

CHAPTER ONE

Chapter One: VISION – CHANGES IN THE ENVIRONMENT – DEVELOPMENT

VISION

In 2013, our community's original vision remains unchanged—*“homelessness in the City of Baltimore will be rare and brief”* in the year 2018 and beyond. Homelessness can be ended. Today, we—*The Journey Home's* Leadership Advisory Group in coordination with housing and service providers, formerly and currently homeless consumers, City government, business leaders, philanthropic partners, faith community members, and all other committed Baltimoreans—re-commit to executing proven strategies that will move our City beyond the status quo of managing homelessness.

Today, this update to *The Journey Home* reflects our commitment to ending homelessness in the City of Baltimore. We resolve to continue to work together to achieve our vision.

We re-commit to solutions that will help end homelessness for the people who are experiencing it today, and we re-commit to solutions that will help make the condition of homelessness a rare and brief circumstance in the year 2018.

We resolve that we will continue to strive to reach the goals laid down in the original plan and updated here under our strategic priorities, and we will do so by executing the strategies described under the action items in this plan. And we further commit to build upon the positive steps we have taken over the past 5 years.

We resolve that we will follow the plan's implementation timeline and we will check our progress against this timeline by using numeric outcome measurements.

We believe that 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. *The Journey Home* remains focused on these four issues.

We believe it is imperative that all Baltimoreans have access to affordable housing, health care, living wages and adequate incomes, and services. Ensuring these needs are met for all Baltimoreans will require policy changes at the national, state, and local levels. Therefore, we re-commit to working to ensure that the necessary policies related to housing, health, incomes, and services are put into place that will make it rare and brief in the future.

CHANGES IN THE ENVIRONMENT

The years since *The Journey Home* was originally adopted have brought about numerous changes in legislation and in the economic, funding, and political environments that effect homeless assistance services and interventions. These changes have and will continue to effect homeless assistance services and interventions in Baltimore and must be taken into account as the community works to prevent and

end homelessness. Major local- and national-level changes in the field since the adoption of *The Journey Home* are described below.

(1) Local-level Changes

I. The City of Baltimore has re-focused assistance efforts toward a Housing First model

Under *The Journey Home's* "Affordable Housing" goal, the City sought to support and/or develop alternative housing models that serve homeless individuals and families, and, in particular, the City sought to increase the use of a housing first strategy, a strategy which centers on providing people experiencing homelessness with housing as quickly as possible, stably housing them, and then providing them with the necessary services.

As of fiscal year 2011, the goal to lease 500 such units was surpassed, with at least 626 housing units being provided to individuals and families who have experienced long durations of homelessness or who have multiple barriers to housing.¹ Baltimore has clearly made strides reorienting homeless assistance toward a housing first model.

II. Opening of the Harry and Jeanette Weinberg Housing Resource Center

In July 2011, the 24-hour Housing Resource Center opened in Downtown Baltimore. The Weinberg Center provides services (such as meals and showers, physical and behavioral health, case management, and referrals to housing, employment, and income supports) to homeless men and women and overnight shelter services to 275 men and women. The Weinberg Center also provides a convalescent care unit with 25 beds with services provided by the Health Care for the Homeless through funding provided by CareFirst. The Weinberg Center has met some of the need for 24-hour shelter-based services, as outlined under *The Journey Home's* "Preventive and Emergency Services" goal.²

III. Administration of homeless assistance grants through the Homeless Services Program

The City of Baltimore's homeless assistance grants are now administered through the Mayor's Office of Human Services Homeless Services Program. The Homeless Services Program administers approximately \$40 million for homeless services which includes -- street outreach, emergency shelter, transitional housing, shelter plus care housing, permanent supportive housing, Housing Opportunities for Persons With AIDS (HOPWA), meal programs, and eviction prevention.³

IV. Mayor Stephanie Rawlings-Blake

Mayor Stephanie Rawlings-Blake was sworn in as Baltimore's 49th Mayor in February 2010 and was elected to her first full term in November 2011. She has said that making homelessness rare and brief is an administration priority.

¹ See: *The Journey Home* Year Three Outcome Summary, 2011.

² See: *The Journey Home* Year Three Outcome Summary, 2011.

³ See: (<http://humanservices.baltimorecity.gov/HomelessServices.aspx>).

(2) National-level Changes

I. The Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009.⁴

The HEARTH Act amends and reauthorizes the McKinney-Vento Homeless Assistance Act, which provides about \$25 million to Baltimore annually.⁵ The intent of HEARTH is to increase the efficiency and effectiveness of coordinated, community-based homeless assistance systems. Using knowledge gained from successes in ending homelessness from communities across the country, HEARTH reinforces solution-focused approaches and emphasizes coordinated, systems-based responses to ending homelessness.

II. The Affordable Care Act (ACA) of 2010⁶

Passage of the ACA provides an opportunity to increase health coverage for many, if not most, of the people experiencing homelessness in Baltimore. Beginning in January 2014, if Maryland expands the program (as presently committed to do so), Medicaid will include individuals who are at or below 138 percent of the federal poverty level.⁷ This opportunity can help the community meet its goals related to comprehensive health care. This is especially important, for example, when coverage is expanded to chronically homeless individuals, people with complex, co-occurring conditions. The new legislation provides an opportunity to use Medicaid funding for supportive services when suitable. This is especially important in this challenging budgetary environment.

III. The current economy and funding environment

The United States is still recovering from the Great Recession of 2007 to 2009, the worst economic crisis since the Great Depression. The American Recovery and Reinvestment Act (ARRA) of 2009 provided about \$9.5 million in Homelessness Prevention and Rapid Re-Housing Program (HPRP) funds to Baltimore⁸ to help minimize the effect of the recession on homelessness in the community, but HPRP is now finished and the funds are gone. Social safety net programs will continue to face fiscal challenges into the foreseeable future. Government is constrained at widening the safety net despite the need, and, at the same time, unemployment remains at pre-recession rates. The July unemployment rate in Baltimore (11.1 percent) is the highest that it has been during all of 2012, and it is higher than metropolitan Baltimore (7.7), the state of Maryland (7.1), and the United States (8.6).⁹ In this uncertain economic environment, Baltimore will benefit from coordinated systems thinking: approaches that

⁴ See: (<http://www.hudhre.info/documents/HomelessAssistanceActAmendedbyHEARTH.pdf>).

⁵ Figure includes FY 2011 CoC Renewal Grants and New Project Awards, and FY 2012 ESG Allocation.

⁶ See: (<http://www.healthcare.gov/law/full/index.html>).

⁷ Although the Supreme Court decision ruled that Medicaid coverage will not expand nationally to cover all uninsured adults under the 133 percent threshold, the option to expand coverage still exists for states who decide to expand their programs, taking advantage of the federal match, which will pay states 90 to 100 percent of the cost of covering those uninsured adults. The State of Maryland has committed to expand coverage. See: (<http://www.americanprogress.org/issues/healthcare/news/2012/07/05/11829/interactive-map-why-the-supreme-courts-ruling-on-medicaid-creates-uncertainty-for-millions/>).

⁸ See page 48: (www.hudhre.info/documents/HPRP_Notice_3-19-09.pdf).

⁹ See: (<http://www.dllr.state.md.us/lmi/laus/baltimorecity.shtml>) and (<http://www.bls.gov/news.release/metro.htm>).

strategically use resources and prioritize investments in programs that achieve desired housing outcomes.

IV. *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (Opening Doors), 2010*¹⁰

The U.S. Interagency Council on Homelessness (USICH) and its 19 member agencies launched *Opening Doors* in 2010. The plan sets the goals to end veterans and chronic homelessness by 2015 and to end homelessness among children, families, and youth by 2020, as well as to set a path to end all forms of homelessness. *Opening Doors* presents strategies that build upon the lesson that housing, health, education, and human service programs must be fully engaged and coordinated in order to achieve success in ending homelessness.

V. *The Obama Administration's 2010 goal to end veteran homelessness in five years*

The goal to end homelessness among veterans (a goal which was also included in *Opening Doors*) has gained traction and bipartisan support, and as a result the Department of Veterans Affairs' budget has seen funding for its programs grow with each year. And it can be expected that programs geared to this subpopulation will continue to be funded into the future, as VA and HUD ramp up activity to meet the goal to end homelessness among veterans by 2015. As more veterans return to the community from the recent conflicts, though, it is important that programs are geared to these individuals' unique needs. The HUD and VA Supportive Housing (HUD-VASH) program, which provides housing vouchers and as-needed supportive services for veterans who are homeless, provides Baltimore with the opportunity to take advantage of a federal program that uses the innovative approach of PSH in ending homelessness for veterans.¹¹

DEVELOPMENT OF PLAN UPDATE

The Journey Home was originally adopted in 2008 following an extensive planning process that engaged multiple stakeholders. In 2012, a partnership between the City of Baltimore, *The Journey Home's* Leadership Advisory Group (LAG), and the United Way of Central Maryland, launched a process to update this plan to end homelessness. OrgCode Consulting was retained to consult and facilitate the process of updating the plan. The development of this updated plan was inclusive of as many stakeholders and perspectives as possible. The participation process included the following stakeholder input opportunities:

(1) *Community Roundtable Meetings*

- Three community roundtable meetings were conducted. Community roundtable meetings were intended to collect feedback from key stakeholders with the end goal being for the groups to identify the key issues that affect homelessness in Baltimore.

¹⁰ See:

(http://www.usich.gov/resources/uploads/asset_library/Opening%20Doors%202010%20FINAL%20FSP%20Prevent%20End%20Homeless.pdf).

¹¹ See: (<http://www.va.gov/homeless/hud-vash.asp>).

- The meetings were attended by a total of 24 stakeholders, with public, private, and nonprofit sectors each being represented, including representation from individuals who are case managers, outreach staff, program managers and directors, advocates, legal experts, persons with lived experience, funders, and Leadership Advisory Group members.

(2) *Breakthrough Thinking Sessions*

- Two “Breakthrough Thinking” sessions were conducted. The end goal of these sessions was to have participants collectively prioritize the sequence of actions and investment of resources, ensuring that all have a direct say in the action plans so implementation occurs with mutual accountability.
- Sessions were attended by a total of 21 stakeholders, with public, private, and nonprofit sectors each being represented, including representation from individuals who are case managers, outreach staff, program managers and directors, advocates, legal experts, persons with lived experience, funders, and Leadership Advisory Group members.

(3) *Key Informant Interviews*

- Key informant interviews with leaders throughout the City. The purpose of these meetings was to collect feedback from key stakeholders and to identify the key issues that effect homelessness in Baltimore. The meetings focused on discussing what leadership believed were past successes and present and future issues related to homelessness in Baltimore and *The Journey Home*
- There were 19 key informant interviews conducted (11 in-person and 8 via telephone), including interviews with leaders from public, private, nonprofit, and philanthropic sectors.

(4) *Service Providers Survey*

- The service providers survey was coordinated via an online survey forum. The survey was distributed to providers throughout the City of Baltimore through communications from the Homeless Services Program and by advertisement during community roundtable meetings and at the Continuum of Care meeting in November. The purpose of the survey was to collect feedback from as wide-ranging of a group of providers as possible and to identify the key issues that providers believe effect homelessness in Baltimore.
- In total, 47 individuals participated in the online survey. The majority of survey participants (more than 70 percent) who described their role within their organization selected “Director/Administration” or “Program Manager.” Other participants listed their roles as health care professional, receptionist, attorney, and grant administrator.

See Appendix One for more information on the stakeholder input process.

CHAPTER TWO

Chapter Two: DATA – BENCHMARKS

DATA

There are various opinions about how homelessness should be defined (i.e., when is a person experiencing homelessness and when are they experiencing housing insecurity?). A leading definition of homelessness is one that is used by the U.S. Department of Housing and Urban Development (HUD). It is the same definition used by communities across the country when, for their applications to HUD for funding, communities conduct point-in-time (PIT) counts of the homeless population. HUD's definition states that a person is homeless "when an individual lacks a fixed, regular and adequate place to sleep or who regularly spends the night in an emergency shelter, similar institution, or a place not intended for human habitation."

The PIT counts provide the City of Baltimore with a baseline estimate of the homeless population, and an estimate that can be used for the purposes of setting targets and evaluation benchmarks. To provide additional insight into the picture of homelessness in Baltimore, PIT data can be paired with Homeless Management Information Systems (HMIS) shelter usage data, or data on users of homeless assistance services, which is data that is also collected by HUD and reported in the Annual Homeless Assessment Report to Congress (AHAR).¹

I. Snapshot of Baltimore Homelessness

The most recent PIT data, from 2011, show that on a given night there are 4,094 people experiencing homelessness in Baltimore. The rate of homelessness in the city is 66 homeless people per 10,000 in the general population. There has been a 20 percent increase in homelessness since 2009 and a 57 percent increase since 2007 (Table 1). Most of the documented increase is related to the number of unsheltered individuals, a group which has seen a dramatic 388 percent increase over 4 years time, going from 283 to 1,382 people (Table 2). However, it is important to note that the survey methodology for the unsheltered counts have varied each year, which suggests that the unsheltered data must be interpreted with caution and may not be directly comparable.

Of the overall homeless population, 77 percent of the population is individuals (3,160 people), whereas 13 percent is chronically homeless (519 people) and 44 percent is unsheltered (1,795 people). There are 934 people in families in a total of 323 households; these numbers have stayed relatively constant since 2007, with a 2 percent decrease in the number of people and 2 percent increase in households. Tracking numbers on homelessness among veterans is now being coordinated better and data show there are 342 homeless veterans in Baltimore; the rate of veteran homelessness is 97 homeless veterans per 10,000 veterans in the general population. Tracking numbers on unaccompanied homeless youth is also being coordinated better and data on this subpopulation should be incorporated into planning in the future.

¹ The Mayor's Office of Human Services Homeless Services Program has issued a Request for Proposals for a new HMIS. The expectation is that administration of the new HMIS will provide a significant improvement in the data capabilities of the community.

Table 1. Homelessness By Subpopulation

Year*	Total Homeless	Individuals	Persons in Families	Family Household	Chronicall y	Veteran s
2011	4,094	3,160	934	323	519	342
2009	3,419	2,484	935	359	853	N/A
2007	2,607	1,653	954	318	410	N/A
% Change 2007 to 2011	57%	91%	-2%	2%	27%	N/A
% Change 2009 to 2011	20%	27%	0%	-10%	-39%	N/A

*The U.S. Department of Housing and Urban Development requires that sheltered and unsheltered point-in-time counts be conducted in odd-numbered years as part of a community's application for homeless assistance funding.

Source: Data from U.S. Department of Housing and Urban Development, 2011 Point-in-Time (PIT) Estimates of Homelessness: Supplement to the Annual Homeless Assessment Report (AHAR) (<http://www.hudhre.info/index.cfm?do=viewResource&ResourceID=4568>).

Table 2. Unsheltered Homelessness By Subpopulation

Year*	Total Unsheltered	Individuals	Persons in Families	Family Households	Chronically Homeless	Veterans
2011	1,795	1,382	413	157	308	26
2009	1,228	737	491	196	228	N/A
2007	629	283	346	105	192	N/A
% Change 2007 to 2011	185%	388%	19%	50%	60%	N/A
% Change 2009 to 2011	46%	88%	-16%	-20%	35%	N/A

*The U.S. Department of Housing and Urban Development requires that sheltered and unsheltered point-in-time counts be conducted in odd-numbered years as part of a community's application for homeless assistance funding.

Source: Data from U.S. Department of Housing and Urban Development, 2011 Point-in-Time (PIT) Estimates of Homelessness: Supplement to the Annual Homeless Assessment Report (AHAR) (<http://www.hudhre.info/index.cfm?do=viewResource&ResourceID=4568>).

Improvements to PIT methodology in the City have been important for gaining a better understanding of the dimensions of the overall experience of homelessness. **To truly understand the changes in homelessness in Baltimore moving forward, the application of a consistent PIT methodology will be critical.**

II. Use of Homeless Assistance Services²

The most recent AHAR data show that over the course of a 12-month period approximately 14,106 people in Baltimore used homeless assistance services (emergency shelter, transitional housing, and permanent supportive housing (PSH)) (Tables 4a and 4b). The number of users of homeless assistance services has increased quite dramatically recently, with 46 percent more people using services in 2011 than in 2010.³ Among users of homeless assistance services, 66 percent received emergency shelter services, whereas 18 percent received transitional housing services and 16 percent received PSH services.

Individuals make up 82 percent of overall homeless assistance users, whereas 18 percent are people in families. Males make up 80 percent of the adult individuals in emergency shelters and transitional housing, and 59 percent of those housed in PSH. Adults in families are predominantly female, and this is the case regardless of shelter bed type: females make up 91 percent of the adult people in families in emergency shelter, 88 percent of those in transitional housing, and 84 percent of those housed in PSH. Children under 18 years of age, though, make up 64 percent of the population of people in families, 73 percent of those in transitional housing, and 58 percent of those in PSH. Regardless of household type or bed type, a majority of the population who uses shelter services is made up of African Americans, which to some extent is a reflection that a majority of the city's residents (65 percent) identify as African American or Black.

People enter the homeless assistance programs from a variety of prior living arrangements. Majorities of people in families (65 percent) in emergency shelter were staying with family or friends in a housing situation, as were a high percentage of people in families in transitional housing (48 percent) and PSH (35 percent). The second most likely prior living arrangement for people in families entering homeless assistance programs is when people arrive from emergency shelters; the percentage who identify their previous living arrangement was an emergency shelter includes 18 percent of those entering emergency shelter (i.e., those coming from a different shelter program), 30 percent entering transitional housing, and 14 percent entering PSH. Although there is more variation in the prior living arrangements among individuals entering programs, most enter from another homeless situation, including places not meant for human habitation, such as the street (56 percent of the individuals entering emergency shelter entered from another homeless situation, as did 50 percent of those entering transitional housing, and 55 percent of those entering PSH). Both people in families and individuals enter programs from institutional settings and regardless of the household type or program type, the zip code of the last permanent address of almost all people entering Baltimore homeless assistance programs is Baltimore. Homelessness in Baltimore can be characterized as a "home grown issue."

² Homeless assistance data do not include (or extrapolate to provide estimated counts on) people served by victim service providers, such as rape crisis centers and domestic violence programs.

³ Annual estimates are unduplicated counts of people using homeless assistance beds/units during a one-year period from October 1 to September 30 (e.g. 2011 data is for the period October 1, 2010 to September 30, 2011 and 2010 data is for the period October 1, 2009 to September 30, 2010).

The data that is available on length of stay in emergency shelter and transitional housing show that large majorities of people in families and individuals stay in emergency shelter for fewer than 3 months (72 percent of people in families and 91 percent of individuals) and almost all stay for fewer than 6 months (94 percent of people in families and 97 percent of individuals). Stays in transitional housing is more mixed, but the length of time spent in transitional housing is longer: 61 percent of people in families stay between 6 and 12 months and 49 percent of individuals stay that long. One trend to note from data from 2011 and 2010 is that the length of stay in transitional housing has recently increased, with the 6 to 12 months stays of people in families increasing from 57 to 61 percent and 6 to 12 months stays of individuals increasing from 35 to 39 percent. This trend is likely due to the fact that a majority of family transitional housing clients—who were given priority for public housing units—have been awaiting Section 8 housing vouchers.

The homeless assistance system’s housing inventory has a total of 4,456 year round beds, including 937 emergency shelter beds, 1,370 transitional housing beds, and 2,020 permanent supportive housing beds (Table 5).⁴ Data show that, although there has been a 24 percent increase in the number of year round beds since 2007 – with beds for individuals having increased by 31 percent since 2007, the makeup of the bed inventory has remained relatively stable. In 2011, 22 percent of the total beds were emergency shelter, 47 percent were permanent supportive housing, and 32 percent were transitional housing; in 2007, those percentages were 22, 44, and 34.

See Appendix Two for more information on housing affordability and related economic and demographic factors.

Table 4a. Shelter Use (One-Year Bed Data)

Year*	Emergency Shelter (ES)				Transitional Housing (TH)				Permanent Supportive Housing (PSH)			
	PF	F	I	Total	PF	F	I	Total	PF	F	I	Total
October 1 - September 30	KEY: PF = Persons in Families, F = Families, I = Individuals, Total = PF + I											
2011	1,046	347	8,286	9,332	576	196	1,940	2,516	912	296	1,346	2,258
2010	1,148	408	4,637	5,785	563	184	1,319	1,882	885	294	1,127	2,012
2009	1,107	390	N/A	N/A	580	196	2,008	2,588	N/A	N/A	N/A	N/A

*Estimates are unduplicated counts of people using homeless assistance beds/units during a one-year period from October 1 to September 30 (e.g. data from year 2011 is for the period October 1, 2010 to September 30, 2011).

Source: Data from U.S. Department of Housing and Urban Development, 2011, 2010, 2009 Annual Homeless Assessment Report to Congress (AHAR) Local Reports (<http://www.hudhdx.info/PublicReports.aspx>).

⁴ There were also 90 Homeless Prevention and Rapid Re-Housing (HPRP) program beds and 39 safe haven beds.

Table 4b. Shelter Use (One-Year Bed Data)

Year*	Total ES, TH, or PSH				1-Year % Change			
October 1 to September 30	KEY: PF = Persons in Families, F = Families, I = Individuals, Total = PF + I							
	PF	F	I	Total	PF	F	I	Total
2011	2,534	839	11,572	14,106	-2%	-5%	63%	46%
2010	2,596	886	7,083	9,679	N/A	N/A	N/A	N/A
2009	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

*Estimates are unduplicated counts of people using homeless assistance beds/units during a one-year period from October 1 to September 30 (e.g. data from year 2011 is for the period October 1, 2010 to September 30, 2011).

Source: Data from U.S. Department of Housing and Urban Development, 2011, 2010, 2009 Annual Homeless Assessment Report to Congress (AHAR) Local Reports (<http://www.hudhdx.info/PublicReports.aspx>).

Table 5. Homeless Assistance Housing Inventory

Year	Population/Bed Type	Emergency Shelter	HPRP	Permanent Supportive Housing	Safe Haven	Transitional Housing	Total Year Round Beds
2011	Total	937	90	2,020	39	1,370	4,456
	Individual	773	0	1,239	39	922	2,973
	Households	164	90	781	0	448	1,483
2010	Total	1,009	12	1,754	39	1,237	4,051
	Individual	799	7	1,003	39	819	2,667
	Households	210	5	751	0	418	1,384
2009	Total	1,006	N/A	1,754	39	1,358	4,157
	Individual	799	N/A	1,003	39	940	2,781
	Households	207	N/A	751	0	418	1,376
2008	Total	591	N/A	1,796	39	1,296	3,722
	Individual	459	N/A	937	39	889	2,324
	Households	132	N/A	859	0	407	1,398
2007	Total	786	N/A	1,594	0	1,206	3,586
	Individual	581	N/A	917	N/A	770	2,268
	Households	205	N/A	677	N/A	436	1,318
% Change 2007 to 2011	Total	19%	N/A	27%	N/A	14%	24%
	Individual	33%	N/A	35%	N/A	20%	31%
	Households	-20%	N/A	15%	N/A	3%	13%
% Change 2010 to 2011	Total	-7%	650%	15%	0%	11%	10%
	Individual	-3%	-100%	24%	0%	13%	11%
	Households	-22%	1700%	4%	N/A	7%	7%

Source: Data from U.S. Department of Housing and Urban Development, Housing Inventory Chart, 2007, 2008, 2009, 2010, and 2011.

BENCHMARKS

Measuring outcomes is a priority for the City of Baltimore. Our community will evaluate progress toward ending homelessness using numeric PIT count, HMIS data, and other necessary data. Progress in our community will be evaluated using HEARTH performance measures, a best practices approach. We will measure:

- (1) the length of time individuals and families experience homelessness,
- (2) the extent to which individuals and families who leave homelessness subsequently return to homelessness,
- (3) the capacity of our systems and services to create a comprehensive and reasonably accurate picture of the homeless and their needs,
- (4) the reduction in the overall number of individuals and families experiencing homelessness,
- (5) the growth of jobs and income for people experiencing homelessness, and
- (6) the reduction in the number of people who experience homelessness for the first time.

Quality data will be essential for our community to adequately measure our progress. While PIT and HMIS data are currently available and able to be used for measuring progress on some above measures, it is understood that our community will continue to refine our approach to these measures when there are improvements in data quality. We are committed to performance excellence, driven by evidence. We will incorporate additional proven solutions into our work over the next five years and make the necessary investments to leverage our existing strengths towards better outcomes and make the tough choices to transform practices and investments that are not aligned to the goal of ending homelessness.

Based upon our current understanding of homelessness within the community, a review of available funding, the understanding of the possible capacity within the homeless serving sector, and a high-level overview of promising practices from other jurisdictions, we resolve and commit to the following benchmarks of performance over the next five years⁵:

- 50 chronically homeless individuals each year will achieve housing with supports, and a minimum of 80% of these individuals will maintain their housing throughout the duration of the Plan, with the most vulnerable (highest acuity) individuals prioritized for housing first;

Why this is important:

- chronic homelessness will be cut in half from its 2011 number, and less than an at any point that chronic homelessness has been measured in the community
- it will help reorient service providers in prioritizing access and having more dedicated housing solutions and supports for persons experiencing chronic homelessness
- chronically homeless persons have been proven time and again to be the most voracious consumers of services and have the highest cost utilization of services (homeless services as well as police, ambulance/EMS, police, corrections, etc), and thereby housing and supporting each of these individuals has a potential cost-savings impact on the system as a whole

⁵ It is acknowledged that one person/family may be counted in two or more of these benchmarks. For example, one of the 200 chronically homeless people achieving housing may also be one of the 120 people accessing housing through street outreach.

- Emergency shelter usage will return to 2007 levels and stays in shelter for people will average 90 days or less by the end of five years hence;

Why this is important:

- will demonstrate increased diversion efforts from the shelter system
- increase in housing opportunities should alleviate some strain from the shelter system, especially for longer-term stays
- as the economy continue to rebound over the coming years, the more recent demand on shelter should be abated

- Permanent Supportive Housing will increase to a minimum of 3,000 units through acquisition, new builds, transformation of transitional housing units, and/or portable rent supplements by the end of five years hence;

Why this is important:

- part of the commitment and advocacy agenda to increase the amount of housing stock available in Baltimore
- opportunity to transform some of the existing investments (transitional housing) into more suitable long-term housing choice without increased capital outlay – and is in line with the main currents of thought and practice in transitional housing throughout the nation
- portable rent supplements, attached to people instead of a unit, improves mobility for households throughout changes in their life circumstances during the five years
- new builds of permanent supportive housing are a strong signal to the broader community of the commitment to providing housing solutions to individuals and families that have complex, co-occurring issues

- Street outreach services will help 120 people per year access housing and supports directly from the street;

Why this is important:

- through targeted outreach initiatives it should be possible to more effectively reach those individuals dwelling outdoors that are historically more vulnerable than others – even though they may not meet the HUD definition of chronically homeless
- through targeted outreach initiatives it should be possible to assist more families that are sleeping in cars, buildings not fit for human habitation, camping and the like obtain the safety and security of a home
- these are individuals and families that historically not well connected to housing opportunities
- outreach services become oriented toward ending homelessness

- 50 homeless (unaccompanied) and/or disconnected youth will access housing and/or family reunification (as appropriate) per year;

Why this is important:

- youth homelessness in Baltimore requires more concerted effort, attention and understanding
 - the emerging research on youth homelessness suggests serving both homeless and disconnected youth can be advantageous or else the lifetime costs through human and justice service interaction can be staggering
 - brain and psycho-social development of youth requires an approach that is distinct from the service delivery strategies used with adults, and should include a definition of youth that goes up until at least 25
 - family reunification can be appropriate when there are the resources to support the family unit as a whole in the process, respecting that those resources are most often best delivered outside of the homeless service sector
- 120 homeless individuals and recently homeless individuals (homeless within the preceding 12 month period and were assisted in moving into an apartment through a homeless/housing service agency) each year will access employment, including employment opportunities for ex-offenders, linked directly to housing attainment and/or maintenance, and a minimum of 80% will maintain employment for a minimum of one-year;

Why this is important:

- employment can be used to incentivize getting out of homelessness
 - works hard to ensure that no employment initiative is the reason why any individual or family continues to remain homeless (for example, having to remain homeless to remain eligible for the employment initiative)
 - barriers to employment because of a history of incarceration become minimized
 - promotes longer-term personal financial sustainability with reduced or no reliance on public benefits for those that can work
 - builds upon the hard-working culture of the community
- 60 homeless veterans each year will access VA benefits that they are entitled to, with 80% of these individuals accessing housing with supports;

Why this is important:

- there have been more resources available through Veterans Affairs that need to be optimized locally
 - strong connections between VA services and other homeless programs and services is critical
 - there isn't always an understanding amongst all veterans that those that are not combat veterans can still be entitled to various assistance programs
 - promotes dignity and honor of those who have served in our armed services
- Persons in families using shelters will decrease by 30% or more – a reduction of at least 314 people per annum - by five years hence;

Why this is important:

- diversion efforts should present more opportunities for families to be assisted outside of the shelter system

- a rebounding economy should present a reduction in shelter demand solely for economic reasons attributable to the recent recession
 - it helps ensure that shelters are looked at as a place to recruit candidates for the new affordable and permanent supportive housing
- Affordable housing development per annum will achieve the targets as established by the affordable housing needs forecast;

Why this is important:

- *The Journey Home* will benefit from a compendium affordable housing strategy that lays out the targets for affordable housing development required generally over the next 5-10 years, and the capital requirements, planning and neighborhood strategies that will be required to achieve the goal
 - Economic considerations across the community as a whole suggest that more affordable housing is warranted beyond just those that are homeless and experiencing economic poverty
 - Affordable housing can be an “upstream” investment, providing the tools to individuals and families to secure housing that they can afford so that they do not later become homeless because of economic reasons
- Unsheltered homeless will decrease by a minimum of 40% - a reduction of at least 553 people – within 5 years;

Why this is important:

- targeted street outreach initiatives will be able to help some people move directly into housing, while also assisting others in accessing shelter
 - the increased flow-through in the shelter system as a result of housing focused initiatives, employment initiatives, and housing initiatives should increase available occupancy across shelter beds and make shelters a more desirable location for some individuals resistant to perceptions of crowded environments
 - the visibility of homelessness is one of the barometers used by the general public to gauge a community’s efforts in ending homelessness
- First time homelessness, as determined by street outreach and shelter data, will decrease by a minimum of 30% over the five year period;

Why this is important:

- strong emphasis on doing whatever can be done to prevent entry into the homeless service delivery system...that the homeless service delivery system is a professionally delivered environment that is only accessed as a resource when all other resource options have been exhausted
 - improved intake and assessment tools will provide the homeless service providers more resources to help determine who they are best equipped to serve
- Recidivism rates (returns into homelessness) will be no greater than 30% within any 12 month period;

Why this is important:

- homeless services cannot be a revolving door on an ongoing basis for most people, while appreciating that some individuals and families may need multiple attempts at housing with supports before they are successful at integrating into community
 - it emphasizes an investment in supports to keep people housed rather than just getting people housed, and the assessment tool to be introduced to service providers can be critical at helping service providers determine which individuals and families need different levels of support
 - places emphasis on rebuilding natural community supports
- A minimum of 1,000 individuals or families will be diverted from homelessness directly through targeted diversion and prevention over the five years, with less than 20% of these individuals or families ever experiencing homelessness after the diversion and prevention efforts. These are individuals and families that would reasonably become homeless if not for the direct diversion and targeted efforts.

Why this is important:

- diversion and prevention become interwoven throughout the entire homeless service delivery system rather than being seen as something that just a few specialized organizations do
- diversion becomes one of the cornerstones of coordinated access and assessment
- diversion is critical to reaching several of the other benchmarks

Fulfilling these benchmarks will be part of annual funding contracts with service providers where HUD funding is used. Philanthropic sources of funding, as well as other government funding sources will also support these benchmarks to the best of their ability, and where they are part of the leadership group working to end homelessness in our community. Data will be used to report on our progress and be publicly accountable to these benchmarks. The Continuum of Care, community leaders, and the Executive Direction of *The Journey Home* will be conversant in these benchmark priorities and dedicate knowledge and insights into the best ways to work with the service providers to achieve these benchmarks.

To be clear, however, these benchmarks are commitments. While many of the causes of homelessness are outside of our control, we can control our focus of investments and the objectives of our investments. We are committed to the investments – including investments in training and professional development – to help the service provider community achieve these benchmarks.

Service providers must embrace the direction and urgency of achieving these benchmarks within the five year period. Funders must hold service providers accountable to achieving these benchmarks in funding contracts and in monitoring. Annual renewals of funding must be directly related to progress in meeting these targets. Where a service provider is incapable in helping to achieve the benchmarks relevant to their area of service delivery for two or more consecutive years, we commit to investing in other service providers that have proven capable of continuing to meaningfully commit to helping achieving the benchmarks.

CHAPTER THREE

Chapter Three: AGENDA – STRATEGIC PRIORITIES

AGENDA

The update to *The Journey Home* requires attention to the four fundamental causes of homelessness: lack of affordable housing, inaccessible health care, inadequate incomes, and a lack of coordinated services. Ameliorating homelessness will require attention to these causes through a prioritization of the community's resources. This plan's update proposes six priorities that will provide the most strategic use of our resources to advance the City of Baltimore's efforts with counteracting the causes of homelessness.

STRATEGIC PRIORITIES

I. Increase Access to Stable and Affordable Housing

➤ **Goal:**

Create and maintain a supply of housing sufficient to rapidly re-house homeless individuals, families, and youth and meet the needs of those at risk of homelessness.

➤ **Key Objectives:**

(1) support and continue to develop housing first models that serve homeless individuals and families,

(2) increase the number of rental subsidies received by homeless persons,

(3) increase the number of permanent supportive housing units to support the need for all people experiencing chronic homelessness by creating additional units as needed,

(4) increase the number of rapid re-housing units,

(5) coordinate all types of available funding to expand affordable housing options,

(6) coordinate access to available affordable housing, rather than "first come first served", and

(7) ensure those individuals and families already in Permanent Supportive Housing need and want to remain in PSH rather than transitioning to community-based affordable housing.

➤ **Action Items:**

(1) increase rapid rehousing units to the maximum number of households eligible through resources provided by all sources of funding

This will require:

- Repositioning some investments currently being made to programs that are managing homelessness (i.e., programs where clients have comparatively high lengths of stay, programs with comparatively high rates of recidivism—returns to homelessness, and programs which have outcomes that are not aligned with the other HEARTH performance measures) rather than having a clear focus on ending homelessness;
- Training on proven effective approaches for screening eligible candidates for a rapid rehousing service intervention and providing appropriate support for longer-term success and reduces recidivism;
- Working with the landlord community to identify units in good condition that would be an appropriate match for the approach.

(2) work with the HABC to prioritize the public housing waiting list and increase assistance provided to people experiencing homelessness,

This will require:

- A review of the current waiting list and the administrative practices used for maintaining the list;
- An objective tool used to briefly assess level of need so as to inform prioritization.

(3) implement a referral system for permanent supportive housing that prioritizes beds/units by vulnerability/acuity and length of homelessness,

This will require:

- Creating an inventory of existing intake processes for PSH and actively removing barriers in the current intake so that those with deepest needs can be served;
- Closing the “side door” so that referrals to PSH come through a coordinated entry point, not through internal decisions of PSH providers;
- Introduction and training on the use of the Vulnerability Index, Vulnerability Assessment Tool, or the Service Prioritization Decision Assistance Tool;
- Potential upgrades in training to PSH staff to assist them with better serving increased volumes of people with complex and co-occurring needs.

(4) implement a “Moving On” program¹ to help people in PSH beds/units transition to community-based affordable housing when appropriate for those individuals,

This will require:

- Resources and dedicated staff to assist with locating and moving into community-based affordable housing;
- Advertising to existing PSH residents of the opportunity to move;

¹ See: http://www.endhomelessness.org/page/-/files/3743_file_Moving_on_from_PSH_Final.pdf

- Assessment of vulnerability/acuity of those interested in the opportunity to determine if support needs can be met in the community.

(5) develop new supportive housing stock by combining city, federal, and private sources that will create a pipeline of new units,

This will require:

- A strategic investment and development approach across the community instead of one-off projects;
- Determining appropriate supportive housing needs for specific populations based upon available data from PIT Count and HMIS;
- Competitive process for determining appropriate provider of the housing.

(6) create an affordable housing initiative that works to increase the City's available units, possibly through the development of a strategic affordable housing plan,

This will require:

- Undertaking the necessary analysis of affordable housing needs, at different thresholds of affordability, throughout the City;
- Modeling of affordable housing needs over the next 5-10 years;
- Specialized staff that can work with the existing non-profit and private landlord community to better access existing units across the City;
- A public awareness campaign on the importance of affordable housing for all people of Baltimore, and its essential link to economic prosperity.

(7) examine solutions for increasing housing opportunities for ex-offenders, including reducing documentation barriers or limitations that go above funder requirements,

This will require:

- Dedicated staffing to work with Corrections to identify barriers and create solutions in service pathways;
- Improved discharge planning;
- Post-incarceration housing supports linked to community and employment opportunities.

(8) examine other successful models, such as appropriate doubling up, home sharing, roommate matching, etc., especially for unattached youth experiencing homelessness, and

This will require:

- Improved data on youth homelessness in Baltimore, as well as disconnected youth;
- Youth service providers testing and championing new models;
- Improved training and awareness of successful models of housing and supports.

(9) review existing transitional housing with a view to convert up to 50% of units into “transition in place” and/or Permanent Supportive Housing by 2018.

This will require:

- An in-depth review of recidivism rates of transitional housing tenants;
- Inventory of programming in transitional housing;
- Technical assistance to transitional housing operators to assist with the change.
- Determination from the HABC as to whether or not those buildings that have Project Based Vouchers would be able to convert to a permanent subsidy.

II. Enhance the Crisis Response System

➤ Goal:

Create an effective crisis response system that works to prevent homelessness and rapidly returns people experiencing a housing crisis back into housing.

➤ Key Objectives:

(1) create a coordinated entry system with a valid and reliable assessment tool for homeless assistance services intake that appropriately targets housing and services, and

(2) increase diversion and prevention resources to reduce the number of new households experiencing homelessness.

➤ Action Items:

(1) create HMIS capacity so that data can be used to monitor system in real time to provide a seamless continuum of care, and look to regional partners to develop feasible relationships that will strengthen this capacity beyond the City,

This will require:

- Increased awareness and training amongst service providers to enter data in a timely fashion;
- Dedicated staff within coordinated access that will monitor real-time capacity and disseminate information to providers.

(2) develop a method for targeting prevention assistance to households most at-risk of entering emergency shelter,

This will require:

- Greater community presence of professional staff resources in those neighborhoods where most people seeking service are emerging from;

- Access to resources that will resolve smaller, lower-cost matters that will divert people away from shelter while better ensuring longer-term housing stability;
- Assessment of those presenting for assistance such that prevention is targeted most likely to those resembling the existing chronically homeless population.

(3) expand outreach and engagement resources to increase coverage in the City, especially to unaccompanied youth and chronically homeless people who are living on the street,

This will require:

- Orienting all funded street outreach on resolution of homelessness;
- Improving data on the population living outdoors beyond the PIT Count information;
- Additional training to service providers on effective, proven models of intervention;
- Introduction of assessment tools in non-traditional environments;
- Building further capacity within the youth-serving sector.

(4) work to ensure housing programs support family preservation for children of all ages and genders, partners, and families without children,

This will require:

- Ensuring orientation of some service delivery to the needs of families as a whole;
- Shelter environments that do not require splitting up couples without children;
- Exploration of the use of Family Unification Program vouchers for homeless families.

(5) maintain and improve where necessary the safety net for survivors of domestic abuse/violence, and

This will require:

- Additional information and training to the broader service provider community on meeting the needs of survivors of domestic violence that present at any service provider;
- Implementation of appropriate assessment tools to best support the housing and service needs of survivors of domestic violence.

(6) analyze diversion methods used to better understand effectiveness of temporary, alternative-to-shelter housing options, and the effectiveness of successful doubling up.

This will require:

- Greater emphasis on diversion and linking to other community supports at time of assessment;

- Analysis of the effectiveness of temporary, alternative to shelter housing options.

III. Improve Employment and Income Opportunities

➤ Goal:

Create meaningful employment opportunities that provide sufficient wages for people who are experiencing homelessness.

➤ Key Objectives:

(1) increase the number of individuals and households who are employed at program exit, and

(2) increase access to and sufficiency of public benefits for homeless persons.

➤ Action Items:

(1) create an employment options assessment that works to understand the City's workforce system and where opportunities exist to increase the available jobs for people experiencing homelessness,

This will require:

- Creating a valid employment options assessment tool;
- Training relevant parties on the implementation of the tool;
- Increase in dissemination of information related to available jobs through service providers.

(2) develop a strategic workforce development plan for people experiencing homelessness,

This will require:

- Creating the workforce development plan;
- Creating an implementation plan.

(3) work with the Baltimore Workforce Investment Board (BWIB) and the Mayors Office of Employment Development to ensure workforce resources are made available to people experiencing homelessness,

This will require:

- Assigned staff resources to ensure the workforce resources are appropriately disseminated.

(4) improve data collection practices and analyze to understand the employment needs of people experiencing homelessness and the outcomes of employment services programs,

This will require:

- Improved understanding of employability assets during the support assessment while receiving homeless services;
- Analysis of aggregate results of the employability assets;
- Monitoring of outcomes of employment services programs.

(5) seek partnerships between employment programs and transitional housing and emergency shelter programs to provide income-building opportunities,

This will require:

- Assigned staff resources to build the partnerships and the framework for participation across employers and transitional housing and emergency shelter programs;
- Employment support resources to residents in transitional housing and emergency shelter programs.

(6) increase access to and sufficiency of public benefits for homeless persons, and

This will require:

- Analysis of existing barriers to accessing public benefits;
- Assigned staff resources from the homeless and housing services sector and the public benefits sector to develop dedicated pathways for accessing appropriate public benefits;
- Expand the use of SOAR (SSI/SSDI Outreach, Access, and Recovery) for accessing income supports for eligible adults who are homeless or at risk of homelessness and have a mental illness and/or a co-occurring substance use disorder;
- Advocacy for increased public benefits, with an attention to the negative economic consequences of homelessness as a whole.

(7) continue efforts to reduce barriers to employment for ex-offenders.

This will require:

- Improved understanding of employability assets during the support assessment while receiving homeless services of ex-offenders as a sub-population;
- Assigned resources to build partnerships and create opportunities from employers ready and able to hire ex-offenders;
- Employment support resources specifically for ex-offenders to assist with the transition back into employment.

IV. Ensure Needs of Special Populations Are Met

➤ Goal:

Create a comprehensive array of services and housing for the needs of special populations, including the subpopulations of: unaccompanied youth, domestic violence survivors, people in

families, veterans, chronically homeless, people discharged from prisons, and people with mental health needs.

➤ Key Objectives:

(1) increase the capacity of the housing system so that there are adequate services and crisis response system beds for all special populations, and

(2) ensure that across the system there are competent service models in effect that promote services that are appropriately geared to each special needs population.

➤ Action Items:

(1) ensure accurate data collection during the biennial PIT count for subpopulations, especially for difficult to find populations such as unaccompanied youth,

This will require:

- Enhancements to PIT Count methodology, building upon promising practices from other jurisdictions in reaching these populations, with such enhancements to consider:
 - Youth specific count strategies (for example: Los Angeles, CA; Metro Vancouver, British Columbia, Canada)
 - Capture-recapture methods in street count to adjust for uncounted homeless individuals in valid manner (for example: New York City, NY; Toronto, Ontario, Canada)
 - Implementation of housing and service needs survey during the PIT Count (for example: Seattle, WA; Red Deer, Alberta, Canada)

(2) form a Work Group(s) of the CoC to investigate, report, and advise plan leadership on special population needs, and to ensure that there are appropriate interventions, policies, and investments for each subpopulation in place,

This will require:

- Selecting subject matter experts for the task force;
- Establishing a framework and methods for investigating the subpopulations needs, including the use of available HMIS and PIT Count data;
- Research on promising and/or best practices implemented in other jurisdictions proven to get better results in housing access and stability for the subpopulations (for example: The Link, Minneapolis, MN or Eva's, Toronto, Ontario, Canada – for serving youth; Pathways to Housing, New York, NY or McMan Housing First program, Medicine Hat, Alberta, Canada – for serving chronically homeless people including those with compromised mental wellness; TCH and Community of Hope, Washington, DC – for serving homeless families with complex needs; etc.)
- Knowledge transfer and training of practices to be implemented in Baltimore relative to subpopulation needs.

(3) develop housing options for each subpopulation that are appropriate (i.e., especially developmentally appropriate transitional and permanent housing situations where necessary for unaccompanied youth, supportive housing options that meet the needs of veterans and their families, and community reentry/transitional housing options for people discharged from prisons and mental health care facilities), and

This will require:

- Responding directly and appropriately to the information gleaned from the new Community Advisory Group or City Task Force;
- The appropriate transfer of knowledge and practices that are relevant to the Baltimore context;
- Building upon existing strengths within the community in addressing the needs of this population;
- Re-profiling existing resources or fundraising/applying for new resources specifically for the housing needs of the subpopulations.

(4) increase resources to reflect current and future projected need for each subpopulation.

This will require:

- Re-profiling existing resources or fundraising/applying for new resources specifically to meet the service needs of the subpopulations;
- Implementation of the valid and reliable assessment tool to determine vulnerability/acuity within each subpopulation in order to prioritize service delivery;
- Capturing more in-depth information on service delivery outputs and outcomes of the approaches used with the subpopulations to help determine future needs;
- Improving data capture and/or analysis of subpopulations information through the PIT Count and HMIS.

V. Build a Systems Approach to Ending Homelessness With Clear Leadership & Accountability

➤ Goal:

Create a systems of care approach to ending homelessness with public and private systems working collaboratively, with clear leadership and accountability.

➤ Key Objectives:

(1) strengthen the role and function of the Continuum of Care to be aligned with the requirements of the *HEARTH Act*, and change the Leadership Advisory Group to the Community Advisory Group with their new role being to provide commentary to the Continuum of Care Board three times per year;

(2) an Executive Director of *The Journey Home* implementation be charged with the task of aligning operations across service providers to support the objectives and benchmarks of the Plan; monitor implementation, results and opportunities for improvement; co-ordinate system-wide training opportunities and introduction of new assessment tools; provide analysis and feedback to the Continuum of Care and other funders as appropriate on performance and benchmark realization of service providers; establish service delivery expectations by sector of service (shelter, outreach, day services, etc.) that are to be included in contracts with service providers; and, provide leadership and guidance in connecting across other government agencies and other external parties that have a vested interest in funding or delivering programs to persons that are experiencing homelessness;

(3) foster sustained and high-level coordination of all government agencies on the issue of ending homelessness, including the Baltimore City Health Department, Baltimore City Department of Housing and Community Development, Housing Authority of Baltimore City, Baltimore City Department of Social Services, Baltimore Police Department, Baltimore Health Care Access, Baltimore Mental Health Systems, Baltimore Substance Abuse System, and others, and

(4) ensure duplication and inefficiency are removed from the homeless assistance system.

➤ Action Items:

(1) secure commitments from key City of Baltimore and State of Maryland stakeholder agencies to actively participate in collaboration across the system,

This will require:

- Assigned staff resource or champion to navigate the identification and engagement of key stakeholders;
- Determining the most appropriate and accountable approach to commitments from the agencies (for example: Letter of Understanding; Memorandum of Agreement; Co-signed Collaboration Framework);
- Accountability measures to be placed within the collaboration structure to enhance shared responsibility and monitor results.

(2) increase collaboration with the U.S. Department of Veterans Affairs and the Baltimore VA Medical Center to increase access for veterans to veteran-specific homeless programs,

This will require:

- Assigned staff resource or champion to navigate collaboration with the VA and Baltimore VA Medical Center;
- Accountability measures to be placed within the collaboration structure to enhance shared responsibility and monitor results.

(3) in collaboration with the Mayor's Office of Human Services' Re-Entry program and the Maryland Department of Public Safety and Correctional Services, implement prevention and rapid rehousing programs for discharged individuals to prevent homelessness and recidivism,

This will require:

- Assigned staff resource or champion to navigate the collaboration between the Re-Entry Program and the Maryland Department of Public Safety and Correctional Services;
- Understanding of promising and best practices in rapid rehousing programs for ex-offenders;
- Access to housing for ex-offenders and funding to provide short-term supports, as required, while transitioning into housing;
- Monitoring of recidivism back into corrections and/or homelessness.

(4) provide comprehensive services and programs to school aged children experiencing homelessness and their families through connections to Baltimore City Public Schools,

This will require:

- Assigned staff resource or champion to enhance coordination between family homeless service providers and Baltimore City Public Schools;
- Navigation map of existing services, with attention to opportunities and barriers.

(5) increase access to and sufficiency of public assistance programs (including Temporary Assistance to Needy Families, Supplemental Nutrition Assistance Program, and others) for families who are experiencing homelessness by providing direction and application assistance at intake, and

This will require:

- Improvements to intake functions;
- Monitoring the number of applications completed at intake;
- Investigating the rate of success in applications.

(6) examine all opportunities under implementation of the Affordable Care Act to provide comprehensive physical and behavioral health care to people experiencing homelessness, and coordinate housing with care services.

This will require:

- Leveraging expertise of community providers already experienced with health care access and delivery to persons experiencing homelessness;
- Review of promising and best practices in the likes of PSH for medically frail populations;
- Accessing Medicaid Program opportunities, if expanded in Maryland, and applying for funding opportunities associated with improved health care service delivery for homeless individuals and families.

VI. Engage All of Baltimore and Advocate for Ending Homelessness

➤ Goal:

Create an environment where all of Baltimore is aware of *The Journey Home* and one where all people engaged in the homeless assistance system are united behind this plan's vision and priorities and all are advocating for ending homelessness.

➤ Key Objectives:

(1) increase coverage of the issue in public dialogue so that there is a greater sense of urgency about ending homelessness and

(2) focus advocacy efforts around advocating for additional resources to meet the needs of people experiencing homelessness.

➤ Action Items:

(1) conduct outreach efforts to a wide-range of faith, civic, and business communities and educate these communities about *The Journey Home's* vision and strategic priorities,

This will require:

- A communication strategy with common key messages;
- Leadership from the Journey Home making the time and effort to conduct outreach activities;
- Production of key materials for the audiences being outreached to.

(2) report on and distribute throughout the City updates on the plan's outcomes, successes, and items where further action is needed,

This will require:

- Compiling and analyzing information from all relevant data sources annually related to service delivery and the Plan;
- Agreement on the metrics to be reported out on annually;
- A communication strategy to disseminate the update.

(3) advocate for increased local, state, federal, private, and philanthropic resources to help fund proven solutions,

This will require:

- Compiling information on the proven solutions in a way that can be understood by people not immersed in the work on a daily basis;
- Improved information on the investments across all sources currently being invested in Baltimore and for what purpose;
- Information on approaches to service delivery that are not proven, but currently being funded, where money may be better spent;

- Demonstrated ability within the community to de-fund activities that are not aligned with proven solutions and re-investment into solutions proven to work;
- Participating in national advocacy efforts related to homelessness.

(4) advocate for safety net programs at all levels of government, and

This will require:

- Articulating the importance of the safety net to the people of Baltimore and its relationship to homelessness;
- Outlining the costs of homelessness in Baltimore compared to the costs of doing nothing and the costs of different types of interventions;
- Assigning a champion to be the advocate.

(5) continue to advocate to ensure that the State of Maryland expands the Medicaid program, which is an opportunity created from the passage of the Affordable Care Act. If expanded in Maryland, the Medicaid program will include individuals who are at or below 133 percent of the federal poverty level, which would likely insure most, if not all, people in the City who are experiencing homelessness.

This will require:

- Further education and communication to relevant parties on how expansion of the Medicaid program relates to economic poverty and homelessness;
- Development of a business case on why and how this will assist the people of Baltimore, especially those experiencing economic poverty or homelessness.

CHAPTER FOUR

Chapter Four: BEYOND PLANNING – IMPLEMENTATION – LEADERSHIP

BEYOND PLANNING

This update to *The Journey Home* is a continuation of what our community started when we adopted the original ten-year plan to end homelessness. Our continued progress toward ending homelessness and our ability to reach our vision — in the year 2018 and beyond *“homelessness in the City of Baltimore will be rare and brief”* — is dependent on implementation of this plan.

Homelessness continues to be an epidemic in the City of Baltimore. To make homelessness rare and brief in our community, there is a lot of work to do. This work does not rest on the shoulders of any particular person or organization. Completing the work we have committed to will take a concerted effort of a range of parties. Service providers need to buy-in for the objectives and activities. Concerted efforts will be required across all orders of government. Leadership will be essential. Staff resources to the tasks at hand will require investment, coordination, and a steadfast focus on the objectives of the Plan. Results will not come about by accident, nor will they be possible only because something was written in the Plan. What is written must be done.

Taking action will not be easy, but it is essential. Tough choices will need to be made in how funding is currently allocated. Some service providers have done exceptional work, and likely will continue to provide strong performance in the sector. It is entirely possible that some very well-intentioned service providers that lack the same passion to end homelessness or do not subscribe to some of the promising or best practices promoted in this Plan update – and do not want to change their practices – will have funding reallocated to practices proven to work. This is the reality of profound system change, as uncomfortable as it may be. Through effective leadership these changes are possible. While many like to romanticize the metamorphosis of a caterpillar becoming a beautiful butterfly, the truth is that the experience is unpleasant for the caterpillar – it goes blind, its legs fall off, and its back rips open for the beautiful wings to emerge. Some of the changes required to move towards effective implementation may, in fact, be painful. This pain, however, is necessary for the new reality to become possible. Business as usual will not permit our community to reach our goal for 2018.

By taking the actions of revisiting the state of homelessness in the City of Baltimore and updating the ten-year plan, our community is taking a bold step forward. A goal behind this plan update is to put ending homelessness back on the list of top priorities in our City. With an estimated 4,094 people experiencing homelessness at any given time and approximately 14,106 people experiencing homelessness during a 12-month period in Baltimore, it is clear, work to end homelessness in our community needs to take on a sense of urgency. The economic, societal, and human costs are too great. We must move beyond current circumstances and beyond the planning phase. Executing the strategies and focusing on the priorities of this plan is essential. Below are recommendations for implementation of this ten-year plan.

THE LEADERSHIP TO MOVE THE PLAN FROM WORDS TO ACTION & IMPLEMENTATION TO SUCCESS

The Leadership Advisory Group (the LAG) has played an important role in starting to change the homeless delivery system in Baltimore and creating *The Journey Home*. For that the City owes the LAG a debt of gratitude. The commitment and passion of the LAG has been instrumental in taking the initial steps forward to end homelessness in Baltimore.

The time has come, however, for a new approach to ensure successful implementation of the Plan with strong accountability and an unwavering resolve to achieve the intended results. This will occur through three strategic changes:

1. The Continuum of Care Board of Directors shall assume leadership for organizing and managing the system of service delivery in accordance with all of the requirements of the *HEARTH Act*, and exercising due diligence in infusing promising and best practices from other jurisdictions.
2. An Executive Director will be put into place to provide day-to-day leadership to implementation and results. The Executive Director shall report to leadership in the Mayor's Office of Human Services and she/he shall work closely with the leadership in the Mayor's Office of Human Services' Homeless Services Program. The Executive Director shall also provide strategic advice and reporting to the Continuum of Care and other funders, as appropriate.
3. The LAG will be changed to the Community Advisory Group (CAG). The CAG shall be truly an advisory body, offering commentary to the Continuum of Care and the Executive Director three times per year.

These changes shall take effect immediately.

LEADERSHIP & ACCOUNTABILITY IMPLEMENTATION DETAILS

Within this new leadership structure, it is important to reduce any misunderstandings of who does what, why and how – and this section clarifies those roles and responsibilities. The intent of these changes is to ensure oversight and accountability, identify and enhance resources, build community support, report on tangible outcomes throughout the implementation phase, and update this plan as necessary in the future, thereby maintaining this plan as a living document.

- The Mayor and Deputy Mayors of the City of Baltimore will continue to make ending homelessness a priority. To focus system-wide efforts on ending homelessness, they will work with *The Journey Home* Executive Director to convene meetings at least two times annually with the Commissioners of key city agencies to ensure that there is a systems approach to ending homelessness. An important focus in these meetings will revolve around reviewing progress, and this progress review will be incorporated into the Citistat Program, with the various agencies being held accountable for outcomes. To be clear, agencies will be moving beyond the outputs of its programs and services to the outcomes of its programs. Being busy with volumes of people needing service will no longer be interpreted as being effective at ending homelessness with the people served.
- The Chair of the Continuum of Care Board of Directors, the Executive Director, and a dedicated senior representative from the Mayor's Office of Human Services shall meet each year during

the third quarter to agree on overall strategic direction of funding for the next funding year, prior to submission of HUD applications for funding. *The Journey Home* shall provide the strategic guidance on objectives to be reached. This agreement shall inform the priorities related to system changes and funding direction for the following year to be implemented by the Executive Director, and may influence which organizations are funded to deliver services in alignment with *The Journey Home* in any given year.

- The Executive Director, reporting into the Mayor's Office of Human Services, will be held accountable to the changes envisioned in this updated Plan. He/she must have the authority to activate the changes and direction outlined in the Plan without undue outside influence disrupting its progress and shall be supported by the Continuum of Care Board of Directors and the Homeless Service Program in having the authority and autonomy to influence performance changes. The Executive Director shall provide leadership in working across city agencies, and liaising between the Continuum of Care and the City. The performance of the Executive Director shall be evaluated on their progress of implementation, appreciating that conflict is a likely component of moving forward with the necessary changes if Baltimore is to be successful.
- The Executive Director of *The Journey Home* will report annually on outcomes, progress, establish benchmarks for future years, and make recommendations on amendments and revisions to the plan. This report shall be disseminated to all service providers, all funders known to be investing in ending homelessness in the community, and posted electronically on the Internet. Any amendments will be fact-based and aligned to the overall objectives of the plan on an implementation level rather than a strategic level, at least for the next five years. Within the purview of the Executive Director will be recommendations to reduce or end funding for some organizations with strategic investment in other organizations aligned with practices proven to solve homelessness. Undoubtedly, these recommendations will result in changes in service delivery that must be supported and embraced rather than disputed or questioned.
- The Executive Director of *The Journey Home*, with input from the Mayor's Office of Human Services and the Continuum of Care, and the advice of the Community Advisory Group will retain an outside, independent expert(s) to evaluate the Plan at two intervals. The first progress evaluation is to be completed by no later than the end of the second quarter 2015. The second report will be a full evaluation of *The Journey Home*, to be completed by no later than the end of the second quarter 2018, and may be integrated into an update to the Plan in 2018. It is envisioned that the updated Plan in 2018 will focused on the work remaining to be done rather than the work undone through this Plan update.
- The Continuum of Care Board of Directors is the entity responsible for ensuring system compliance with all requirements of the *HEARTH Act*. Decisions made by the Continuum of Care that change service delivery in Baltimore shall be in accord with *The Journey Home*.
- The CAG in its advisory role can provide guidance on policy, program design, program implementation, evaluation, interpretation of performance, system gaps, strategies to implement *The Journey Home*, intergovernmental cooperation, inter-agency cooperation,

community events related to homelessness, the Point in Time Count, community-based research related to homelessness, and communications related to the Plan and its results. The CAG has no decision-making or direct authority. The Continuum of Care Board of Directors and Executive Director shall give careful consideration to advice provided by the CAG during the three meetings per year, but is not required to take action on any of the advice provided. This shall be outlined in greater detail in a new Terms of Reference to be created by the Executive Director for the CAG.

- The current LAG will be completely disbanded. Under the new Terms of Reference, the Group will be reconstituted as the Community Advisory Group (CAG).
- No member of the Continuum of Care Board of Directors can also be the Executive Director or a member of the CAG. Also, the Executive Director cannot be a member of the CAG. The CAG membership makeup will consist of a mix of representatives from the Civic Leadership Council, Elected Officials, City and State representatives, Homeless Services Board of Directors, the United Way, and representatives from the philanthropic, business, faith, provider communities.
- The work currently being coordinated by the Homeless Services Program to understand and meet the needs for a system-wide coordinated assessment and intake process will be incorporated with the priorities set forth in this plan. This ensures strategic alignment between Plan and implementation. While this may have implications in the short-term of work considered, it will have long-term benefits over the next five years and beyond.

APPENDIX ONE

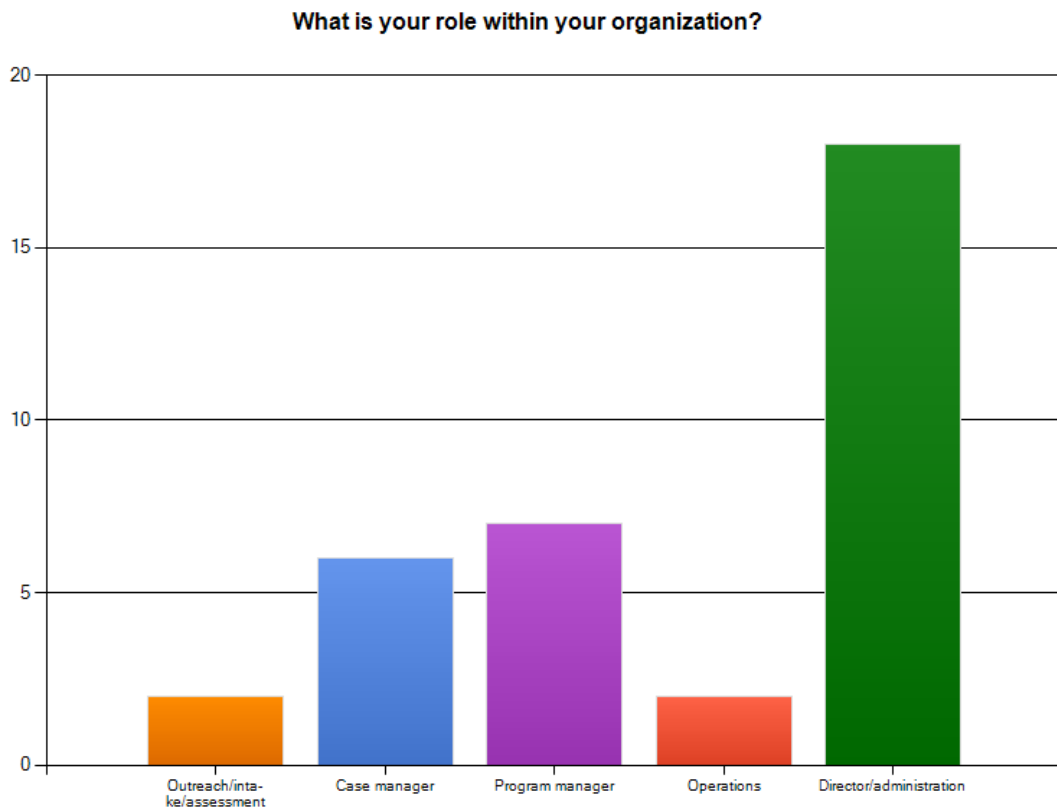
Appendix One: PROVIDER SURVEY – COMMUNITY ROUNDTABLES – BREAKTHROUGH THINKING SESSIONS – KEY INFORMANT MEETINGS

PROVIDER SURVEY

In total, 47 individuals participated in the survey, although several respondents skipped questions; throughout this document, the total number of responses is indicated for each question.

33 participants described the size of their organizations. The responses indicate that they typically work for organizations with five or fewer full-time equivalent staff (33%, N=11), or organizations with 5-10 FTE staff (24%, N=8). Four organizations have between 10 and 20 staff, and 7 have more than 20 FTE staff.

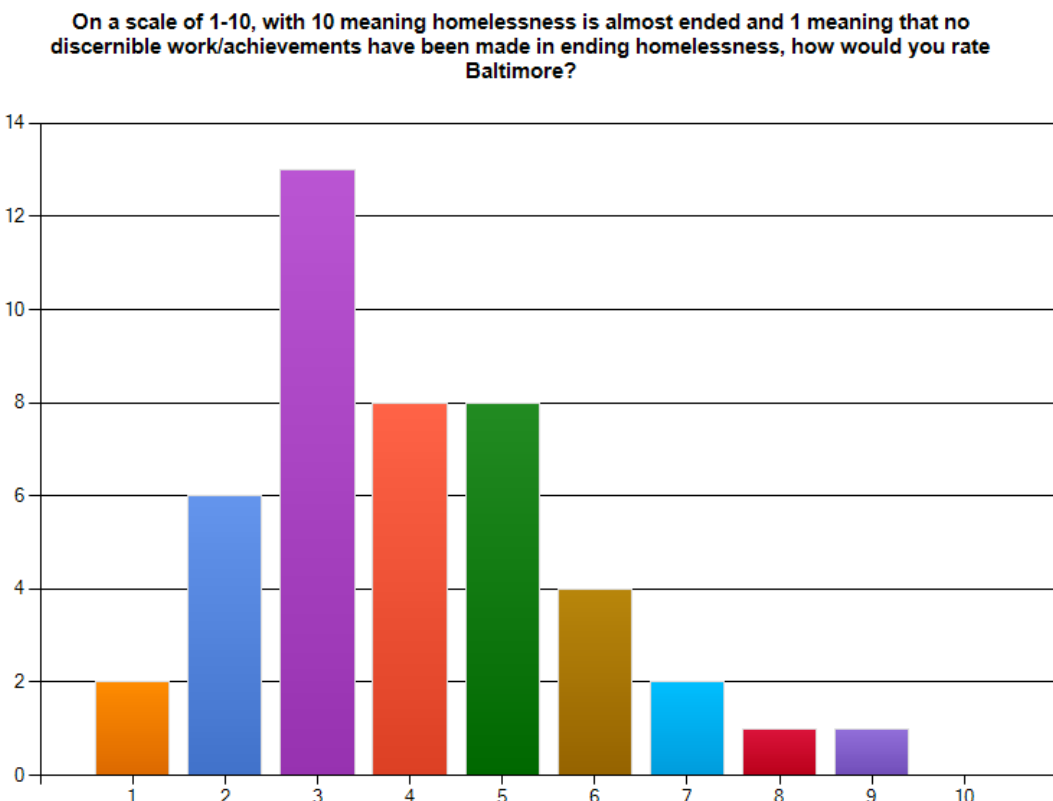
The majority of the 35 participants who described their role within their organization selected “Director/Administration” (51.4%, N=18) or “Program Manager” (20%, N=7). Four participants listed other roles within their organizations, including health care professional, receptionist, attorney, and grant administrator.



I. The Key Achievements of “Journey Home”

39 survey participants identified key achievements that have emerged from Baltimore’s “Journey Home” plan to end homelessness. One of the most important accomplishments, cited in just over one third of the responses (35.9%, N=14), has been the shift to a Housing First approach and the securing of vouchers to help people, including those who have been chronically homeless, to access housing. Several of these participants also cited an increase in the number of people who have been able to access housing as a result, improved prevention efforts, and the rapid re-housing program. Another achievement, identified by 20.5 percent of the respondents (N=8), is the creation of a year-round emergency shelter; 3 of these participants also focused on the fact that it also serves as a housing resource centre. Increased collaboration between different agencies and service providers, at least in part due to the creation of a Continuum of Care for Baltimore, was also identified (10%, N=4), in addition to the increase in other support services such as case management and health care (15.4%, N=6). Other accomplishments include the implementation of a Point in Time Count and the creation of a centralized intake system.

However, despite these important achievements, the survey responses indicate that many service providers feel there is still a great deal of work to be done. Asked to rate Baltimore’s progress toward ending homelessness on a scale of 1 to 10, where 1 indicates that no discernible progress has been made and 10 indicates that homelessness is almost ended, the average response was 4. 3 was the most frequent response (N=13, 28.9%), and more than 80 percent of the 45 participants rated Baltimore’s progress at 5 or lower on a scale of 1 to 10.

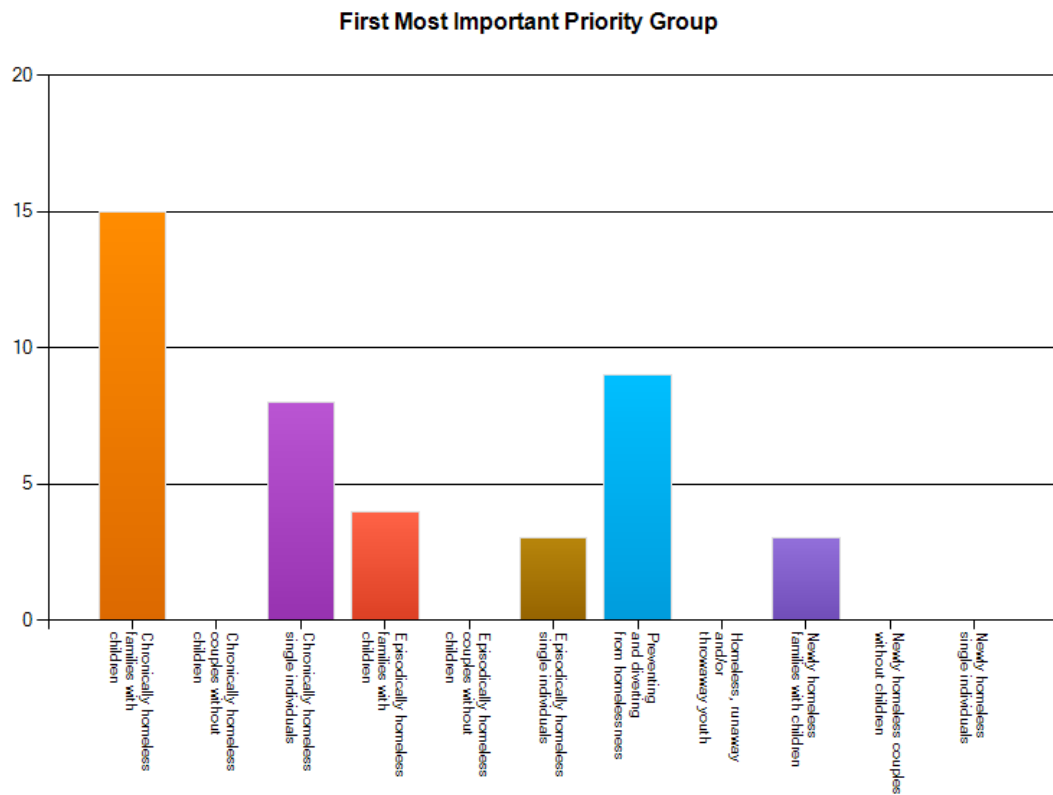


II. Identifying Future Priorities

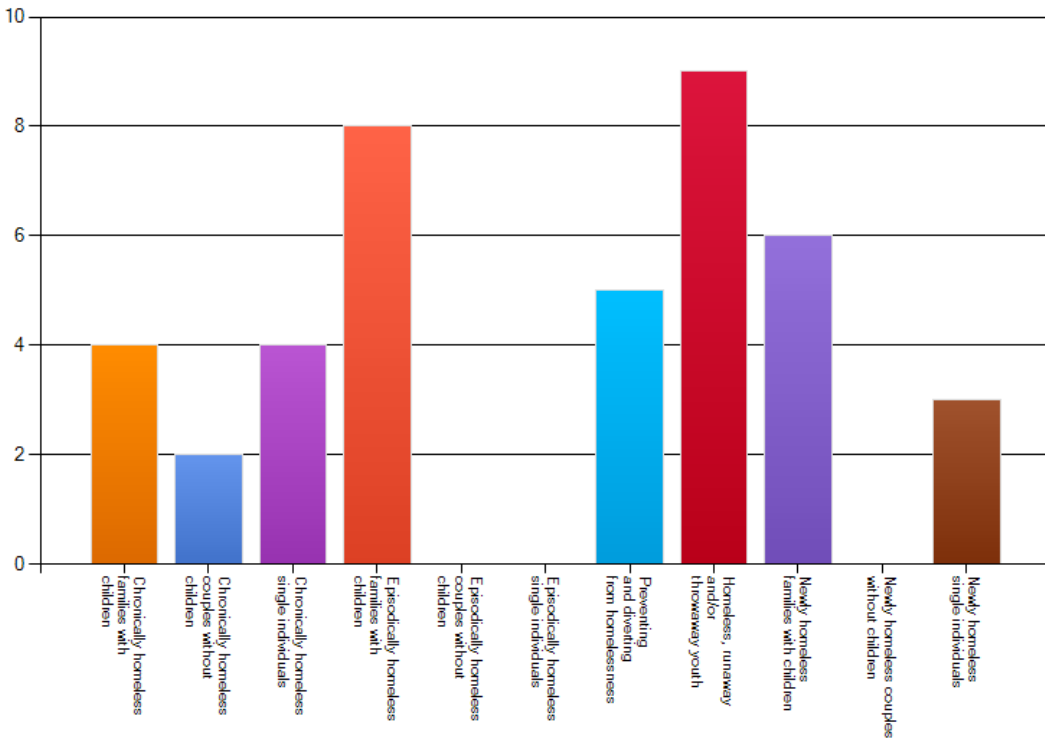
The survey participants were asked to identify the first, second, and third most important priorities for ending homelessness in Baltimore. 42 respondents identified a first and second priority, while 41 identified a third priority. In general, the participants demonstrated stronger consensus in their choices for the top priority, while there was much more variance in their responses for the second and third most important priorities. Certain groups also were much less likely to be identified as priorities; no participants identified newly homeless individuals without children as a priority group, and chronically homeless couples without children were only identified as a third important priority by 2 participants. Episodically homeless single individuals and couples without children were also generally not identified as priority groups.

Just over one third of the participants identified chronically homeless families with children as the top priority group to work with to end homelessness in Baltimore (35.7%, N=15), followed by efforts to prevent and divert individuals from homelessness (21.4%, N=9) and chronically homeless single individuals (19%, N=8). The most frequently identified group for the second top priority group was chronically homeless single individuals (23.8%, N=10), followed by newly homeless families with children (16.7%, N=7) and chronically homeless families with children (16.7%, N=7). Finally, the third priority group was homeless, runaway, and/or 'throwaway' youth (22%, N=9), followed by episodically homeless families with children (19.5%, N=8) and newly homeless families with children (14.6%, N=6). Other groups who were identified include people with co-occurring mental and/or physical illness and addiction issues, chronically homeless single individuals, and homeless veterans. Two participants made comments that reflect a belief that homelessness cannot be ended by targeting

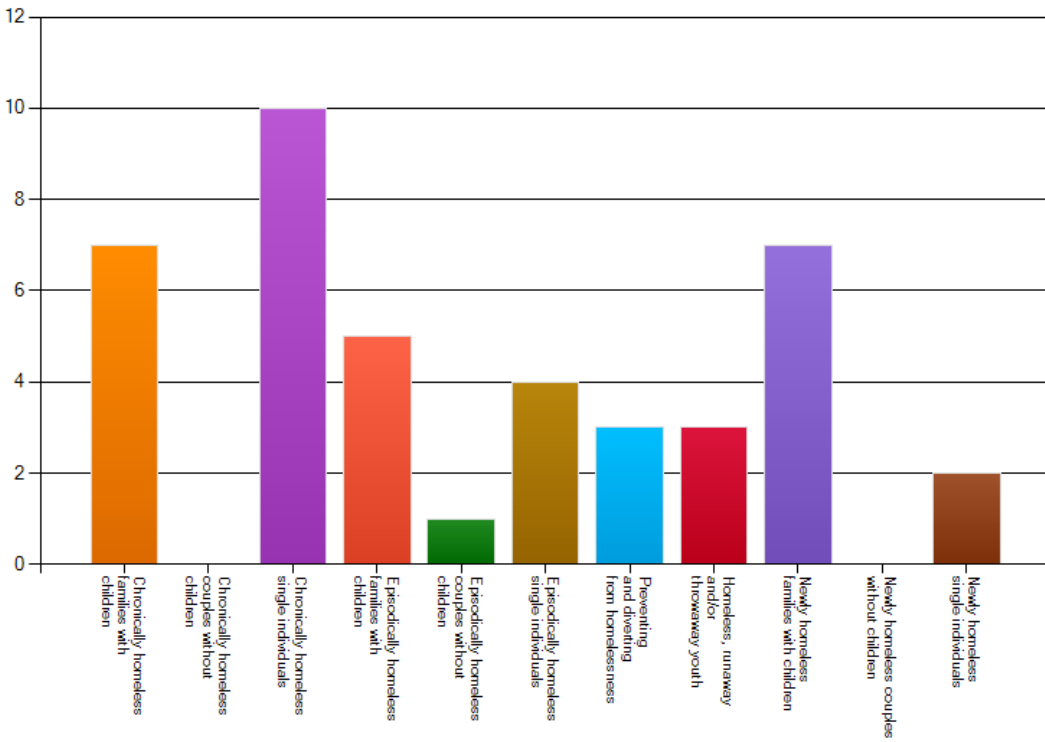
sub-populations.



Third Most Important Priority Group



Second Most Important Priority Group

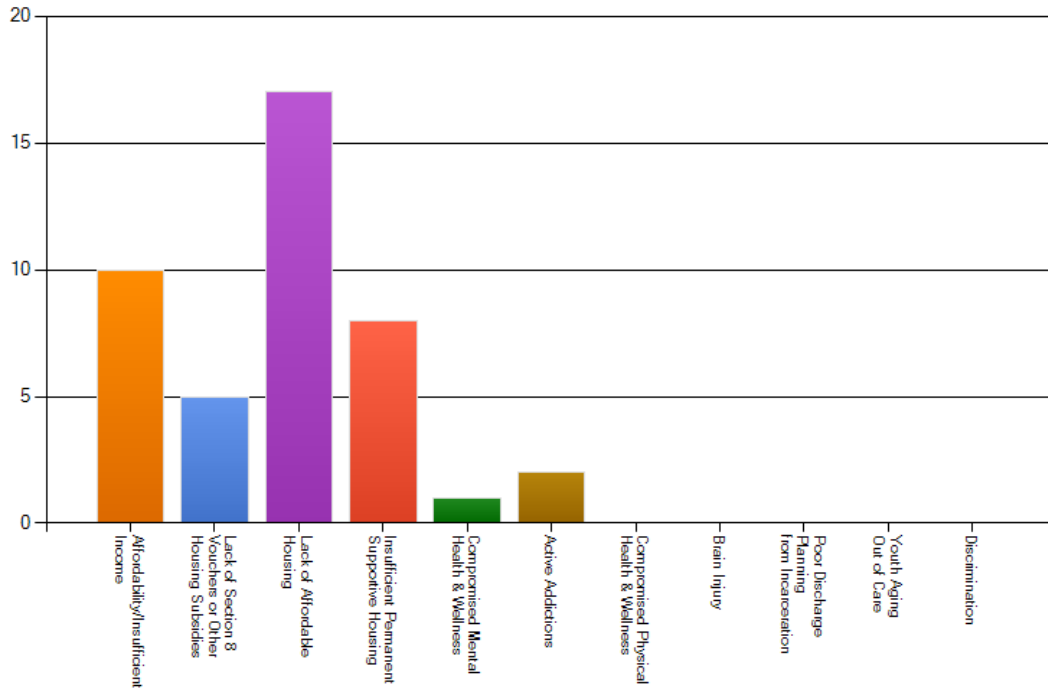


III. Significant Barriers

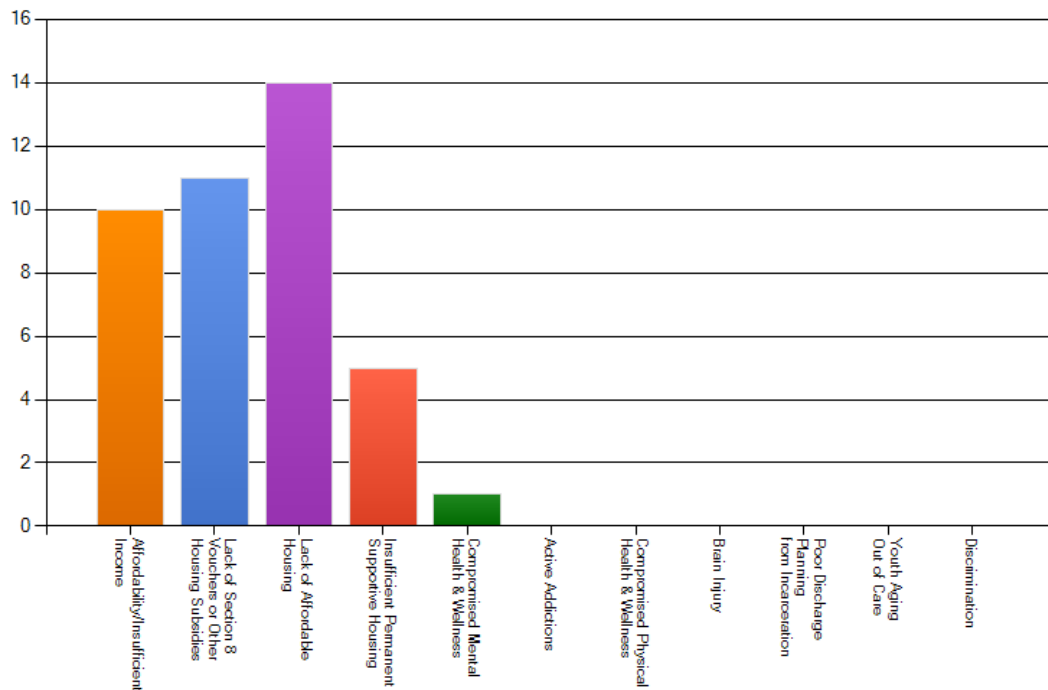
Participants were also asked to identify the first, second and third most significant barriers that affect their work in providing housing and housing supports. 43 participants indicated a top barrier, 41 participants identified a second most significant barrier, and 42 selected a third barrier. Overall, the responses suggest that the major barriers to helping people to access housing are systemic problems with the supports that are available, rather than the personal challenges that affect homeless individuals who are seeking to access those supports. This finding is also reflected in the participants' choices for the second and third most significant barriers. The responses for the third most significant barrier suggest that there was a somewhat stronger sense that such issues as compromised mental health and wellness (14.3%, N=6) and active addictions (9.5%, N=4) were barriers, but the majority of responses still focus on systemic issues. Discrimination, youth ageing out of care, and brain injury were not seen as barriers by any participants, and only a single participants identified poor discharge planning as a barrier.

A lack of affordable housing was identified as the top barrier to effectively helping homeless people in Baltimore to access and maintain housing by 39.5% of 43 respondents (N=17). Insufficient income (23.3%, N=10) and insufficient permanent supportive housing (18.6%, N=8) were also frequently identified as significant barriers. In contrast, such issues such as active addictions, compromised mental and physical health, and discrimination were not seen as major barriers to helping people to access housing. The lack of affordable housing was also identified as the second most significant barrier by the survey participants (34.1%, N=14), followed by a lack of section 8 vouchers or other housing subsidies (26.8%, N=11) and insufficient income ((24.4%, N=10). Only 1 respondent identified an issue that would be specific to individuals seeking housing assistance (compromised mental health and wellness) as a second barrier. The lack of section 8 vouchers (21.4%, N=9) was also identified as the third most important barrier, followed by insufficient permanent supportive housing (19%, N=8) and insufficient income (16.7%, N=7).

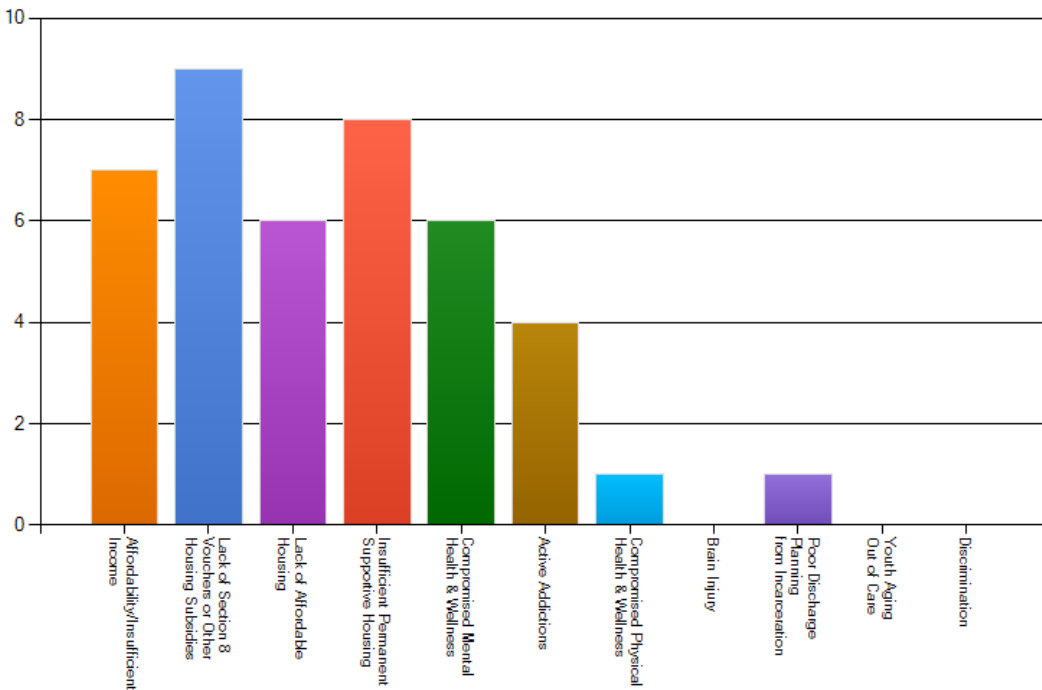
From what you have experienced, observed, and/or read about in the City, in your opinion which of these is the TOP BARRIER to effectively helping homeless people in the city access and maintain housing:



From what you have experienced, observed, and/or read about in the City, in your opinion which of these is the SECOND BIGGEST BARRIER to effectively helping homeless people in the city access and maintain housing:



From what you have experienced, observed, and/or read about in the City, in your opinion which of these is the THIRD BIGGEST BARRIER to effectively helping homeless people in the city access and maintain housing:



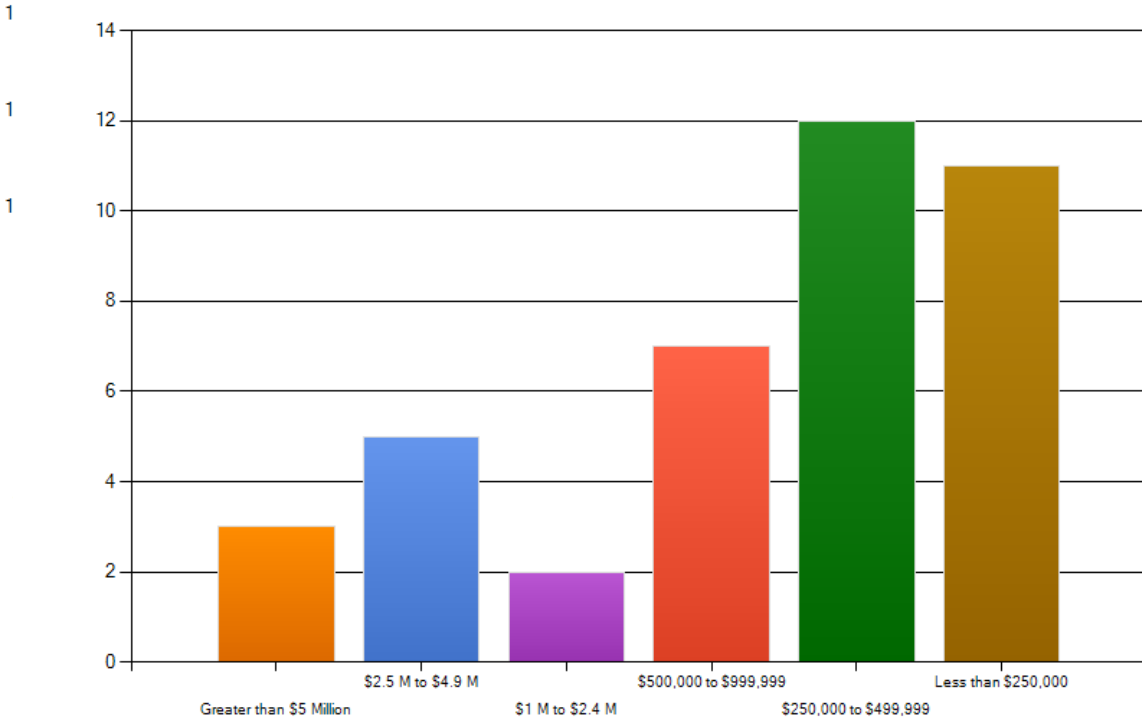
IV. Evaluation of Leadership and Management

Overall, there was a strong consensus among 43 participants that there is enough emphasis within individual organizations on the achievement of performance targets and outcomes among the populations receiving services, with nearly 90% of the respondents (88.4%, N=38) answering yes, compared to 11.6% who responded ‘no’ (N=5). Participants (N=41) also typically felt that other organizations doing similar work are also similarly focused on performance targets and outcomes (68.3%, N=28), although just under one quarter felt that that focus is less intense in other organizations (24.4%, N=10). A small minority (7.3%, N=3) felt that the focus on performance targets in other organizations was stronger than in their own organizations.

The participants (N=42) appear to be somewhat divided on the question of whether there has been strong, visible leadership on ending homelessness in the city. 31% of the participants (N=13) reported that they were unsure if there has been any leadership on the issue, while 35.7% (N=15) felt that the leadership was behind the scenes, but taking place. Just over 20% of the participants (21.4%, N=9) described the leadership on the issue as strong and identifiable.

Participants were asked to rate how essential leadership will be to ending homelessness in Baltimore on a scale of 1 to 10, where 1 is not at all essential and 10 is absolutely essential. More than three quarters of the 44 respondents felt that leadership was extremely important, with 35 rating it 8, 9 or 10. On average, respondents rated the importance of leadership at 8.2.

Which of the following best describes the amount of funding that the organization you work for receives in federal, state and/or local funding combined for the delivery of homeless services and housing services for persons that experienced homelessness?

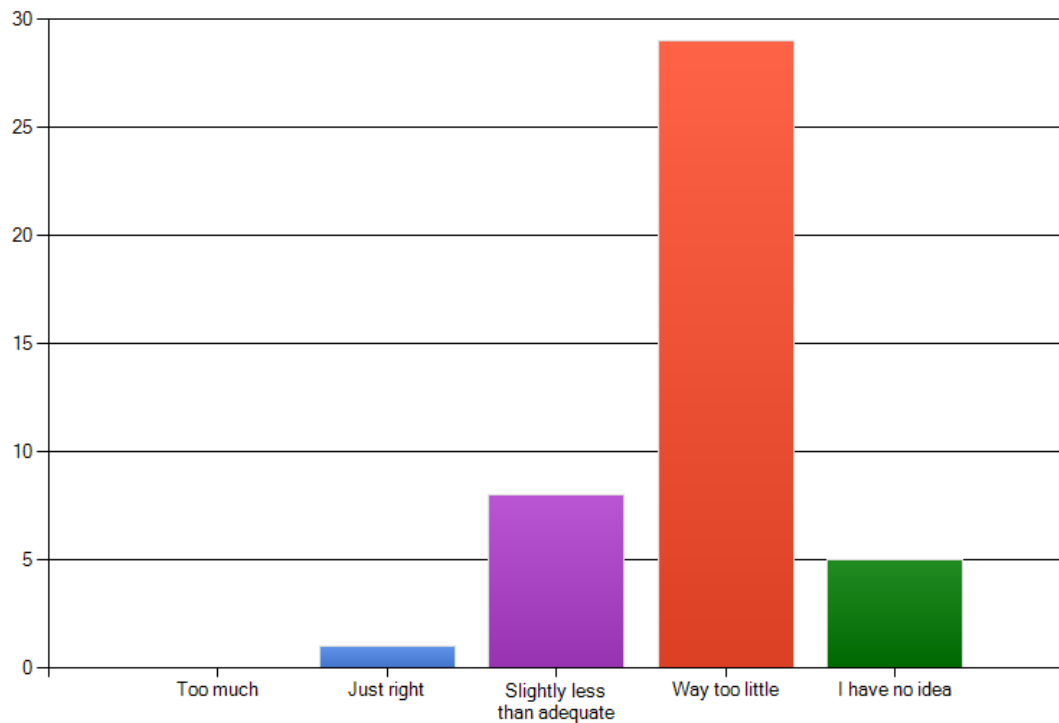


V. Funding

40 respondents reported an annual budget range for their organizations. The majority of those responses indicated that their organizations have annual budgets of either \$250,000-\$499,000 (30%, N=12) or below \$250,000 (27.5%, N=11). One quarter have annual budgets that are above \$1 Million.

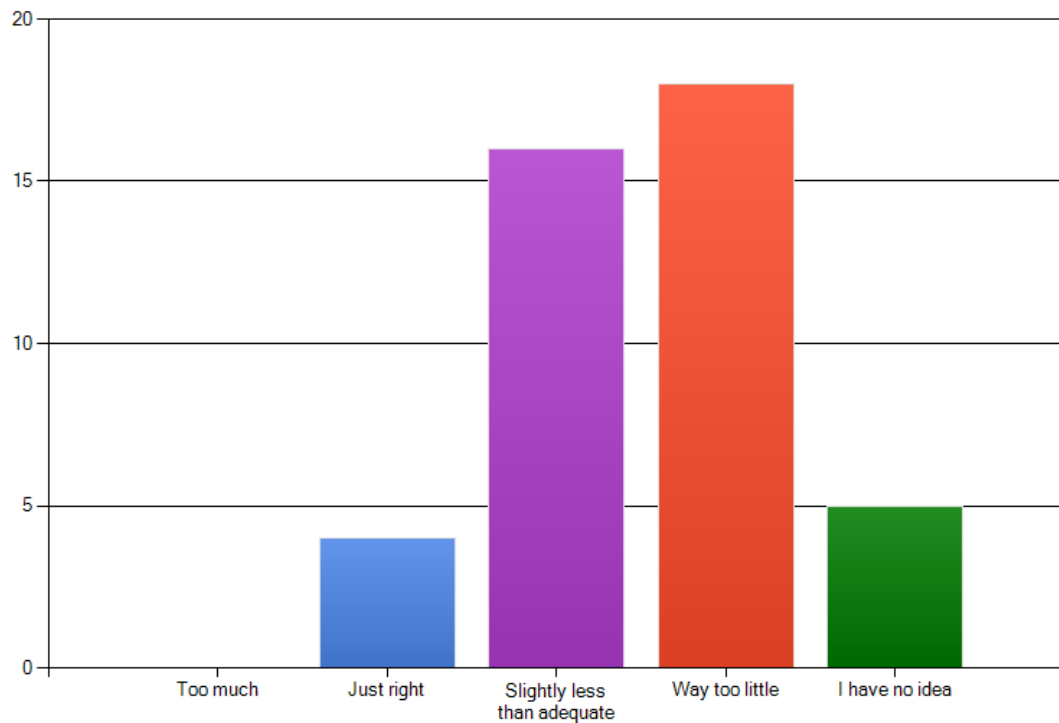
The majority of the participants (N=43) responded that the total amount of funding from all sources that is invested annually in Baltimore to end homelessness is way too little to accomplish the goal of ending homelessness (67.4%, N=29). Only 1 participant felt that the amount is just right, and none felt that it was too much. However, just over 10% of the respondents reported that they had no idea what the right amount of funding is (11.6%, N=5).

When considering all of the funding that is invested in Baltimore on a yearly basis to end homelessness (government, foundation funds and private donors), would you say that it is:



The responses do show that while many participants felt that too little funding is invested in their organization to end homelessness, they were much more likely to indicate that it is only slightly less than adequate than they were when considering funding for ending homelessness in the entire city. While most of the 43 responses suggest that the total amount of money that was being invested in their organizations on an annual basis to end homelessness was either way too little (41.9%, N=18), more than one third felt that it is only slightly less than adequate (37.2%, N=16). In addition, nearly 10 percent thought the funding was just right, compared to 2.3% who felt that funding in the city as a whole is at the right level.

When considering all of the funding that is invested in your organization on a yearly basis to end homelessness (government, foundation funds and private donors), would you say that it is:



The respondents’ organizations show considerable variation in the size of their client bases, although the majority of the 33 participants (N=20) indicated that their organizations work with 500 clients or fewer; of these organizations, 7 work with fewer than 100 clients, while 4 work with more than 400. 4 participants indicated that their organizations work with between 500 and 1000 clients, with 600 being the most common response. 6 participants reported that their organizations work with more than 1000 clients; 1 of these participants reported that their organization works with 10000 clients. 3 participants did not provide clear responses.

VI. Values and Attitudes

The participants (N=42) were somewhat divided on whether the funding through the Continuum of Care is aligned toward the goal of ending homelessness. While the largest number of respondents agreed that this funding is aligned with the goal of ending homelessness (42.9%, N=18), nearly one quarter (23.8%, N=10) felt that the funding is not aligned and one third (33.3%, N=14) responded that they did not know.

19. (42 respondents) Nearly half of the respondents (47.6%, N=20) felt that access to housing should not be considered a reward for success in programs, while just over one third (38.1%, N=16) felt that access to housing should be considered a reward for such success. 6 respondents (14.3%) stated that they did not know.

20. (42 respondents) There is some agreement that Baltimore is not currently seizing all of the resources that are available federally, in the state, and locally to work toward ending homelessness (59.5%, N=25),

although one third of the respondents (33.3%, N=14) also indicated that they did not know. Only 3 (7.1%) felt that the city is taking advantage of all the available resources.

21. (40 respondents) Participants showed a fairly even split on the question of whether individuals/heads of households should be required to demonstrate sobriety before they are provided with access to housing; 52.5% of the respondents (21) felt that this should not be necessary, while 42.5% (N=17) felt that a demonstration of sobriety should be required.

22. (41 respondents) The responses to the question of whether individuals/heads of households should be required to demonstrate that they have the necessary life skills to maintain their housing before receiving access to housing showed a very similar split, with just over one half (53.7%, N=22) responding 'no', and 43.9% (N=18) responding 'yes'.

23. (41 respondents) While just under 60 per cent of the respondents (58.5%, N=24) felt that ex-offenders should have equal access to housing regardless of the offence that they committed, approximately one quarter (26.8%, N=11) responded 'no', and more than 10 percent (14.6%, N=6) were unsure.

24. (40 respondents) Just over one half of the respondents (52.5%, N=21) indicated that individuals/heads of household should not be required to be compliant with medication or psychiatric treatment before they are provided with access to housing; 40 % (N=16) reported that such compliance should be required.

25. (42 respondents) There is very strong agreement (88.1%, N=37) that there are not enough services in the community that can provide housing supports by visiting people in their homes; only 3 respondents (7.1%) felt that the available supports are adequate, and 2 (4.8%) indicated that they were unsure.

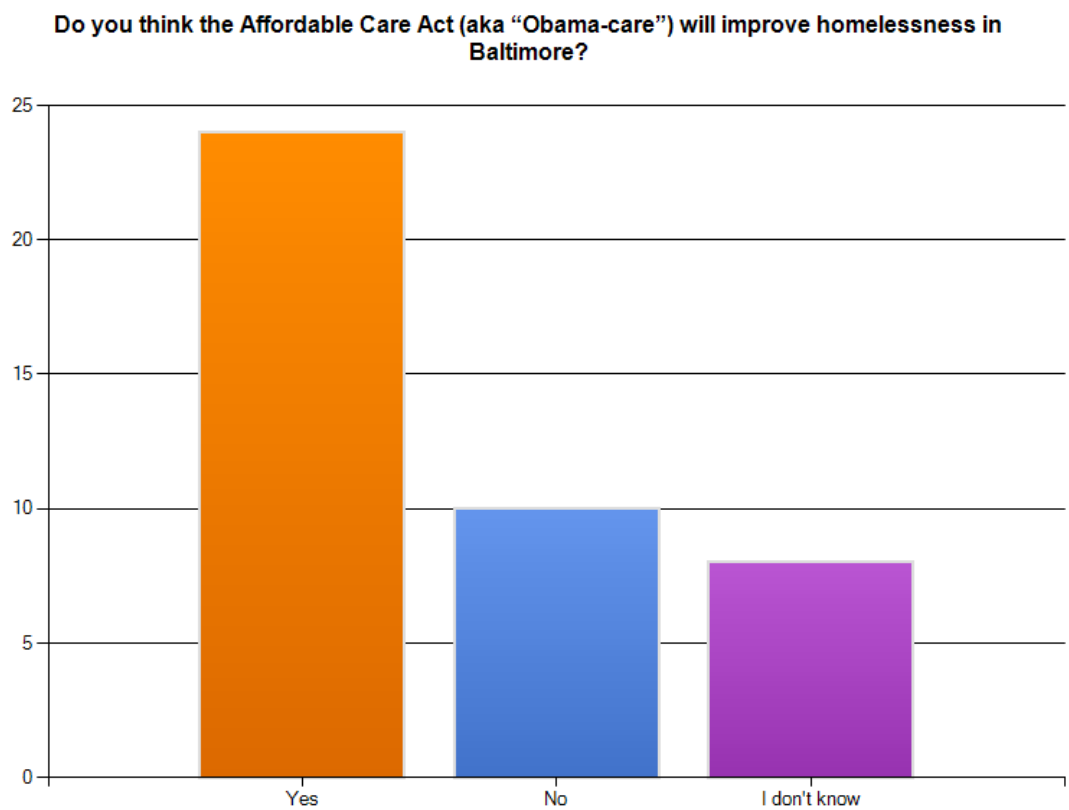
VII. Service Coordination and Collaboration

There is strong agreement among the participants (N=42) that from the perspective of homeless individuals/families, service coordination across the community is not good (71.4%, N=30). Only 6 respondents (14.3%) felt that service coordination in Baltimore is currently good, and an additional 6 (14.3%) were not sure. Just over three quarters of the participants felt that the way a person or family's needs are evaluated in one location would not be the same as the way they are evaluated in another (76.2%, N=32); only 4 respondents (9.5%) felt that service users' needs are evaluated in a consistent way by different service providers. 6 respondents (14.3%) were unsure.

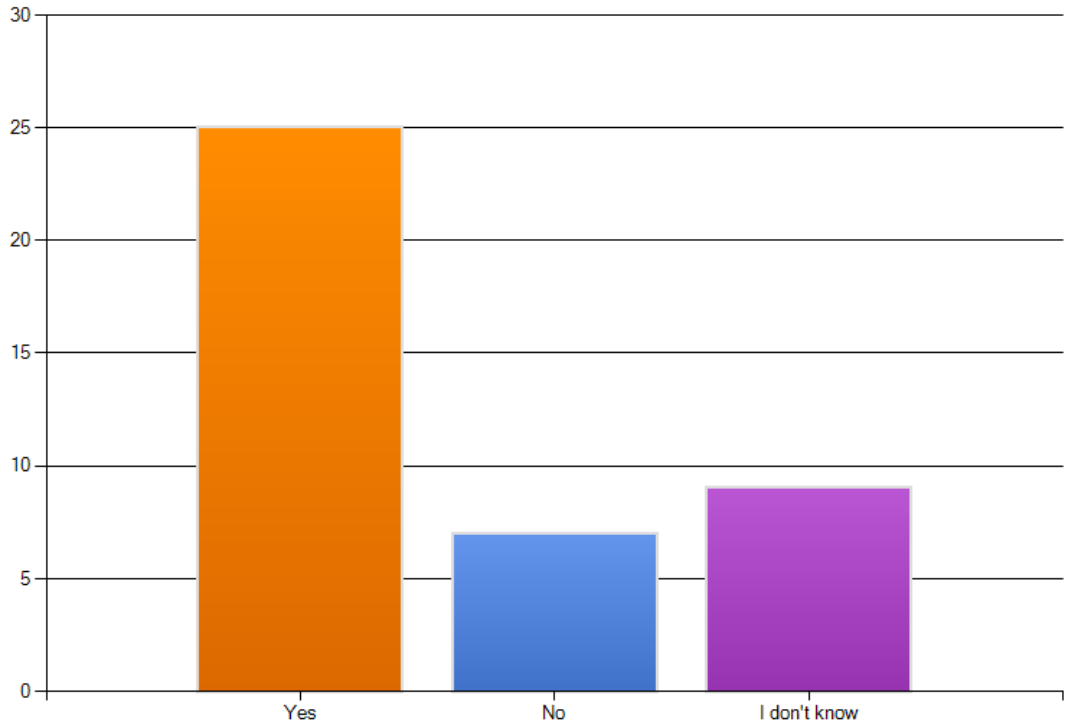
VIII. Expected Effects from New Policy and Legislative Developments

The majority of the survey participants believe that the Affordable Care Act and joint efforts to help end homelessness among veterans by the Department of Veteran's Affairs and HUD will have positive impacts on homelessness in Baltimore (42 respondents, 57.1%, N=24 and 41 respondents, 61%, N=25, respectively). However, many participants also indicated that they were either unsure about the eventual effects or did not believe that they will be helpful. There also appears to be considerable uncertainty about how the HEARTH Act will affect performance of homeless programs in Baltimore, with 42.9% of the 42 respondents (N=18) indicating that they do not know if the changes made in

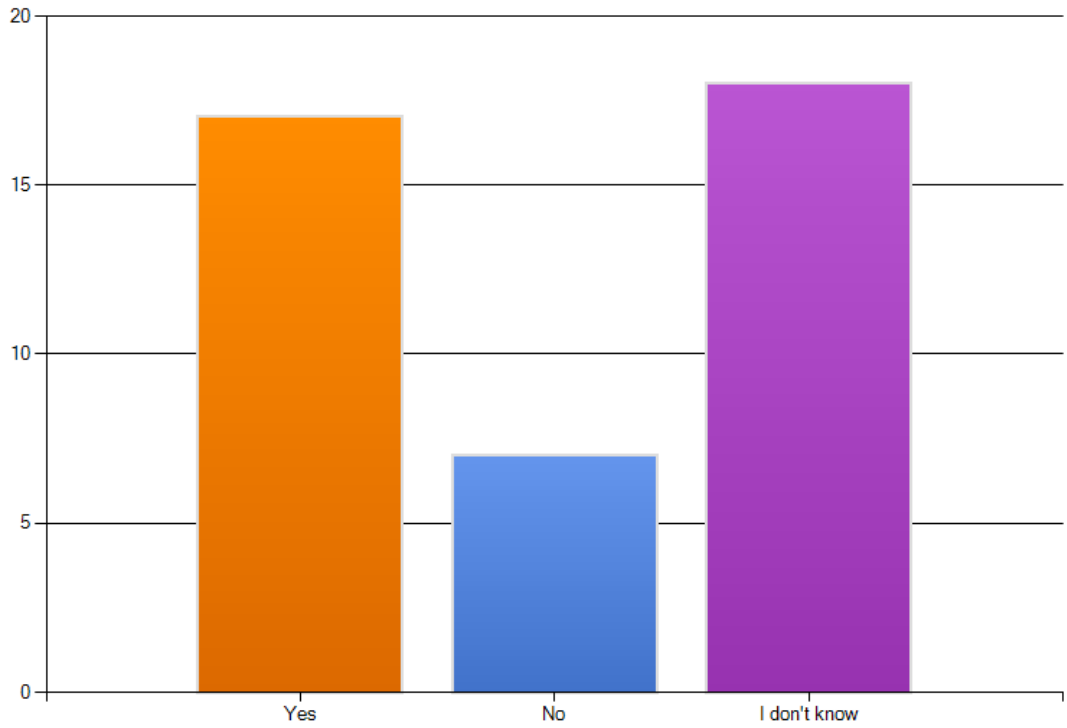
accordance with the HEARTH Act will lead to improvements. However, 40.5% (N=17) feel that the HEARTH Act will result in better performance of homeless serving programs; only 7 respondents (16.7%) feel that it will not lead to improvements.



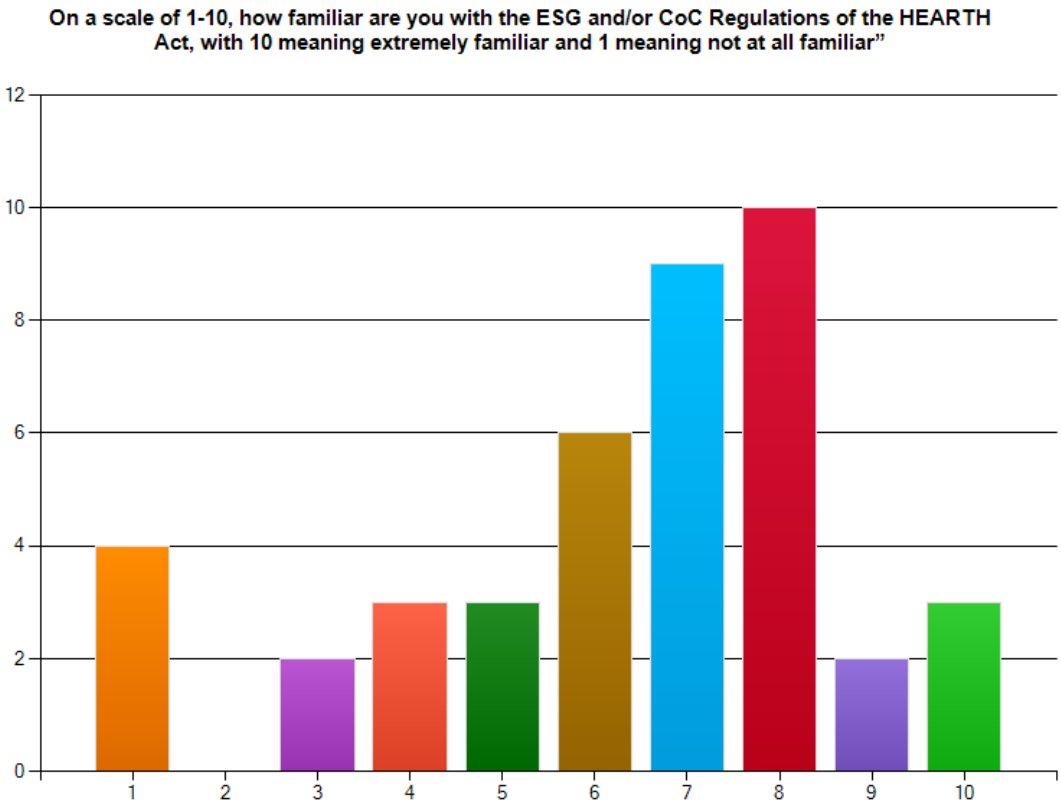
Do you think the efforts of the Departments of Veteran's Affairs and HUD to end homelessness amongst veterans will improve homelessness in Baltimore?



Do you think the HEARTH Act will result in Baltimore better performing as a system of homeless programs rather than a more "siloed" approach to service delivery?



On a scale of 1 to 10, where 1 is not at all familiar and 10 is extremely familiar, the majority of respondents (N=42) rated themselves as fairly familiar with the ESG and/or CoC regulations of the HEARTH Act, with most choosing a rating of 8 (23.8%, N=10) or 7 (21.4%, N=9).



IX. Moving Forward

Twenty-two participants offered suggestions about critical points to consider as Baltimore moves forward with updating the 10 Year Plan to End Homelessness. Several themes emerged from these suggestions. Many of the suggestions reflect importance of collaboration and coordination between service providers; 9 respondents suggested that this is an area that must be strengthened in the updated plan. These respondents made comments such as “Baltimore is a community that does not work together. We need a system that assists/teaches organizations how to work together.” Other comments emphasized that there is a “need to implement effective coordinated intake system” and a database to help search for appropriate services for clients. In addition, opportunities for collaboration should be built into the updated Plan. Improved communication and reporting, particularly between the CoC and individual service providers, in order to strengthen collaboration, increase transparency, and ensure that all providers are working in alignment with the Plan, was a related theme identified by 3 participants (13.6%). In addition to improvements to collaboration and communication, 6 of the survey participants felt that working to increase the availability of affordable housing through the creation of additional units, through either new construction or through renovation of existing

buildings, and vouchers will be key as the city moves forward. More support services are also necessary in order to help people stay housed (13.6%, N=3).

COMMUNITY ROUNDTABLES

OrgCode Consulting is working with the City of Baltimore to update *The Journey Home*, the community's ten year plan to end homelessness. As part of this process, OrgCode staff facilitated three community roundtable meetings on November 13 (two meetings) and November 15 (one meeting), hosted by the Homeless Services Program in the Mayor's Office of Human Services.

Community roundtable meetings are intended to be an interactive forum where questions are discussed and ideas are exchanged. The purpose of these community roundtable meetings is to collect feedback from key stakeholders with the end goal being for the groups to identify the key issues that effect homelessness in Baltimore.

I. Meetings Description

For the community roundtable meetings OrgCode staff provided participants with a series of questions that focused on discussing past successes and present and future issues related to homelessness in Baltimore and *The Journey Home*. At the end each meeting, OrgCode staff along with the participants identified three to five issues that there was general agreement were the key issues where Baltimore should focus on to improve conditions related to homelessness in the city and improve *The Journey Home*.

II. Results

The meetings were attended by a total of 24 stakeholders, with public, private, and nonprofit sectors each being represented, including representation from individuals who are case managers, outreach staff, program managers and directors, advocates, legal experts, persons with lived experience, funders, and Leadership Advisory Group members. The meetings included many perspectives and uncovered a range of issues that effect Baltimore homelessness. In the end of these meetings, participants narrowed the wide-ranging issues down to those which are key. Eleven of these issues are described below:

- There is a need to have a designated leader that carries out the plan's implementation, and this leader must communicate implementation updates clearly.
- There needs to be a work plan for the plan's goals with clearly identified timetables. The implementing body needs to communicate related updates with community stakeholders.
- Alliances throughout the community are needed. It would be useful to encourage this in the plan. Perhaps the city could host an annual citywide summit, like the recent Project Homeless Connect, to better coordinate work being done on homelessness. Suggestions included discussions on ways to better coordinate HUD and other federal funding, as well as ways to improve the approach to having a coordinated system.
- The plan needs to be clear on the delineation of authorities and responsibilities of all stakeholders.
- The plan needs to be a living document and there needs to be a mechanism for updating the plan when environmental, political, legislative, or other changes demand it.

- The plan needs to focus on affordable housing, but it was discussed that there needs to be a holistic perspective embedded in that discussion which accounts for the supportive services (and staffing for these services) that are equally important and needed.
- There need to be clear benchmarks/indicators that are realistic and progress against these benchmarks needs to be measured. Where it makes sense, benchmarks should be based on unduplicated counts of the population
- The plan needs to discuss the need for resources. There is especially a great need for programs to be provided the necessary resources (for example, especially for staffing).
- For the plan to be successful, there needs to be buy-in from housing folks; this buy-in needs to include agreed upon housing targets and strategies for reaching these targets.
- The strategies that are used should be based on encouraging/incentivizing programs that are working well. There should also be strategies for bringing resources to the table and for getting stakeholders from all sectors to the table.
- There needs to be communication during plan implementation and the document should be made accessible throughout the community using new communication venues and venues that already exist and can be improved upon (such as *The Journey Home's* website).

BREAKTHROUGH THINKING SESSIONS

OrgCode Consulting is working with the City of Baltimore to update *The Journey Home*, the community's ten year plan to end homelessness. As part of this process, OrgCode staff facilitated two "Breakthrough Thinking" sessions on November 29 and November 30, hosted by the Homeless Services Program in the Mayor's Office of Human Services.

Breakthrough Thinking sessions intend to create a forum for meaningful discussion, an interactive stakeholder dialogue where participants can leverage their local knowledge and expertise to identify action-oriented solutions that will help to move Baltimore forward in its pursuit of ending homelessness. The end goal of these sessions is to have participants collectively prioritize the sequence of actions and investment of resources, ensuring that all have a direct say in the action plans so implementation occurs with mutual accountability.

I. Sessions Description

For the Breakthrough Thinking sessions OrgCode staff presented a series of issues that effect homelessness in Baltimore (both environmental changes, such as legislative changes since *The Journey Home* was first adopted, and local issues that were identified during previous meetings, roundtable discussions, and research). Next, individual participants identified three to five issues that they believed should be priorities, along with possible solutions. Participants then formed in several small groups to discuss the issues and to come to a consensus agreement on three to five issues that the small groups considered were of primary importance and what level of payoff each issue would have. Each small group then presented their lists to the full group, which collectively voted on all of the issues presented (for the voting process, overlapping ideas were grouped – for example, if two small groups described a lack of affordable housing, affordable housing was grouped so it was only voted on once). This group voting process provided a sense about what issues the full group agreed were the top priorities (i.e. those issues that garnered the most votes).

II. Results

Sessions were attended by a total of 21 stakeholders, with public, private, and nonprofit sectors each being represented, including representation from individuals who are case managers, outreach staff, program managers and directors, advocates, legal experts, persons with lived experience, funders, and Leadership Advisory Group members.

The meetings included many perspectives and uncovered a range of issues that effect Baltimore homelessness. In the end of these sessions, participants narrowed the wide-ranging issues down to 14 (6 in one session, 8 in the other). The 14 issues are described below, including lists of suggested possible solutions, along with their respective prioritization rank.

- *Issue:* There is a lack of affordable housing. *Solutions:* Set aside portion of vacant units for use by homeless clients; utilize skills of people experiencing homelessness to rehabilitate existing vacant properties (e.g., through sweat equity programs). Utilize bank funding and leverage funds from the Housing Authority of Baltimore City (HABC) and other HUD sources for development. Coordinate more with HABC and local developers. Create a comprehensive affordable housing strategy. *Ranked* 1 and 2.
- *Issue:* The Mayor/administration should adopt the plan as a top priority with a single person coordinating implementation. *Solutions:* Establish goals and accountability measures. Provide resource allocations commensurate with a top priority. Assure agency responsiveness and that there's cross-agency strategies and cooperation through the individual who has the responsibility and authority to facilitate and coordinate these actions. *Ranked:* 1.
- *Issue:* There is a need to change the leadership and governance structures. *Solutions:* There should be one leader, guided by a new board. The Housing Department should participate actively in the CoC and plan work, not only as funder but also as a partner for advocacy and regulatory purposes. Leadership should regularly review the goals and progress on those goals. Gaps in service need to be addressed by providers and providers should be held accountable. *Ranked* 2 and 3.
- *Issue:* The revised plan needs community buy-in. *Solutions:* Have a media campaign with local professional athletes focused on issue. Re-launch plan with a famous singer/song associated with new plan. *Ranked* 3.
- *Issue:* There needs to be funding for supportive services. *Solutions:* Create a bank for homeless services purposes funded by private and corporate foundations money and incorporate bank into accountability/governance structure for CoC and plan. Get providers at the table with a governance role. *Ranked:* 4.
- *Issue:* Create more permanent supportive housing (PSH). *Solutions:* Create two to three distinct projects, including developments for families, single adults, youth, and older adults. Leverage support from interested developers, foundations, and Medicaid services. *Ranked:* 4.
- *Issue:* There is a lack of housing and services for youth and every other population. *Solutions:* Provide a legal "right to housing" for youth through state legislation and a "right to housing" for all. *Ranked:* 5.
- *Issue:* There is a need to provide resources for youth, families, and shelter services, especially shelter services for special populations. *Solutions:* Provide job training for youth. Provide legal assistance to youth to expunge criminal background issues. Provide

specialized supports for sexual minority youth. Provide increased access to affordable day care for families. Provide youth and families with safe, emergency shelter. *Ranked: 5.*

- *Issue:* The plan needs to have benchmarks. *Solutions:* During the revision, ensure that there are benchmarks that are measureable and that there is a heightened level of accountability. *Ranked: 6.*
- *Issue:* There is a need to provide additional resources for prevention services. *Solutions:* Provide mobile counseling. Provide help with obtaining documents/identifications, transportation, access to benefits, and employment. *Ranked: 6*
- *Issue:* Improve data management. *Solutions:* Create data management system with real-time automated data, with better access to reports, and where outcomes are looked at comparing programs to help discourage “creaming” (i.e., providing services to the easiest to serve and avoiding providing services to those who are more challenging to serve). *Ranked: 7.*
- *Issue:* There is a need to have a coordinated point of entry, or a coordinated system. *Solutions:* Intake processes and eligibility criteria should be standardized. *Ranked: 8.*

KEY INFORMANT MEETINGS

OrgCode Consulting is working with the City of Baltimore to update *The Journey Home*, the community’s ten year plan to end homelessness. As part of this process, OrgCode Consulting staff conducted key informant interviews with leaders throughout the City. The purpose of these meetings was to collect feedback from key stakeholders and to identify the key issues that effect homelessness in Baltimore.

There were 19 key informant interviews conducted (11 in-person and 8 via telephone), including interviews with leaders from public, private, and nonprofit sectors. A full list of the key informants engaged during these meetings is listed below.

Sister Helen Amos, Chair of Leadership Advisory Group (LAG)

Paul Behler, individual with lived experience

Kate Bridell, Director, Office of Homeless Programs

Robert Embry, President, Abell Foundation

Olivia Farrow, Director, Mayor’s Office of Human Services

Antonia Fasanelli, Executive Director, Homeless Persons Representation Project (and staff members)

Kirby Fowler, CEO, Downtown Partnership

Mark Furst, CEO, United Way of Central Maryland

Damien Haussling, individual with lived experience

Jeff Hettleman, LAG Member and Executive V.P. with The Shelter Group

Bonnie Lane, individual with lived experience

Lara Law, Executive Director, Youth Empowered Society (and staff members)

Kevin Lindamood, CEO, Health Care for the Homeless

Dan McCarthy, Executive Director, Episcopal Housing Corporation

Mary Anne O'Donnell, Director of Community Services, Catholic Charities of Baltimore

Stephanie Rawlings-Blake, Mayor of Baltimore City

John Schiavone, CEO, St. Vincent de Paul of Baltimore

Donn Weinberg, Board Chairman, Harry and Jeanette Weinberg Foundation

Jack Young, President, Baltimore City Council

I. Interviews Description

For the key informant interviews OrgCode staff engaged stakeholders using a semi-structured interview guide that focused on discussing what leadership believed were past successes and present and future issues related to homelessness in Baltimore and *The Journey Home*. Interviews lasted between 20 and 60 minutes.

II. Results

The meetings included many perspectives and uncovered a range of issues that effect Baltimore homelessness. In the end of these meetings, participants provided a number of wide-ranging issues that they believed are key. Themes that occurred repeatedly are described below:

On successes related to The Journey Home

- The formation of a plan, which has helped to bring the issue to greater consciousness throughout the community.
- The focus on permanent housing in plan has positioned Baltimore for moving homeless assistance in the right direction.
- The formation of the Leadership Advisory Group (LAG).
- The annual homeless Gala event organized by the United Way of Central Maryland.
- The initiation of Baltimore Project Homeless Connect.
- The creation of The Harry and Jeanette Weinberg Center, a 24-hour Housing and Resource Center.

On the Plan's Vision

- Some believe the vision should be to make homelessness rare and brief, while others believe it should be ended.
- People who experience a housing crisis know where to get assistance and their immediate needs are met promptly.
- Organizations incorporate a "housing first" model into their programs.
- There is a living wage and low unemployment and clean, safe neighborhoods.
- The plan needs to be innovative and rapid rehousing needs to be incorporated into it.

- Baltimore should figure out what it sees as viable physical development models and then replicate it.

On Leadership...

- There is a lack of leadership for the plan's implementation, not a single designated leader.
- *The Journey Home's* leader should be a convener of all people running programs and should drive progress through a performance-based management process that looks similar to CitiStat.
- Providers are not involved; they need a seat at the leadership table.
- The Housing Authority of Baltimore City (HABC) has not bought into the plan and HABC leaders are absent from the plan's implementation.
- There is a belief that there is a lack of political will and no champion of the plan.
- There needs to be clear goals for the Leadership Advisory Group (LAG).
- Some question whether LAG needs to exist, or if the makeup of LAG should be different.
- There is a lack of real estate development expertise on the LAG.

On the Plan's Themes...

- Opinions varied on what should be the focus of the plan. Perspectives included the belief that it should focus on: housing, prevention, health issues (especially mental health), income supports, and jobs.
- There are jobs, but no skilled workers; the plan should focus on jobs, which are key.
- Youth are not discussed in *The Journey Home*.
- Family homelessness is not focused on enough, especially given the belief that there is a rise in families experiencing homelessness.
- There is a lack of resources, especially for supportive services programs (and staffing for these programs).
- The plan does not adequately focus on the city's need for affordable housing.
- The homelessness problem is growing and the assistance system is overwhelmed.

On Plan Implementation...

- The plan is unclear on the delineation of authorities and responsibilities of all stakeholders.
- Communication about the plan's implementation is lacking.
- There is not a formalized process for when updates to the plan are needed. The plan needs to be a living document.

On Plan Outcomes...

- Clear benchmarks and indicators are absent from the plan.
- The plan does not have a clear timetable for executing the goals in the plan.
- There are not (agreed upon) housing targets/figures or strategies for reaching these targets.
- There are not incentives provided for programs with "positive" outcomes, nor disincentives for programs with "poor" outcomes.
- Although it should be clear, the cost effectiveness of programs is not understood.

On Data and Measurements...

- There are not (agreed upon) measurements that help the community understand the severity of the problem.
- The existing data infrastructure needs to be improved.

- Seeing data on the population in “real time” is not currently possible.
- The plan needs to clearly define how progress will be measured.

On Priorities...

- *The Journey Home* must collaborate and involve the HABC.
- There is a need for additional administrative support in the Office of Human Services’ Homeless Services Program, particularly there is a need for staff which could provide technical assistance.
- Improve prevention services system wide.
- The request for proposals process needs to be more competitive.

On Funding...

- Cost savings are achieved when services are having good outcomes.
- Quality of service is important.
- The City must look at partnerships, collaborations to ensure adequate service delivery.
- Wraparound services are important to continue to fund.
- Fundraising should be an integral component of the plan.

On Advocacy...

- Efforts should focus on housing development.
- There is a special need to focus on the population of unaccompanied youth.

APPENDIX TWO

Appendix Two: HOMELESSNESS DATA – HOUSING AFFORDABILITY DATA – RELATED ECONOMIC AND DEMOGRAPHIC CHARACTERISTICS DATA

HOMELESSNESS DATA

I. A Snapshot of Homelessness: Point-In-Time Count

The most recent data, from 2011, show that on a given night there are 4,094 people experiencing homelessness in Baltimore. The rate of homelessness in the city is 66 homeless people per 10,000 in the general population. There has been a 20 percent increase in homelessness since 2009 and a 57 percent increase since 2007 (Table 1). Most of the documented increase is related to the number of unsheltered individuals, a group which has seen a dramatic 388 percent increase over 4 years time, going from 283 to 1,382 people (Table 2). However, it is important to note that the survey methodology for the unsheltered counts have varied each year, which suggests that the unsheltered data must be interpreted with caution.

A large majority of the overall population, 3,160 people or 77 percent of the total, is individuals, whereas 13 percent is chronically homeless (519 people) and 44 percent is unsheltered (1,795 people). There are 934 people in families in a total of 323 households; these numbers have stayed relatively constant since 2007, with a 2 percent decrease in the number of people and 2 percent increase in households. Tracking numbers on homelessness among veterans is now being coordinated better and data show there are 342 homeless veterans in Baltimore; the rate of veteran homelessness is 97 homeless veterans per 10,000 veterans in the general population.

Compared to the U.S. and Maryland, Baltimore's overall homeless population has a much higher proportion of individuals (77 percent, compared to 63 in the U.S. and 62 in Maryland) and unsheltered people (44 percent, compared to 38 in the U.S. and 36 in Maryland) (Table 3). Baltimore's chronic homelessness (13 percent of the overall population) is less severe than in the rest of the nation (17 percent) and state (16 percent). The rate of homelessness in Baltimore (66 homeless per 10,000 in the general population) is higher than the U.S. (22), Maryland (18), the metropolitan area (22), and more than six times the rate of all adjoining counties that make up the metropolitan region.

Table 1. Homelessness By Subpopulation

Year*	Total Homeless	Individuals	Persons in Families	Family Household	Chronically	Veterans
2011	4,094	3,160	934	323	519	342
2009	3,419	2,484	935	359	853	N/A
2007	2,607	1,653	954	318	410	N/A
% Change 2007 to 2011	57%	91%	-2%	2%	27%	N/A
% Change 2009 to 2011	20%	27%	0%	-10%	-39%	N/A

*The U.S. Department of Housing and Urban Development requires that sheltered and unsheltered point-in-time counts be conducted in odd-numbered years as part of a community's application for homeless assistance funding.

Source: Data from U.S. Department of Housing and Urban Development, 2011 Point-in-Time (PIT) Estimates of Homelessness: Supplement to the Annual Homeless Assessment Report (AHAR) (<http://www.hudhre.info/index.cfm?do=viewResource&ResourceID=4568>).

Table 2. Unsheltered Homelessness By Subpopulation

Year*	Total Unsheltered	Individuals	Persons in Families	Family Households	Chronically Homeless	Veterans
2011	1,795	1,382	413	157	308	26
2009	1,228	737	491	196	228	N/A
2007	629	283	346	105	192	N/A
% Change 2007 to 2011	185%	388%	19%	50%	60%	N/A
% Change 2009 to 2011	46%	88%	-16%	-20%	35%	N/A

*The U.S. Department of Housing and Urban Development requires that sheltered and unsheltered point-in-time counts be conducted in odd-numbered years as part of a community's application for homeless assistance funding.

Source: Data from U.S. Department of Housing and Urban Development, 2011 Point-in-Time (PIT) Estimates of Homelessness: Supplement to the Annual Homeless Assessment Report (AHAR) (<http://www.hudhre.info/index.cfm?do=viewResource&ResourceID=4568>).

Table 3. Regional Homelessness

Geography	Geography Name	2011 Homeless Population Counts	2011 General Population Estimates	Rate of Homelessness (x homeless / 10,000 in Gen. Population)
National	United States	636,017	311,591,917	21
State	Maryland	10,208	5,828,289	18
MSA	Baltimore-Towson, MD	6,053	2,690,886	22*
City/CoC	Baltimore City CoC	4,094	619,493	66
County/CoC	Harford County CoC	243	246,489	10
	Annapolis/Anne Arundel County			7
County/CoC	CoC	382	544,403	
County/CoC	Howard County CoC	189	293,142	6
County/CoC	Baltimore County CoC	881	809,941	11
County/CoC	Carroll County CoC	179	167,288	11

*Ranks as the 23rd highest rate among the nation's large metropolitan areas.

Source: Data from U.S. Department of Housing and Urban Development, 2011 Point-in-Time (PIT) Estimates of Homelessness: Supplement to the Annual Homeless Assessment Report (AHAR) (<http://www.hudhre.info/index.cfm?do=viewResource&ResourceID=4568>); National Alliance to End Homelessness (2012) *The State of Homelessness in America 2012*, National Alliance to End Homelessness, Washington, DC; and U.S. Census Bureau, American Community Survey, 2011 1-Year Files. Rate calculations by OrgCode Consulting, Inc.

II. Use of Homeless Assistance Services¹

The most recent data show that over the course of a 12-month period approximately 14,106 people in Baltimore used homeless assistance services (emergency shelter, transitional housing, and permanent supportive housing (PSH)) (Tables 4a and 4b). The number of shelter users has increased quite dramatically recently, with 46 percent more people using shelter in 2011 than in 2010.² Among shelter users, 66 percent received emergency shelter services, whereas 18 percent received transitional housing services and 16 percent received PSH services.

Individuals make up 82 percent of overall shelter users, whereas 18 percent are people in families. Males make up 80 percent of the adult individuals in emergency shelters and transitional housing, and 59 percent of those housed in PSH. Adults in families are predominantly female, and this is the case regardless of shelter bed type: females make up 91 percent of the adult people in families in emergency shelter, 88 percent of those in transitional housing, and 84 percent of those housed in PSH. Children under 18 years of age, though, make up 64 percent of the population of people in families, 73 percent of

¹ Homeless assistance shelter data do not include (or extrapolate to provide estimated counts on) people served by victim service providers, such as rape crisis centers and domestic violence programs.

² Annual estimates are unduplicated counts of people using homeless assistance beds/units during a one-year period from October 1 to September 30 (e.g. 2011 data is for the period October 1, 2010 to September 30, 2011 and 2010 data is for the period October 1, 2009 to September 30, 2010).

those in transitional housing, and 58 percent of those in PSH. Regardless of household type or bed type, a majority of the population who uses shelter services is made up of African Americans, which to some extent is a reflection that a majority of the city's residents (65 percent) identify as African American or Black.

People enter the homeless assistance programs from a variety of prior living arrangements. Majorities of people in families (65 percent) in emergency shelter were staying with family or friends in a housing situation, as were a high percentage of people in families in transitional housing (48 percent) and PSH (35 percent). The second most likely prior living arrangement for people in families entering programs is when people arrive from emergency shelters, including 18 percent of those entering emergency shelter (i.e. those coming from a different shelter program), 30 percent entering transitional housing, and 14 percent entering PSH. Although there is more variation in the prior living arrangements among individuals entering programs, most enter from another homeless situation, including places not meant for human habitation, such as the street (56 percent of the individuals entering emergency shelter entered from another homeless situation, as did 50 percent of those entering transitional housing, and 55 percent of those entering PSH). Both people in families and individuals enter programs from institutional settings and regardless of the household type or program type, the zip code of the last permanent address of almost all people entering Baltimore homeless assistance programs is Baltimore.

The data that is available on length of stay in emergency shelter and transitional housing show that large majorities of people in families and individuals stay in emergency shelter for fewer than 3 months (72 percent of people in families and 91 percent of individuals) and almost all stay for fewer than 6 months (94 percent of people in families and 97 percent of individuals). Stays in transitional housing is more mixed, but the length of time spent in transitional housing is longer: 61 percent of people in families stay between 6 and 12 months and 49 percent of individuals stay that long. One trend to note from data from 2011 and 2010 is that the length of stay in transitional housing has recently increased, with the 6 to 12 months stays of people in families increasing from 57 to 61 percent and 6 to 12 months stays of individuals increasing from 35 to 39 percent. This trend is likely due to the fact that a majority of family transitional housing clients have been awaiting Section 8 housing vouchers; although, as these families await vouchers, they were given priority for public housing units, but they have been at 98% capacity for over a year.

The homeless assistance system's housing inventory has a total of 4,456 year round beds, including 937 emergency shelter beds, 1,370 transitional housing beds, and 2,020 permanent supportive housing beds (Table 5).³ Data show that, although there has been a 24 percent increase in the number of year round beds since 2007 – with beds for individuals having increased by 31 percent since 2007, the makeup of the bed inventory has remained relatively stable. In 2011, 22 percent of the total beds were emergency shelter, 47 percent were permanent supportive housing, and 32 percent were transitional housing; in 2007, those percentages were 22, 44, and 34.

³ There are also 90 Homeless Prevention and Rapid Re-Housing (HPRP) program beds and 39 safe haven beds.

Table 4a. Shelter Use (One-Year Bed Data)

Year*	Emergency Shelter (ES)				Transitional Housing (TH)				Permanent Supportive Housing (PSH)			
October 1 - September 30	KEY: PF = Persons in Families, F = Families, I = Individuals, Total = PF + I											
	PF	F	I	Total	PF	F	I	Total	PF	F	I	Total
2011	1,046	347	8,286	9,332	576	196	1,940	2,516	912	296	1,346	2,258
2010	1,148	408	4,637	5,785	563	184	1,319	1,882	885	294	1,127	2,012
2009	1,107	390	N/A	N/A	580	196	2,008	2,588	N/A	N/A	N/A	N/A

*Estimates are unduplicated counts of people using homeless assistance beds/units during a one-year period from October 1 to September 30 (e.g. data from year 2011 is for the period October 1, 2010 to September 30, 2011).

Source: Data from U.S. Department of Housing and Urban Development, 2011, 2010, 2009 Annual Homeless Assessment Report to Congress (AHAR) Local Reports (<http://www.hudhdx.info/PublicReports.aspx>).

Table 4b. Shelter Use (One-Year Bed Data)

Year*	Total ES, TH, or PSH				1-Year % Change			
October 1 to September 30	KEY: PF = Persons in Families, F = Families, I = Individuals, Total = PF + I							
	PF	F	I	Total	PF	F	I	Total
2011	2,534	839	11,572	14,106	-2%	-5%	63%	46%
2010	2,596	886	7,083	9,679	N/A	N/A	N/A	N/A
2009	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

*Estimates are unduplicated counts of people using homeless assistance beds/units during a one-year period from October 1 to September 30 (e.g. data from year 2011 is for the period October 1, 2010 to September 30, 2011).

Source: Data from U.S. Department of Housing and Urban Development, 2011, 2010, 2009 Annual Homeless Assessment Report to Congress (AHAR) Local Reports (<http://www.hudhdx.info/PublicReports.aspx>).

Table 5. Homeless Assistance Housing Inventory

Year	Population/Bed Type	Emergency Shelter	HPRP	Permanent Supportive Housing	Safe Haven	Transitional Housing	Total Year Round Beds
2011	Total	937	90	2,020	39	1,370	4,456
	Individual	773	0	1,239	39	922	2,973
	Households	164	90	781	0	448	1,483
2010	Total	1,009	12	1,754	39	1,237	4,051
	Individual	799	7	1,003	39	819	2,667
	Households	210	5	751	0	418	1,384
2009	Total	1,006	N/A	1,754	39	1,358	4,157
	Individual	799	N/A	1,003	39	940	2,781
	Households	207	N/A	751	0	418	1,376
2008	Total	591	N/A	1,796	39	1,296	3,722
	Individual	459	N/A	937	39	889	2,324
	Households	132	N/A	859	0	407	1,398
2007	Total	786	N/A	1,594	0	1,206	3,586
	Individual	581	N/A	917	N/A	770	2,268
	Households	205	N/A	677	N/A	436	1,318
% Change 2007 to 2011	Total	19%	N/A	27%	N/A	14%	24%
	Individual	33%	N/A	35%	N/A	20%	31%
	Households	-20%	N/A	15%	N/A	3%	13%
% Change 2010 to 2011	Total	-7%	650%	15%	0%	11%	10%
	Individual	-3%	-100%	24%	0%	13%	11%
	Households	-22%	1700%	4%	N/A	7%	7%

Source: Data from U.S. Department of Housing and Urban Development, Housing Inventory Chart, 2007, 2008, 2009, 2010, and 2011.

HOUSING AFFORDABILITY DATA

It is important to note changes in the housing environment outside of the homeless assistance shelter system, which will impact the availability of affordable housing situations in Baltimore. The most current data on federally subsidized households show that there are 58,451 people who live in federally subsidized units (such as public housing or Section 236 projects) or in housing subsidized with federal Section 8 certificates or vouchers (Table 6). There has been a 51 percent increase in such units since 2006. Further, Baltimore has 11,065 low-income units funded with low-income housing tax credits placed in service by 2010 (Table 7). Federal tax credits have helped to add or rehabilitate more than 3,000 low-income units between 2010 and 2007.

Data indicate, though, that housing affordability remains a challenge for Baltimore households. Data from 2011 show that nearly 51 percent of renter- and owner-occupied⁴ units have housing cost burdens, which is defined as a situation when a household's overall housing costs exceed 30 percent of household income (Table 8). Renters are more likely to face affordability issues: 57 percent have a housing cost burden, compared to 42 percent of owners. Since 2007, housing has become unaffordable for more and more households, with the number of renter-occupied units with cost burdens rising by 11 percent from 2007 to 2011 and the number of owner-occupied units rising by 7 percent during that same period.

Housing market challenges can also be seen in the number of foreclosures filed. During the recent foreclosure crisis, the number of units with a foreclosure filing rose from 3,839 in 2007 to a high of 6,138 in 2009 before dropping to 1,993 in 2011 (Table 9). In 2012, though, there have already been 2,010 foreclosure filings, with only about three quarters counted. Another measure of the health of the housing market is the number of building permits issued in the city. Data show that more units were constructed in 2011 (989 units) than 2009 and 2010 combined (710) (Table 10). The measures of foreclosures and building permits are not believed to be a direct indicator on homelessness, but they do suggest that the housing market in Baltimore is still tenuous.

⁴ Data is describing owner-occupied units with mortgages.

Table 6. Picture of Subsidized Households

Year	Federally Subsidized Units*	People Living in Federal Subsidized Units*	People Housed with Section 8 Certificates or Vouchers	Total People in Federally Subsidized Units* Or with Section 8 Certificates or Vouchers
2009	23,498	30,039	28,412	58,451
2008	23,165	22,306	15,279	37,585
2007	28,065	21,099	9,624	30,723
2006	25,495	19,170	19,528	38,698

*Units include: Public Housing, Section 8 New Construction and Substantial Rehabilitation, Section 236 Projects, all other multifamily assisted projects.

Source: Data from U.S. Department of Housing and Urban Development, Picture of Subsidized Households 2006, 2007, 2008, and 2009.

Table 7. Units Funded with Low-Income Housing Tax Credits

Placed in Service Year	Total Units	Total Low-Income Units*
2010 [^]	592	592
2009	1,237	1,122
2008	573	573
2007	936	905

*Under the LIHTC program, projects elect to have low-income units affordable to and occupied by households with incomes at or below 50 percent of area median income (AMI) or at or below 60 percent of AMI. [^]Total units placed in service through 2010: 13,049; total low-income units placed in service through 2010: 11,065.

Source: Data from U.S. Department of Housing and Urban Development, Low-Income Housing Tax Credit Database 2007, 2008, 2009, 2010.

Table 8. Owner- and Renter-Occupied Units with Housing Cost Burdens*

Year	Owner-Occupied Units (with mortgage)	Owner-Occupied Units with Cost Burdens	Renter-Occupied Units (paying rent)	Renter-Occupied Units with Cost Burdens
2011	82,633	42%	115,376	57%
2010	76,529	39%	120,807	55%
2009	85,100	41%	107,950	60%
2008	87,269	43%	110,365	55%
2007	84,906	38%	107,824	55%

*Generally, housing is considered affordable when a household's housing costs do not exceed 30 percent of household income; when housing costs exceed 30 percent of household income, a household is considered to have a housing cost burden.

Source: Data from U.S. Census Bureau, American Community Survey, 2011, 2010, 2009, 2008, and 2007 1-Year Files.

Table 9. Foreclosures Filed

Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Annual Total	Rate (1/x Housing Units)	Percent Change
------	-------------	-------------	-------------	-------------	--------------	--------------------------	----------------

2012	802	634	574*	0*	2,010	147	N/A
2011	355	486	597	555	1,993	149	-56%
2010	1555	2099	415	434	4,503	66	-27%
2009	1457	1343	1780	1558	6,138	48	62%
2008	1440	277	760	1313	3,790	78	-1%
2007	936	791	985	1127	3,839	77	N/A

*Partial or no data currently available.

Source: Data from Baltimore Neighborhood Indicators Alliance, Jacob France Institute (<http://foreclosures.bnaijfi.org/filings-ratified-sales.php>).

Table 10. Building Permits (Reported)

Year	Buildings	Units	Year-Over-Year Change (Units)	Construction Cost (Unadjusted \$)	Year-Over-Year Change (Construction Cost)	
2011		81	989	168%	\$85,744,850	88%
2010		122	369	8%	\$45,496,728	15%
2009		147	341	-68%	\$39,546,860	-59%
2008		159	1080	279%	\$95,663,477	155%
2007		193	285	-50%	\$37,580,865	-49%
2006		313	565	-55%	\$74,101,415	-52%
2005		677	1,256	70%	\$155,912,930	85%
2004		466	740	6%	\$84,057,787	63%
2003		216	695	137%	\$51,421,412	91%
2002		184	293	50%	\$26,924,564	77%
2001		116	195	-24%	\$15,216,614	-28%
2000		222	257	35%	\$21,224,179	58%

Source: Data from U.S. Census Bureau, Building Permit Survey (<http://www.census.gov/construction/bps/>).

RELATED ECONOMIC AND DEMOGRAPHIC CHARACTERISTICS DATA

Recent economic and social demographic data show that Baltimore households are faced with increased vulnerability. The poverty rate among all people in 2011 was 25 percent, which is considerably higher than the rest of the nation (15.9 percent) and state (10.1 percent). The rate among families is 20 percent, and the rate among children under 18 years of age is 37 percent (Table 11). Rates of poverty among all people, families, and children are each higher than they were in 2007. As the recent recession has made the economic situation difficult for people, there has been an increase in the number of households with government aid. Between 2007 and 2011, there has been a marked increase in the number of households receiving Supplemental Security Income (SSI) (a 34 percent increase), public cash assistance (a 64 percent increase), and Food Stamps/SNAP benefits (104 percent) (Table 12).

The economic conditions in the country are slow to improve and this is revealed in the number of people who are still out of work. In 2008, the U.S. annual unemployment rate, or the average monthly unemployment rate, was 5.8 percent. The U.S. rate has stayed above 8 percent throughout 2012 and was 8.3 percent in July 2012. Employment conditions are worse in Baltimore. The annual unemployment rate in 2008 was 6.6 percent and in July 2012 the rate is 11.1 percent (Table 13).

Health insurance is a measure where recent data show that conditions are improving. More than 7,000 Baltimoreans have health insurance in 2011 than in 2008, and the rate of people who lack health insurance has decreased from 7 to 5 percent (Table 14).

Table 11. Poverty Rates

Year	Poverty Rate (All People)	Poverty Rate among Families	Poverty Rate among Children (<18 Years)
2011	25%	20%	37%
2010	26%	20%	37%
2009	21%	17%	30%
2008	20%	16%	25%
2007	20%	15%	28%

Source: Data from U.S. Census Bureau, American Community Survey, 2011, 2010, 2009, 2008, and 2007 1-Year Files.

Table 12. SSI, Cash Assistance, and Food Stamps/SNAP Benefits

Year	Households with SSI	% Households with SSI	Households with Public Cash Assistance	% Households with Public Cash Assistance	Households with Food Stamps/SNAP Benefits	% Households with Food Stamps/SNAP Benefits
2011	25,361	11%	19,140	8%	55,745	23%
2010	24,746	10%	15,704	7%	50,444	21%
2009	13,621	6%	11,037	5%	36,635	16%
2008	15,507	7%	9,781	4%	32,446	14%
2007	18,874	8%	11,651	5%	27,263	12%
Change 2007 to 2011	6,487	34%	7,489	64%	28,483	104%

Source: Data from U.S. Census Bureau, American Community Survey, 2011, 2010, 2009, 2008, and 2007 1-Year Files.

Table 13. Employment

Year	Period	Labor Force	Employment	Unemployment	Rate
2012	July*	281,603	250,349	31,254	11.1
2011	July	280,159	248,401	31,758	11.3
2012	Annual Avg. ^	276,572	247,981	28,591	10.3
2011	Annual Avg.	276,072	246,957	29,115	10.5
2010	Annual Avg.	275,904	243,208	32,696	11.9
2009	Annual Avg.	281,554	251,252	30,302	10.8
2008	Annual Avg.	280,792	262,357	18,435	6.6
2007	Annual Avg.	276,826	261,628	15,198	5.5

*Figures may change as result of adjustments as new data becomes available. ^Average through July.

Source: Data from Maryland Department of Labor, Licensing and Regulation (<http://www.dllr.state.md.us/lmi/laus/baltimorecity.shtml>).

Table 14. People Lacking Health Insurance

Year	Health Insurance Coverage	Lack of Health Insurance Coverage	Percent Lacking Health Insurance
2011	407,360	133,573	5%
2010	407,611	132,727	5%
2009	411,061	142,952	8%
2008	400,152	152,326	7%

Source: Data from U.S. Census Bureau, American Community Survey, 2011, 2010, 2009, 2008, and 2007 1-Year Files.