

**JUNE 2026**



SENIOR CITIZEN TASK FORCE

# PRELIMINARY BRIEFING



**TALBOT  
COUNTY**

Office of Community  
Partnerships

This preliminary briefing summarizes the findings of the Talbot County Senior Citizens Task Force and explores emerging challenges, opportunities, and potential strategies to address senior housing insecurity and homelessness in Talbot County.

**Nancy Andrew, Office of Community Partnerships**

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### TASK FORCE MEMBERS

Jennifer Marchi, Chair	Talbot County Commission on Aging
Rachel Cox	Talbot County Department of Emergency Services
R. Andrew Hollis	Neighborhood Service Center
Shannon Joyce	Mid Shore Behavioral Health
Julie Lowe	Talbot Interfaith Shelter
The Honorable Lynn L. Mielke	Talbot County Council
Lee Newcomb	Talbot County Department of Social Services
Michelle Nichols	Delmarva Community Services
Carrie Ottey	Talbot County Health Department
The Honorable Robert Rankin	Easton Town Council
William Wieland	Community Representative
The Honorable Robert C. Willey	Community Representative
<b>Staff</b>	
Nancy Andrew	Office of Community Partnerships

## INTRODUCTION

**Talbot County is experiencing locally — and possibly more acutely — demographic and housing trends emerging across Maryland and the nation. Older adults are among the fastest growing populations experiencing housing insecurity and homelessness nationally. These demographic shifts are occurring alongside broader housing affordability and availability challenges that exist in Talbot County.**

Maryland’s recently adopted Longevity Ready Maryland initiative recognizes the need for greater coordination across housing, healthcare, transportation, and aging services systems as the State’s population continues to age. Talbot County has one of the highest proportions of older adults in Maryland, with approximately 29–30% of residents age 60 and older. The establishment of the Talbot County Senior Citizens Task Force, alongside the ongoing work of the Talbot County Commission on Aging and community partners, positions the County to proactively address emerging needs and opportunities related to aging and housing stability.

This preliminary briefing provides the Talbot County Council with a high-level overview of the Task Force’s work to date and summarizes key findings and themes emerging from local data and partner engagement. While the Task Force identified significant challenges related to senior housing insecurity, homelessness prevention, crisis response, affordability, accessibility, and services coordination, the group also reviewed promising practices from other communities. Possible solutions exist. The information that the Task Force reviewed also suggests that senior housing insecurity is not solely a housing issue, but also a broader community challenge intersecting with healthcare, aging, transportation, behavioral health, and long-term planning.

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### HOUSING STABILITY AND HOMELESSNESS RESPONSE CONTINUUM

As the Task Force considered both local needs and good ideas from other communities, discussions organized around the three pillars of the housing stability and homelessness response continuum:

- **Preventing homelessness** and housing instability before crisis occurs;
- Strengthening **crisis response** systems for older adults experiencing housing emergencies; and
- Expanding access to **permanent housing** solutions that are affordable, accessible, and appropriate for seniors.

The Task Force is seeking guidance from the Talbot County Council regarding the role Talbot County government should play in addressing senior housing insecurity and homelessness among older adults, including how the County may help convene partners, coordinate community responses, and support future planning efforts.

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### SENIOR HOUSING INSECURITY EXTENDS BEYOND VISIBLE HOMELESSNESS

Nationally, older adults are among the fastest growing populations experiencing homelessness and housing insecurity, with many living in unstable or precarious situations long before entering formal shelter or homelessness systems. Task Force discussions and local data suggest the same pattern in Talbot County, where homelessness among seniors represents only a portion of the broader challenge. Many older adults are experiencing housing instability through unsafe housing conditions, cost burdens, risk of eviction, utility insecurity, temporary motel stays, health challenges, or inability to maintain their homes while aging in place.

In 2025 alone, the Neighborhood Service Center reported serving 660 seniors through programs including utility assistance, eviction prevention, temporary shelter, and first month's rent assistance. Talbot Interfaith Shelter reported a significant increase in inquiries from older adults seeking assistance. Calls involving individuals age 55+ increased from 29 in 2024 to 53 in 2025 — an approximately 83% increase. In less than the first quarter of 2026, the organization received 32 calls involving this age group.

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### LOCAL DATA SUGGESTS A CONTINUUM OF VULNERABILITY AMONG OLDER ADULTS

Data reviewed by the Task Force identified hundreds of seniors annually seeking assistance through local service systems, including behavioral health services, healthcare-related supports, housing assistance, and aging services. Talbot County Health Department and the Talbot County Department of Social Services reported increasing concern regarding seniors who are slightly above eligibility thresholds for assistance programs but still unable to maintain long-term housing stability.

The Task Force discussed the potential impact of reductions in funding due to State budget cuts for programs that help older adults remain safely housed and connected to care. Changes to existing supports, such as the health department's Senior Program, may increase housing instability among vulnerable seniors who are already living on limited incomes.

Affordable senior housing options in Talbot County currently have substantial waitlists, reflecting both limited unit availability and growing demand for affordable and accessible housing that supports aging in place. Housing providers reported estimated wait times ranging from approximately 12–18 months at Hambleton Village, to 2–3 years at Asbury Place, to as long as 6–7 years at St. Mark's Village depending on unit availability and applicant eligibility.

At the same time, the Task Force heard that newer local “affordable” senior housing options with rents in the approximate range of \$1,000–\$1,100 per month may remain financially out of reach for some vulnerable older adults relying primarily on Social Security incomes of approximately \$1,400 per month or less. While additional affordable housing is needed, some older adults on fixed incomes may be unable to afford rents deemed affordable by conventional standards. For these seniors, subsidized housing options may be required to achieve long-term housing stability.

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## **SENIORS FACE CHALLENGES NAVIGATING FRAGMENTED SYSTEMS AND SERVICES**

The Task Force repeatedly heard that many older adults struggle to identify and access appropriate resources, particularly when needs overlap across housing, healthcare, transportation, benefits, and aging services systems. Upper Shore Aging’s latest strategic planning process stresses the importance of improved “no wrong door” approaches and service coordination to help seniors more effectively navigate available supports.

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## **HOUSING, HEALTH, AND AGING ARE CLOSELY INTERCONNECTED**

Discussions with leadership from University of Maryland Shore Regional Health, Mid Shore Behavioral Health, the Talbot County Health Department, and other community partners reinforced that housing instability among seniors is closely connected to chronic health conditions, behavioral health needs, mobility limitations, social isolation, transportation barriers, and access to healthcare and benefits. In SFY24, more than 400 Talbot County residents age 60+ received treatment through the Public Behavioral Health System. The Task Force also noted that Talbot County has a significant veteran population. Nationally, nearly half of all veterans are age 65 or older, underscoring the overlap between aging, healthcare, disability, and housing-related challenges facing many older veterans

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## **LACK OF EMERGENCY SHELTER IN TALBOT LEAVES OLDER ADULTS ESPECIALLY VULNERABLE**

The Task Force identified the lack of a local low-barrier emergency shelter as a significant gap in Talbot’s crisis response system, particularly for older adults with mobility limitations, chronic health conditions, or functional impairments. Talbot County currently has no low-barrier shelter. Mobile Integrated Health reported situations in which older adults experiencing unsafe housing conditions, abuse, or other crises had no immediate local shelter option.

The nearest emergency shelter is in Cambridge and frequently operates at capacity, while requiring guests to leave during daytime hours. As a result, local agencies often rely on temporary motel placements. In FY25, three local agencies collectively invested \$109,351 to temporarily house community members at a local motel. While these expenditures were

not limited to older adults, they illustrate both the ongoing need for emergency housing options and the limitations of relying on motels as a crisis response strategy.

Talbot Interfaith Shelter provides an important transitional housing program focused on helping individuals return to employment and long-term stability. However, as a high-barrier program, it is not designed to serve many seniors who are unable to work or live independently without support. Task Force members also noted that safely sheltering older adults requires additional considerations related to mobility, medical needs, and accessibility.

## MAJOR THEMES

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### AN EMERGING CHALLENGE REQUIRING PROACTIVE PLANNING

Talbot County is experiencing locally many of the demographic and housing pressures emerging across Maryland and the nation as populations age. The Task Force's work suggests that senior housing insecurity is likely to become an increasingly urgent community issue requiring proactive planning, coordination, and cross-sector collaboration in addition to crisis response. The review of local data, stakeholder input, and promising practices from other communities reinforced two parallel conclusions: the challenge is real and growing, and practical solutions exist. Members emphasized the importance of positioning Talbot County to respond proactively to emerging needs rather than reactively after vulnerabilities become crises.

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### SENIOR HOUSING INSECURITY OFTEN REMAINS HIDDEN

The Task Force repeatedly observed that many vulnerable seniors are not visibly homeless but instead live in unstable or increasingly precarious situations including unsafe housing conditions, severe cost burdens, temporary housing arrangements, social isolation, or homes they can no longer safely maintain while aging in place. As a result, traditional homelessness data may not fully capture the scale of senior housing vulnerability in Talbot County. The Task Force also observed that many seniors experiencing early housing instability may benefit from intervention and support before circumstances escalate into crisis.

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### EXISTING HOUSING AND SERVICES SYSTEMS DO NOT FULLY ALIGN WITH SENIOR NEEDS

Discussions throughout the Task Force highlighted gaps in both housing inventory and service systems for older adults. The community currently has limited deeply affordable and accessible housing options for seniors, particularly for individuals with mobility limitations, chronic health conditions, or very low fixed incomes. Talbot County also currently lacks a low-barrier emergency shelter. Existing crisis response systems, including high-barrier transitional housing models, are not always structured to meet the needs of older adults experiencing housing instability, particularly seniors who are unable to work, live independently without support, or navigate traditional shelter environments.

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### COORDINATION AND LEADERSHIP WILL BE CRITICAL MOVING FORWARD

The Task Force found that senior housing insecurity intersects with healthcare, behavioral health, transportation, aging services, and public benefits systems, making coordination across sectors essential. The challenge is greater than one organization or agency can tackle alone. While many organizations throughout Talbot County are already providing important services and supports, no single entity currently serves in a clearly defined long-

term convening or coordinating role around senior housing insecurity. Sustained progress is unlikely to occur without clearly identified leadership, defined responsibility, and ongoing coordination beyond the duration of this task force.

## POSSIBLE STRATEGIES – ORGANIZING THE RESPONSE CONTINUUM

Assistant Secretary Danielle Meister and the Maryland Department of Housing and Community Development Division of Homeless Solutions introduced the Task Force to a framework commonly used to organize homelessness and housing stability efforts. It focuses on three core functions: prevention, crisis response, and permanent housing solutions.

1. **Preventing Homelessness**
  - a) Service Navigation
  - b) Aging in Place
    - i) Home Repairs
    - ii) Supportive Services
    - iii) Financial Assistance
2. **Crisis Response**
  - a) Shelter
    - i) Low barrier
    - ii) Year-round, open 24/7
    - iii) Senior Specific Shelter
  - b) Rapid Re-housing
  - c) Transitional Housing
3. **Permanent Housing**
  - a) New Construction
    - i) Accessible
    - ii) Affordable
    - iii) Subsidized
  - b) Accessory Dwelling Units (ADUs)
  - c) Home Sharing
  - d) Master Leasing
  - e) Set-Asides

### 1. Preventing Homelessness

Strategies, programs, and services designed to **keep individuals and households housed and avoid entry into the homelessness system**. This includes short-term financial assistance (e.g., rent or utility arrears), legal assistance, housing counseling, and case management to stabilize households at risk of eviction or displacement.

Preventing homelessness is often the most effective and least costly strategy. Many seniors experience housing instability due to fixed incomes, rising housing costs, health issues, or the loss of support systems. Prevention efforts focus on identifying risks early and helping older adults remain safely housed before a crisis occurs.

#### a. Service Navigation

Many seniors struggle to navigate systems involving housing, healthcare, transportation, and supportive services. Service navigation helps connect individuals with available

resources and ensures seniors are aware of programs that may help them remain stable and independent.

### **b. Aging in Place**

Aging in place strategies focus on helping seniors remain safely in their current homes and communities for as long as possible. These efforts can reduce displacement, preserve community ties, and prevent unnecessary entry into homelessness or institutional care.

#### **i. Home Repairs**

Many seniors live in aging homes that require repairs or accessibility modifications they cannot afford. Addressing critical repairs and safety concerns can help prevent homes from becoming uninhabitable and reduce the risk of displacement.

#### **ii. Supportive Services**

Supportive services such as transportation, meal delivery, in-home assistance, and healthcare coordination help seniors maintain independence and stability. These services can address challenges that may otherwise contribute to housing loss.

#### **iii. Financial Assistance**

Financial assistance programs can help seniors facing temporary economic hardship due to rising rents, utility costs, medical expenses, or unexpected emergencies. Targeted assistance may prevent evictions, foreclosures, or utility shutoffs that can lead to homelessness.

## **2. Crisis Response**

Crisis response strategies focus on assisting seniors who are already experiencing homelessness or immediate housing instability. These interventions aim to provide safety, stabilization, and pathways back to permanent housing as quickly as possible.

### **a. Shelter**

Emergency shelter options provide immediate protection and temporary housing for individuals experiencing homelessness. For seniors, shelters should consider accessibility, safety, medical needs, and the unique challenges faced by older adults.

#### **i. Low-barrier Shelter**

Low-barrier shelters are designed to reduce obstacles that may prevent individuals from seeking help. These shelters prioritize immediate access to safety and may accommodate individuals who would otherwise struggle to qualify for traditional shelter settings.

#### **ii. Year-round, Open 24/7 Shelter**

A year-round, 24/7 shelter provides safe, stable emergency housing at all times, regardless of season, weather conditions, or time of day.

#### **iii. Senior Specific Shelter**

Senior-specific shelters are designed to meet physical, medical, and emotional

needs of older adults. These facilities may provide accessible accommodations, quieter environments, and connections to age-related services.

#### **b. Rapid Re-housing**

Rapid re-housing programs help individuals quickly transition from homelessness back into permanent housing through short-term rental assistance and supportive services. The goal is to minimize the length of time a senior experiences homelessness and restore housing stability as quickly as possible.

#### **c. Transitional Housing**

Transitional housing is temporary housing combined with supportive services for individuals who need additional time and assistance before moving into permanent housing. These programs can provide stability for seniors facing barriers to housing.

### **3. Permanent Housing**

Permanent housing strategies focus on creating long-term housing solutions that are stable, accessible, and affordable for older adults. Expanding housing options is critical to addressing the growing number of seniors experiencing housing insecurity.

#### **a. New Construction**

New housing development can help address shortages in affordable, subsidized and accessible housing for seniors. Strategic development efforts may include partnerships between local governments, nonprofits, and private developers.

##### **i. Accessible**

Accessible housing includes features that accommodate mobility limitations, disabilities, and aging-related needs. Designing housing with accessibility in mind allows seniors to remain independent and safely housed as they age.

##### **ii. Affordable**

Affordable housing ensures seniors living on fixed or limited incomes have access to stable housing without experiencing severe financial burden. Increasing the supply of affordable housing remains a major need in many communities.

##### **iii. Subsidized**

Subsidized housing utilizes government funding reduces the cost of rent, allowing low-income households to pay less than the market rate for housing.

#### **b. Accessory Dwelling Units (ADUs)**

ADUs, sometimes called in-law suites or backyard cottages, can provide smaller and more affordable housing options for seniors. ADUs may also allow families to support aging relatives while preserving independence and reducing housing costs.

#### **c. Home Sharing**

Home sharing programs connect individuals willing to share housing in ways that reduce

housing expenses and social isolation. These arrangements may benefit both seniors seeking affordable housing and homeowners needing financial or caregiving support.

**d. Master Leasing**

Master Leasing is a housing strategy in which a nonprofit organization, government agency, or housing provider leases one or more housing units from a property owner and then subleases those units to individuals experiencing homelessness or housing instability. By serving as the primary tenant, the organization reduces risk for landlords and can quickly create housing opportunities without new construction.

**e. Set-Asides**

Set-asides are housing units reserved within an existing or new residential development for a specific population, such seniors. These units remain under the ownership and management of the property owner but are designated for eligible households when vacancies occur, creating a dedicated supply of affordable housing over time.

## FOR DISCUSSION - POTENTIAL PRIORITIES FOR COUNTY CONSIDERATION

Senior housing insecurity reflects broader housing challenges facing Talbot County, but older adults often experience those challenges in unique ways that warrant focused attention. While the locus of housing is prioritized in towns, the vulnerabilities that the Task Force identified are countywide. Many potential solutions require ongoing operational, capital, or partnership investments. Funding mechanisms and long-term sustainability must be considered.

Based on the group's inaugural work, these appear to be promising areas for initial attention across the continuum:

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### STRENGTHEN PREVENTION EFFORTS

- Maintain existing senior services and enhance or expand supports as waitlists and community needs evolve. There are an array of local organizations and programs that help older adults remain safely housed, connected to services, and out of crisis. These are some prevention-oriented services that are making a meaningful difference:
  - Bay Hundred Community Volunteers
  - Mobile Integrated Health
  - Senior Care Program at the Talbot County Health Department

*Preserving assets like these may be as important as developing new initiatives.*

- Invest in asset mapping and gap analysis of senior prevention services.
- Improve service navigation.
- Increase cross-agency coordination around housing insecurity.
- Expand strategies that help older adults safely age in place, including home modifications, accessibility improvements and supportive services.

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### EVALUATE CRISIS RESPONSE CAPACITY

- Invest in a feasibility study for a year-round 24/7 low-barrier shelter.
  - Identify models that can safely serve older adults
  - Examine facility, operational and sustainability considerations
  - Examine county-owned properties for project site suitability

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## ACCESS PERMANENT HOUSING OPPORTUNITIES

- Evaluate county-owned properties for potential housing opportunities and public-private partnerships.
- Explore opportunities to increase affordable and subsidized housing for older adults.

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## ALIGN EXPERTISE WITH THE GOALS

Different parts of the housing stability continuum require different tools, partners, and expertise. The people and partners best suited to prevent homelessness may not be the same people needed to develop housing. Future efforts should align the right expertise and partnerships with the specific goals being pursued.

The Task Force's work ultimately raises a broader **policy question**:

*What role should Talbot County government play in helping the community respond to an aging population facing increasing housing vulnerability?*

## APPENDIX A - DEFINITIONS

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### HOUSING & AGING TERMS

#### **Senior**

Person age 60 and older (following the Older Americans Act and the Talbot County Commission on Aging).

#### **Aging in Place**

The ability of an individual to live safely, independently, and comfortably in their own home and community regardless of age, income, or ability level.

#### **Senior Housing**

Housing designed or designated for older adults, which may include age-restricted communities (typically 55+), independent living, assisted living, or other housing types that incorporate accessibility features and, in some cases, supportive services.

#### **Affordable Housing**

Housing is considered affordable when a household spends no more than 30% of its gross income on housing costs, including rent or mortgage and utilities.

#### **Subsidized Housing**

Housing in which government programs provide financial assistance to reduce housing costs for eligible low- or moderate-income households, including vouchers, public housing, or project-based rental assistance.

#### **Workforce Housing**

Housing that is affordable to households earning moderate incomes, typically between approximately 60% and 120% of Area Median Income (AMI), including essential workers such as healthcare aides, teachers, and service employees.

#### **Accessory Dwelling Units (ADUs) and Junior ADUs**

A secondary, self-contained residential unit located on the same lot as a primary dwelling. ADUs may be detached, attached, or internal. Junior ADUs are smaller units, typically located within the primary residence and may have limited kitchen or bathroom facilities.

#### **Manufactured Housing**

Factory-built housing constructed in accordance with the federal HUD Code and transported to a site for installation, providing a lower-cost alternative to site-built housing. Manufactured housing is distinct from older "mobile homes," which were built prior to the HUD Code.

#### **Mobile Home**

A factory-built home constructed before June 15, 1976, prior to implementation of the

federal HUD Code for manufactured housing. Although the terms are often used interchangeably, mobile homes and manufactured homes are distinct housing types.

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## SHELTER & HOMELESSNESS SYSTEM

### **Shelters**

Facilities that provide temporary housing and basic services for individuals and families experiencing homelessness, including emergency and transitional shelter options.

### **Low / No Barrier Shelter**

Shelters that minimize entry requirements, such as sobriety, identification, or program participation, in order to maximize accessibility for individuals experiencing homelessness.

### **High Barrier Shelter**

Shelters that require individuals to meet certain conditions for entry or continued stay, such as sobriety, curfews, background checks, or participation in programs.

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## INCOME & HOUSING STABILITY

### **Low Income Households**

Earning at or below 80% of Area Median Income (AMI), as defined by HUD and used by DHCD to determine eligibility for housing programs.

### **Homeless (General Definition)**

An individual or family lacking a fixed, regular, and adequate nighttime residence, including those living in shelters, transitional housing, or places not meant for human habitation.

### **Situational / Temporary Homelessness**

Short-term homelessness resulting from a specific life event, such as job loss, illness, or eviction, with a higher likelihood of returning to stable housing with assistance.

### **Chronic Homelessness**

Homelessness experienced by individuals with a disabling condition who have been continuously homeless for at least 12 months or have experienced multiple episodes of homelessness totaling 12 months over a period of time.

### **Housing Insecure**

A condition in which individuals or households face instability in housing, including risk of eviction, frequent moves, overcrowding, or inability to afford housing costs.

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## PLANNING & ZONING TERMS

**Inclusionary Zoning**

A land use policy that requires or incentivizes developers to include a percentage of affordable housing units within new residential developments.

**Mixed Use Zoning**

A land-use designation that allows a combination of residential, commercial, and sometimes light industrial uses within a single area or building.

**Planned Redevelopment Overlay District (PRD)**

A zoning designation that allows flexible, master-planned development or redevelopment of a specific area, often encouraging a mix of housing types, densities, and uses through a unified development plan.

**Planned Unit Redevelopment (PUD)**

A flexible zoning mechanism that allows a mix of uses (residential, commercial, open space) on larger tracts of land to create cohesive neighborhoods.

## APPENDIX B - SCHEDULE OF MEETINGS AND PRESENTERS

- November 13, 2025
- December 11, 2025
- January 8, 2026
- February 12, 2026
  - Ken Kozel, MBA, FACHE, President, University of Maryland Shore Regional Health
  - Zack Royston, Vice President, Rural Health Care Transformation and Population Health, University of Maryland Shore Regional Health
  - Lara Wilson, MHA, Director of External Affairs and Community Liaison, University of Maryland Shore Regional Health
- March 10, 2026
  - Ross Benincasa, Senior Vice President Community Development, Chesapeake Community Development
  - John Hurt, St. Marks Housing Ministry, LLC
  - Gary Yeatman, St. Marks Housing Ministry, LLC
- April 9, 2026
  - Don Bibb, Housing Commission of Talbot
  - Miguel Salinas, Planning Officer, Town of Easton
- May 28, 2026
- June 1, 2026