

June 30, 2017

The Honorable Catherine E. Pugh, Mayor  
City of Baltimore, City Hall – Room 250  
100 N. Holliday Street  
Baltimore, MD 21202

Dear Mayor Pugh:

Thank you for your demonstrated leadership on issues of homelessness in Baltimore City. The strong symbolism of your mayoral acceptance speech against the backdrop of a local family shelter was followed by your commitment to financing an affordable housing trust fund and your public call to local developers to increase access to affordable housing for people experiencing homelessness. With each action, you signaled your clear intent to make “pathways out of homelessness” a priority of your administration. We thank you for all you continue to do to increase community awareness of the realities of homelessness and to galvanize public support for more effective solutions.

With the creation of your Mayoral Workgroup on Homelessness, you assembled business and nonprofit leaders, community members, public officials, philanthropists, and people with experience of homelessness to recommend a framework for identifying priorities and understanding best practices to address homelessness. Over a 60-day period, we interviewed local and national leaders, gathered the input of people experiencing homelessness, and convened a series of public meetings. Our three primary recommendations – leadership structures to advance your vision, a citywide focus on permanent and affordable housing, and diversification of financial resources – are outlined in the attached report. We present these recommendations and supporting documentation as a guide to further action and we stand ready to assist in the implementation of this strategy.

We know you share our conviction that through leadership and collaboration, we can do more to make homelessness a rare and brief experience in Baltimore. As you indicated on June 16<sup>th</sup> during a panel discussion of “The State of the Nation’s Housing” report released by Harvard University, “We need to rethink the future of housing and how we distribute and increase opportunities for those in the greatest need.” We couldn’t agree more and are eager to work with you and your administration toward a vibrant, equitable, and socially-just city in which everyone has a place to call “home.”

Sincerely,

Tina Hike-Hubbard, Chair  
2017 Mayoral Workgroup on Homelessness



# Mayoral Workgroup on Homelessness Recommendations

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## **Mayoral Workgroup on Homelessness**

### **Workgroup Members**

#### **Tina Hike-Hubbard – CHAIR**

Damien Haussling

Kevin Lindamood

Jeff Hettleman

Ingrid Löfgren

Tomi Hiers

Janice Miller

Amy Kleine

Molly Tierney

### **Workgroup Activities**

The Mayoral Workgroup on Homelessness was established as an effort undertaken at the direction of a committed Mayor, who is looking for guidance on how and where resources can be used to reduce homelessness in a collaborative, innovative manner and ensure that it becomes a rare and brief experience in Baltimore City.

The workgroup held seven public work sessions from March 2017 to June 2017 and accepted public comments through a community feedback portal. The workgroup also reviewed feedback on local priorities provided by Continuum of Care members to the Continuum Board. Additionally, the workgroup met directly with the following key stakeholder groups that provided invaluable input and expertise to inform the development of recommendations:

- Continuum of Care’s Consumer Advisory Workgroup
- Department of Housing and Urban Development: Norm Suchar (Director, Special Needs Assistance Programs) and Baltimore City Field Office staff
- Mayor’s Office of Human Services

This document is intended to serve as an educational resource, roadmap, and set of policy recommendations for the Mayor. A summary of all recommendations is included in the appendix.

# Introduction

## **Framing Themes**

**Homelessness is solvable:** Baltimore has the opportunity to promote broad public policies and practices capable of ending homelessness quickly and preventing homelessness for individuals and families most at risk. Homelessness should be understood within the context of a variety of interrelated, contributing factors and structural causes including but not limited to poverty, health, exposure to violence, and the current and historical impact of racial injustice.

**Safe, affordable housing is the solution to homelessness:** Embracing the consensus of the U.S. Interagency Council on Homelessness, the Department of Housing and Urban Development and others guided by a strong body of national research, we must prioritize housing-focused solutions to homelessness with the supportive services necessary to promote the highest possible level of independence, health and community integration.

**Clear City leadership on homelessness is essential:** Baltimore has the opportunity to foster trust, collaboration, and transparency among stakeholders committed to preventing and ending homelessness. High-level City leadership capable to cutting across departmental silos can promote: communication and collaboration among service providers, consistent practices, strategic investment of City resources, and more diversified funding sources. Identifying new public and private partners and funding streams is critical. Public education and communication to foster shared responsibility and collective buy-in will also be integral.

**Solving homelessness requires a robust, multi-pronged strategy:** The full array of necessary interventions and effective coordination of services are essential to ensuring that homelessness is rare and brief. This strategy should include a comprehensive affordable housing plan, strategic approach to street homelessness, enhanced outreach capacity, effective diversion and prevention strategies, strong permanent housing solutions, and effective connections to employment and income. Clear and sustainable roles, responsibilities, and partnerships and a commitment to ongoing coordination between the Continuum of Care, City agencies, and community stakeholders will facilitate pathways out of homelessness and prevent returns to homelessness.

**History matters:** Baltimore has addressed contemporary homelessness since the mid-1980s across multiple administrations, appointed leaders, and community partners. Several advisory groups have issued similar recommendations related to housing, health, employment and income, and safety net services. Some past efforts conducted in a less than transparent manner have resulted in community distrust. We have the opportunity to understand this history so that we can move beyond it and not be condemned to repeat it.

## Homelessness in Context

Contemporary homelessness is a result of poverty, structural racism, traumatic experiences, lack of affordable housing, loss of living-wage employment for low-skilled workers, and limited safety-net programs. Significant cuts to the federal Department of Housing and Urban Development between 1979 and 1989 fueled a reemergence of homelessness not seen since the Great Depression. This surge in the number of people experiencing homelessness gave rise to a patchwork of public and private emergency interventions – many funded by HUD – such as emergency shelter, transitional housing and other programs, none of which focused on expanding permanent and affordable housing. Demand for emergency services frequently outstripped supply, and shelter systems frequently filled beyond capacity. Early “housing readiness” policies, which required people to meet various preconditions before accessing housing, often left particularly vulnerable populations such as people with addictions and mental illness unhoused.

By 2005, public policy was shifting rapidly away from ineffective housing readiness policies and toward “housing first” interventions<sup>1</sup> that proved most successful in moving participants beyond the homeless services system. Such interventions – rapidly adopted in Baltimore – proved that permanent housing was an essential foundation for participation in health care programs, stability in employment, and community integration. Within the following decade, HUD began incentivizing permanent housing solutions over transitional programs with the power of the purse – defunding transitional housing and increasing support for permanent housing. Communities most successful in reducing homelessness have focused on permanent housing solutions and related supportive services while moving individuals and families as quickly as possible out of emergency shelter and into stable and long-term housing.

Expansion of successful housing-focused solutions has been hampered by the lack of affordable private market or subsidized housing. Affordable rental units have steadily declined while subsidized rental assistance reaches only a small fraction of eligible households.<sup>2</sup> This troubling national statistic was most powerfully reflected in Baltimore in 2014 when the Housing Choice Voucher Program (Section 8) waiting list was opened for the first time in a decade. During a five-day “lottery,” 74,000 eligible Baltimore households

### What is Housing First?

“Housing First is an approach to quickly and successfully connect individuals and families experiencing homelessness to permanent housing without preconditions and barriers to entry, such as sobriety, treatment or service participation requirements.”

*Source: 2014 HUD Brief*

<sup>1</sup> See [2014 HUD Policy Brief](#) and [United States Interagency Council on Homelessness resources](#) for more information on Housing First principles, efficacy, and cost-effectiveness.

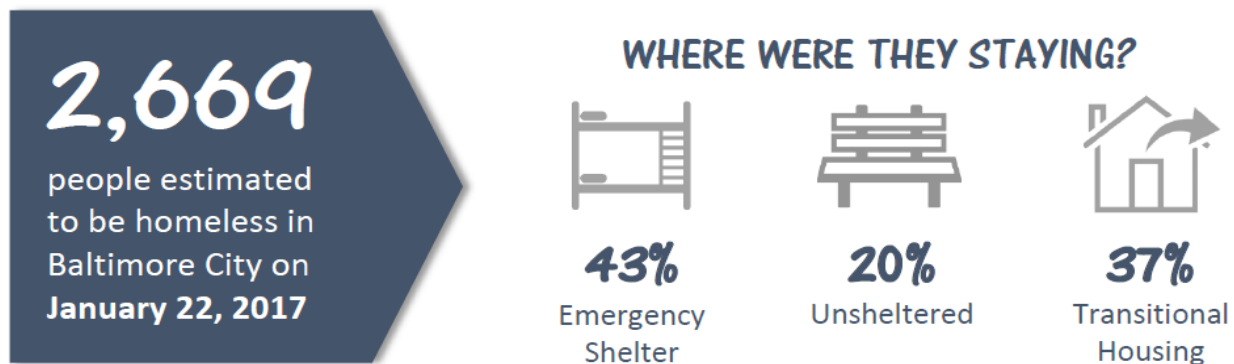
<sup>2</sup> Joint Center for Housing Studies of Harvard University. (2017). *The state of the nation's housing*. Retrieved from: [http://www.jchs.harvard.edu/research/state\\_nations\\_housing](http://www.jchs.harvard.edu/research/state_nations_housing)

enrolled for the chance to secure one of 25,000 spots on a waiting list, of which less than one in four would ever receive assistance. Meanwhile, the cost of private market housing in Baltimore has risen well beyond the reach of low-income people. An individual in Baltimore must earn \$17.37 an hour in 2017 to afford the average efficiency apartment at fair market rent. A family must earn \$26.46 to afford the average two-bedroom apartment.<sup>3</sup>

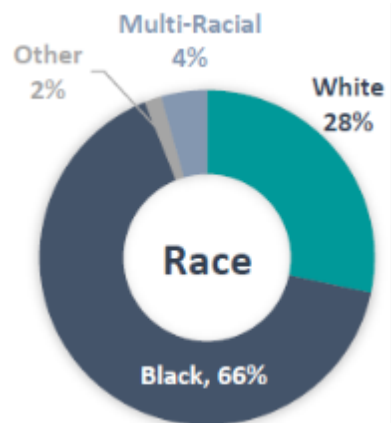
## State of Homelessness

Enumerating the number of individuals and families experiencing homelessness has always been challenging, given conflicting federal definitions and the difficulty of identifying people who may actively avoid public recognition. Conducted every two years, the Point-In-Time Count is guided by HUD’s definition of homelessness, which generally includes only those living on the streets or in emergency shelter and transitional housing.

**Figure 1: 2017 Baltimore City Point-in-Time Count**



Baltimore City’s Homeless Management Information System (HMIS) shows the number of people experiencing homelessness each year, as well as a variety of other system performance measures, based on inputs from participating agencies. In particular, the average length of stay in homelessness, returns to homelessness, and successful placements in permanent housing are important indicators of our overall system performance.



Other definitions employed by federally-funded health care organizations and the U.S. Department of Education also include people “doubling up” with friends, neighbors and relatives – an important indication of homelessness not captured by the HUD definition. A 2015 count using this broader definition identified more than 1,400 youth under age 25 in Baltimore City who are homeless and on their own,

<sup>3</sup> National Low-Income Housing Coalition. (2017). *Out of reach: The high cost of housing*. Retrieved from: [http://nlihc.org/sites/default/files/oor/OOR\\_2017.pdf](http://nlihc.org/sites/default/files/oor/OOR_2017.pdf)

without a parent or guardian.<sup>4</sup> Suffice it to say that the actual number of people experiencing homelessness in Baltimore in a given year is significantly higher than the one-day Point-In-Time Count, even when using the narrowest of definitions. And the population experiencing homelessness is even larger when using the broadest federal definitions of homelessness.

### Homelessness in Baltimore

**5,232** People experiencing homelessness in emergency shelter, safe haven, or transitional housing projects within one year

**181** Average length of stay in homelessness (days)

**14%** Returned to homelessness within two years

**42%** Successful placements in permanent housing

*Source: Baltimore City HMIS, FY16 System Performance Measures (pending approval from HUD)*

## Priority Recommendations

### **1) Strong and directive City leadership is essential to ending homelessness.**

- The Mayor has the opportunity to champion a true initiative to end homelessness by combining her powerful and meaningful statements on ending homelessness with corresponding executive leadership that aligns agencies and activates resources towards this fundamental priority.
- By combining the Mayor’s vision with a designated leader who has clear, cross-cutting authority, City leadership can create a mandate for collaboration and command broad agency investment in this effort to end homelessness. This cabinet-level position, empowered by the Mayor, should be designated in addition to existing leadership within the Mayor’s Office of Human Services (MOHS). This position, focused on interagency collaboration, must be authorized to direct City agencies and influence the direction of the City’s human and financial resources necessary to make homelessness rare and brief. This includes, but is not limited to, working collaboratively with the Continuum of Care to develop strategies to support the successful deployment of public and private resources and helping to develop and implement creative solutions to identified challenges.
- Increased investment and capacity is necessary within the MOHS to efficiently act as the operational leader that moves this work forward.
- The City must demonstrate effective, collaborative, and data-driven leadership related to City functions, such as emergency shelter management and winter planning.

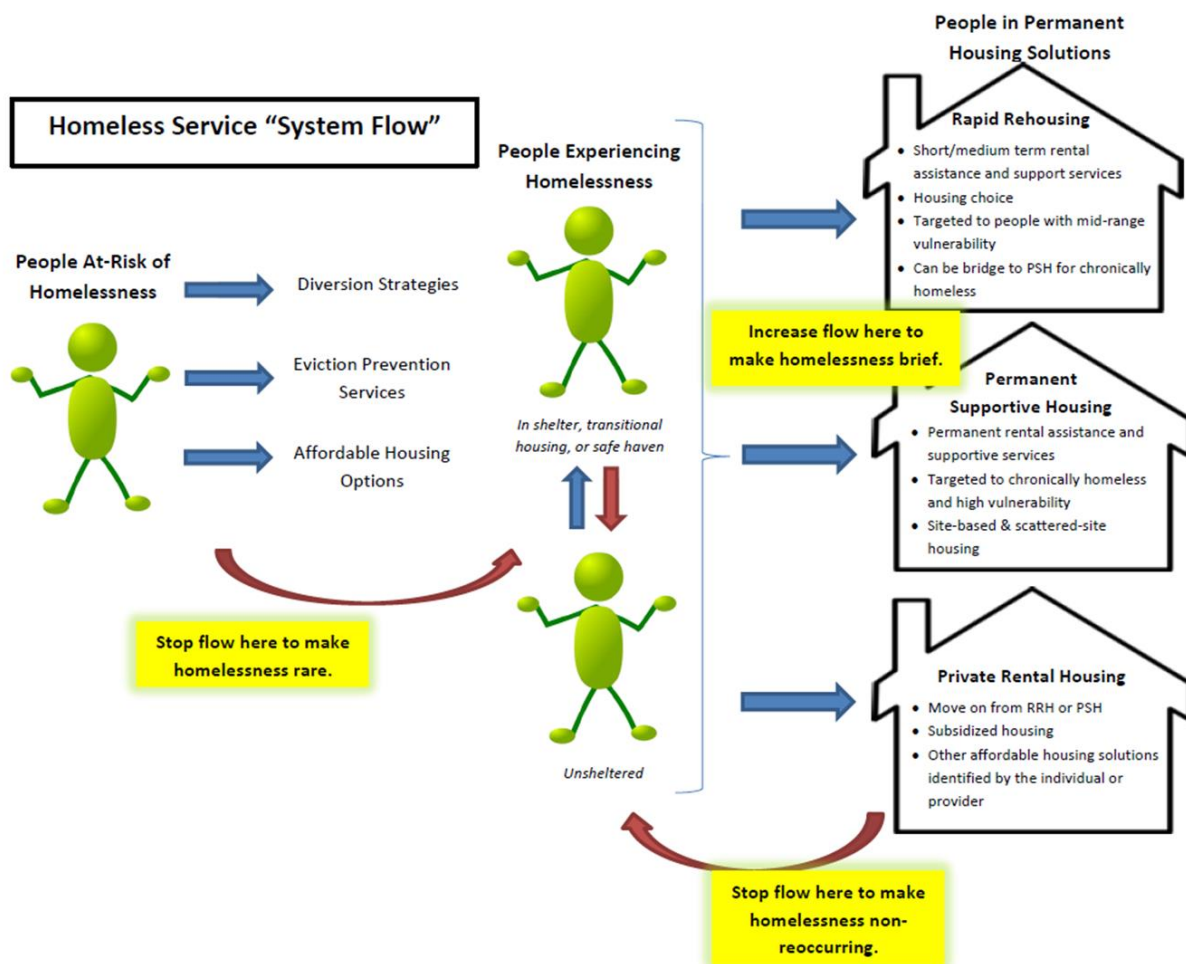
<sup>4</sup> Shannahan, R., Harburger, D.S., Unick, J., Greeno, E., & Shaw, T. (2016). *Findings from Maryland’s first unaccompanied homeless youth & young adult count: Youth REACH MD phase 2 report*. Baltimore, MD: The Institute for Innovation & Implementation, University of Maryland School of Social Work. Retrieved from: <http://www.youthreachmd.com/content/wp-content/uploads/2016/07/Youth-REACH-MD-Phase-II-Report.pdf>



## 2) Ending homelessness requires permanent housing as the key solution.

- Baltimore City must adopt a comprehensive affordable housing plan that appropriately prioritizes those with the lowest incomes.
- Permanent housing solutions, such as permanent supportive housing, affordable rental housing, rapid rehousing, and eviction prevention, must be the immediate and ultimate goal of all interventions. Most people can be successful moving directly into permanent housing.
- Emergency shelter, transitional housing, and supportive service projects should only exist insofar as they are necessary to rapidly and effectively move and sustain people into permanent housing.
- Improving the “flow” of the homeless service system – or the movement of people experiencing homelessness out of the system and into permanent housing – is more economical and will have a greater impact on ending homelessness than increasing the size of the system by creating more emergency shelter and transitional housing.

**Figure 2: Maximizing Impact in the Homeless Service System**





- Youth-focused housing solutions and viable income and employment opportunities are essential components of this system.
- Permanent housing solutions must be located in safe neighborhoods and accompanied by services and systems that address health disparities and reduce the impact of trauma.

### **3) Ending homelessness requires the realignment of existing resources and substantial increases of public and private investment.**

- We will not end homelessness with our current level of public and private investment and overdependence on federal funds. We must realign existing resources to ensure we reach those experiencing and at risk of homelessness and create an influx of new public and private resources.
- Key activities include support for the Continuum of Care Board’s analysis of investments, a comprehensive fundraising approach, a public awareness campaign, and increased capacity to leverage resources across sectors.

<b>HUD Funding as a Percentage of Overall Homeless Budget</b>	
<b>10.6%</b>	San Francisco
<b>12.5%</b>	Salt Lake City
<b>37%</b>	Seattle
<b>43%</b>	Philadelphia
<b>77%</b>	Baltimore City

## **Critical Elements of Action**

Strong City leadership, permanent housing solutions, and increased investment must be combined with targeted goals and clear implementation objectives. The Continuum of Care is prepared to partner with the City and community stakeholders to take collective, data-driven action required to prevent homelessness, improve emergency services, and secure permanent housing solutions.

### **Preventing Homelessness**

#### **Affordable Housing**

##### *Context*

With new leaders at the Department of Housing and Community Development and the Housing Authority of Baltimore City, Baltimore must develop a comprehensive affordable housing plan to guide its work to improve residential stability, retain a vibrant workforce, and reduce homelessness. Few realities are as universal in Baltimore City as the need for safe and decent housing that is affordable to individuals and families at various income levels. More than half (53%) of all Baltimore households are renters. The cost of private rental housing is rising at a rapid rate and is often beyond the reach of middle-income, low-

income, and extremely low-income people. A 2016 study by the Abell Foundation indicated that more than half (57%) of Baltimore renters were “cost burdened,” paying more than 30% of their income for rent and remaining at risk of homelessness, while a staggering one third (33%) paid more than half their income for rent.<sup>5</sup> At the same time, subsidized housing only reaches a small fraction of those eligible for it.

Housing must be in safe, low-poverty, high-opportunity neighborhoods. Research supports that deconcentrating poverty is beneficial to positive quality of life for all members of the community. Scattered-site housing options are an important tool for ensuring that individuals exiting homelessness are integrated in existing communities.

#### *Continuum of Care Activities*

The Continuum of Care has identified permanent, affordable housing solutions as its top priority in 2017.<sup>6</sup> The Continuum is establishing a Housing Committee to elevate this priority, by identifying opportunities to increase permanent supportive housing units, improving access to units, and supporting efforts to create new affordable housing. While the Continuum is not equipped or intended to address the broader housing affordability crisis in Baltimore, it stands ready to act as a partner in these larger efforts.

#### *Recommendations*

The City should create a comprehensive affordable housing plan in Baltimore to include:

- Robust and effective inclusionary housing policies that require the integration of affordable and deeply affordable housing units in market rate housing development and promote mixed-income communities in Baltimore.
- A dedicated funding source for Baltimore’s Affordable Housing Trust Fund, used to develop housing opportunities for low- and no-income households.
- A “mixed-income” housing strategy that integrates deeply affordable housing units in safe, high-opportunity areas of the City.
- Targeted housing opportunities with appropriate supportive services for individuals and families currently experiencing homelessness.
- Specified targets for housing affordability goals reaching individuals and families at a range of percentages at or below 60% AMI, including those below 30% AMI, people with disabilities on fixed income, and households with no income. Housing must be safe and in safe neighborhoods.
- Significant investment in rental assistance, including possible creation of a local voucher program like Washington D. C.’s Local Rent Subsidy Program.

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<sup>5</sup> Garboden, P.M.E. (2016). *The double crisis: A statistical report on rental housing costs and affordability in Baltimore City, 2000-2013*. Retrieved from Abell Foundation website: <http://www.abell.org/publications/double-crisis-statistical-report-rental-housing-costs-and-affordability-baltimore-city>

<sup>6</sup> See Attachment B for the summary of 2017 Continuum of Care priorities.

- Support for passage of state and local laws prohibiting private landlords from discriminating against prospective tenants on the basis of their lawful source of income, such as by refusing to rent to Housing Choice Voucher Program participants.

## Eviction Prevention

### *Context*

Currently in Baltimore, individuals and families attempting to exit homelessness and maintain permanent housing are vulnerable to predatory landlords and independent operators, insufficient code enforcement, and a rent court that is not adequately resourced to handle the volume of cases and enforce the laws in a manner that equally supports the interests of both tenants and landlords. This often results in further trauma and returns to homelessness. A 2015 report by the Public Justice Center indicates that landlord litigation within Baltimore City's court system amounts to 150,000 rent cases and results in judicial eviction of 6,000 - 7,000 renter households for failure to pay rent each year. The report indicates that tenants lack access to timely legal assistance, as well as the requisite knowledge to navigate the rent court process. Additionally renters are cost-burdened, have limited housing options, and depend on the court system to enforce housing standards.<sup>7</sup> A recent investigation by *The Baltimore Sun* found that the court system "routinely works against tenants, while in many cases failing to hold landlords accountable when they don't ensure the minimum standards of habitability."<sup>8</sup> Responsible and ethical landlords should be appropriately recognized and supported for providing necessary and quality housing within our community at the same time that unscrupulous landlords and independent operators are held accountable.

Preventing episodes of homelessness through eviction prevention is cost-effective when targeted to households most at risk. Through MOHS, Baltimore City receives \$367,000 in state government funding dedicated to financial assistance and case management directed to families on the brink of homelessness. MOHS also leverages approximately \$440,000 in federal funding for these services. Additional investment in eviction prevention and shelter-diversion strategies will go a long way toward reducing homelessness and the trauma resulting from it. These strategies must also meet the needs of doubled up students, unaccompanied youth, and families and should include case management support to complement eviction prevention strategies.

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<sup>7</sup> Public Justice Center. (2015). *Justice diverted: How renters are processed in Baltimore City rent court*. Retrieved from: [http://www.publicjustice.org/uploads/file/pdf/JUSTICE\\_DIVERTED\\_PJC\\_DEC15.pdf](http://www.publicjustice.org/uploads/file/pdf/JUSTICE_DIVERTED_PJC_DEC15.pdf)

<sup>8</sup> Donovan, D. & Marbella, J. (2017, April 26). Dismissed: Tenants lose, landlords win in Baltimore's rent court. *The Baltimore Sun*. Retrieved from: <http://data.baltimoresun.com/news/dismissed/>

### Recommendations

- Strengthen homelessness prevention policies that connect vulnerable families with emergency subsidies and eviction prevention resources.
- Invest additional local resources for eviction prevention and rental assistance.
- Invest in legal services for tenants at rent court.

## Responding to Homelessness

### Context

The average duration of homelessness in Baltimore City has been significantly longer than most similarly situated communities. According to the most recent system performance measures, the average length of stay for a person experiencing homelessness is 181 days. Transitioning people more quickly from homelessness to safe, stable housing requires a focus on barriers to this movement within the homeless services system and broader housing landscape. Key barriers include a lack of trauma-informed outreach capacity; inadequate, unsafe permanent housing options; exploitation by predatory landlords; lack of a fully operational Coordinated Access system; inadequate living wage employment opportunities and employment supports, such as transportation and childcare; inadequate safety net supports; and lack of coordination between City agencies and other stakeholders.

Trauma is a key factor in leading individuals to live on the street, and impacts the ability to seek help or trust that the help will be effective. “A recent study of homeless families in three types of housing programs found that 93% of mothers experienced at least one trauma and 81% experienced multiple traumatic events. Seventy-nine percent experienced trauma in childhood, 82% in adulthood, and 91% in both adulthood and childhood. Violent victimization was the most common traumatic experience; 70% reported being physically assaulted by a family member or someone they knew and approximately half had been sexually assaulted.”<sup>9</sup> Accordingly, continuity of relationships from the time someone lives on the street until they move into permanent housing is key to long term housing stability.

### What is a low-barrier shelter?

Provides access to space and services under a harm reduction philosophy with as few barriers and rules as possible. For example, people are not mandated to abstain from alcohol and drug use, adhere to time limits, or participate in services.

<sup>9</sup> Hayes, M., Zonneville, M., & Bassuk, E. (2013). *The SHIFT study final report: Service and housing interventions for families in transition*. Retrieved from National Center on Family Homelessness website: <http://www.familyhomelessness.org/media/389.pdf>

Effective emergency shelter is brief, trauma-focused, and low-barrier with a housing-focused orientation. The prevalence of health, mental health, behavioral health, and undiagnosed traumatic stress in the emergency shelter population requires a higher level of case management and service coordination capacity to make self-sufficiency and stability gains. High quality case management services are correlated with shorter durations of homelessness.

Forcibly closing encampments further traumatizes vulnerable persons.<sup>10</sup> Improperly engaging individuals and failing to support them in moving toward permanent housing is likely to result in the encampment returning or moving to a new location.

#### *Continuum of Care Activities*

Both federal requirements and local priorities emphasize the importance of data-driven planning and decision-making. The Continuum utilizes HUD and local performance measures to assess the efficiency and efficacy of our homeless service system. The length of stay measure, which indicates that the average duration of homelessness in Baltimore is 181 days, is a clear indicator that our system is not equipped to quickly move individuals from homelessness to permanent housing solutions.

The Continuum has identified improvements in the existing emergency shelter and service capacity as a priority and depends on partnerships with the City and MOHS to execute this planning, as many of the related activities are City functions resourced with local funds. The Continuum has also prioritized outreach capacity by setting aside \$150,000 of private Journey Home funds to increase the number of outreach workers in the City, but this investment alone is insufficient.

#### *Recommendations*

- Identify the resources to increase trauma-informed outreach staff capacity by January 2018 to ensure every homeless person living on the street is actively engaged in services that will help them to move toward safe and stable housing.
- Retool emergency shelters to increase capacity to quickly move individuals experiencing homelessness into housing.
  - Ensure shelters receiving City funds are low-barrier and housing-focused.
  - Increase trauma informed case management capacity and practices. Reduce caseloads to no more than 1:25.
  - Improve the capacity and quality of family shelters and services to enhance access to affordable child care, transportation, K-12 school access, child health and wellness, and other family support services.

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<sup>10</sup> United States Interagency Council on Homelessness. (2015). *Ending homelessness for people living in encampments*. Retrieved from: [https://www.usich.gov/resources/uploads/asset\\_library/Ending\\_Homelessness\\_for\\_People\\_Living\\_in\\_Encampments\\_Aug2015.pdf](https://www.usich.gov/resources/uploads/asset_library/Ending_Homelessness_for_People_Living_in_Encampments_Aug2015.pdf)

- Ensure that all emergency shelter programs governed by the federal HEARTH Act comply with all HEARTH requirements, including the prohibition on refusing to serve families based on the age and/or gender of children and youth in the household.
- Explore strategies to gradually reduce the volume of emergency shelter.
- Immediately stop the practice of closing encampments and adopt sustainable policies and practices to end homelessness for people living in encampments.
  - Publicly adopt the United States Interagency Council on Homelessness guidelines on ending homelessness for people living in encampments and utilize these guidelines to develop and implement local policies and practices.
  - Partner with the police to shift away from the practice of criminalizing homelessness by arresting for nuisance offenses.

## Permanent Housing Solutions

### Housing First

#### *Context*

The Baltimore City Continuum of Care and Baltimore’s Office of Homeless Services have adopted a “housing first” philosophy that guides the City’s housing policy, resource allocation, and funding. Generally speaking, the approach has five guiding principles:

1. **Immediate access to housing with no preconditions and no admission barriers:** This principle contrasts directly with prior “housing readiness” approaches that required addiction, mental health, or medical treatment prior to placement in permanent housing. Extensive local and national research shows that direct placement improves ultimate success in treatment and is highly effective in the long-term. Between 85% and 95% of participants stay housed and off the streets long-term.
2. **Consumer choice and self-determination:** To increase the long-term effectiveness of housing placements, individuals must have choices about where they live and whether or not they accept services. Mandated participation in treatment programs is contrary to the housing first model.
3. **Recovery orientation:** While participation in employment programs or health care treatment is never required, the supportive services provided build upon individual strengths to promote long-term recovery and the highest possible level of independence and self-determination.
4. **Individualized and person-centered supportive services:** Supportive services are never “one size fits all” and are tailored to the unique needs of life circumstances of each housing participant. Along with housing, intensive, person-centered

supportive services are the most important component of a true “housing first” intervention.

5. **Social and community integration:** Housing and services alone rarely lead to long-term stability. People experiencing homelessness desire what we all need – full integration into supportive communities.

#### *Recommendations*

- Promote adoption of “housing first” principles across all housing types in our system, regardless of funding source.

## **Rapid Rehousing**

### *Context*

In the past five years, Baltimore City has expanded its capacity to offer Rapid Re-Housing (RRH) to individuals and families. RRH is a short-to-medium term intervention (3-12 months) that combines financial assistance with case management. There are five providers that are funded through the Continuum of Care to provide RRH: St. Vincent de Paul, Health Care Access Maryland, Paul’s Place, House of Ruth, and YES. Beginning July 1, 2017 the total number of households served by RRH will be: 170 families and 180 individuals. YES will have 25 slots for youth and will be discussed in the section on Youth Homelessness below. Abt Associates is currently evaluating a three-year program implemented by St. Vincent de Paul with results available in early 2018. RRH, like all interventions, has benefits and challenges. The benefits are: (1) people can move quickly out of homelessness into permanent housing using a housing first approach; (2) the average cost per household is approximately \$10K - \$13K which is less costly than shelter or transitional housing; (3) results suggest that at least 75% of households do not return to homelessness<sup>11</sup>; and (4) because the program does not rely on a permanent subsidy, it can be scaled with non-government funds. Challenges include: (1) if the intervention is not appropriately targeted, then households are at risk of returning to homelessness; (2) the program relies on private landlords and inexpensive housing stock; (3) employment services are not funded by the public homeless service grants, yet are an essential component for success.

### *Continuum of Care Activities*

Rapid rehousing capacity, including increases in units and improvements in program model implementation, are listed under the Continuum’s top priority of increasing access to permanent, affordable housing solutions. Additionally, the Resource Allocation Committee is committed to prioritizing RRH projects for existing funds, acknowledging its

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<sup>11</sup> Gubits, D., et al. (2015). *Family options study: Short-term impacts of housing and services interventions for homeless families*. Retrieved from: [https://www.huduser.gov/portal/sites/default/files/pdf/FamilyOptionsStudy\\_final.pdf](https://www.huduser.gov/portal/sites/default/files/pdf/FamilyOptionsStudy_final.pdf)



role as an integral part of the homeless service system. Existing resources within the Continuum are vastly insufficient to support the necessary increases in RRH stock and alignment with other mainstream services, particularly employment supports, will be vital to lasting success.

#### *Recommendations*

- Dedicate \$1M in general funds to add 100 more RRH slots in one year. This program must include funds for employment services delivered either by MOED or a non-profit partner.
- Engage landlords into a network that will provide safe, decent housing to households in RRH programs. The Mayor can use her leadership to bring landlords to the table. Provide positive recognition for exemplary landlords.
- Advocate for State TANF funds to be used to support RRH programs.
- House 1,500 households through RRH in five years (300 per year). This estimate is based on an assessment of Baltimore City completed by the Corporation for Supportive Housing that showed a need for 2,127 slots over seven years. These slots will be funded by a combination of federal, state, local, and philanthropic resources. The Coordinated Access system will refer households that are most appropriate for RRH.

## **Permanent Supportive Housing**

### *Context*

Permanent Supportive Housing (PSH) has emerged in the homeless services field as an effective intervention that places individuals and families experiencing homelessness in housing as quickly as possible while providing the comprehensive supportive services necessary to keep people stably housed and off the streets. The services are person-centered and variable over time, more intensive when individuals need support and less intensive as residents move toward greater stability. Baltimore currently has 4,398 units of permanent supportive housing funded through a range of sources including City general funds, homelessness assistance grants from the Department of Housing and Urban Development, and Housing Choice (Section 8) vouchers dedicated to people experiencing homelessness. Unfortunately, funding for supportive services is even more limited than resources available for housing subsidy or development.

### *Continuum Activities*

As indicated in Figure 1, the portfolio of Continuum of Care funded projects has shifted to align with prevailing evidence and federal priorities related to permanent housing solutions. In the FY16 award, 82% of Continuum funds were dedicated to PSH projects. However, the current rates of chronic and street homelessness in our community indicate that there is still a need for increased capacity. The Continuum identified increased PSH units as an element of its top priority and will depend on the City, developers, and a wide

range of community stakeholders to realize this goal. Additionally, it has recognized the critical need to identify sustainable funding solutions for vital supportive services.

### *Recommendations*

- Increase the availability of permanent supportive housing and ensure that supportive services are adequately funded to match rental assistance resources.
- Identify long-term, sustainable strategies to fund supportive services, including working with the State Department of Health and Mental Hygiene to pursue a federal waiver to fund supportive services through Medicaid.

## **Youth Homelessness**

### *Context*

A significant and growing number of youth and young adults in Baltimore are homeless and unaccompanied, or not living with a parent or guardian. The 2017 PIT count identified 115 unaccompanied homeless youth who met the HUD definition of homelessness on a single night in January. Of these youth, 41% were in emergency shelter, 25% were unsheltered, 34% were in transitional housing.

### **Youth and Young Adult Homelessness in Baltimore**

**1,421** Unstably housed or homeless unaccompanied youth

**1,981** Homeless students in Baltimore City Public Schools

*Sources: 2015 MD Youth Reach Count and Baltimore City Public Schools (2015-2016)*

Additionally, 15% were chronically homeless and 30% were parenting. The 2015 Youth REACH MD count identified 1,421 unaccompanied homeless youth who met the definition of homelessness used by the school system during a two-week period in March.<sup>12</sup> Of these youth, 22% identified as LGBTQ, 35% were

parenting, 22% had been involved in the child welfare system, 38% had been involved in the juvenile justice system, 47% had been in jail, 46% reported staying in vacant or abandoned buildings, 31% reported staying with strangers, and 40% reported feeling unsafe where they stayed the night before.

Youth homelessness is unique because young people are still developing. They experience homelessness or housing instability for a number of reasons, including family conflict or abuse; rejection due to sexual orientation, gender identity, or pregnancy; family poverty; or because they age out of foster care or exit juvenile or adult corrections systems without housing or connections to family, school or work. “One of the major causes of homelessness for children in the U.S. includes experiences of trauma, especially domestic violence, by

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<sup>12</sup> According to The Institute for Innovation and Implementation at the University of Maryland School of Social Work, preliminary data from the 2017 Youth REACH MD Count indicate that 447 unaccompanied homeless or unstably housed youth were identified during two weeks in March, of which 250 youth meet the HUD definition for homelessness, though final numbers in the forthcoming 2017 Youth REACH report may be higher.

their mothers and/or by the children themselves; trauma frequently precedes and prolongs homelessness for children and families.”<sup>13</sup>

The 2016 Abell Foundation Report “No Place to Call Home” recognizes that “the capacity of Baltimore City’s existing service array remains inadequate for addressing the needs of its growing [unaccompanied homeless youth] population” and recommends comprehensive and targeted interventions to address these unique needs.<sup>14</sup> Baltimore currently provides eight emergency shelter beds and 84 housing units for unaccompanied homeless youth (24 transitional housing, 50 permanent supportive housing, and 10 rapid rehousing), leaving the majority of unaccompanied homeless youth to find alternate and often dangerous living arrangements.

#### *Continuum of Care Activities*

MOHS, the Continuum, and the nonprofit and philanthropic communities are currently working to expand and improve resources for unaccompanied homeless youth in Baltimore. MOHS will receive HUD training and technical assistance on youth homelessness and Baltimore has been selected as one of five communities to launch a 100-Day Challenge to End Youth Homelessness. The success of these efforts will depend upon the level of engagement of key stakeholders, effective engagement of youth in systems planning and program design efforts, and availability of new resources to ensure housing, income, and services for unaccompanied homeless youth.

#### *Recommendations:*

- Ensure success of upcoming 100-Day Youth Challenge by supporting the public campaign, requesting participation from key City agencies and public stakeholders (including DSS, BCPS, MOED, HABC, landlords, etc.), and investing or securing resources needed to meet goals.
- Increase access to living wage employment for unstably housed youth and young adults by prioritizing such youth for participation in YouthWorks and other City-funded workforce development programs and providing or funding wraparound supports such as transportation, childcare, and case management.
- Ensure access to safe, developmentally appropriate, and affirming emergency shelter for youth experiencing homelessness, including LGBTQ youth and in particular transgender youth, by funding dedicated shelter beds, requiring demonstrated provider capacity as a prerequisite to obtaining funding, and providing system-wide training and monitoring.

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<sup>13</sup> The National Center on Family Homelessness at American Institutes for Research. (2014). *America’s youngest outcasts: A report card on child homelessness*. Retrieved from: <http://www.air.org/sites/default/files/downloads/report/Americas-Youngest-Outcasts-Child-Homelessness-Nov2014.pdf>

<sup>14</sup> Lucy, M. M. (2016). *No place to call home: Baltimore’s homeless youth population is growing; despite increased attention, critical service gaps persist*. Retrieved from the Abell Foundation website: [http://www.abell.org/sites/default/files/files/Youth%20Homelessness%20Report%201\\_20\\_web.pdf](http://www.abell.org/sites/default/files/files/Youth%20Homelessness%20Report%201_20_web.pdf)

- Assign senior staff from the Mayor’s Office to partner with senior leadership with Baltimore City Public Schools and community stakeholders to evaluate and improve the school system’s identification of, enrollment of, and provision of supports to homeless students on an ongoing basis, including through regular meetings, sharing of data, and collaborative development and implementation of policy and practice.
- Facilitate close coordination, data sharing, and accountability with respect to youth and young adult homelessness between MOHS/CoC, BCPS, DSS, MOED, juvenile services, law enforcement, corrections, and other key agencies.
- Support efforts to secure dedicated State funding for housing and supportive services for homeless youth and young adults.

## **Managing Impact and Accountability of Homeless Services**

### **Homeless Service Management**

#### *Context*

The Mayor’s Office of Human Services has been designated by the Continuum of Care to act as the Collaborative Applicant, HMIS Lead, and Support Entity, and to fulfill many of the responsibilities and operational components of the community’s effort to end homelessness. It is also important to note the dual role that MOHS fulfills as the recipient of public funds and the associated grant administration, fiscal monitoring, and oversight that this requires. Additionally, MOHS supports City functions associated with homelessness, such as emergency shelter management, winter planning, and responsiveness to constituent concerns. The Continuum of Care has developed documents that clearly outline these roles and the associated responsibilities and expectations.<sup>15</sup>

#### *Continuum of Care Activities*

Under its new governance structure, the Continuum has articulated its responsibility to review performance and designate the Collaborative Applicant, HMIS Lead, and Support Entity annually. Additionally, the Continuum has the responsibility to complete a more thorough review process every three years. The RFP drafted by the Continuum in 2016 serves as an instructive guide to understand the required and desired qualifications of a high-performing management entity.

As efforts to align and increase investments are pursued, it should be done in conjunction with Continuum efforts to evaluate the performance of partner providers and the quality of those services. The ability to maintain, and possibly leverage new resources, will rely very heavily upon the demonstrable impact and use of current investments. Two related action steps are vital – (1) a mechanism must be developed to consistently, and objectively, base

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<sup>15</sup> See Attachment C for the Continuum of Care Governance Charter and Bylaws that outlines all roles and responsibilities and Attachment D for the publicly released RFP draft that outlines desired qualifications of a management entity.

funding decisions on performance; and (2) provider partners must receive technical and capacity building assistance to support and bolster their infrastructure and improve service delivery.

#### *Recommendations*

- Imbue MOHS, and the Homeless Services Program in particular, with the strength, resources, and necessary authority to operationalize efforts to end homelessness as its highest priority.
- Shift resources and increase investment within MOHS to fully support strategic planning, community engagement, program design, and long-term problem-solving.
- Designate resources and staff within MOHS for emergency and crisis management.
- Streamline the communication and coordination between City agencies (i.e. health, homeless services, etc.) with an established point of contact in MOHS who has the authority to direct crisis response (including communication and coordination on Code Blue/Red), reduce duplication of services, and reallocate resources as necessary to meet the need.
- Invest in provider service and management capacity to ensure organizational alignment with best practices and fidelity to Housing First.

### **Coordinated Access**

#### *Context*

The Coordinated Access system, as the centralized intake process for the entire community, is vital to ensuring fair, consistent access and effective utilization of existing resources for those who need them most. In order to be successful, the system must be utilized to develop buy-in across all stakeholder groups, connect across various initiatives, and effectively cut across the entire homeless service system. Easily accessible entry points are essential, including designated sites for families and unaccompanied youth experiencing homelessness.

#### *Continuum of Care Activities*

The Continuum of Care has identified the Coordinated Access system as one of the most critical activities in 2017 and beyond and HUD has indicated that communities must have a functional system by January 2018. It is listed under the Continuum's second highest priority related to improvements in system planning and coordination, and there is an established committee to oversee and guide the implementation of the Coordinated Access system. This committee works closely with staff at MOHS to communicate with stakeholder groups, establish policies for assessing and referring individuals to appropriate interventions, and supporting implementation strategies.

### *Recommendations*

- Advocate for community-wide, cross-cutting participation and investment in the Coordinated Access system
- Partner closely with the Continuum and MOHS to identify and fill resource gaps through strategic investment of City funds and leveraging of private resources.
- Invest in community-based entry points to provide vulnerable youth, families, and single adults with clear, consistent access to appropriate assessments and referrals.

## **Building Partnerships & Leveraging Resources**

### *Context*

As part of its efforts to make homelessness rare and brief, Baltimore must improve its use of existing resources and efforts to leverage more mainstream resources. As indicated earlier in this report, Baltimore stands out due to the heavy overreliance on HUD funding as compared to other resources within the existing homelessness funding portfolio.

A recent study identified three groups of barriers to access and three categories of mechanisms that communities have used to reduce barriers and increase capacity.<sup>16</sup>

- Structural barriers are obstacles that prevent an eligible person from getting available benefits, such as where programs are located, how they are organized, or what they require of applicants. Homeless individuals often do not have the ready means of communication, transportation, regular address, and documentation that most mainstream programs require. Cities like Denver successfully implemented “smoothing mechanisms,” such as creating one-stop intake centers and providing multilingual services, to reduce structural barriers and address problems at the street level.
- Capacity barriers result from the inadequacy of available resources, especially when funding may be finite or capped. While harder to reduce than structural barriers, communities like Miami-Dade County managed to expand capacity for at least one mainstream benefit by imposing a tax on food and beverages served in many restaurants and bars to provide resources, managed by the homelessness organizing structure, to address homelessness.
- Eligibility barriers refer to the rules governing the criteria for who may receive the benefit as well as time limits on receipt. While many eligibility restrictions are embedded in federal policy and cannot easily be influenced at the local level, those

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<sup>16</sup> Burt, M.R., et al. (2010). *Strategies for improving homeless people’s access to mainstream benefits and services*. Retrieved from Housing and Urban Development website: <https://www.huduser.gov/portal/publications/StrategiesAccessBenefitsServices.pdf>

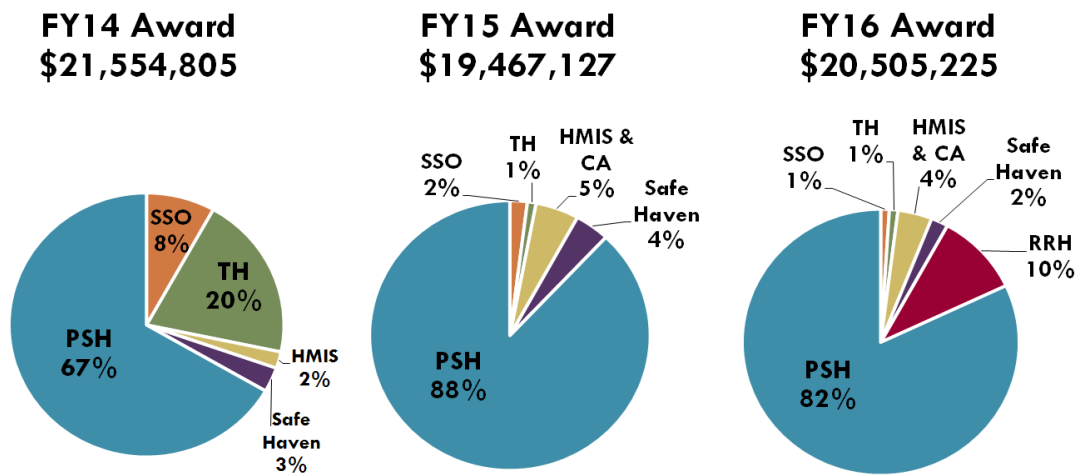


communities can establish a priority for homeless individuals and households. In recent years, the Housing Authority of Baltimore City, through the flexibility it had from the Moving to Work program, provided set-aside rent subsidies to homeless populations.

*Continuum of Care Activities*

With support from MOHS, the Continuum of Care evaluates project and system performance and decides how to allocate existing federal, state, and private funds. Funds are allocated through competitive processes utilizing local and federal priorities and system performance measures. These processes are largely executed through the Continuum’s committees and workgroups. For example, the Data and Performance Committee develops local performance measures, while the Resource Allocation Committee oversees the development of a funding strategy and rating and ranking criteria, and makes final decisions on the allocation of federal and state funds.

**Figure 3: Baltimore City Continuum of Care Program Funding**



PSH: Permanent Supporting Housing RRH: Rapid Rehousing SSO: Supportive Service Only TH: Transitional Housing  
 HMIS & CA: Homeless Management Information System and Collaborative Applicant

A comprehensive resource development and realignment strategy is critical to ensure that we increase resources beyond the existing homeless service system infrastructure. The Continuum Board recognizes this as a high priority and will launch a resource development committee to develop and implement strategies to increase and diversify investments. First, the committee will conduct a fiscal scan and analysis to help the Continuum, City, and relevant stakeholders understand the current level of investment, gaps, and remaining needs. Without that baseline information, true alignment of budgetary and strategic priorities, let alone efforts to secure increases in resources will be ineffective.

Informed by this analysis, a comprehensive fundraising approach will be essential. Individual donors can be tapped, an approach that is currently not extended beyond the



annual Journey Home benefit. In order to cultivate relationships with individual donors, public awareness must be raised about homelessness, its prevalence in Baltimore City, its impact and potential solutions.

Leveraging resources and expanding access to services provided by local and state agencies is essential. This type of collaboration can establish the basis of an integrated, comprehensive system of care. It can also provide a platform for expanded provider capacity to address the various needs (e.g. behavioral health) of those being served. For example, a regular convening of leaders from the Department of Human Resources could uncover opportunities to better leverage “safety net” services (e.g. food assistance, temporary cash, and access to health care), and explore possible new uses of TANF and other funding streams for housing purposes.

*Recommendations:*

The following efforts are essential, actionable steps to (1) understand current availability and application of financial investments and safety net resources, (2) determine opportunities and challenges around increasing investments and access to safety net resources, (3) educate stakeholders, and (4) explore opportunities for alignment between investments and safety net resources.

- A critical first step is for the Mayor to support the Continuum of Care (CoC) Board’s efforts to conduct an analysis of public and private (including philanthropic) investments that are directed toward making homelessness rare and brief.
- As a broker of relationships and resources, the Mayor can raise new, dedicated funding from an array of sources. In addition, collaborating with members of Maryland’s federal and state delegations to develop and secure capital funding and other earmarks on behalf of supportive services is a proven practice for leveraging resources.
- Under the Mayor’s leadership, strategic outreach to and coordination with key local and state agencies will create tremendous opportunities, including the identification of new resources to potentially direct towards efforts to end homelessness.

## **Appendix A: Summary of Recommendations**

### **Affordable Housing**

The City should create a comprehensive affordable housing plan in Baltimore to include:

- Robust and effective inclusionary housing policies that require the integration of affordable and deeply affordable housing units in market rate housing development and promote mixed-income communities in Baltimore.
- A dedicated funding source for Baltimore’s Affordable Housing Trust Fund, used to develop housing opportunities for low- and no-income households.
- A “mixed-income” housing strategy that integrates deeply affordable housing units in safe, high-opportunity areas of the City.
- Targeted housing opportunities with appropriate supportive services for individuals and families currently experiencing homelessness.
- Specified targets for housing affordability goals reaching individuals and families at a range of percentages at or below 60% AMI, including those below 30% AMI, people with disabilities on fixed income, and households with no income. Housing must be safe and in safe neighborhoods.
- Significant investment in rental assistance, including possible creation of a local voucher program like Washington D. C.’s Local Rent Subsidy Program.
- Support for passage of state and local laws prohibiting private landlords from discriminating against prospective tenants on the basis of their lawful source of income, such as by refusing to rent to Housing Choice Voucher Program participants.

### **Eviction Prevention**

- Strengthen homelessness prevention policies that connect vulnerable families with emergency subsidies and eviction prevention resources.
- Invest additional local resources for eviction prevention and rental assistance.
- Invest in legal services for tenants at rent court.

### **Responding to Homelessness**

- Identify the resources to increase trauma-informed outreach staff capacity by January 2018 to ensure every homeless person living on the street is actively engaged in services that will help them to move toward safe and stable housing.
- Retool emergency shelters to increase capacity to quickly move individuals experiencing homelessness into housing.
  - Ensure shelters receiving City funds are low-barrier and housing-focused.
  - Increase trauma informed case management capacity and practices. Reduce caseloads to no more than 1:25.

- Improve the capacity and quality of family shelters and services to enhance access to affordable child care, transportation, K-12 school access, child health and wellness, and other family support services.
- Ensure that all emergency shelter programs governed by the federal HEARTH Act comply with all HEARTH requirements, including the prohibition on refusing to serve families based on the age and/or gender of children and youth in the household.
- Explore strategies to gradually reduce the volume of emergency shelter.
- Immediately stop the practice of closing encampments and adopt sustainable policies and practices to end homelessness for people living in encampments.
  - Publicly adopt the United States Interagency Council on Homelessness guidelines on ending homelessness for people living in encampments and utilize these guidelines to develop and implement local policies and practices.<sup>17</sup>
  - Partner with the police to shift away from the practice of criminalizing homelessness by arresting for nuisance offenses.

### **Housing First**

- Promote adoption of “housing first” principles across all housing types in our system, regardless of funding source.

### **Rapid Rehousing**

- Dedicate \$1M in general funds to add 100 more RRH slots in one year. This program must include funds for employment services delivered either by MOED or a non-profit partner.
- Engage landlords into a network that will provide safe, decent housing to households in RRH programs. The Mayor can use her leadership to bring landlords to the table. Provide positive recognition for exemplary landlords.
- Advocate for State TANF funds to be used to support RRH programs.
- House 1,500 households through RRH in five years (300 per year). This estimate is based on an assessment of Baltimore City completed by the Corporation for Supportive Housing that showed a need for 2,127 slots over seven years. These slots will be funded by a combination of federal, state, local, and philanthropic resources. The Coordinated Access system will refer households that are most appropriate for RRH.

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<sup>17</sup> United States Interagency Council on Homelessness. (2015). *Ending homelessness for people living in encampments*. Retrieved from: [https://www.usich.gov/resources/uploads/asset\\_library/Ending\\_Homelessness\\_for\\_People\\_Living\\_in\\_Encampments\\_Aug2015.pdf](https://www.usich.gov/resources/uploads/asset_library/Ending_Homelessness_for_People_Living_in_Encampments_Aug2015.pdf)

## **Permanent Supportive Housing**

- Increase the availability of permanent supportive housing, particularly effective for vulnerable individuals experiencing homelessness.
- Identify long-term strategies to fund supportive services, including working with the State Department of Health and Mental Hygiene to pursue a federal waiver to fund supportive services through Medicaid.

## **Youth Homelessness**

- Ensure success of upcoming 100-Day Youth Challenge by supporting the public campaign, requesting participation from key City agencies and public stakeholders (including DSS, BCPS, MOED, HABC, landlords, etc.), and investing or securing resources needed to meet goals.
- Increase access to living wage employment for unstably housed youth and young adults by prioritizing such youth for participation in YouthWorks and other City-funded workforce development programs and providing or funding wraparound supports such as transportation, childcare, and case management.
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- Assign senior staff from the Mayor's Office to partner with senior leadership with Baltimore City Public Schools and community stakeholders to evaluate and improve the school system's identification of, enrollment of, and provision of supports to homeless students on an ongoing basis, including through regular meetings, sharing of data, and collaborative development and implementation of policy and practice.
- Facilitate close coordination, data sharing, and accountability with respect to youth and young adult homelessness between MOHS/CoC, BCPS, DSS, MOED, juvenile services, law enforcement, corrections, and other key agencies.
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## **Homeless Service Management**

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Code Blue/Red), reduce duplication of services, and reallocate resources as necessary to meet the need.

- Invest in provider service and management capacity to ensure organizational alignment with best practices and fidelity to Housing First.

### **Coordinated Access**

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### **Building Partnerships and Leveraging Resources**

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- Under the Mayor's leadership, strategic outreach to and coordination with key local and state agencies will create tremendous opportunities, including the identification of new resources to potentially direct towards efforts to end homelessness.

## **Attachments**

- A. 2017 Baltimore City Point-In-Time Count and Housing Inventory Count**
- B. 2017 Continuum of Care Priorities**
- C. Continuum of Care Governance Charter and Bylaws**
- D. 2016 Public RFP Draft for Homeless Management Entity**