

The Journey Home

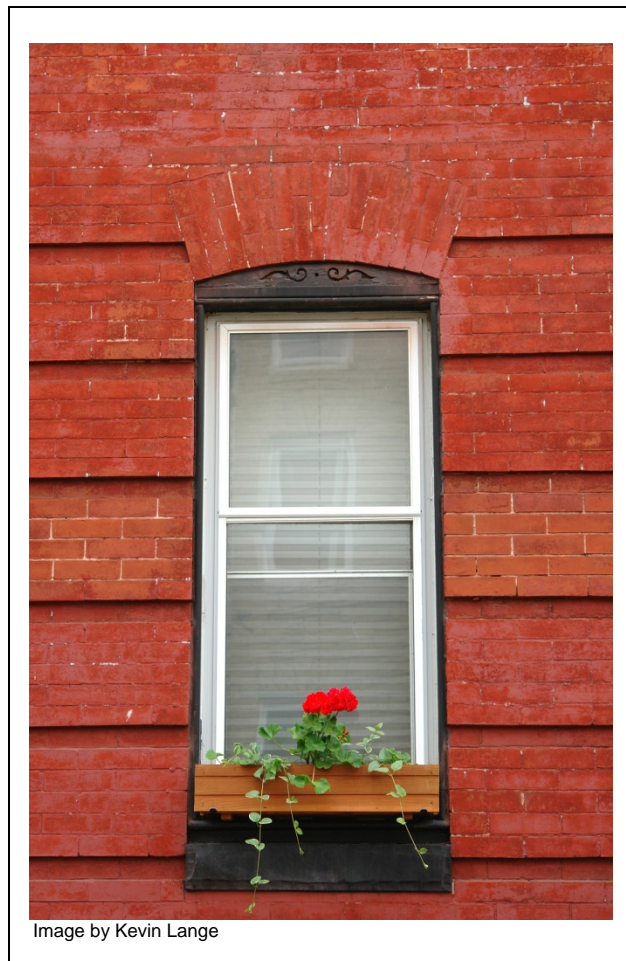


Image by Kevin Lange

Baltimore City's 10-Year Plan to End Homelessness
Baltimore Homeless Services
January 2008



Sheila Dixon, Mayor



SHEILA DIXON
Mayor
250 City Hall
Baltimore, Maryland 21202



Dear Citizens:

I am pleased to present *The Journey Home*, a plan to end homelessness in Baltimore City by 2018. This is an action plan that brings together the business, nonprofit, faith and public sector communities to address the root causes of homelessness.

The result of the work of the Civic Leadership Council and Workgroups is a plan that provides a framework for creating housing opportunities for homeless individuals and families, providing comprehensive and affordable health care, increasing access to employment and public benefits, increasing outreach and supportive services, and preventing homelessness.

Mahatma Gandhi once said, "The best test of a civilized society is the way in which it treats its most vulnerable and weakest members." Baltimore can become an even greater city when all of our citizens have a place to call home.

I would like to thank Philip F. Mangano and the United States Interagency Council for their vision to end homelessness nationwide. In addition, this plan could not have been written without support from the Abell, Thalheimer, and Knott Foundations. Special thanks to First Deputy Mayor Andrew Frank, Deputy Mayor Dr. Salima Siler Marriott, and City Council President Stephanie Rawlings-Blake for their contributions and support.

My administration is committed to ending homelessness, and I look forward to working together to make this happen.

Sincerely,

Sheila Dixon
Mayor, Baltimore

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Baltimore Homeless Services would like to thank Laura Gillis, former President, for her efforts to establish the 10-year planning process.

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EXECUTIVE SUMMARY

Homelessness is a complex social and public health crisis. With this plan, Baltimore aims to resolve this crisis within a decade.

On any given night, at least 3,002 Baltimore city residents sleep on the streets, in shelters, in cars, or other such locations not meant to be home. Of these, four in five are African-American, two-thirds are men, and about half are between the ages of 36 and 50. The 2007 Homeless Census found that 1,000 Baltimoreans meet the federal definition of “chronically homeless,” meaning they have been homeless for over one year or have had at least four episodes of homelessness in three years.

Four factors are primarily responsible for homelessness: lack of affordable housing, lack of affordable health care, low incomes, and the lack of comprehensive services. To address these factors, Baltimore Homeless Services has led a planning process over the last year to establish a 10-year plan to end homelessness.

**“Everyone falls at
at one point and time.”**
- Quisha, a homeless teenager

The planning process has involved input from more than 100 people, including consumers. It has been overseen by a Leadership Advisory Council chaired by Sister Helen Amos of Mercy Hospital and developer Warren Sabloff. And it has been centered on the vision that within ten years, homelessness in the city of Baltimore will be rare and brief.

The plan covers four major areas: housing, health care, prevention, and emergency services. It includes 14 goals and 48 specific actions to achieve these goals. Each action has a specific benchmark for the first year. (Table 1)

Highlights include:

- Expanding “Housing First” to 500 units;
- Obtaining priority Housing Choice Vouchers for chronically homeless non-elderly persons with disabilities per the Bailey Consent Decree;
- Developing convalescent care beds for medically fragile homeless persons;
- Expanding healthcare options for the uninsured;
- Increasing access to employment and training for homeless persons;
- Promoting a universal application for public benefits;
- Improving legal interventions for individuals and families at imminent risk of becoming homeless; and
- Developing a 24-hour, year-round shelter.

To implement the plan, Baltimore Homeless Services will move from the Health Department to City Hall, reporting to the First Deputy Mayor. An Advisory Board and subcommittees will be established to advise and guide Baltimore Homeless Services in implementing the plan. The Advisory Board will be comprised of representatives from the Civic Leadership Council, Baltimore Homeless Services Board of Directors, Elected Officials, City and State Representatives, the Philanthropic and Business Sectors, the Provider and Faith Communities, and the United Way.

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Fundraising for the plan will be a critical component for its success, and the Mayor has provided over \$1 million in city general funds for homeless services in Fiscal Year 2008. Additional funding will be sought from city, state, federal and private sources.

Fundraising will be a critical component to the plan's success. A long-term funding strategy is to recapture the savings accrued in the corrections and healthcare systems when individuals experiencing homelessness are stabilized in supportive housing.

Yearly implementation documents will be created annually by Baltimore Homeless Services and the Advisory Board to report on outcomes, evaluate progress, and establish benchmarks for the subsequent year.

Table 1: Summary of Goals, Objectives, Actions and Benchmarks for Baltimore's 10-Year Plan to End Homelessness

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| <i>Goal I. Affordable Housing: By 2018, Baltimore will create and maintain a supply of housing sufficient to rapidly re-house homeless individuals and families and meet the needs of those at risk of homelessness; these individuals and families will have access to housing affordable to them in the least restrictive possible environment and will receive the supportive services necessary to remain stably housed.</i> | |
| Objective 1: Support and/or develop alternative housing models that serve homeless individuals and families. | |
| Action | First Year Benchmarks |
| 1.1: Lease 500 "Housing First" units to individuals and families who have experienced homelessness for a long period of time or have multiple barriers to housing. | Create and maintain housing for 100 chronically homeless individuals and families in a "housing first" model. |
| 1.2: Acquire and develop 25 permanent supportive housing projects for homeless families and individuals. | Baltimore City Department of Housing and Community Development will commence site selection and identify three sites for future development. |
| 1.3: Establish standards of care for permanent supportive housing to be monitored by Baltimore Homeless Services. | Create and disseminate supportive housing standards. |
| Objective 2: Increase the number of rental subsidies received by homeless persons. | |
| Action | First Year Benchmarks |
| 1.4: Move individuals into subsidized housing by prioritizing those non-elderly persons with disabilities who are chronically homeless for the housing opportunities established under the Bailey Consent Decree in the Housing Choice Voucher program (Section 8). | HABC will amend its administrative plan to include a priority within its priority for non-elderly persons with disabilities for non-elderly persons with disabilities who are chronically homeless. |
| 1.5: Work with the Maryland Legislature and the Baltimore City Council to support legislation for a city anti-discrimination law for renters with regards to source of income (e.g. TANF, SSI, Housing Choice Vouchers, etc.). | Maryland Legislature or Baltimore City Council will introduce anti-discrimination legislation. |

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| Objective 3: Develop means to preserve and upgrade existing affordable housing to households with “very” and “extremely” low-income people. | |
| Action | First Year Benchmarks |
| 1.6: Advocate for Congress to restore funding to both maintain the current stock of public housing and create new affordable hard units. | City, State and Federal officials will advocate for full funding of operating subsidy and Housing Choice Vouchers and for a substantial increase in the funding of capital fund from HUD. |
| Objective 4: Design approaches for developers to create affordable housing targeted to homeless persons or those in danger of becoming homeless. | |
| Action | First Year Benchmarks |
| 1.7: Maryland Department of Housing and Community Development should provide bonus points to applications for Low Income Housing Credit (LIHTC) financing for projects serving homeless individuals and families. | DHCD will begin process of amending Maryland’s Qualified Allocation Plan (QAP) for the Low Income Housing Tax Program. |
| 1.8: Advocate for increased funding for Maryland DHCD’s Shelter and Transitional Housing Grant Program and amend program guidelines to include permanent housing. | Maryland DHCD will amend program guidelines. |
| 1.9: Review and amend the Zoning Code of Baltimore City to remove barriers to creating housing for homeless people. | Baltimore City Planning Department will make recommendations to the City Council to amend the Zoning Code to remove provisions restricting the construction of housing for homeless persons so that the requirements will be the same as for other multifamily housing. |
| 1.10: Include as a prominent part of the City’s advocacy agenda the establishment of state and federal Affordable Housing Trust Funds so developers can create housing for households with extremely low-incomes (≤30% AMI). | The Baltimore City Delegation will advocate for the creation of state and federal Affordable Housing Trust Funds. |
| Goal II. Comprehensive Health Care: By 2018, all Baltimoreans will have access to comprehensive and affordable health care including mental health services and addiction treatment. | |
| Objective 1: Increase the number of Baltimoreans with health insurance. | |
| Action | First Year Benchmarks |
| 2.1: Advocate for the state of Maryland to include adults up to 116% of the federal poverty line in the Medicaid program. | Baltimore City Legislative staff will develop and implement a plan to advocate sufficient funding for expansion over the next several years as contemplated in the in the special session. |
| 2.2: Advocate for the state to implement 12-month continuous eligibility for the Medicaid program. | Legislation to achieve this objective will be introduced in both the 2008 and 2009 sessions (if needed). |
| 2.3: Expand outreach to help homeless persons enroll in healthcare programs. | Baltimore Homeless Services will work with its partners to develop a plan to coordinate and expand public benefit-related outreach teams. |
| Objective 2: Improve public health efforts to prevent and mitigate chronic illness. | |
| Action | First Year Benchmarks |
| 2.4: Advocate for the state to | Develop an agenda of public health initiatives to |

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| strengthen local public health activities, including prevention of chronic disease. | prevent chronic disease Apply for funding from state, federal, and private foundations. |
| Objective 3: Expand health care services to meet the needs of the homeless | |
| Action | First Year Benchmarks |
| 2.5: Vigorously pursue the goal of “treatment on demand.” | Support benchmarks in 2.1. Develop an assessment of “treatment on demand” and a plan for achieving this goal in Baltimore. |
| 2.6: Work with hospitals and the state of Maryland to support a level of convalescent care for homeless persons so that the choice is not between costly inpatient care and the street. | Convene meeting of hospitals and state officials to discuss the development of this level of care. |
| 2.7: Work with the state to develop a strategy to ensure that appropriate medical transition of inmates to community health providers upon release. | Convene meeting with state corrections officials to encourage the development of a plan to ensure that all sentenced inmates with chronic medical and mental health conditions will receive at least a 30 day supply of medication upon release, have an appointment for follow-up care, and submit applications for state and federal disability benefits prior to release. |
| 2.8: Expand healthcare options for the uninsured. | Assess gaps in care for the uninsured in Baltimore. |
| Objective 4: Advocate for universal health insurance. | |
| Action | First Year Benchmarks |
| 2.9: Advocate for universal access to health insurance at the state and federal levels. | The Health Department will contact state and federal legislators urging support of universal coverage. |
| <i>Goal III. Sufficient Incomes: By 2018, all Baltimore workers will earn a wage sufficient to afford housing; funding of public benefits will be sufficient to prevent the homelessness of recipients.</i> | |
| Objective 1: Increase access by homeless persons to employment opportunities that provide sufficient wages. | |
| Action | First Year Benchmarks |
| 3.1: Increase the number of shelter-based life-skills and job training programs available to homeless persons. | Two additional emergency shelters will offer employment or occupational skill internship programs. |
| 3.2: Increase access to employment, training, and occupational internships offered by workforce development partners by strengthening relationships with these partners, implementing a formal referral process, and establishing joint training opportunities. | Establish a working group comprised of workforce development partners and homeless service providers to develop more formal relationships. |
| 3.3: Baltimore Cash Campaign will increase access for homeless people to services such as financial literacy classes (including credit counseling), free tax preparation services, savings programs, and mainstream banking | The Baltimore Cash Campaign will establish a list of services available to people who are homeless and hold information sessions to educate homeless service providers on these opportunities. |

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| opportunities. | |
| 3.4: Support Baltimore City’s efforts to reduce barriers to employment for ex-offenders. | Work with Baltimore City to develop strategies that would open job opportunities to homeless people with previous criminal offenses. |
| 3.5: Work with the Maryland Office of the Public Defender and other legal service providers to assist clients with expungements of non-convictions and advocate for changes that will allow for the expungement of certain nuisance crime convictions not currently eligible. | Establish a committee of comprised of public defenders and judges to design a program for record expungement. |
| 3.6: Provide incentives to employers to hire persons referred by homeless service providers. | Identify sources of funding to support the implementation of wage subsidies for 100 people who are homeless. |
| 3.7: Advocate for increased federal and state funding of the Workforce Investment Act. | Baltimore City Department of Legislative Affairs will meet with the Baltimore City Delegation to discuss the importance of the Workforce Investment Act. |
| 3.8: Increase access to transportation for homeless persons by expanding the capacity of transportation programs, and advocating for the Maryland Transit Administration to increase discounts on bus tokens for homeless service providers. | Baltimore City will meet with representatives from the MTA to discuss the feasibility increasing discounts on bus tokens purchased by homeless service providers. |
| 3.9: Develop a housing rehabilitation program that trains and employs homeless workers. | Identify a homeless service provider to administer the program, convene potential partners, and begin to identify funding sources. |
| Objective 2: Increase access to and sufficiency of public benefits for homeless persons. | |
| Action | First Year Benchmarks |
| 3.10: Train case managers on assessing job readiness and accessing public benefits. | Work with experts on employment and public benefits to write a curriculum for case managers. Identify an entity teach the curriculum by holding monthly trainings. |
| 3.11: Promote a universal application for TANF, TDAP, SSI, Medicaid and Food Stamp programs to increase access to these benefits by homeless people. | Establish and convene workgroup to develop universal application. |
| 3.12: Advocate for increased funding to Baltimore City for the Temporary Disability Assistance Program. | Baltimore City Department of Legislative Affairs will meet with the Baltimore City Delegation to discuss increasing the Temporary Disability Assistance Program to be in line with Temporary Cash Assistance to families. |
| <i>Goal IV. Preventive and Emergency Services: By 2018, Baltimore City will have sufficient capacity to identify and respond to individuals and families at risk of homelessness, to provide immediate short-term outreach and emergency shelter to those who are homeless, and to transition from emergency shelter into permanent housing with appropriate supportive services within 30 days.</i> | |
| Objective 1: Develop a system of services that prevents individuals and families from becoming homeless. | |
| Action | First Year Benchmarks |
| 4.1: Improve legal interventions for | Increase the number of legal interventions to |

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| individuals and families at imminent risk of becoming homeless through legal representation in rent court, in public housing grievance and termination proceedings, in negotiations with Section 8 staff, and in landlord disputes. | prevent eviction. Decrease the number of people evicted by 10%. |
| 4.2: Advocate for increased state eviction prevention dollars, consolidate funding under one administrative body, and create a single application to ensure effective targeting of short-term interventions to prevent loss of housing. | Establish an eviction prevention advisory board and consolidate eviction dollars. |
| 4.3: Develop an education campaign for low-income tenants to provide information on (1) resources available to prevent homelessness and methods to prevent falling behind on rent/utilities, and (2) tenants' rights and how to navigate the eviction process. | Develop materials and curriculum and prepare a distribution plan. |
| 4.4: Advocate for amended state law to require a landlord, before filing a complaint to evict a tenant for nonpayment of rent, to first give the tenant a written "pay or quit" notice, advising them of the amount due, the final date to pay before a complaint is filed, and eviction prevention services. | Introduce legislation in FY2009. |
| 4.5: Create a mechanism to ensure that all residents of publicly subsidized housing facing eviction are first referred to eviction prevention services. | Develop and distribute a flyer for HABC to include with all eviction notices. |
| 4.6: Develop standards for discharge planning that will be adopted by all institutions. | The Baltimore Health Department will convene a task force comprising major healthcare, correctional, and residential mental health and substance abuse institutions to develop discharge procedures. |
| <i>Objective 2: Develop an integrated system of outreach and emergency services designed to rapidly re-house homeless individuals and families.</i> | |
| Action | First Year Benchmarks |
| 4.7: Replace the existing winter shelter with a 24-hour, year-round fully accessible facility at another location that will serve as one of the main resource centers for clients to enter and access homeless services. | Secure a site and secure funding for capital and operations. |
| 4.8: Expand the capacity of the Baltimore Interfaith Hospitality Network to meet the needs of homeless families. | Develop one new location and bring five new congregations into the Network. |
| 4.9: Ensure that shelters receiving city dollars are accessible or planning to be accessible to individuals with physical disabilities. | Evaluate existing shelters to determine feasibility of becoming accessible and identify possible sources of capital funding. |

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| <p>4.10: Expand integrated resource centers (“one stop shops”) that include services such as benefits assistance, eviction interventions, legal services, health care services, housing referrals, mental health services, and employment development. Designate one resource center specifically for homeless youth.</p> | <p>Identify locations for at least two sites and develop capital and operating funding strategy.</p> |
| <p>4.11: Baltimore City should ensure that homeless service providers are trained on securing government-issued identification for their clients and should establish a fund to cover related fees.</p> | <p>Schedule and present trainings to homeless service providers.</p> |
| <p>4.12: Maryland Department of Human Resources’ Office of Transitional Services should increase its current allocation to Baltimore City.</p> | <p>Request additional funding in FY 2009.</p> |
| <p><i>Objective 3: Coordinate and expand outreach efforts to homeless persons living on the streets to offer housing and services more rapidly.</i></p> | |
| <p>Action</p> | <p>First Year Benchmarks</p> |
| <p>4.13: The Baltimore Homeless Youth Initiative, in partnership with the Baltimore City Department of Social Services, should create a youth outreach team to provide outreach and case management services to homeless youth in a variety of settings and in a way that meets their developmental needs.</p> | <p>Collaborate with the Baltimore Homeless Youth Initiative and Baltimore City DSS to create a youth outreach team.</p> |
| <p>4.14: Coordinate outreach teams under one lead agency to provide a responsive, city-wide outreach effort to homeless persons.</p> | <p>Identify an entity responsible for leading the coordination. This agency should develop and circulate a comprehensive coordination plan.</p> |
| <p>4.15: Increase collaboration between homeless outreach teams, the Baltimore City Police Department, Baltimore City Fire Department, the Office of Emergency Management, the Downtown Partnership, and the Baltimore City Health Department.</p> | <p>Schedule regular meetings between these agencies and conduct joint trainings.</p> |
| <p><i>Objective 4: Improve data collection and information sharing to increase the efficiency and effectiveness of homeless services.</i></p> | |
| <p>Action</p> | <p>First Year Benchmarks</p> |
| <p>4.16: Improve data systems to better track homeless data and establish indicators to evaluate program outcomes and monitor the progress of the 10 Year Plan to End Homelessness within the Citistat program.</p> | <p>Assess the capacity of Baltimore City’s current Homeless Management Information System and create indicators to evaluate the progress of the 10 Year Plan to End Homelessness within the Citistat Program.</p> |
| <p>4.17: Develop a comprehensive homeless services web site to be used as a tool for service providers and clients to access services.</p> | <p>Prepare web site for launch.</p> |

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The federal government defines homelessness as “lacking a fixed and night-time residence or having as a primary residence a supervised public or private shelter designed to provide temporary living accommodations, an institution accommodating persons intended to be institutionalized, or a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.”

On any given night in Baltimore, at least 3,002 people sleep on the city’s streets, in shelters, in cars, or other such locations not meant to be home.¹ Of these, four in five are African-American, two-thirds are men, and about half are between the ages of 36 and 50. The 2007 Homeless Census found that 1,000 Baltimoreans meet the federal definition of “chronically homeless,” meaning they have been homeless for over one year or have had at least four episodes of homelessness in three years.



Image by Greg Sileo

In Baltimore, as in other cities nationwide, homelessness is more than a social and economic problem. It is also a public health crisis. According to the National Health Care for the Homeless Council, such serious disorders as malnutrition, severe dental problems, AIDS, and tuberculosis are frequently identified among the homeless. Health problems that exist quietly at other income levels, such as alcoholism, mental illnesses, diabetes, hypertension, physical disabilities, are prominent on the streets. At least one-half of the chronically homeless population experience both drug addictions and mental illness and 75% have unresolved chronic medical conditions including HIV, diabetes, and hypertension. In Baltimore, where the health issues associated with homelessness are very much in evidence, an ongoing tuberculosis outbreak, which began in 2004, has involved more than 30 patients.

In contrast to an average life expectancy of close to 80 years in the United States, life expectancy on the streets is between 42 and 52 years.² According to a recent comprehensive review of the medical literature, “homeless persons are three to four times more likely to die than the general population.”³

Beyond damaging the lives of people who live on a city’s streets and in its shelters, homelessness also impacts the economic well-being of cities as they struggle to address this problem. Specifically, there are many costs associated with the kinds of emergency care and triage that homeless people require. The average chronically homeless person costs taxpayers an estimated \$40,000 a year through the utilization of public resources – from Emergency Department visits to police time. These kinds of expenditures are proven to be relatively inefficient and ineffective when compared to the cost of providing housing.⁴ This finding points to the need for new interventions that do more than manage the problem of homelessness.

Taken together, the multiple consequences and costs associated with homelessness have compelled cities such as Baltimore to devise new strategies aimed at ending homelessness. This 10 Year Plan to End Homelessness is the blueprint for a new set of strategies for Baltimore.

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Factors Contributing to Homelessness in Baltimore

In Baltimore, there are four primary factors contributing to homelessness. A plan for ending homelessness in the city begins with recognizing the significance of each of these contributing factors:

- **Lack of affordable housing.** According to the U.S. Census Bureau, there has been a 33.9% increase in the Median Gross Rent, but only a 7.9% increase in the Median Household Income from 2000 to 2005.⁵ Eighty percent of low-income Baltimore renters pay more than 30% of their income for rent, and 67% pay more than 50%.⁶ It is estimated that there are about two poor renters for every affordable housing unit in the city,⁷ and more than 16,000 households are on the waiting list for assisted housing.
- **Lack of affordable health care.** With the rising cost of insurance, a sudden illness can result in homelessness for low income families. According to Health Care for the Homeless (2005), 80% of clients served in their health clinic lacked comprehensive health insurance. There is a substantial need for substance abuse and mental health services. Forty-one percent of the homeless surveyed in 2007 reported struggling with substance abuse, and 16% reported mental illness.
- **Low Incomes.** Baltimore City has a large proportion of citizens at the lower end of the wage scale. Almost two-thirds of Baltimore City households earn less than 80% of the Area Median Income (for 2005, the Area Median Income was \$72,000 for a family of four).⁸ People with disabilities who rely on federal Supplemental Security Income (SSI) receive \$623/month (\$7,476/year). A national report, *Priced Out* (2004), found that a person receiving SSI in Maryland cannot afford (pay less than 30% of their income) to rent a modest one-bedroom apartment without rental assistance.
- **Lack of Comprehensive Services.** Baltimore City lacks comprehensive services for homeless persons, in a large part due to insufficient funding. This fragmentation in the delivery of services requires homeless individuals to make visits and phone calls to numerous agencies in order to access shelter and services. A comprehensive and integrated system of shelter and services with better coordination and information sharing will maximize resources and better assist homeless people with their immediate needs.

The 10 Year Planning Process

Nationally, many cities, states, and regions have developed local 10 Year Plans for how homelessness can be ended in their jurisdiction. In November 2006, Mayor-designate Sheila Dixon announced the launch of such a planning process in Baltimore. This effort was overseen by a 35-member Civic Leadership Council, comprised of individuals from area philanthropies, service providers, businesses, and other leading city agencies and organizations. The planning process was facilitated by Baltimore Homeless Services, a division of the Baltimore City Health Department, which coordinates the city's efforts to address homelessness. In addition, more than 150 advocates, government officials,

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service providers, and other experts served on two main committees (Prevention and Housing) and associated subcommittees for the 10 Year Plan. The intentions of the planning process were to:

- Engage local civic/ elected leadership in rigorous analysis of Baltimore's homelessness problem and its solutions.
- Be proactive in directing mainstream and homeless-targeted resources towards ending homelessness.
- Capitalize on national policy activity on ending homelessness that provides local opportunity.
- Create long term dimensions to current planning for solutions to homelessness.
- Communicate that homelessness is not to be tolerated as a long-term social and economic problem in Baltimore.
- Provide concrete recommendations to ensure that homelessness will be a rare and brief occurrence for Baltimore City residents within ten years.

The councils and workgroups that contributed to Baltimore's 10 Year Plan went about the planning process with the following strategies:

- Focusing on the goal of ending, not just managing, homelessness.
- Studying the nuances of homeless trends in Baltimore today.
- Identifying local strategies that would best achieve an end to homelessness.
- Defining specific actions that can be completed in 10 years.
- Calling for and engaging new resources to reach these goals.
- Coordinating a multi-system effort to end the slide into homelessness.
- Facilitating systems change in public services that will promote rapid exits out of homelessness.
- Harnessing both homeless-targeted resources and "mainstream" resources towards these ends.
- Raising the profile of the need and commitment to ending homelessness in Baltimore.

Consumer Involvement

Baltimore's planning process was inclusive and participatory and engaged homeless people directly in assessing the city's current programs and devising new strategies to address homelessness. Four focus groups, representing four different homeless demographic groups were facilitated throughout Baltimore in community settings that homeless people frequent. The demographic subgroups included homeless single women, single men, families, and youth. The opinions expressed in the focus groups were recorded by facilitators and then shared with the workgroups for the 10 Year Plan. Via this forum, people who are currently homeless in Baltimore contributed their opinions on the most needed services and the most likely interventions for ending homelessness. People who are formerly homeless participated in both the Work Groups and on the Civic Leadership Council. People who have experienced homelessness are seen as key partners in the implementation of all goals and strategies within Baltimore City's 10 Year Plan to End Homelessness.

INTRODUCTION

Vision and Strategic Goals

Following the direction of the Federal Interagency Council on Homelessness and communities across the country, the Baltimore City Civic Leadership Council assembled to advise Baltimore Homeless Services on a set of ambitious and achievable objectives entitled our “Ten-Year Plan to End Homelessness.” The notion that a city can end homelessness within a decade may strike some as far-reaching or even naïve. Yet for the philanthropists, housing developers, business and neighborhood leaders, legislators, service providers, advocates, and city leaders gathered around the “Ten-Year” planning table, the cost of maintaining the status quo is too great a price for individuals and communities to bear. Common themes throughout the planning process included:

“To make it you’ve gotta believe and take it step by step.”

- Towanda, a woman who is homeless

- The need to *resolve* rather than *manage* the realities of homelessness.
- Acknowledgement of the need for an increased supply of affordable housing.
- Recognition that, fundamentally, contemporary homelessness is a symptom of poverty.
- Growing understanding of the real-dollar societal costs of homelessness.
- Interest in innovative responses and “best practices” from other communities.

Our vision: *Within ten years, homelessness in the City of Baltimore will be rare and brief.*

- The condition of homelessness is not permanent. Ameliorating this phenomenon in a meaningful way requires attention to the four fundamental causes of homelessness: lack of affordable housing, inaccessible health care, inadequate incomes, and a lack of coordinated services. Consequently, our strategic goals, objectives and action steps as listed in the subsequent table are centered on these four issues.

The 10 Year Plan to End Homelessness is a call-to-action for public, private, and community stakeholders to address homelessness. The plan is intended to be a catalyst for action by the full community to come together to end this epidemic. Goals and strategies have been established to ensure that homelessness is a rare and brief occurrence in Baltimore City in 10 years.

Implementation

The following structure is recommended to ensure oversight and accountability, identify and enhance resources, build community support, and report on tangible outcomes throughout the implementation phase. The purpose of this structure is to establish clear accountability in a changing environment.

Ending homelessness requires multi-agency collaboration with a wide array of partners, including the Health Department, Housing Department, Housing Authority, Department

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of Social Services, Police Department, Baltimore Health Care Access, Baltimore Mental Health Systems, Baltimore Substance Abuse System, and others.

The recommended action steps for the implementation of the 10 Year Plan are as follows:

- Baltimore Homeless Services will be established as the oversight agency for the day to day implementation the plan. BHS will move from the Baltimore City Health Department to the Mayor's Office and will receive oversight from the Deputy Mayor for Neighborhood and Economic Development.
- The Deputy Mayors of Baltimore City will make ending homelessness a priority by convening regular meetings with the commissioners of key city agencies to focus on supporting the City's efforts to end homelessness. The purpose of these meetings will be to create a common vision to address homelessness, bring in new resources, improve communication between departments, and review progress towards the goals established in the Ten Year Plan to End Homelessness. Ten Year Plan benchmarks will be incorporated into the City's Citistat Program and City agencies will be held accountable for outcomes.
- An Advisory Board and subcommittees will be established to advise and guide Baltimore Homeless Services in implementing the plan. The Advisory Board will be comprised of representatives from the Civic Leadership Council, Baltimore Homeless Services Board of Directors, Elected Officials, City and State Representatives, the Philanthropic and Business Sectors, the Provider and Faith Communities, and the United Way.
- Yearly implementation documents will be created annually by Baltimore Homeless Services and the Advisory Board to report on outcomes, evaluate progress, and establish benchmarks for the subsequent year.

AFFORDABLE HOUSING

Goal: By 2018, Baltimore will create and maintain a supply of housing sufficient to re-house homeless individuals and families and meet the needs of those at risk of homelessness; these individuals and families will have access to housing affordable to them in the least restrictive possible environment and will receive the supportive services necessary to remain stably housed.

The lack of safe, decent and affordable housing in Baltimore affects a large number of individuals and families with low incomes, and is the most critical issue facing homeless people. To achieve housing stability for those who are currently homeless and to prevent further incidence of homelessness, it is critical that we increase the City's supply of affordable housing. The ability to create affordable housing has been impacted by severe decreases in federal funding. Thus, the solution to creating affordable housing in Baltimore City is a collective responsibility that will take strong commitment from all partners, especially the federal government.



Courtesy of The Catholic Review, St. Vincent de Paul Home Connections. Image by Owen Sweeney III

It also will be necessary for the State and City governments to address barriers that have prevented homeless people from accessing housing opportunities. Innovative partnerships and new funding mechanisms will be required to both create high-quality permanent supportive housing and connect homeless individuals and families to mainstream housing opportunities.

Permanent supportive housing has been identified by both homeless people and service providers as the most needed resource for the homeless in Baltimore. Parting with past approaches that view housing as an ultimate reward at the conclusion of a lengthy transitional process, Baltimore will adopt a new approach to rapidly re-house homeless people in permanent housing and provide the opportunity to participate in supportive services necessary to remain stably housed. Permanent supportive housing is decent, safe and affordable community-based housing that provides residents with the rights of tenancy under state and local landlord/tenant laws and is linked to voluntary and flexible supports designed to meet residents' needs and preferences.⁹

Pursuant to this goal the following objectives have been identified:

Objective 1: Support and/or develop alternative housing models that serve homeless individuals and families.

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Objective 2: Increase the number of rental subsidies received by homeless individuals and families.

Objective 3: Develop strategies to preserve and upgrade existing affordable housing to households with “very” and “extremely” low-income people.

Objective 4: Design approaches for developers to create affordable housing targeted to persons who are homeless or in danger of becoming homeless.

Objective 1: Support and/or develop alternative housing models that serve homeless individuals and families.

- **Action 1.1: Lease 500 “Housing First” units to individuals and families who have experienced homelessness for a long period of time or have multiple barriers to housing.**

“Housing First” is a strategy that moves people who have been chronically homeless off of the streets and into permanent housing. More than 1,000 individuals on a given night meet the definition of “chronically homeless:” a homeless person with a disabling condition who has either been continuously homeless for a year or more or has had at least four episodes of homelessness in the past three years. A disabling condition includes substance abuse, serious mental illness, developmental disability, or chronic physical illness or disability.

The Housing First model links permanent housing with supportive services to help chronically homeless individuals and families obtain quick access to permanent housing while providing the support services needed to live independently and successfully. The Housing First model has reduced street homelessness in New York, San Francisco, Philadelphia, and other major cities.



Courtesy of St. Vincent de Paul of Baltimore. Image by Marshall Clarke.

A pilot project in Baltimore, involving 19 units, has been operating successfully since 2005. Of the original 25 people housed in these units, 80% have remained stably housed, and 12% have either been referred to other services or continue to be engaged by case managers on the street. The pilot project has since begun its expansion and an additional 14 people have been housed. In 2006, St. Vincent de Paul of Baltimore was awarded funding from the Department of Housing and Urban Development to create 28 units of Housing First with intensive case management services. All of these are

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currently occupied and have maintained 100% residency since admission. St. Vincent de Paul reports observing a number of positive outcomes, including persons overcoming addiction, obtaining health and mental health care, increasing income, and reuniting with families.

Responding to the City's request to expand this successful pilot project, the Baltimore City Health Department contracted with Health Care for the Homeless Inc. to expand the program to serve an additional 150 chronically homeless individuals with substance use disorders and/or serious mental illness to receive permanent housing and access to treatment, support, and rehabilitation services. The goal is to expand the program to serve 500 individuals and families.

In order to expand the nationally recognized Housing First program, the Housing Authority of Baltimore City (HABC) will earmark 500 Housing Choice Vouchers for chronically homeless individuals and families through a set aside, subject to appropriations.

- **Action 1.2: Acquire and develop 25 permanent supportive housing projects for homeless families and individuals.**

As a complement to leased units for Housing First, permanent supportive housing sites offer an alternative to people unequipped to live independently in scattered-site housing. Permanent supportive housing sites permit a focused delivery of services to families and individuals with common characteristics. For example, one site could be specialized for homeless families, with on-site day care. Others might be geared to support individuals in recovery, those that are medically fragile, homeless veterans, homeless youth, or those returning to Baltimore from prison. Each of the 25 permanent supportive housing projects will have approximately 20 units per project depending on the needs of the target population.

Studies have shown that the net public cost of providing permanent supportive housing is often less than the cost of allowing people to be homeless. Stabilizing individuals and families in supportive housing can reduce the public costs for shelter, health, mental health, substance abuse and incarceration.¹⁰

Baltimore City Department of Housing and Community Development (HCD) will convene a site selection committee comprised of housing officials and community stakeholders to work the Baltimore Homeless Services to identify sites for permanent supportive housing. HCD will provide land and or buildings to support fifteen of these projects.

- **Action 1.3: Establish standards of care for permanent supportive housing to be monitored by Baltimore Homeless Services.**

This strategy is intended to bring together housing developers and service providers to create a uniform set of standards and criteria for supportive housing in areas such as management and service provision.

Baltimore Homeless Services will oversee the development and enforcement of standards for specialty areas, including supportive housing for persons in recovery, for

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the re-entry population, and for families. These standards will apply to all agencies that receive state and or federal funding through Baltimore Homeless Services. One important goal is to assure that providers of supportive housing are meeting the needs of the homeless in Baltimore.

Objective 2: Increase the number of rental subsidies received by homeless persons.

- **Action 1.4: Move individuals into subsidized housing by prioritizing those non-elderly persons with disabilities who are chronically homeless for the housing opportunities established under the Bailey Consent Decree in the Housing Choice Voucher program (Section 8).**

The City will work to provide homeless persons in Baltimore access to mainstream housing resources that have proven successful in reducing homelessness in other cities.

In accordance with the Bailey Consent Decree, HABC is creating 1,350 new housing opportunities through the Housing Choice Voucher program for non-elderly persons with disabilities (persons with disabilities under the age of 62 who are eligible for either a one- or two-bedroom unit for disability-related reasons, and who are on HABC's waiting list. More specifically, HABC:

- Is setting aside 850 tenant based vouchers; and
- Is setting aside 500 project based vouchers for non-elderly persons with disabilities.

A significant percentage of homeless persons are also non-elderly persons with disabilities and could therefore receive priority for housing subsidy under the Consent Decree. Thus, per agreement with plaintiffs' counsel in the Bailey Consent Decree, non-elderly persons with disabilities who are also chronically homeless may receive priority for the voucher housing opportunities being created for non-elderly persons with disabilities under the Bailey Consent Decree. A coordinated effort by Baltimore Homeless Services, HABC, and the organizations and agencies overseeing the Bailey Consent Decree will identify qualifying non-elderly persons with disabilities who are chronically homeless who will qualify for this priority status. Persons eligible for this housing will include those with mental illnesses, HIV/AIDS, and developmental disabilities, but does not include those with a disability is based solely on any drug or alcohol dependence due to HUD regulations.

- **Action 1.5: Work with the Maryland Legislature and the Baltimore City Council to support legislation for a state or city anti-discrimination law for renters with regards to source of income (e.g. TANF, SSI, Housing Choice Vouchers, etc.).**

Maryland Legislature or the Baltimore City Council should institute a source of income anti-discrimination law, which will prohibit landlords from refusing to rent housing because of the source of income used to pay for the housing. "Source of income" would be defined to include financial public assistance (e.g., TDAP, SSI, TCA) and government

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housing assistance (like RAP and Section 8). This provision would be incorporated into existing laws prohibiting discrimination in housing based on race, religion, disability, familial status, sexual orientation, etc. as has been done in other jurisdictions. Although state action would be most effective, Baltimore City will also consider enacting a local law, like Frederick, Howard, and Montgomery counties.

Objective 3: Develop strategies to preserve and upgrade existing affordable housing to households with “very” and “extremely” low-incomes.

- **Action 1.6: Advocate for Congress to restore funding to both maintain the current stock of public housing and create new affordable units.**

Both Housing Choice Vouchers and hard units are important resources. The loss of a unit means the loss of a subsidy stream for the City. HUD currently funds only 83% of the public housing operating subsidy it has calculated is needed to operate public housing and funds only \$16 million of the \$800 million capital need. In order to arrest the decline in the public stock of affordable housing, City and State officials and representatives in Congress should advocate for significantly more federal funds to maintain the existing aging public housing stock and to finance new public housing projects, which cannot be accomplished without considerably more funding from HUD.

Objective 4: Design approaches for developers to create affordable housing targeted to homeless persons or those in danger of becoming homeless.

- **Action 1.7: Maryland Department of Housing and Community Development should provide bonus points to applications for Low income Housing Tax Credit (LIHTC) financing**

Maryland's Department of Housing and Community Development (DHCD) administers the Federal Low Income Housing Tax Credit Program to support the development of affordable multifamily rental housing. Credits are awarded competitively in conjunction with the State's Rental Housing Program funds and federal HOME funds. Tax credits are allocated in accordance with federal IRS rules and Maryland's Qualified Allocation Plan (QAP). When evaluating LIHTC applications, DHCD should provide bonus points to projects that reserve a portion of units for homeless individuals and families.

- **Action 1.8: Advocate for increased funding for Maryland DHCD's Shelter and Transitional Grant Program and amend program guidelines to include permanent housing.**

The Shelter and Transitional Housing Grant Program uses general obligation bonds to provide grants for new construction, acquisition, rehabilitation of housing, and purchase of capital equipment to nonprofits for the development of shelters or transitional housing. The stated purpose of the program is to reduce homelessness in the State. Baltimore City will work with DHCD to expand the scope and funding of the program.

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DHCD has always relied on the HUD definition for "transitional housing," which limits stays to a maximum of 24 months. The program is currently over-subscribed: for the last two fiscal years, the program received applications for \$4 million in grants but received only \$1 million annually in appropriations. Baltimore City and its delegation will advocate with DHCD for increased funding for the program.

- **Action 1.9: Review and amend the Zoning Code of Baltimore City to remove barriers to creating housing for homeless people.**

Under the current Zoning Code, development of "homes for non-bedridden alcoholics or homeless persons" requires Mayor and City Council approval. This requirement, which may violate fair housing laws, places undue restrictions on the siting of housing for homeless people. This section of the Zoning Code should be removed. Housing for homeless persons should not be more restricted than other multifamily housing.

- **Action 1.10: Include as a prominent part of the City's advocacy agenda the establishment of state and federal Affordable Housing Trust Funds so developers can create housing for households with extremely low-incomes ($\leq 30\%$ AMI).**

State and federal Affordable Housing Trust funds are essential to securing the funding to create and maintain a supply of housing to rapidly re-house homeless persons and meet the needs of those at risk of homelessness. State and federal agencies should establish trust funds to provide ongoing, permanent, dedicated and sufficient sources of capital, operating, and supportive services funding to nonprofit housing developers to build, rehabilitate and preserve units of housing for the lowest income families. The creation of a Maryland State Affordable Housing Trust Fund and a National Affordable Housing Trust fund should be a prominent part of Baltimore City's advocacy agenda.

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| Objective 1: Support and/or develop alternative housing models that serve homeless individuals and families. | | | |
|--|---|--|--|
| Action | Budget | Key Partners | First Year Benchmarks |
| 1.1 Lease 500 “Housing First” units to individuals and families who have experienced homelessness for a long period of time or have multiple barriers to housing. | <u>Rent</u> Estimated average of \$900/month/voucher <u>Operating</u> \$5,500-6,000 per unit annually <u>Services</u> \$9,500/year for an individual; \$13,000/year family | Housing Authority of Baltimore City Homeless Service Providers Private Landlords | Create and maintain housing for 100 chronically homeless individuals and families in a “housing first” model. Indicator: Number of “Housing First” units available |
| 1.2 Acquire and develop 25 permanent supportive housing projects for homeless families and individuals. | Land or buildings to support 15 of the 25 permanent supportive housing projects. <u>Capital</u> \$200,000 per unit <u>Operating</u> \$5,500-6,000 per unit annually Services \$9,500/year for an individual; \$13,000/year family | Baltimore City Department of Housing and Community Development Housing Developers Homeless Service Providers HUD State of Maryland Department of Housing & Community Development | Baltimore City Department of Housing and Community Development will commence site selection and identify three sites for future development. Indicator: Number of sites selected Indicator: Number of sites in development Number of projects completed |
| 1.3 Establish standards of care for permanent supportive housing to | Minimal | Housing Developers Homeless Service Providers | Create and disseminate supportive housing standards. |

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| be monitored by Baltimore Homeless Services. | | Philanthropy | |
|--|--|--------------|--|

| Objective 2: Increase the number of rental subsidies received by homeless persons. | | | |
|--|---|---|---|
| Action | Budget | Key Partners | First Year Benchmarks |
| 1.4 Move individuals and families into subsidized housing by prioritizing those non-elderly persons with disabilities who are chronically homeless for the housing opportunities established under the Bailey Consent Decree in the Housing Choice Voucher program (Section 8). | <u>Rent</u> Estimated \$700 - \$800/month per voucher (for one bedroom units) <u>Services</u> \$9,500/year per individual for case management services | Housing Authority of Baltimore City Maryland Disability Law Center U.S. Department of Justice U.S. Department of Housing and Urban Development Homeless Service Providers | HABC will amend its administrative plan to include a priority within its priority for non-elderly persons with disabilities for non-elderly persons with disabilities who are chronically homeless. Indicator: Number of homeless, disabled individuals who obtain Section 8 vouchers & find suitable housing or move into public housing units. |
| 1.5 Work with the Maryland Legislature and the Baltimore City Council to support legislation for a state or city anti-discrimination law for renters with regards to source of income (e.g. TANF, SSI, Housing Choice Vouchers, etc.) | \$0 | Baltimore City Delegation Baltimore City Council Baltimore City Community Relations Commission | Maryland Legislature or Baltimore City Council will introduce anti-discrimination legislation. |

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Objective 3: Develop strategies to preserve and upgrade existing affordable housing to households with “very” and “extremely” low-income people.

| Action | Budget | Key Partners | First Year Benchmarks |
|--|--|--|--|
| <p>1.6 Advocate for Congress to restore funding to both maintain the current stock of public housing and create new affordable units.</p> | <p>Tens of millions of dollars required by HUD</p> | <p>Housing Authority of Baltimore City</p> <p>City, State & Federal elected officials</p> <p>The Department of Housing and Urban Development (HUD)</p> | <p>City, State and Federal officials will advocate for full funding of operating subsidy and Housing Choice Vouchers and for a substantial increase in the funding of capital fund from HUD.</p> |

Objective 4: Design approaches for developers to create affordable housing targeted to persons who are homeless or in danger of becoming homeless.

| Action | Budget | Key Partners | First Year Benchmarks |
|--|--|--|---|
| <p>1.7 Maryland Department of Housing and Community Development should provide bonus points to applications for Low Income Housing Credit (LIHTC) financing for projects serving homeless individuals and families.</p> | <p>\$0</p> | <p>Baltimore City Delegation</p> <p>Maryland Department of Housing and Community Development</p> | <p>DHCD will begin process of amending Maryland’s Qualified Allocation Plan (QAP) for the Low Income Housing Tax Program.</p> |
| <p>1.8 Advocate for increased funding for Maryland DHCD’s Shelter and Transitional Housing Grant Program and amend program guidelines to include permanent housing.</p> | <p>\$3 million annually from state</p> | <p>Maryland Department of Housing and Community Development</p> <p>Baltimore City Delegation</p> <p>Housing Developers</p> | <p>Maryland DHCD will amend program guidelines.</p> |

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| <p>1.9 Review and amend the Zoning Code of Baltimore City to remove barriers to creating housing for homeless people.</p> | <p>\$0</p> | <p>Baltimore City Planning Department Baltimore City Council</p> | <p>Baltimore City Planning Department will make recommendations to the City Council to amend the Zoning Code to remove provisions restricting the construction of housing for homeless persons so that the requirements will be the same as for other multifamily housing.</p> |
| <p>1.10 Include as a prominent part of the City's advocacy agenda the establishment of state and federal Affordable Housing Trust Funds so developers can create housing for households with extremely low-incomes (≤30% AMI).</p> | <p>\$0 from city</p> | <p>Baltimore City Council Baltimore City Delegation</p> | <p>The Baltimore City Delegation will advocate for the creation of state and federal Affordable Housing Trust Funds.</p> |

COMPREHENSIVE HEALTH CARE

Goal: By 2018, all Baltimoreans will have access to comprehensive and affordable health care including mental health services and addiction treatment.

Poor health and lack of access to health care are among the most important causes of homelessness, and are among the most significant challenges to resolving homelessness. Baltimore City will explore strategies to ensure the universal accessibility of essential health services – including access to mental health and substance abuse treatment. For people already struggling to pay for rent, food, and other daily living needs, the onset of a serious illness or disability can easily result in homelessness as they quickly deplete financial resources. Too often, loss of employment because of illness or disability leads to eviction and homelessness. Half of personal bankruptcies are attributed to an unexpected medical illness.¹¹



Courtesy of Health Care for the Homeless. Image by Sonja Kinzer

Timely access to quality, affordable health care would alleviate health problems, prevent loss of income, and reduce the incidence of homelessness. Ameliorating mental illness and addiction through adequate and appropriate treatment could prevent hospitalization, arrest, and eviction. Finally, addressing the health problems of homeless persons can facilitate the transition from the streets to the mainstream.

Baltimore City has identified the following objectives under this goal:

Objective 1: Increase the number of Baltimoreans with health insurance.

Objective 2: Improve public health efforts to prevent and mitigate chronic illness.

Objective 3: Expand healthcare services to meet the needs of the homeless.

Objective 4: Advocate for universal health insurance.

Objective 1: Increase the number of Baltimoreans with health insurance.

- **Action 2.1: Advocate for the state of Maryland to include adults up to 116% of the federal poverty line in the Medicaid program.**

Under current law and policy, adults in Baltimore may qualify for Medicaid only if they have very low incomes (less than half of the federal poverty line) and are (1) aged, blind, or permanently disabled; (2) in a family where one parent is absent, permanently disabled, unemployed, or underemployed; or (3) pregnant women. These guidelines

COMPREHENSIVE HEALTH CARE

prevent many low-income Baltimoreans from accessing comprehensive health insurance. As many as 75% of homeless people in Baltimore City lack comprehensive health insurance. Because they qualify for Medicaid coverage only once they become permanently disabled, low-income, non-elderly adults – even those with serious, chronic health conditions – often are unable to access necessary health care services. Historically, Maryland provided health benefits to poor individuals not covered by the federal/state Medicaid program through the Medical Assistance, State-Only (MASO) program. When this program was eliminated in 1992, more than 32,000 single adults lost comprehensive coverage. In place of such coverage, a patchwork of services emerged. The uninsured can receive primary care in community health centers, such as Healthcare for the Homeless. However, outpatient specialty care and services, including laboratory and x-ray, are often unavailable.

“I have worked all my life. I should have health care.”

- James, a man who is homeless

In the fall of 2007, the Governor, acting with the legislature in a special session, extended Medicaid coverage to individuals living with children who have incomes up to 116% of the poverty line. The new legislation also instructed the state Department of Health and Mental Hygiene to seek necessary waivers and funds to extend benefits and ultimately full Medicaid coverage to all with incomes less than 116% of poverty.

This positive step will require sustained attention for follow-through. It is imperative that the state of Maryland identify the funding needed for the promised coverage expansion.

- **Action 2.2: Advocate for the state to implement 12 month continuous eligibility for the Medicaid program.**

Medicaid is the Federal-State partnership that funds health services for many indigent and disabled individuals and families. Currently, eligible applicants receive Medicaid benefits in six-month increments, requiring them to undertake a re-determination of eligibility after each 180-day period. Maryland should exercise its option to provide eligibility in twelve-month increments. This would reduce the administrative costs of the program, while facilitating continuity of care for vulnerable persons. Legislation to establish 12-month Medicaid eligibility in Maryland was introduced in the General Assembly last year but did not pass.

- **Action 2.3: Expand outreach to help homeless persons enroll in healthcare programs.**

Although they are eligible to receive health care benefits and services, many homeless people and those most at risk of, homelessness fail to enroll. Complicated application processes, disabling health conditions, lack of necessary identifying documentation, and distrust of the system keep needed services beyond the reach of many eligible individuals. As Baltimore City expands its coordinated outreach capacity, it should ensure that outreach workers are trained to link homeless individuals and families with health care benefits and services. Outreach workers should offer assistance to acquire identifying documents that are necessary to access health benefits and assist individuals throughout the enrollment process.

COMPREHENSIVE HEALTH CARE

Objective 2: Improve public health efforts to prevent and mitigate chronic illness.

- **Action 2.4: Advocate for the state to strengthen local public health activities, including prevention of chronic disease.**

Chronic illness, including cancer, heart disease, and diabetes, is often preventable. Yet in contrast to the billions of dollars spent on health care to treat these conditions, very few resources are devoted to prevention. Aside from funding for tobacco prevention and cancer screening, there are few resources available in Maryland to address chronic illness. Public health programs directed at heart disease, asthma, obesity, tooth decay, depression and other chronic illnesses can reduce suffering and prevent the health crises that precipitate homelessness. Baltimore should develop an agenda around chronic illness, and advocate for the state and other funding sources to provide support for these programs.

Objective 3: Expand healthcare services to meet the needs of the homeless.

- **Action 2.5: Vigorously pursue the goal of “treatment on demand.”**

Drug addiction is closely tied to homelessness in Baltimore. Many homeless are addicted; others lose all of their resources and family ties during long periods of addiction. Providing access to effective drug treatment upon request is a critical element of helping people end their time on the streets. In 2007, however, only about half of those people calling Baltimore Substance Abuse Systems, Inc. for treatment were able to access treatment within the next several days. Many of the homeless who could not obtain treatment immediately were lost to follow-up.

The solution is to further expand access to substance abuse treatment. One promising approach to doing so quickly is expansion of the use of buprenorphine, a new therapy that is highly effective for heroin addiction. Unlike methadone, buprenorphine can be prescribed by regular doctors in clinic settings. Because Baltimore has so many doctors, buprenorphine offers the potential for a major expansion in access to care.

Through the Baltimore Buprenorphine Initiative, the city is seeking to take advantage of this opportunity. The Initiative pays for any city physician to take the required training course, provides the uninsured with 3 to 4 months of treatment in substance abuse treatment centers prior to transfer to the medical system, and advocates with insurers and others to obtain adequate reimbursement. It is critical that doctors and hospitals across the city join this effort.

To finance the expansion of substance abuse treatment, Baltimore must take advantage of recent expansions in health insurance. Medicaid covers most outpatient drug treatment, including treatment with buprenorphine. Those calling for substance abuse treatment should be screened for health insurance eligibility. The state’s Department of Health and Mental Hygiene should ensure that Medicaid health plans meet their obligations by making effective treatment easily accessible for their enrollees.

COMPREHENSIVE HEALTH CARE

- **Action 2.6: Work with hospitals and the state of Maryland to support a level of convalescent care for homeless persons so that the choice is not between costly inpatient care and the street.**

An inadequate number of low-cost recuperative beds at an appropriate level of care exist in Baltimore City for homeless persons with acute and chronic health problems who are not ill enough to warrant continued hospitalization but who are not likely to recover in shelters or on the streets. Hospital patients who are homeless are often discharged without access to long-term housing and medical support. Hospital social workers frequently are unable to secure recuperative beds at an appropriate level of care for medically fragile individuals who may either be kept in an inpatient bed beyond the end of their acute illness or be forced to reside in shelters without access to necessary medical care.



Courtesy of Health Care for the Homeless. Image by Sonja Kinzer

The lack of recuperative beds at an appropriate level of care results in a high price tag for Baltimore City hospitals.

According to the Maryland Health Services Cost Review Commission (HSCRC), the average nightly cost of an inpatient hospital bed as of June of 2006 in Baltimore City was \$2,962. Without an adequate discharge destination, hospitals often must hold medically fragile individuals in inpatient beds or pay for nursing home beds. When adequate shelter and support are unavailable, individuals discharged to the street often cycle back through hospital emergency departments and inpatient facilities.

Baltimore City should explore the development of intermediary levels of care for the homeless between hospitalization and discharge to the streets. This system could include such measures as nursing home beds, assisted living beds in a facility dedicated to medically fragile homeless individuals, 24-hour respite care beds in shelters, and single room occupancy units for people with mental illness and communicable diseases. The estimated total cost per bed of \$375 per night for a 30-bed assisted living facility with 24-hour care, could provide a significant cost-savings for Baltimore's hospitals and for all who pay these costs, including every business and individual paying insurance premiums.

- **Action 2.7: Work with the state to develop a strategy to ensure that appropriate medical transition of inmates to community health providers upon release.**

One of the collateral consequences of involvement with the criminal justice system – an all too frequent experience for people living on the streets – is the interruption or discontinuation of health-related services. Each year, roughly 12,000 people are released from the state correctional system – three-fourths to Baltimore City – and over 3,000 additional persons monthly await trials in local jails. Upon release, many of these

COMPREHENSIVE HEALTH CARE

persons, who have no resources, few social connections, and untreated medical, mental health and substance abuse problems, have few places to turn for their health care needs. Sick, uninsured and untreated, many end up in emergency rooms, psychiatric facilities, or under arrest again.

Baltimore City will support the temporary suspension – rather than discontinuation – of Medicaid benefits for incarcerated persons. The City will work with the State to improve “discharge planning,” including assistance with identification and public benefits prior to release. It also will work to ensure increased access to medical assessment and medications while in jail and prison and upon release.

- **Action 2.8: Expand healthcare options for the uninsured.**

Recent expansions of health insurance are a promising start towards expanding access to comprehensive coverage. Many of the homeless, however, need significant medical attention in the short term. It is therefore important to expand access to healthcare services as soon as possible.

In Baltimore, the uninsured can obtain primary care (through the Primary Adult Care program), mental health care (through Baltimore Mental Health System, Inc.) and addiction treatment (through Baltimore Substance Abuse Systems, Inc.). However, other outpatient services, including dental care, specialty care, laboratory, and radiology, are often unavailable to the uninsured.

The system of healthcare financing in Maryland creates this gap. The system supports hospital care for the uninsured through a comprehensive approach to rate-setting. However, this approach does not provide for reimbursement for many outpatient services.

The Health Department should work closely with community health providers, hospitals, and state regulators to close these gaps in access to quality health care.

Objective 4: Advocate for universal health insurance.

- **Action 2.9: Advocate for universal access to health insurance at the state and federal levels.**

Despite decades of incremental expansions of public insurance programs targeting vulnerable populations, the number of uninsured and underinsured individuals continues to increase – to 47 million in 2006.¹² The myriad efforts to patch the current health care framework in the United States – including valuable yet insufficient resources directed to community health centers – have not proven effective in stemming the tide of increased costs and declining coverage.

Recognizing the connection between lack of health insurance and homelessness, Baltimore City should encourage the U.S. Congress and Maryland State Legislature to codify a right to health care by guaranteeing insurance coverage, universally and continuously, for all medically necessary services.

COMPREHENSIVE HEALTH CARE

| Objective 1: Increase the number of Baltimoreans with health insurance. | | | |
|---|------------------------------------|--|---|
| Action | Budget | Key Partners | First Year Benchmarks |
| 2.1 Advocate for the state of Maryland to include adults up to 116% of the federal poverty line in the Medicaid program. | \$0 | Baltimore City Legislative Staff Baltimore City Delegation from both House and Senate Department of Health & Mental Hygiene Local advocacy coalitions (Maryland Citizens' Health Initiative, SHARP, Advocates for Children & Youth, etc.) | Baltimore City Legislative staff will develop and implement a plan to advocate sufficient funding for expansion over the next several years as contemplated in the in the special session. Indicator: Number of adults covered through expansion |
| 2.2 Advocate for the state to implement 12-month continuous eligibility for the Medicaid program. | \$0 | Baltimore City Legislative Staff Baltimore City Delegation State Department of Health & Mental Hygiene Local advocacy coalitions | Legislation to achieve this objective will be introduced in both the 2008 and 2009 sessions (if needed). |
| 2.3 Expand outreach to help homeless persons enroll in healthcare programs. | 2 Outreach Workers @ \$40,000 each | Baltimore Homeless Services Baltimore Health Care Access Local Community Health Centers, including Health | Baltimore Homeless Services will work with its partners to develop a plan to coordinate and expand public benefit-related outreach teams. Indicators: Number of individuals enrolled through outreach. |

COMPREHENSIVE HEALTH CARE

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| | | Care for the Homeless Baltimore City Department of Social Services | |
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Objective 2: Improve public health efforts to prevent and mitigate chronic illness.

| Action | Budget | Key Partners | First Year Benchmarks |
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| 2.4 Advocate for the state to strengthen local public health activities, including prevention of chronic disease. | unknown at this time | Baltimore City Legislative Staff Baltimore City Delegation State Department of Health & Mental Hygiene Local advocacy coalitions Federal Government | Develop an agenda of public health initiatives to prevent chronic disease Apply for funding from state, federal, and private foundations. |

Objective 3: Expand healthcare services to meet the needs of the homeless.

| Action | Budget | Key Partners | First Year Benchmarks |
|---|---|---|---|
| 2.5 Vigorously pursue the goal of “treatment on demand.” | The extension of full Medicaid benefits for all adults under 116% FPL will significantly increase funding for outpatient treatment by an estimated \$20,000,000. Inpatient treatment, not covered by Medicaid, | Baltimore City Legislative Staff Baltimore City Delegation State Department of Health & Mental Hygiene Baltimore Substance Abuse Systems | Develop an assessment of “treatment on demand” and a plan for achieving this goal in Baltimore. |

COMPREHENSIVE HEALTH CARE

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| | costs approximately \$2,400 per one month stay – or \$28,800 per year. Providing 100 inpatient beds per year (serving an estimate 1,200 people a year) will cost approximately \$2,880,000. | Local advocacy coalitions | |
| 2.6 Work with hospitals and the state of Maryland to support a level of convalescent care for homeless persons so that the choice is not between costly inpatient care and the street. | Inpatient/emergency department diversion (convalescent care) shelter and services cost approximately \$324 per day. Unknown at this time | State Department of Health & Mental Hygiene Maryland Hospital Association Maryland Health Care Commission Local Community Health Centers, including Health Care for the Homeless Local hospitals | Convene meeting of hospitals and state officials to discuss the development of this level of care. |
| 2.7 Work with the state to develop a strategy to ensure that appropriate medical transition of inmates to community health providers upon release. | Unknown at this time | Maryland Department of Public Safety Community Health Centers, including HCH Medicaid | Convene meeting with state corrections officials to encourage the development of a plan to ensure that all sentenced inmates with chronic medical and mental health conditions will receive at least a 30 day supply of medication upon release, have an appointment for follow-up care, and submit applications for state and federal disability benefits prior to release. |

COMPREHENSIVE HEALTH CARE

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| 2.8 Expand healthcare options for the uninsured. | Unknown at this time | Baltimore City Health Department Academic experts Local advocacy coalitions | Assess gaps in care for the uninsured in Baltimore |
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Objective 4: Advocate for universal health insurance at the state and federal levels.

| Action | Budget | Key Partners | First Year Benchmarks |
|---|---------------|---|--|
| 2.9 Advocate for universal access to health insurance at the state and federal levels. | \$0 from city | Baltimore City Legislative Staff Baltimore City Council Baltimore City's State and Federal Delegations Local advocacy coalitions | The Health Department will contact state and federal legislators urging support of universal coverage. |

INCOME AND EMPLOYMENT

Goal: By 2018, all Baltimore workers will earn a wage sufficient to afford housing; funding of public benefits will be sufficient to prevent the homelessness of recipients.

As the cost of living in Baltimore continues to rise, the relationship between income and homelessness, including the impacts of unemployment, underemployment, insufficient benefit payments, and low wages becomes a critical concern. There is a grave misconception that housing status accurately reflects employment status or skill level. In reality, a significant number of homeless individuals are employed and possess marketable skills.



Courtesy of Catholic Charities, Christopher Place Employment Academy. Image by Bruce Weller

The declining real dollar value of wages and federal and state benefit payments, along with a lack of affordable housing units, put housing out of reach for many working Baltimore City residents. According to the Baltimore City Homeless Census in 2005, 86% of people surveyed reported an annual income under the Federal Poverty Level, (approximately \$10,000 per year for a single

individual under age 65). The federal minimum wage is currently \$5.15 an hour, while, according to the National Low Income Housing Coalition (2005), a family must earn \$18.27 (355% of the minimum wage) an hour at 40 hours a week to afford a two-bedroom apartment at fair market rent. Thus, a family in which three people are working minimum wage jobs cannot afford an apartment in Baltimore City.

People receiving public benefits are also unable to afford adequate housing. Those receiving Temporary Disability Assistance Program (TDAP) are likely to be the poorest of the homeless population, at 25% of the federal poverty level (\$2,500 annually), while those receiving Temporary Cash Assistance (TCA) fall between 76 to 100% of the Federal Poverty Level (\$7,501 to \$10,000 annually).

In order to increase the incomes of people who are homeless, Baltimore City and homeless service providers should decrease barriers to employment, increase access to job training opportunities, increase benefit payments, and work hand in hand with city employers to move people into jobs.

INCOME AND EMPLOYMENT

We have identified the following objectives pursuant to this goal:

Objective 1: Increase access by homeless persons to employment opportunities that provide sufficient wages.

Objective 2: Increase access to and sufficiency of public benefits for homeless persons.

Objective 1: Increase access by homeless persons to employment opportunities that pay sufficient wages.

As the cost of living in Baltimore continues to rise, the relationship between work and homelessness, including the impacts of unemployment, underemployment, and low wages becomes a critical concern.

- **Action 3.1: Increase the number of shelter-based life-skills and job training programs available to homeless persons.**



Courtesy of St. Vincent de Paul of Baltimore.

The 2007 Baltimore City Homeless Census surveyed homeless persons regarding their education level. Forty-six percent of the respondents had a high school degree or GED, and 31% had less than a high school education. Case managers working directly with people who are homeless indicate a need for life-skills training in areas such as parenting and financial literacy. This information indicates a need for remedial learning, particularly the development of life-skill classes

and job training programs geared to the needs of homeless adults.

Baltimore City should work with emergency shelter facilities to employ a full-time Employment and Life Skills Specialist to increase access to workforce development opportunities, establish in-house employment programs, engage in career planning, and offer life-skills classes. A consortium of partners, local employers, The Mayor's Office of Employment Development, and workforce development agencies, and homeless service providers, should participate actively in establishing these programs.

INCOME AND EMPLOYMENT

- **Action 3.2: Increase access to employment, training and occupational internships offered by workforce development partners by strengthening relationships with these partners, implementing a formal referral process, and establishing joint training opportunities.**

Once a homeless person has completed a life skill training program and has established job/career goals, he/she will require a specific plan and job and training opportunities in order to realize those goals. Currently, however, there are few employment development opportunities in Baltimore City geared specifically to the needs of people who are homeless. Existing programs are often difficult for the homeless population to access. Workforce development partners establish internships and employment training opportunities based on the projected employment needs of the state and city. Employers would commit to hiring successful interns and provide remediation for those who do not succeed initially.

In order to increase access to employment opportunities for homeless people, the Homeless Services Continuum should strengthen relationships with workforce development partners and create a formal training and internship referral system to opportunities. Employment programs should include: information on career pathways; identification of available resources; engagement of employers (both small and large businesses); and setting standards for completion. According to the 2007 homeless census for Baltimore City, 38% of respondents reported health issues or disabilities as primary reasons for being homeless. Specific efforts should be made to increase access to employment and training opportunities for the homeless disabled population.

- **Action 3.3: Baltimore Cash Campaign will increase access for homeless people to services such a financial literacy classes (including credit counseling), free tax preparation services, savings programs, and mainstream banking opportunities.**

The Baltimore CASH Campaign works to promote economic stability and empowerment for low-income households in the Baltimore area. The Campaign is a coalition that includes foundations, nonprofits, community-based organizations, Baltimore City government agencies, the Internal Revenue Service, and hundreds of volunteers. The campaign focuses on helping working families maximize their financial opportunities and resources. The Baltimore CASH campaign should work with homeless service providers to link financial services to job training programs and other employment opportunities for homeless people. Financial opportunities should include a financial education program designed specifically to help consumers establish a primary banking relationship and gain access to mainstream financial services as a replacement for check cashing agencies.

- **Action 3.4: Support Baltimore City's efforts to reduce barriers to employment for ex-offenders.**

Baltimore City should continue to examine and consider legislation that reduces barriers to employment for ex-offenders and homeless people. Many ex-offenders apply for jobs for which they are fully qualified but are not considered due to past criminal activity. The

INCOME AND EMPLOYMENT

City Council recently passed "Ban the Box" legislation that will eliminate the check box for previous criminal conviction on city job applications, and allow people with criminal backgrounds to prove their qualifications for a position without being dismissed pre-emptively. This would open job opportunities providing sufficient income to homeless people with previous criminal offenses and would prevent homelessness for the people recently released from the corrections system.

Cities such as Boston, Chicago, and San Francisco have implemented 'Ban the Box' legislation; it allows employers to conduct background checks once the applicant is found to be otherwise qualified, to ensure that criminal history does not conflict with job responsibilities. Baltimore City should consider strategies that would prohibit the denial of employment based on a criminal conviction unless the conviction would affect the ability to perform the job or the person would be considered a safety risk.

- **Action 3.5: Work with the Maryland Office of the Public Defender and other legal service providers to assist clients with expungements of non-convictions and advocate for changes that will allow for the expungement of certain nuisance crime convictions not currently eligible.**

Maryland law currently allows for expungement of non-convictions, provided that the individual is not a defendant in a pending criminal action and has not been convicted of any crime since the case resulting in a non-conviction. Generally, individuals must wait three years from the date of disposition to be eligible for expungement. In some cases expungement may be available sooner if the person waives his/her right to sue the government related to the arrest. All expungement cases require the person to file a Petition for Expungement and pay a \$30.00 filing fee for each petition.

"When you can hold a job it helps build yourself up. It helps you to help yourself."

- Kathy, woman who is homeless

Expungement cases can be complex and expensive for low-income and homeless individuals, especially if the individual has been involved in multiple criminal cases. The Office of the Public Defender and other legal

services providers should advise individuals of their eligibility for expungement, should represent eligible individuals in the expungement process, and should assist individuals in obtaining waivers of the required filing fees.

Obtaining expungement of criminal charges is critical to homeless persons as criminal charges, even non-convictions, act as a barrier to obtaining employment and permanent housing. Additionally, Baltimore City should add to its State policy agenda the expansion of the current expungement law to allow expungement of certain nuisance crime convictions that are common among the homeless population, such as pan-handling, urinating in public, and loitering.

INCOME AND EMPLOYMENT

- **Action 3.6: Provide incentives to employers to hire persons referred by homeless service providers.**

An effective workforce development strategy for helping homeless people gain and keep employment is to provide employers with wage subsidies. These subsidies are provided for an agreed-to trial period, typically three to six months. Wage subsidy programs are effective in helping long-term recipients of temporary cash assistance demonstrate their abilities and move to unsubsidized employment. Often, subsidies, combined with other incentives such as tax incentives, motivate employers to extend work opportunities to non-traditional employees. These programs are effective in raising awareness among employers that housing status is not a reliable indicator of employability.

Wage subsidy programs are also an effective strategy for helping men and women newly released from prison to gain employment and to help overcome employer concerns about hiring former offenders. Subsidized employment (typically 50% of the position's wage), along with on-going case management support from the referring agency, has led to ex-offenders proving their value as employees. A wage subsidy program would increase employment for the homeless.

- **Action 3.7: Advocate for increased federal and state funding of the Workforce Investment Act.**

Over 55% of Baltimore City residents have no more than a high school education, and 25% have not even completed high school. To increase the economic security of local families and ensure that local businesses have a job-ready workforce, Baltimore City should upgrade the skills and training of these workers. The federal Workforce Investment Act (WIA) is the largest source of worker training funds in Maryland.

Despite the need for worker training, Maryland receives minimal federal funding and does little to supplement these funds on the state level. In 2006, Maryland was allotted just under \$30 million in federal WIA dollars. Because Maryland overall has low poverty and unemployment rates, it receives less WIA funding than most other states, and allotments are reduced nearly every year. Overall, WIA funds have decreased statewide by 33% since 2000. Almost 5,000 WIA clients received training services in 2000, but just over 1,100 received training in 2005.

To maintain and increase access to training, other states supplement WIA funds with state funding, which not only helps make up for declining WIA allocations, but also provides more flexibility to respond to changing local needs. The current funding scheme is inadequate for Maryland and Baltimore City workers: it reduces the economic security of local families and puts local businesses at a competitive disadvantage. The State of Maryland should supplement WIA as other states do to expand training and improve the future prospects of Maryland (and especially Baltimore City) workers.

INCOME AND EMPLOYMENT

- **Action 3.8: Increase access to transportation for homeless persons by expanding the capacity of transportation programs, and advocating for the Maryland Transit Administration to increase discounts on bus tokens for homeless service providers.**

Inadequate access to transportation impacts all low-income people. Homeless people have significant difficulty maintaining employment and accessing services because they do not own or have access to a personal vehicle, often spending hours each day walking across the city to receive services. Programs such as People on the Move have been effective in helping homeless people move about the city to access services and maintain employment. Transportation programs specifically designed for homeless people should be expanded.

Homeless people rely on -Maryland Transit Administration (MTA) bus tokens, which homeless service providers distribute. With bus tokens, homeless people can utilize the public transportation system as they seek housing, employment, and resources necessary to regain stability. Due to cost, homeless service providers have limited resources to provide tokens to clients. Baltimore City should advocate that the MTA heavily discount bus tokens purchased by homeless service providers.

- **Action 3.9: Develop a housing rehabilitation program that trains and employs homeless workers.**

This bold initiative would create affordable housing and develop abandoned property, while giving people who are homeless temporary jobs and marketable skills. The program will work with able-bodied homeless persons to refurbish abandoned property to be sold as affordable housing. There are currently almost 15,000 abandoned structures in Baltimore City.¹ The City has gained control of over 5,000 of these structures over the last several years. The program would be a collaboration between the Department of Housing and Community Development, the Office of Employment Development, and a local social service organization with experience refurbishing units. Participants would receive onsite training (based on the Habitat for Humanity model) in construction skills and would be paid a livable wage for their services. Of the refurbished units, a percentage would be set aside to house program graduates and a percentage will be sold at market rate to cover program costs.

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| <i>Objective 2: Increase access to and sufficiency of public benefits for homeless persons.</i> |
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- **Action 3.10: Train case managers on assessing clients' job readiness and accessing public benefits.**

To be optimally effective in reducing homelessness, case managers should be able to help clients maximize their incomes. Case managers should have the training to assess a homeless person's ability to work and to enhance the support for individuals who could work given adequate opportunity. The case manager should also have the training and resources to assist clients in accessing the public benefits systems.

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Public benefits systems are fragmented, complicated and confusing for most people. Case managers need to understand eligibility requirements and procedures for all public benefits that could help homeless persons. Many homeless persons suffer from cognitive impairments that are difficult to diagnose, but that profoundly impair their ability to navigate complex eligibility processes. Case managers must be knowledgeable in order to advocate for clients who may be denied services initially because they do not appear disabled to eligibility workers.

- **Action 3.11: Promote a universal application for TANF, TDAP, SSI, Medicaid and Food Stamp programs to increase access to these benefits by homeless people.**

Streamlining access to the public benefits systems would greatly assist homeless persons and the population in general. Homeless people would benefit significantly from a single resource center and single application for all public benefits. It has been shown that the fewer places a person needs to go to apply for benefits, the more successful the outcome. Given that the eligibility requirements for TDAP, Medicaid, food stamps, and Federal disability benefits (SSI and SSDI) are similar, it makes sense to unify the application form and processes to ensure that homeless individuals receive all benefits for which they are eligible and in need.

- **Action 3.12: Advocate for increased funding to Baltimore City for the Temporary Disability Assistance Program.**

The Temporary Disability Assistance Program (TDAP) provides assistance to adults with no other source of income who have been certified by health providers as unable to work due to serious medical disabilities. Recipients receive only \$185 per month, or less than 25% of the state's "Minimum Living Level." Even with these inadequate payments, over 80% of program participants were able to secure housing for at least some part of the month with disability assistance. We anticipate that more individuals will be able to secure housing for greater lengths of time with an increase to the TDAP grant. The City should advocate for the state to increase the TDAP grant amount so that the total benefit level for disabled individuals is at least 61 percent of the Maryland Minimum Living Level, which is consistent with existing State policy on Temporary Cash Assistance to families. In order to reach this goal, grant amounts should be increased by approximately \$53 dollars every year for the next five years.

INCOME AND EMPLOYMENT

| Objective 1: Increase access by homeless persons to employment opportunities that pay sufficient wages. | | | |
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| Action | Budget | Partners | First Year Benchmarks |
| 3.1 Increase the number of shelter-based life-skills and job training programs available to homeless persons. | <u>Staffing</u> 1 Employment Specialist @ \$35,000-\$45,000 1 PT Training Instructor @ \$10,000-\$15,000 <u>Operations</u> \$30,000 | Homeless Service Providers Mayor's Office of Employment Development Workforce Development Agencies Baltimore City Department of Social Services Local Employers | Two additional emergency shelters will offer employment or occupational skill internship programs. Indicators: Number of trainings Number of people trained |
| 3.2 Increase access to employment, training, and occupational internships offered by workforce development partners by strengthening relationships with these partners, implementing a formal referral process, and establishing joint training opportunities. | \$0 | Mayor's Office of Employment Development Workforce Development Agencies Homeless Service Providers Local Employers | Establish a working group comprised of workforce development partners and homeless service providers to develop more formal relationships. Indicator: Number of homeless people placed in internships |
| 3.3 Baltimore Cash Campaign will increase access for homeless people to services such as financial | \$0 | Mayor's Office of Community Investment Other Baltimore CASH Campaign partners | The Baltimore Cash Campaign will establish a list of services available to people who are homeless and hold information sessions to educate homeless service providers on these opportunities. |

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| <p>literacy classes (including credit counseling), free tax preparation services, savings programs, and mainstream banking opportunities.</p> | | <p>Homeless Service Providers</p> | <p>Indicator: Number of homeless people attending classes</p> |
| <p>3.4 Support Baltimore City's efforts to reduce barriers to employment for ex-offenders.</p> | <p>\$0</p> | <p>Mayor's Office on Criminal Justice</p> <p>Mayor's Office of Employment Development</p> <p>Baltimore City Council</p> <p>Baltimore Job Opportunities Task Force</p> <p>Baltimore City Department of Human Resources</p> <p>Local Employers</p> | <p>Work with Baltimore City to develop strategies that would open job opportunities to homeless people with previous criminal offenses.</p> |
| <p>3.5 Work with the Maryland Office of the Public Defender and other legal service providers to assist clients with expungements of non-convictions and advocate for changes that will allow for the expungement of certain nuisance crime convictions not currently eligible.</p> | <p><u>Staffing</u> 2 FT Paralegal @ \$40,000</p> <p>1 FT Attorney @ \$60,000</p> <p>.25 Administrator \$10,000</p> | <p>Maryland Office of the Public Defender</p> <p>Judiciary</p> <p>Baltimore Job Opportunities Task Force</p> | <p>Establish a committee of comprised of public defenders and judges to design a program for record expungement.</p> <p>Indicators (keeping track of attempts to expunge):</p> <ul style="list-style-type: none"> Number of clients who are ex-offenders Number who attempt expungements Number who succeed at expungements |

INCOME AND EMPLOYMENT

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| <p>3.6 Provide incentives to employers to hire persons referred by homeless service providers.</p> | <p>\$1,500 per person for a three-month subsidy</p> | <p>Homeless Service Providers Baltimore City Department of Social Services Local Employers Job Opportunities Task Force</p> | <p>Identify sources of funding to support the implementation of wage subsidies for 100 people who are homeless. Indicators: Number of homeless people being hired before and after Number of wage subsidies</p> |
| <p>3.7 Advocate for increased federal and state funding of the Workforce Investment Act.</p> | <p>\$0</p> | <p>Mayor's Office Baltimore City Council Baltimore City Department of Legislative Affairs</p> | <p>Baltimore City Department of Legislative Affairs will meet with the Baltimore City Delegation to discuss the importance of the Workforce Investment Act.</p> |
| <p>3.8 Increase access to transportation for homeless persons by expanding the capacity of transportation programs, and advocating for the Maryland Transit Administration to increase discounts on bus tokens for homeless service providers.</p> | <p>Operations of a Transportation Program \$220,000 annually</p> | <p>Maryland Transit Administration (MTA) People on the Move Mayor's Office</p> | <p>Baltimore City will meet with representatives from the MTA to discuss the feasibility increasing discounts on bus tokens purchased by homeless service providers.</p> |
| <p>3.9 Develop a housing rehabilitation program that trains and employs homeless workers.</p> | <p>Varies</p> | <p>Mayor's Office of Employment Development Baltimore Department of Housing and Community Development</p> | <p>Identify a homeless service provider to administer the program, convene potential partners, and begin to identify funding sources.</p> |

INCOME AND EMPLOYMENT

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| | | <p>Greater Baltimore Board of Realtors</p> <p>Building Trades Unions</p> <p>People's Homesteading Group</p> <p>Habitat for Humanity</p> | |
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| Objective 2: Increase access to and sufficiency of public benefits for homeless persons. | | | |
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| Action | Budget | Partners | First Year Benchmarks |
| <p>3.10 Train case managers on assessing job readiness and accessing public benefits.</p> | <p><u>Staffing</u> 1 Project Coordinator @ \$35,000- \$45,000</p> <p><u>Operations</u> Minimal</p> | <p>Baltimore Homeless Services</p> <p>Homeless Service Providers</p> <p>Baltimore City Department of Social Services</p> <p>State Department of Human Resources</p> <p>The SSI Project</p> <p>National Health Care for the Homeless Council</p> | <p>Work with experts on employment and public benefits to write a curriculum for case managers. Identify an entity teach the curriculum by holding monthly trainings.</p> <p>Indicators: Number of trainings or classes Number of case managers trained</p> |
| <p>3.11 Promote a universal</p> | <p>\$0</p> | <p>Baltimore City Department of Legislative Affairs</p> | <p>Establish and convene workgroup to develop universal application.</p> |

INCOME AND EMPLOYMENT

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| <p>application for TANF, TDAP, SSI, Medicaid and Food Stamp programs to increase access to these benefits by homeless people.</p> | | <p>State Department of Human Resources</p> <p>Baltimore City Department of Social Services</p> <p>Homeless Service Providers</p> | |
| <p>3.12 Advocate for increased funding to Baltimore City for the Temporary Disability Assistance Program.</p> | <p>Additional annual cost based on 11,000 people per month = \$7,000,000</p> | <p>Mayor's Office</p> <p>Baltimore City Department of Social Services</p> <p>Baltimore City Department of Legislative Affairs</p> <p>Baltimore City Delegation</p> | <p>Baltimore City Department of Legislative Affairs will meet with the Baltimore City Delegation to discuss increasing the Temporary Disability Assistance Program to be in line with Temporary Cash Assistance to families.</p> |

PREVENTIVE AND EMERGENCY SERVICES

Goal: By 2018, Baltimore City will have sufficient capacity to identify and respond to individuals and families at risk of homelessness, to provide immediate short-term outreach and emergency shelter to those who are homeless, and to transition from emergency shelter to permanent housing with appropriate supportive services within 30 days.

More than 5,000 households in Baltimore City are evicted each year. Most of these households do not receive any eviction prevention assistance. Additionally, many other persons who are discharged from major institutions, such as prisons and hospitals, also become homeless. Modifications to state and city eviction laws, accompanied by preventive legal interventions, supportive services, and adequate discharge planning are necessary to keep people from entering homelessness.



Courtesy of Catholic Charities. Image by Bruce Weller

Homeless individuals and families need comprehensive, integrated services to regain control over their lives and obtain permanent housing. As federal and state funding priorities shift to permanent housing solutions, it is increasingly more difficult to adequately finance emergency services. While the ultimate goal of the 10 Year Plan to End Homelessness is to reduce the need for emergency services, it is recognized that an initial increase in services is necessary to prevent suffering in the interim. A system of quality, coordinated services is needed across Baltimore City to meet the basic needs of homeless people and to ensure efficient use of funding.

Within this goal the following objectives have been identified:

Objective 1: Develop a system of services that prevents individuals and families from becoming homeless.

Objective 2: Develop an integrated system of emergency shelter and services designed to rapidly re-house homeless individuals and families.

Objective 3: Coordinate and expand outreach efforts to homeless persons living on the streets to offer housing and services more rapidly.

Objective 4: Improve data collection and information sharing to increase the efficiency and effectiveness of homeless services.

PREVENTIVE AND EMERGENCY SERVICES

Objective 1: Develop a system of services that prevents individuals and families from becoming homeless.

- **Action 4.1: Improve legal interventions for individuals and families at imminent risk of becoming homeless through legal representation in rent court, in public housing grievance and termination proceedings, in negotiations with Section 8 staff and in landlord disputes.**

Legal representation for low-income renters is a key strategy for preventing homelessness. This necessitates an increase in the number of lawyers and paralegals working to prevent evictions and public interest law firms such as The Maryland Legal Aid Bureau, Public Justice Center, and Homeless Persons Representation Project. These additional staff should be assigned to work in District Court's Rent Court to identify individuals and families at imminent danger of becoming homeless and provide necessary interventions to prevent them from losing their homes.

- **Action 4.2: Advocate for increased state eviction prevention dollars, consolidate funding under one administrative body and create a single application to ensure effective targeting of short-term interventions to prevent loss of housing.**

Baltimore receives \$454,700 in eviction prevention funds from the Maryland Department of Human Resources. Requests for eviction prevention dollars far exceed the amount available, and are expected to increase as a result of the rise in utility expenses. Baltimore City should advocate for at least twice as much funding in order to meet the demand for these funds.

Currently, six providers receive eviction prevention grants. These providers accept application requests and dispense funds to households facing imminent eviction. Most programs require tenants to have a judgment against them as proof of the amount of rent due, and limit the amount of the grant. As a result, tenants must go to many different agencies to acquire enough small grants to pay the rent. A more efficient strategy is to consolidate funding dollars and decisions under one entity and increase the amount distributed in order to pay the full amount necessary to stop each eviction.

Eviction prevention funds are most effective when used for one-time emergency cases. However, funds are often given to families that are continuously unable to pay rent. If it is decided a household is habitually unable to afford rent, other longer-term interventions such as rental assistance or supportive housing programs should be accessible.

- **Action 4.3: Develop an education campaign for low-income tenants to provide information on (1) resources available to prevent homelessness and methods to prevent falling behind on rent/utilities, and (2) tenants' rights and how to navigate the eviction process.**

Low-income tenants are often unaware of public resources that can help to stabilize them during times of financial difficulty. Tenants at risk of eviction often do not know

PREVENTIVE AND EMERGENCY SERVICES

their legal rights and may lack the information necessary to negotiate landlord disputes. Tenants are also not always aware of the types of violations that can result in an eviction. A campaign is necessary to increase access to eviction prevention services and education on tenants' rights. Resources should be widely distributed to social service agencies and to tenants of public housing and other subsidized housing programs.

- **Action 4.4: Advocate for amended state law to require a landlord, before filing a complaint to evict a tenant for nonpayment of rent, to first give the tenant a written “pay or quit” notice, advising them of the amount due, the final date to pay before a complaint is filed and eviction prevention services.**

According to the Abell Foundation, the majority of tenants in Baltimore City pay their rent within one week of their landlord filing for eviction. Maryland is one of five states that does not require landlords to provide a tenant with a “pay or quit” notice at least 3 to 30 days before filing an eviction case in court. The “pay or quit” notice is designed to trigger eviction prevention services and resolve nonpayment issues. Maryland's rate of filing evictions is higher than most states.¹³ This is in part due to an absence of a pre-court notice. A “pay or quit” notice would prevent unnecessary court fees for tenants.

Some states require alternative dispute resolution with the “pay or quit” notice – trained mediators, housing counselors, or social workers that meet with both landlord and tenant and bring in eviction prevention services, which if successful results in the eviction being dismissed. The “pay or quit” notice makes possible dispute resolution, legal defense, and delivery of other social services before the eviction process begins, greatly reducing the number of people ultimately evicted.

- **Action 4.5: Create a mechanism to ensure that all residents of publicly subsidized housing facing eviction are first referred to eviction prevention services.**

People at risk of eviction are often unaware of the services that exist, both to prevent eviction and to provide crisis intervention once evicted. Baltimore City should create a mechanism to immediately refer individuals facing eviction to services. The Housing Authority of Baltimore City will provide a handout with a list of agencies that provide eviction prevention and homeless services.

- **Action 4.6: Develop standards for discharge planning that will be adopted by all institutions.**

Although a number of institutions such as hospitals and correctional systems currently have protocols and initiatives to discharge clients, they are often incomplete, and are not applied in a planned or coordinated way.

Baltimore Homeless Services will develop standards for institutions covering clients whose stay is less than one week to clients whose stay exceeds 30 days or more. These standards will provide information, resources, and protocols for discharge planning. These standards will also explain what is considered an unacceptable

PREVENTIVE AND EMERGENCY SERVICES

discharge plan. It is recognized that the success of discharge planning will rely heavily on an increase in the availability of housing, convalescent care, and other supportive services.

These standards should be adopted by all institutions, including hospitals, residential mental, health facilities, residential substance abuse treatment facilities, and correctional facilities. By developing discharge plans consistent with these standards, institutions will take specific steps to maximize the number of people referred to stable housing and supportive services to prevent discharge into homelessness.

Objective 2: Develop an integrated system of emergency shelter and services designed to rapidly re-house homeless individuals and families.

- **Action 4.7: Replace the existing winter shelter with a 24-hour year-round fully-accessible facility at another location that will serve as one of the main resource centers for clients to enter and access homeless services.**

In the past, Baltimore's winter shelter operated during evening hours from November until March. The limited hours of the facility did not permit for a comprehensive assessment of its clients. A 24-hour shelter with supportive services is essential to enable clients to connect to housing and other essential resources. Baltimore Homeless Services will integrate the 24-hour shelter with newly opened resource centers to maximize resources, services and benefits.

The focus of this facility will be to direct clients to long-term housing options to ensure that the stay in shelter is short. This resource center would include services provided by local agencies such as housing support, employment and education services, health and nutrition services, and income support services. The facility should also offer phone and Internet access for clients to receive messages and lockers for safe storage of belongings.

- **Action 4.8: Expand the capacity of the Baltimore Interfaith Hospitality Network to meet the needs of homeless families.**

The Baltimore Interfaith Hospitality Network Inc. (BIHN) is a non-profit organization which brings together the volunteers and resources of many interfaith congregations to provide a comfortable environment for families in need of food and shelter. The National Interfaith Hospitality Network, with its 126 affiliates throughout 35 states, has proven to be an effective model in engaging the faith community in serving people who are homeless with a unique alternative to traditional shelter.

The BIHN currently provides twenty-four hour services including overnight accommodations in congregations, meals, showers, laundry facilities, case management, and other supports. Hosting rotates weekly among nine congregations in the network and partner congregations contribute with volunteers, food, and other supplies. A day center provides a space for families to work with volunteers and case management staff as well as meet some of their basic needs. Volunteers and staff work

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with guests to access housing and employment opportunities. As a result, over 80% of guest families have secured and maintained permanent housing.

BIHN will expand its capacity by instituting additional programs to meet the needs of families who are homeless, such as life skills and employment programs, and by increasing the overall number of networks in Baltimore City. Currently, BIHN has one network of twenty five congregations providing shelter and additional support to meet the needs of fourteen people who are homeless. Baltimore City would benefit greatly from as many as five hospitality networks throughout Baltimore City with at least twelve congregations in each network. The expansion of the day resource center would also be necessary to meet the increase in caseload.

- **Action 4.9: Ensure that shelters receiving city dollars are accessible or planning to be accessible to individuals with physical disabilities.**

The number of wheelchair accessible shelters in Baltimore City is alarmingly low. Homeless people with major physical disabilities struggle to find emergency shelter. Hospitals have particular trouble discharging patients in wheelchairs because even convalescent care beds for homeless people lack accessibility. Baltimore City and homeless service providers should make the necessary investment to ensure that shelters are accessible to people with physical disabilities.

- **Action 4.10: Expand integrated resource centers (“one stop shops”) that include services such as benefits assistance, eviction interventions, legal services, health care services, housing referrals, mental health services and employment development. Designate one resource center specifically for homeless youth.**

Baltimore’s newly open Our Daily Bread Employment Center and soon to open My Sister’s Place Women’s Center are creative examples of one stop shops, providing an array of services and connecting people to resources in Baltimore City. Expanding these resource centers will maximize services to the homeless, including those with serious mental illness or who suffer from chronic substance abuse. Typically, these individuals, due to their illness, have been rejected by or ejected from other service programs.

Homeless youth are a particularly vulnerable group. According to a January 26, 2007 count by the Baltimore Homeless Youth Initiative, an estimated 272 youth ages 8 to 25 were unstably housed.¹⁴ The majority of these youth were between 16 and 19 years old, and more than one-half were female. These youth are



Courtesy of Catholic Charities, Image by Bruce Weller

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often unwelcome or sometimes victimized in traditional homeless programs and need a safe space of their own.

Comprehensive day resource centers provide an entry point for homeless individuals and families to access long-term housing and services. Baltimore City should explore both the expansion of existing resource centers for homeless people to ensure the most efficient use of funds and also the creation of referral centers that would directly connect people to services in other locations. The new 24-hour shelter and one of these resource centers would share the same facility.

- **Action 4.11: Baltimore City should ensure that homeless service providers are trained on securing government-issued identification for their clients and should establish a fund to cover related fees.**

The lack of government-issued photo identification is one of the most significant barriers that homeless people face in accessing essential social services, including drug treatment and healthcare. The barriers to obtaining a state ID include costs and insufficient supporting documentation.

Baltimore Health Care Access, a quasi-public agency of the Baltimore City Health Department, assists clients in obtaining the government-issued identification necessary to access health care programs and other services. Baltimore Health Care Access will train homeless services providers how to obtain IDs for clients and will assist in accessing documentation for difficult cases.

Baltimore Health Care Access and its partners should work to increase the capacity of homeless service providers to assist in obtaining IDs by establishing a fund to cover the cost of IDs and advocating that the State waive fees for homeless people. Increasing the number of homeless people in Baltimore City who have IDs will increase access to drug treatment programs, help homeless people access shelters and other facilities, and increase access medical care and other benefits programs such as Medical Assistance and Temporary Cash Assistance.

If difficulties in accessing state ID persist, the city should explore the potential of a city identification card.

- **Action 4.12: Maryland Department of Human Resources' Office of Transitional Services should increase its current allocation to Baltimore City.**

The Maryland Department of Human Resources' Office of Transitional Services funds much of the preventive and emergency services, such as eviction prevention dollars and shelter facilities. Programs include Emergency and Transitional Housing and Services Program; Service Linked Housing Program; Homelessness Prevention Program; and Homeless Women Crisis – Shelter Program. These programs have been funded at their current levels since 1991, while the costs of running these programs have increased significantly. Providers can no longer afford to continue to operate their programs at a deficit.

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Funding allocated to Baltimore City annually for these programs should be increased by at least 42%, the cost of living increase from 1991 to 2007.¹⁵ The increases would be as follows:

1. Emergency and Transitional Housing and Services Program:
Current allocation: \$1,756,302
Recommended allocation: \$2,500,000
2. Service Linked Housing Program
Current allocation: \$344,606
Recommended allocation: \$490,000.
3. Homelessness Prevention Program
Current allocation: \$454,700
Recommended allocation: \$646,000.
4. Homeless Women Crisis-Shelter Program
Current allocation: \$432,777
Recommended allocation: \$615,000.

Objective 3: Coordinate and expand outreach efforts to homeless persons living on the streets to offer housing and services more rapidly.

- **Action 4.13: The Baltimore Homeless Youth Initiative, in partnership with the Baltimore City Department of Social Services, should create a youth outreach team to provide outreach and case management services to homeless youth in a variety of settings and in a way that meets their developmental needs.**

The needs of homeless young people are unique. To be effective, interventions specific to this population must reflect the developmental needs of young people. Interventions during this critical period can ensure that the homeless youth population does not represent the chronically homeless population of the future.

Homeless youth advocates will provide case management services for homeless youth in a variety of settings such as homeless shelters, family support centers, the public school system, youth resource centers, and on the streets. These staff will engage youth, assess needs, provide supported referrals to social services, provide education and employment counseling services, broker family reunification, teach life skills, and connect youth to permanent housing opportunities.

A community-wide conversation about the circumstances of homelessness among our youth is necessary. Such a conversation should include the public child/youth serving systems, including the Baltimore Homeless Youth Initiative, Baltimore City Department of Social Services, Baltimore City Public Schools, Maryland Department of Juvenile Services, and non-profit and community agencies who work with the population of young people who may be at risk of homelessness. Only through such a city-wide initiative can we hope to address this challenging and largely unnoticed phenomenon.

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- **Action 4.14: Coordinate outreach teams under one lead agency to provide a responsive, city-wide outreach effort to homeless persons.**

Currently, numerous agencies provide outreach services without a coordinated approach. Efforts are duplicated and resources are not maximized. This strategy is designed to improve the quality and coordination of outreach services designed to identify homeless people and refer them to agencies providing permanent housing placements. The City should designate a lead agency and give it responsibility for overseeing a homeless outreach coalition that will coordinate outreach providers to offer a city-wide, unified, responsive homeless outreach system, determine the unmet needs of the homeless population, serve as a liaison to the community, and advocate for homeless people.

Baltimore Homeless Services will identify new funding sources to increase the overall number of outreach workers. As the capacity of the outreach team grows, designated outreach workers should provide services specific to the needs of homeless families and follow up services to individuals who have recently exited temporary housing programs.

- **Action 4.15: Increase collaboration between homeless outreach teams, the Baltimore City Police Department, the Baltimore City Fire Department, the Office of Emergency Management, the Downtown Partnership, and the Baltimore City Health Department.**

Homeless service providers are not always the first to identify and engage a homeless person on the street in Baltimore City. The Baltimore City Police and Fire Departments, the Office of Emergency Management, and the Downtown Partnership encounter homeless people every day and often gain a great deal of experience interacting with each individual. Staff from police, fire, emergency management and the Downtown Partnership could benefit from additional training as they work to engage clients and connect them to services. Efforts should be made to increase collaboration between the homeless outreach coalition, city agencies, and the Downtown Partnership to better coordinate services.

Objective 4: Improve data collection and information sharing to increase the efficiency and effectiveness of homeless services.

- **Action 4.16: Improve data systems to better track homeless data and establish indicators to evaluate program outcomes and monitor the process of the 10 Year Plan to End Homelessness within the CitiStat program.**

Standardized, high quality, up-to-date homeless services data are critical to continuously improving program progress and outcomes. Baltimore Homeless Services should evaluate the capacity of Baltimore City's Homeless Management Information System and establish a plan to improve its ability to meet the needs of the continuum. Baltimore Homeless Services should use the HMIS system for monitoring program processes and outcomes and informing funding decisions. The CitiStat process should incorporate

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Homeless Services data to monitor the progress of the 10 Year Plan to End Homelessness.

- **Action 4.17: Develop a comprehensive homeless services web site to be used as a tool for service providers and clients to access services.**

Baltimore City's approach to providing homeless services is constantly evolving. Throughout the implementation of the 10 Year Plan to End Homelessness, new resources will become available and the services offered by various homeless service providers will adjust to meet the need. Baltimore Homeless Services will create comprehensive homeless services web site to maintain an updated directory of homeless service providers, inform agencies of requests for proposals and other homeless services news, and will provide information on the progress of the 10 Year Plan to End Homelessness.

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| Objective 1: <i>Develop a system of services that prevents individuals and families from becoming homeless.</i> | | | |
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| Action | Budget | Partners | First Year Benchmarks |
| 4.1 Improve legal interventions for individuals and families at imminent risk of becoming homeless through legal representation in rent court, in public housing grievance and termination proceedings, in negotiations with Section 8 staff, and in landlord disputes. | <u>Staffing</u> 3 FT Paralegals @ \$40,000 1 FT Attorney @ \$60,000 | Maryland Legal Aid Bureau Public Justice Center Homeless Persons Representation Project Homeless Service Providers Landlords | Increase the number of legal interventions to prevent eviction. Decrease the number of people evicted by 10%. Indicators (collected quarterly by Maryland Legal Aid Bureau, Public Justice Center, and Homeless Persons Representation Project): Number of clients served now vs. before Number of clients served by new staff Outcomes of grievances |
| 4.2 Advocate for increased state eviction prevention dollars, consolidate funding under one administrative body, and create a single application to ensure effective targeting of short-term interventions to prevent loss of housing. | Approximate \$500,000 annually from State DHR | Homeless Service Providers Baltimore Homeless Services Maryland Department of Human Resources Office of Transitional Services Neighborhood Improvement Associations Baltimore City Department of Social Services | Establish an eviction prevention advisory board and consolidate eviction dollars. Indicator: Number of consolidated eviction prevention dollars. |

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| <p>4.3 Develop an education campaign for low-income tenants to provide information on (1) resources available to prevent homelessness and methods to prevent falling behind on rent/utilities, and (2) tenants' rights and how to navigate the eviction process.</p> | <p>\$50,000 for video and printed materials.</p> | <p>Public Justice Center Legal Aid Bureau Homeless Persons Representation Project</p> | <p>Develop materials and curriculum and prepare a distribution plan.</p> <p>Indicators: Number of education sessions Number of literature disseminated</p> |
| <p>4.4 Advocate for amended state law to require a landlord, before filing a complaint to evict a tenant for nonpayment of rent, to first give the tenant a written "pay or quit" notice, advising them of the amount due, the final date to pay before a complaint is filed, and eviction prevention services.</p> | <p>\$0</p> | <p>Baltimore City Delegation Landlords Baltimore Homeless Services Judiciary Maryland Legal Aid Bureau</p> | <p>Introduce legislation in FY2009.</p> |
| <p>4.5 Create a mechanism to ensure that all residents of publicly subsidized housing facing eviction are first referred to a eviction prevention services.</p> | <p>\$0</p> | <p>Baltimore Homeless Services Baltimore City Department of Social Services Housing Authority of</p> | <p>Develop and distribute a flyer for HABC to include with all eviction notices.</p> <p>Indicator: Number of people receiving assistance.</p> |

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| | | Baltimore City Judiciary Baltimore City Sheriff | |
| 4.6 Develop standards for discharge planning that will be adopted by all institutions. | \$0 | Baltimore City Hospitals Maryland State Department of Public Safety and Correctional Services Substance abuse treatment facilities Mental health facilities Baltimore City Health Department Homeless Service Providers | The Baltimore Health Department will convene a task force comprising major healthcare, correctional, and residential mental health and substance abuse institutions to develop discharge procedures. |

| Objective 2: Develop an integrated system of emergency shelter and services designed to rapidly re-house homeless individuals and families. | | | |
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| Action | Budget | Partners | First Year Benchmarks |
| 4.7 Replace the existing winter shelter with a 24-hour, year-round fully accessible facility at another location that will serve as one of the | <u>Staffing</u> \$370,000 <u>Operations</u> Approximately \$1,000,000 annually | Baltimore Homeless Services Baltimore City Department of Social Services | Secure a site and secure funding for capital and operations. |

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| <p>main resource centers for clients to enter and access homeless services.</p> | | <p>Baltimore City Housing and Community Development</p> <p>Homeless Service Providers</p> | |
| <p>4.8 Expand the capacity of the Baltimore Interfaith Hospitality Network to meet the needs of homeless families.</p> | <p>Staffing and operations</p> <p>\$211,000</p> | <p>Faith Community</p> <p>National Interfaith Hospitality Network</p> | <p>Develop one new location and bring five new congregations into the Network.</p> |
| <p>4.9 Ensure that shelters receiving city dollars are accessible or planning to be accessible to individuals with physical disabilities.</p> | <p>Varies, depending on capital needs required for compliance</p> | <p>Mayor's Commission on Disabilities</p> <p>Maryland Disability Law Center</p> <p>Baltimore City Housing and Community Development</p> | <p>Evaluate existing shelters to determine feasibility of becoming accessible and identify possible sources of capital funding.</p> |
| <p>4.10 Expand integrated resource centers ("one stop shops") that include services such as benefits assistance, eviction interventions, legal services, health care services, housing referrals, mental health services, and employment development. Designate one resource</p> | <p><u>Capital</u></p> <p>Several million dollars</p> <p><u>Operating</u></p> <p>Approximately \$500,000 per resource center per year</p> | <p>Baltimore City Department of Housing and Community Development</p> <p>Homeless Service Providers</p> <p>Baltimore Substance Abuse Systems</p> | <p>Identify locations for at least two sites and develop capital and operating funding strategy.</p> |

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| center specifically for homeless youth. | | Baltimore Mental Health Systems Mayor's Office of Economic Development Baltimore Homeless Youth Initiative | |
| 4.11 Baltimore City should ensure that homeless service providers are trained on securing government-issued identification for their clients and should establish a fund to cover related fees. | 500 IDs at \$20 per ID per year = \$10,000 | Homeless Service Providers Baltimore Health Care Access | Schedule and present trainings to homeless service providers. Indicators: Number of providers receiving training Number of IDs issued |
| 4.12 Maryland Department of Human Resources' Office of Transitional Services should increase its current allocation to Baltimore City. | \$2.7 million annually | Maryland Department of Human Resources Office of Transitional Services Baltimore City Delegation | Request additional funding in FY 2009. |

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| Objective 3: Coordinate and expand outreach efforts to homeless persons living on the streets to offer housing and services more rapidly | | | |
| Action | Budget | Partners | First Year Benchmarks |
| 4.13 The Baltimore Homeless Youth Initiative, in partnership with the | Staffing 1 Team Coordinator @\$45,000 – \$50,000 | Baltimore City Department of Social Services | Collaborate with the Baltimore Homeless Youth Initiative and Baltimore City DSS to create a youth outreach team. |

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| <p>Baltimore City Department of Social Services, should create a youth outreach team to provide outreach and case management services to homeless youth in a variety of settings and in a way that meets their developmental needs.</p> | <p>3 Youth Advocates @\$30,000 – \$35,000</p> | <p>Baltimore Homeless Youth Initiative</p> <p>Homeless Service Providers</p> | |
| <p>4.14 Coordinate outreach teams under one lead agency to provide a responsive, city-wide outreach effort to homeless persons.</p> | <p>\$0</p> | <p>Homeless Service Providers</p> <p>Baltimore Homeless Services</p> <p>Baltimore Mental Health Systems</p> <p>Baltimore Substance Abuse Systems</p> <p>Baltimore Health Care Access</p> <p>Hands in Partnership Outreach Initiative</p> | <p>Identify an entity responsible for leading the coordination. This agency should develop and circulate a comprehensive coordination plan.</p> |
| <p>4.15 Increase collaboration between homeless outreach teams, the Baltimore City Police Department, Baltimore City Fire Department, the Office of</p> | <p>\$0</p> | <p>Baltimore City Police Department</p> <p>Baltimore City Fire Department</p> <p>Office of Emergency</p> | <p>Schedule regular meetings between these agencies and conduct joint trainings.</p> <p>Indicators: Number of joint trainings Number of regular meetings</p> |

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| <p>Emergency Management, the Downtown Partnership, and the Baltimore City Health Department.</p> | | <p>Management Downtown Partnership Hands in Partnership Baltimore City Department of Health</p> | |
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| Objective 4: <i>Improve data collection and information sharing to increase the efficiency and effectiveness of homeless services</i> | | | |
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| Action | Budget | Partners | First Year Benchmarks |
| <p>4.16 Improve data systems to better track homeless data and establish indicators to evaluate program outcomes and monitor the progress of the 10 Year Plan to End Homelessness within the Citistat program.</p> | <p>Software, Programming and Training Needs- \$100,000</p> | <p>Baltimore Homeless Services Homeless Service Providers Mayor's Office of Citistat Maryland Department of Human Resources Office of Transitional Services</p> | <p>Assess the capacity of Baltimore City's current Homeless Management Information System and create indicators to evaluate the progress of the 10 Year Plan to End Homelessness within the Citistat Program.</p> |
| <p>4.17 Develop a comprehensive homeless services web site to be used as a tool for service providers and clients to access services.</p> | <p>In-kind by Baltimore City</p> | <p>Baltimore Homeless Services Mayor's Office of Information Technology</p> | <p>Prepare web site for launch. Indicator: Number of website hits</p> |

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Communities that have the greatest success in ending homelessness capture resources from many different funding streams. These resources include access to mainstream funding from state and local government as well as investments by the philanthropic and business communities.

Finding the resources to pay for new programs and services is challenging. Many of the actions in this plan have no cost. However, significant resources will be required to undertake this ambitious plan.

There has been a significant investment by Baltimore City this fiscal year. In addition, the Housing Authority has committed 1,850 housing vouchers towards this effort to end homelessness. The plan lays out the investment required from state and federal resources to implement this plan.

Baltimore Homeless Services, in conjunction with the Advisory Board will work closely with the philanthropic and business communities to devise fundraising strategies to bring in initial investments.

United Way of Central Maryland (UWCM) is interested in partnering with the City of Baltimore in an effort to ensure that the 10 Year Plan to end homelessness is implemented and successful. UWCM will work with the city to develop strategies to support the plan's efforts. Possible roles for UWCM include assisting with funding strategies, public awareness campaigns and ensuring regionalism as the plan moves forward.

INVESTMENT

Because homelessness is so costly, a long-term strategy for funding the 10-year plan is to capture the savings realized in other systems. City and state systems that would be expected see reduced costs as homelessness decreases include:

- **Emergency Medical Systems.** People on the street are more likely to be uninsured and require urgent or emergent care than those who are housed. A Baltimore-based study released in November of 2007 reported that although homeless persons make up 17.9% of the patients in local emergency departments, they account for 28.4% of all visits. Homeless persons are more likely to be high-end users (>10 visits per year), with 18.4% of all homeless patients fitting this category, as compared to 3.8% patients who are not homeless. Among the high-end users, homeless persons are nearly twice as likely to account for a visit. In addition, homeless patients are much more likely to be uninsured, or use Medicaid, than those who are not homeless. The degree to which homeless patients are ill is strikingly similar to other patients; however, homeless persons are more likely to accrue low charge visits, indicating a shorter stay and fewer procedures. Overall charges per patient are not different between the homeless and the general population.¹⁶ This research supports that there is a clearly identifiable group of high-end users in Baltimore who are homeless, and ill, with frequent, low-charge visits that may be amenable to intervention. A proven effective intervention, such as housing, will likely lead to substantial cost-savings.
- **Hospitals.** The lack of housing leads to expensive and unnecessary hospital stays. A study in New York City found that homeless individuals stayed hospitalized an average of 4.1 days longer than those with stable housing.¹⁷ In 2006 the eleven hospitals in Baltimore City provided a total of \$388,104,567 in uncompensated care, an average of 9.34% of gross patient revenues for the year.¹⁸ Based on a 2002 study in New York City that calculated the total annual cost of providing health care to a homeless person to be \$17,389, Baltimore's homeless population represents \$52,167,000, or 13.4%, of the city's total uncompensated care even though they compose only 0.5% of the population.¹⁹
- **Criminal justice.** The homeless are far more likely to be arrested for nuisance and other crimes than the stably housed. A New York City study that closely tracked the costs associated with several thousand homeless persons calculated the annual cost of corrections per person to be \$1,013.²⁰

In each of these systems, substantial amounts of resources are at stake. In order to capture the savings, the Health Department will work with foundations and state agencies to develop a series of compacts. The compact is a model where if the savings are demonstrated, the relevant agencies will provide revenues that are saved back to homeless services to continue funding or expanding 10-year plan actions.

There is good reason to believe that substantial savings will accrue:

- Following placement in supportive housing, the health costs of New York City homeless individuals declined by \$8,770 per person, representing savings of

INVESTMENT

- 54%. Almost two-thirds of the total savings resulted from decreases in inpatient medical hospitalizations and in admissions to psychiatric units.
- A Denver study reported that in addition to generating health care savings of \$7,755 per participant beyond the costs of housing, 50% of its cohort achieved documented improvement in health status over the two-year intervention period.²¹
 - A Baltimore study of the effect of supportive housing on multiple HIV risk behaviors, has found that those not in housing had four times greater odds of using hard drugs, five times greater odds of sharing needles, and two times greater odds of unprotected sex compared to those placed in housing.²² This is significant because A Baltimore researcher recently estimated that every new case of HIV prevented saves an estimated \$221,365 in treatment costs.²³
 - Incarcerations decreased by more than one-third in the New York City group after placement in supportive housing, leading to a decrease in associated costs per person to \$456 per year from \$1,013, a savings of 55%.²⁴
 - In Denver a cohort of homeless persons had almost two-thirds fewer incarcerations after placement in housing, yielding cost savings of 76% (\$1,798 per person per year before placement; \$427 per person per year after placement).²⁵

To put together this approach, the Health Department will work with advocates and experts and apply for support from a local foundation to develop a comprehensive Compact proposal in coordination with relevant city and state agencies. The goal will be for a local research group to be engaged to assess the savings accumulating in the other systems for later reinvestment in further reducing homelessness. Specifically, the homeless should be monitored for changes in ambulance use, emergency department use, hospitalizations, HIV risk behavior, and incarceration.

This approach could guide ongoing supportive housing projects or could track new activities. For example, a foundation could support a new supportive housing program for the chronically homeless as part of an overall Compact agreement with relevant city and state agencies.

Ending homelessness is an ambitious goal for Baltimore City, but it is within our reach. There is no simple solution to the complexity of homelessness, but the plan provides the framework for reducing and ultimately ending homelessness. The plan also underscores the need for all sectors – government, nonprofit organizations, faith-based organization, foundations, and the private sector, to work together towards a comprehensive, coordinated and continuous effort.

NOTES

- 1 Baltimore Homeless Services, "The 2007 Baltimore City Homeless Census."
- 2 Ibid.
- 3 O'Connell, James, "Premature Mortality in the Homeless Population: A Review of Literature," National Health Care for the Homeless Council, (December 2005).
- 4 Culhane, et al., "Public service reductions associated with placement of homeless persons with severe mental illness in supportive housing," (2002).
- 5 U.S. Census Bureau, American Fact Finder, (October 2006).
- 6 The Urban Institute, "Low Income Rental Housing: The Forgotten Story in Baltimore's Housing Boom," (August 2005).
- 7 Ibid.
- 8 Baltimore City Task Force on Inclusionary Zoning, "At Home in Baltimore: A Plan for an Inclusive City of Neighbors," (July, 2006).
- 9 O'Hara, Technical Assistance Collaborative, (2003).
- 10 Supportive Housing is Cost Effective." National Alliance to End Homelessness. January 2007. <http://www.naeh.org/content/article/detail/1200/>.
- 11 Himmelstein, et.al, Illness and Injury as Contributors to Bankruptcy, www.pnhp.org/bankruptcy
- 12 US Census Bureau, [Income, Poverty, and Health Insurance Coverage in the United States: 2006 report](#), 8/28/07
- 13 The Abell Foundation, "The Abell Report," (March 2003).
- 14 2007 Baltimore City Homeless Census.
- 15 Social Security Online, Cost of Living Adjustments, <http://www.ssa.gov/OACT/COLA/colaseries.html>
- 16 DiPietro, B. Living in the ED: The Impact of Homelessness of the Frequent Use of Emergency Departments in Baltimore City. 2007. Unpublished data.
- 17 Salit, S.A., Kuhn, E.M., Hartz, A.J., Vu, J.M., Mosso, A.L. Hospitalization costs associated with homelessness in New York City. *New England Journal of Medicine*. 1998. 338(24):1734-1740.
- 18 Health Services Cost Review Commission. State of Maryland Department of Health and Mental Hygiene. Disclosure of Hospital Financial and Statistical Data 2007. 18 July 2007. Accessed October 4, 2007 at http://www.hsrc.state.md.us/financial_data_reports/documents/FinancialStatements/fy2006_disclosure.pdf

NOTES

- 19 Culhane, D., Metraux, S., Hadley, T. Public Service Reductions Associated with Placement of Homeless Persons with Severe Mental Illness in Supportive Housing. *Housing Policy Debate*. 2002. 13(1):107-163. Assuming Baltimore's homeless population to number 3,000, based on 2007 Homeless Census.
- 20 Culhane DP, et al. Accountability, Cost-Effectiveness, and Program Performance: Progress since 1988. 2007 National Symposium on Homelessness Research—Discussion Draft, February 12, 2007. Accessed November 20, 2007 at <http://www.cted.wa.gov/DesktopModules/CTEDPublications/CTEDPublicationsView.aspx?tabID=0&ItemID=4742&Mid=870&wversion=Staging>
- 21 Ibid.
- 22 Weir, B., Bard, R., O'Brien, K., Casciato, C., Stark, M. Uncovering Patterns of HIV Risk Through Multiple Housing Measures. *AIDS and Behavior*. 2007. Released online ahead of publication.
- 23 Holtgrave, D., Briddell, K., Little, E., Bendixen, A., Hooper, M., Kidder, D., Wolitski, R., Harre, D., Royal, S., Aidala, A. Cost and Threshold Analysis of Housing as an HIV Prevention Intervention. 2007. *AIDS and Behavior*. (11)Supp 2:162-166.
- 24 Culhane DO, Metraux S, Hadley T. Public Service Reductions Associated with Placement of Homeless Persons with Severe Mental Illness in Supportive Housing. 2002. *Housing Policy Debate*. 13(1):107-163.
- 25 Perlman J, Parvensky J. Denver Housing First Collaborative: Cost Benefit Analysis and Program Outcomes Report. Colorado Coalition for the Homeless. 11 December 2006. Accessed November 20, 2007 at <http://www.shnny.org/documents/FinalDHFCCostStudy.pdf>