prior to release, preventing discharges into homelessness. Require discharge planners to refer individuals to centralized housing resources at least 30 days prior to release or discharge.
- **Incentivize workforce development and job/vocational training partnerships**: Support employment services co-located with housing programs and incentivize employer partnerships to provide apprenticeships, training, and job placement support. Co-locating employment services with housing programs streamlines access and improves economic outcomes for participants. Offering training in high-demand fields provides pathways to sustainable employment and long-term housing stability. Partner with local employers, community colleges, and labor unions to create new training programs in high-demand sectors such as healthcare, construction, and information technology. Ensure these programs include wraparound supports like childcare, transportation stipends, and job placement services.
- **Provide financial coaching, transportation, education and childcare assistance**: Many households experiencing or at risk of homelessness face overlapping barriers to economic stability and independence. Offering bundled supports—such as financial coaching, job readiness training, transportation assistance, educational access, and affordable childcare—can significantly reduce these obstacles. These resources empower individuals to pursue employment or education, manage income more effectively, and maintain stable housing. Embedding these supports within housing and service programs ensures that families and individuals are not forced to choose between opportunity and survival.

# V. Conclusion

The Delaware Blueprint for Solving Homelessness lays out a comprehensive, multi-faceted plan touching every aspect of the homelessness crisis – housing, emergency shelter, services, prevention, and systems collaboration. By increasing affordable housing opportunities, the state tackles the supply problem head-on, ensuring more people can obtain homes. By improving cross-systems coordination**,** Delaware creates a unified front so that homelessness is addressed not just by housing agencies but by health, justice, and social service systems working in concert. Through diversion and prevention strategies, the state is stopping homelessness before it starts or rapidly rerouting people back to stability. Strengthening landlord engagement opens the private market, turning it into a partner in the solution. Expanding employment and income resources empowers individuals to sustain housing and break out of poverty. Enhancing housing-focused case management improves the effectiveness of programs, helping people achieve long-term stability with the right support. And finally, bolstering mental health and substance use services addresses critical needs that often prolong homelessness, offering people a path to recovery and stability.

Delaware's recent actions – from new laws and funding to collaborative initiatives – show a commitment. Current data demonstrate both the challenges (rising homelessness, housing shortfalls) and the positive momentum (record rental assistance delivered, legislative victories for

tenant rights, etc.). Stakeholders across housing, health, and human services in Delaware can see from this detailed report how each Blueprint recommendation can be put into practice with local context: new affordable housing developments backed by policy changes, councils and task forces aligning efforts, courts and service providers innovating to prevent eviction and divert crises, landlords being recruited and supported**,** job programs linking with housing stability**,** case managers being empowered and trained, and treatment providers reaching out and coordinating with housing**.**

Moving forward, the Blueprint's implementation will require sustained effort, funding, and collaboration. By continuing to track outcomes, listen to those with lived experience, and adjust strategies based on data, Delaware can make homelessness rare, brief, and non-recurring. The expanded strategies and examples in this report provide a roadmap for stakeholders to deepen their work, forge new partnerships, and scale up what works. In doing so, Delaware will continue to demonstrate that a focused, evidence-based plan – with housing at the center – can transform lives and communities, ensuring that every Delawarean has a place to call home.

# V. Glossary

**Area Median Income (AMI)**
A measure of household income used by the U.S. Department of Housing and Urban Development (HUD) to determine eligibility for housing programs. Extremely low-income households earn less than 30% of the AMI; very low-income households earn less than 50%.

**Chronic Homelessness**
Refers to individuals or families who have been homeless for at least a year—or repeatedly over the past few years—while also living with a disabling condition such as a serious mental illness, physical disability, or substance use disorder.

**Coordinated Entry (CE)**
A standardized system for accessing housing and services for people experiencing homelessness. It prioritizes resources based on a person's level of need and ensures fair and streamlined access to housing options across providers.

**Continuum of Care (CoC)**
A regional or statewide planning body responsible for coordinating homelessness response, managing HUD funding, and overseeing services. The Delaware Continuum of Care is a statewide collaboration of service providers, housing agencies, government entities, and advocates.

**Diversion**
A strategy to help individuals or families avoid entering the shelter system by resolving their housing crisis quickly and safely—often through conflict mediation, relocation assistance, or one-time financial help.

**Emergency Shelter**
Short-term housing intended to provide safe, temporary accommodations for people experiencing homelessness. Shelters may vary in structure, from congregate spaces to non-congregate motel rooms.

**Encampment**
A location where people experiencing unsheltered homelessness reside, such as tents, makeshift shelters, or vehicles, often in public or undeveloped spaces.

**Homeless Management Information System (HMIS)**
A shared data system used by homeless service providers to track client needs, services received, and housing outcomes. It allows for coordinated care and informs data-driven planning.

**Housing Choice Voucher (HCV)**
Formerly known as Section 8, this federal rental assistance program enables low-income households to rent private-market units by subsidizing a portion of their rent. Tenants typically pay 30% of their income, with the voucher covering the remainder.

**Housing First**
An approach to ending homelessness that prioritizes providing permanent housing quickly, without preconditions such as sobriety or service participation. Supportive services are offered but not required, recognizing that stable housing is the foundation for recovery and self-sufficiency.

**Low-Barrier Shelter**
Shelter programs designed to reduce or eliminate entry requirements that often exclude high-need individuals. These shelters do not require sobriety, documentation, background checks, or service participation, and are inclusive of partners, pets, and possessions.

**Permanent Supportive Housing (PSH)**
Long-term housing with voluntary, wraparound supportive services for individuals and families experiencing chronic homelessness and disabilities. PSH is an evidence-based practice proven to improve housing stability and reduce crisis service use.

**Point-in-Time (PIT) Count**
An annual count, conducted in January, of people experiencing homelessness on a single night—both sheltered and unsheltered. It provides a snapshot of need but does not capture all forms of housing instability.

**Prevention Funding**
Flexible resources used to keep individuals and families housed before they enter homelessness. Funds may cover rent, utilities, security deposits, or other expenses that could result in eviction or housing loss.

**Rapid Re-Housing (RRH)**
A housing intervention that provides short-term rental assistance and supportive services to help people quickly exit homelessness and stabilize in private-market housing.

**State Rental Assistance Program (SRAP)**
A Delaware-funded rental subsidy program that assists low-income residents, especially those exiting institutions or experiencing homelessness, who are not eligible for federal housing vouchers.

**Transitional Housing**
Temporary housing with support services, typically offered for 6 to 24 months, designed to help individuals move toward permanent housing. This model is often used for youth, domestic violence survivors, or individuals in recovery.

**Unsheltered Homelessness**
Refers to individuals living in places not meant for habitation, such as streets, parks, cars, or abandoned buildings. Unsheltered individuals often face greater risks to health and safety and are harder to reach through traditional systems.

# VI. Data Sources

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# VII. Acknowledgements

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