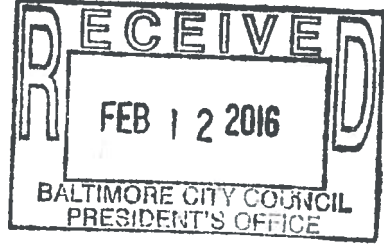


16-0624

City of
BALTIMORE
Maryland



MAYOR'S OFFICE OF HUMAN SERVICES
SUPPLEMENTAL FUNDING TO ADDRESS CHRONIC STREET HOMELESSNESS



CITY COUNCIL HEARING-Budget and Appropriations Committee
16-0623-Supplementary General Fund Operating Appropriation-\$1,652,000
16-0624-Supplementary General Fund Operating Appropriation-213,000

Comments

EXECUTIVE SUMMARY

On any given night, nearly **3,000 people** are experiencing homelessness in Baltimore City. Approximately, **20 percent** of homeless persons are **chronically homeless**. According to data from our Homeless Management Information System there are more than 17,000 individuals and families homeless in Baltimore in one year. Between 2013 and 2015, the number of unsheltered chronically homeless (street homeless) went from 76 to 166 individuals, an **increase of 54 percent**. A major challenge in addressing homelessness is the prevalence of untreated mental illness and substance use disorders among street homeless individuals, as well as the lack of affordable housing and permanent supportive housing in Baltimore City.

In 2011, the Homeless Services Program was integrated into the newly created Mayor's Office of Human Services (MOHS), for the purpose of implementing an integrated system of support for vulnerable populations. Funding from the U.S. Department of Housing and Urban Development to the Homeless Services Program supported a continuum of housing services for individuals experiencing or at-risk for homelessness. However there are HUD- established priorities which restrict the amount of funding that can be allocated to comprehensively address the needs of street homeless individuals. In addition, the federal funding comes with the expectation that municipalities will be responsible for this group of homeless persons. Reductions in the City's general funds have limited the capacity of the Homeless Services Program to adequately address the needs of the street homeless, whose numbers continue to rise. At the same time, state and other funding sources have also decreased despite increases in chronic street homelessness.

At present, there is an urgent need to increase and make improvements in shelter capacity in the City. In addition, our outreach capacity is insufficient to meet the demand and inadequate for the amount of time and effort it takes to get chronically homeless individuals with mental health and substance use issues into permanent supportive housing. The grid below summarizes our request:

CATEGORY	ACTIVITY AND BENEFIT TO THE CITY	COST
Street Outreach	The addition of 3 Outreach teams with 4 individuals per team doubles the number of outreach staff that covers the City's entire homeless population. This will improve the City's ability to engage homeless individuals in a consistent and timely manner, thereby reducing the time it takes to establish rapport and facilitate transition from street to attainment of permanent supportive housing.	213,000
Shelter: Additional	Funding to support an additional shelter during the winter months increases the overall shelter capacity of the City during a period when there is significant risk to the life and health of vulnerable Baltimore citizens.	500,000
Shelter: Preservation	Provides 75% of the funding needed to maintain the low barrier Men's Overflow shelter managed by Baltimore Station, which accommodated 125 men nightly on a year-round basis.	800,000
Temporary transitional housing	Provides for emergency temporary accommodations for individuals who are eligible for vouchers and those with vouchers awaiting housing inspections in order to remove these individuals from areas that are unfit for human habitation	100,000
Low Barrier Shelter Pilot	Establish a low barrier shelter where individuals can receive services while being with their partners and pets, and working on their addictions and mental health challenges.	252,000
TOTAL FUNDING REQUEST		\$1,865,000

FUNDING REQUEST DETAILS

Increased Outreach for Street Homeless- \$216,000

The Mayor's Office of Human Services, in collaboration with Behavioral Health System Baltimore (hereafter BHS Baltimore), seeks to expand promising practices used to engage communities and individuals in interventions for mental illness and substance use disorders (SUD).

The majority of individuals with behavioral health disorders enter care at late stages of problem development and under external coercion. Traditional care systems do not voluntarily attract the vast majority of individuals who meet diagnostic criteria. Assertive outreach is a promising practice that can change this dynamic. Outreach workers will be nestled in communities and priority locations to do population based early screening, and to identify and connect those in the pre-contemplation stage of change to appropriate services. Additionally, outreach workers will enhance the availability and support capacities of families, social networks, and community-based institutions.

Assertive outreach has the potential to improve the probability of nesting recovery in the natural environment of individuals and to help create an alternative recovery-conducive environment. Additionally, the observations and information gleaned from communities through outreach will be valuable as BHS Baltimore moves forward with increased responsiveness to the needs of communities, development of new services, and identification of gaps in services.

Expansion of the currently existing outreach model would include the following four elements:

- Expansion of outreach capacity
- Inclusion of the outreach data in HMIS
- Inclusion of Peer Engagement/Consumer Voice
- Utilization of an Integrated outreach definition

With this additional investment, these outreach teams could more effectively carry out the scope of work that it takes to provide services to individuals experiencing homelessness with co-occurring illness (e.g. mental health and substance abuse).

Shelter: Additional - Winter Overflow Shelter- \$500,000

Last winter, there was a total of 29 Code Blue days, characterized by both consecutive and intermittent days. The first Code Blue days occurred consecutively from 1/7-1/10/15. This was followed by a series of intermittent Code Blue days on 1/27, 1/28, 1/31, 2/2, 2/3, 2/5, 2/6. February began the longest consecutive series of Code Blue days, starting on 2/12-2/28/15. There have also been 6 cold-related deaths, one on each of the following days: 11/23, 1/5, 1/9, 1/23, 2/2, 2/6. In addition to standard Code Blue resources, the War Memorial Building at 101 N. Gay Street, Baltimore, MD 21202 served as an emergency shelter for people experiencing homelessness in order to ensure that City residents have warm shelter from cold temperatures. The number of City residents coming into the emergency winter shelter last year ranged from a low of 70 on the first day of operation with a steady increase to over 230 over the span of operation.

The City agencies involved in the 2015 winter shelter included:

- Baltimore City Fire Department
- Baltimore City Health Department

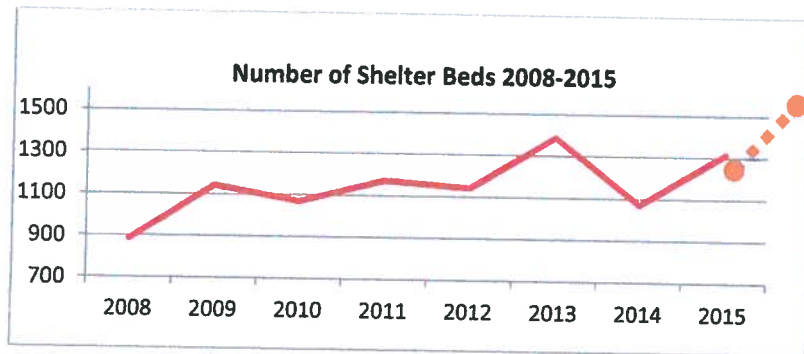
- The Housing Authority of Baltimore City
- Baltimore City Police Department
- The Mayor's Office of Emergency Management
- The Mayor's Office of Human Services
- MOHS: Community Action Partnership

Cost estimates provided by those agencies indicate a cost of \$48,147 for one day of operation, including set up and break down. Not including these one-time-only costs, the total cost of operating the shelter for the 29 days was \$707,861.00

	One Day
Set Up	16,369
Operating	24,409
Breakdown	7,369
TOTALS	\$ 48,147

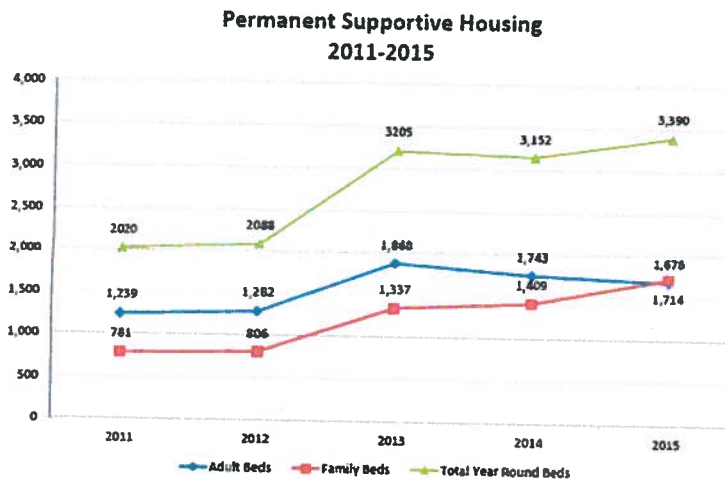
On a regular basis, people experiencing homelessness had access to shelter year-round with 1,191 beds provided at 13 shelters and overflow facilities funded by the City. The activation of Code Blue season from November 15 to March 15 resulted in an increased capacity of an additional 211 beds available at the City-funded shelters. The Weinberg Housing and Resource Center increases capacity from 275 to 335 beds during Code Blue season. The additional 60 beds are available during the entire Code Blue Season. For the other City-funded shelter operators, additional beds are provided at the discretion of each shelter as capacity allows, with shelters strongly encouraged to expand when a Code Blue Alert is declared.

Over the last 10 years, federal and state funding available for emergency shelter has been reduced due to new federal restrictions on the Emergency Solutions Grant and state funding with cuts of approximately 36%. City funding has made up for federal and state shortfalls and increased the number of beds provided.



Source: Housing Inventory Count 2008-2015.

Baltimore City's resources for persons experiencing homelessness have increased over the same 10 year period, yet the level of need continues to surpass resources available. While increases in permanent housing (see Chart 2) were expected to reduce demand for shelter, the supply of permanent housing is still limited relative to demand such that a decrease in shelter demand has not been realized.



Source: Housing Inventory Count 2011-2015

In order to address the need for additional shelter during the winter months while placing more City residents into permanent housing, the Mayor's Office of Human Services intends to issue a Request for Proposals for a private provider to staff and manage an additional shelter daily (from 6pm to 9am the next day) during the winter months, from December 22, 2015 (the official start of the winter months) to March 15, 2016 (the end of the Code Blue season). A private provider is sought with the expectation that this will reflect a savings for the City, as a result of not utilizing City employees who would need to be compensated at an overtime rate.

Three proposal types will be accepted:

- Existing shelter provider seeking to expand seasonal beds at their current facility
- Nonprofit seeking to establish a temporary shelter at their own facility
- Nonprofit seeking to provide operations, staffing, and services at a City-owned facility

The Mayor's Office of Human Services may select one or several proposals to reach the target of 250 additional seasonal beds. The shelter provider must be willing to serve single adults, couples, unaccompanied youth, and families with children (all ages). If the proposal is from an existing shelter seeking to expand services, the target population may be limited to the one they currently serve. The funds must be used to create new additional shelter beds, not fund existing beds. The shelter must be low-barrier and accept clients with substance use and mental health conditions as long as the person is not exhibiting any dangerous or threatening behaviors towards staff, other clients, or themselves. For providers not using a City-operated site, the proposed shelter must be located in Baltimore City, wheelchair accessible, and close to public transportation. The facility must be able to pass standard fire, health, and safety inspections.

Minimum Amenities

- Space for up to 250 cots (dependent on type of proposal)
- Space near each cot for clients to store their belongings. Clients may bring only belongings they can carry and must take them when leaving for the day.
- Bathroom facilities (not required to have showers, but it is preferred)
- Two meals per day, dinner and breakfast (on-site or through an outside vendor).

- Launder all linens daily (on-site or an outside vendor). Clients will be responsible for laundering their personal belongings at a drop-in center or other community facility.

The maximum amount of funding available is \$500,000. Operations costs for shelters currently funded by MOHS range from \$16 to \$34 per night per bed. Factors that increase the per night cost include: serving families and/or youth, keeping daytime hours, providing case management, providing transportation if the facility is not easily accessible, leveraging in-kind donations and volunteers, and necessary facility maintenance and upgrades.

Shelter Preservation – Baltimore Station -Men's Overflow Shelter- \$800,000

Federal and State resources received by the Mayor's Office of Human Services for homeless response cannot be used to support the funding of emergency shelters. The U.S. Department of Housing and Urban Development prohibits shifting Emergency Solution Grant funds for local government funds. Regulation 24 CFR Part 576.100(c) Maintenance of Effort:

"ESG funds cannot be used to replace funds the local government provided for street outreach and emergency shelter services during the immediate preceding 12 month period..."

In addition to the Emergency Solutions Grants, the Continuum of Care grants are dedicated specifically to permanent supportive housing, transitional housing, support services, and prevention activities.

Baltimore City's emergency shelter capacity has declined over the past several years. The City's largest emergency shelter, the 275 bed Weinberg Housing Resource Center, is operating at full capacity and is not able to expand beyond its existing number of beds. For the past several years, Baltimore City has supported the Baltimore Station Men's Overflow Shelter, which provided additional shelter beds to homeless men. Historically, this overflow shelter was located downtown at Guilford Avenue and the facility was able to serve 225 men per night. In 2014, the City relocated the Men's Overflow to a retrofitted hotel at 4601 Monument Street and as a result of this move, the number of homeless men the City could serve decreased to 125 men.

The Baltimore Station Men's Overflow Shelter operates at full capacity each night. During Fiscal Year 2015 (July 1, 2014- June 30, 2015), the shelter provided 42,607 beds at nights to homeless men. The facility also served as a Code Blue Shelter, during extreme cold weather events. The Fire Marshal permitted the shelter to serve up to 200 men (an additional 75) during Code Blue. This increase in bed capacity during Code Blue was not sufficient to meet the need. As a result, the City had to use the War Memorial building on Gay Street to meet the demand for emergency shelter.

As of September 2015, the City of Baltimore would have been unable to maintain the Baltimore Station Men's Overflow Shelter on Monument Street, without the additional **\$800,000** in funding. Fortunately, supplemental funding was identified and finally approved by the Board of Estimates on February 3, 2016. Baltimore Station has not yet received this funding but has maintained operations without disruption.

Street Homeless – Low Barrier Shelter: \$252,000

The current homeless overflow facilities for men and women have reached capacity and only operate overnight. A 12 hour low-barrier day facility is needed where individuals can receive services, address any addiction and/or mental health issues, and apply for permanent housing while being with their partners and/or pets. Initially, the plan was to work with the Baltimore City School District to utilize the Pinderhughes Elementary School as a temporary homeless shelter, since previous modifications had been made to this school to accommodate this population. Due to a lack of funding for the additional renovations needed, the plan to use Pinderhughes was put on hold. Instead, existing sites were explored with a current provider who is currently contracted to shelter 60 women in three scattered sites. This vendor had access to properties through their provider network and was willing to explore the low-barrier shelter concept as a pilot. MOHS negotiated a contract with this provider (New Vision House of Hope) which started on September 11, 2015 and is scheduled to be completed on March 10, 2016. To date, the pilot is showing some positive results. A brief summary is provided below:

Client Data Report as of 1/20/16

Total number of clients enrolled in program to date:	51
Number of clients that self-discharged from program:	10
Number of clients that are currently housed in program:	31
Number of clients that received a voucher to date:	8
Number of clients that declined voucher:	1
Clients that have moved into permanent housing without voucher:	5

Hotel Vouchers for Encampment Clients with Co-Occurring Illness: \$100,000

Approximately 366 individuals in Baltimore City were identified as unsheltered, meaning that these individuals are likely to remain on the streets, or in encampments or “tent cities”. Encampments are a particularly challenging unsheltered arrangement. Conditions in homeless encampments can be dangerous to health. Garbage attracts rodents and other vermin. Food cannot be stored, and dishes cannot be washed properly, facilitating the spread of food-borne diseases. Depending on a camp's location, some residents might use portable toilets or public facilities, but most are likely to use an outdoor location. Poor hygiene contributes to dental and skin problems. Other environmental hazards, such as batteries and fuels, are used for heating and cooking. In addition, people who live in homeless encampments often lack health insurance and frequently have chronic physical and mental health conditions that require ongoing medical attention. Barriers to seeking routine medical care lead many to the emergency room for non-emergency care. Tuberculosis and sexually-transmitted diseases are of special concern. Many people living in encampments report addiction to drugs or alcohol.

Despite the challenging conditions of encampments, many chronically homeless individuals will not go into shelters even when there is available space. For some, the shelter environment does not provide the stability and security of an encampment, and the structure of the shelter may be more restrictive than can be tolerated. As a result, some individuals with vouchers prefer to remain in the encampment during the voucher and home selection process. However, living on the streets (particularly in the winter months) can increase risk to health and life. As a result, funding has been requested to provide shelter in a hotel for a two month period. A local hotel is the site for this effort with double occupancy rooms for 26 individuals, with outreach and other supportive services to facilitate their transition to housing stability.

GLOSSARY OF TERMS

Continuums of Care (CoC) are local planning bodies responsible for coordinating the full range of homelessness services in a geographic area, which may cover a city, county, metropolitan area, or an entire state.

Chronically Homeless People in Families are people experiencing homelessness in families in which the head of household has a disability and has either been continuously homeless for a year or more or has experienced at least four episodes of homelessness in the last three years.

Chronically Homeless Individuals are unaccompanied homeless individuals with disabilities who have either been continuously homeless for a year or more or have experienced at least four episodes of homelessness in the last three years.

Homeless Management Information System is the database used to collect aggregate data on homelessness. HMIS can produce annualized counts of people experiencing homelessness.

Housing first is an approach that offers permanent, affordable housing as quickly as possible for individuals and families experiencing homelessness, and then provides the supportive services and connections to the community-based supports people need to keep their housing and avoid returning to homelessness.

Individuals are people who are not part of a family during their episode of homelessness. They are homeless as single adults, unaccompanied youth, or in multiple-adult or multiple-child households.

Rapid Rehousing is a housing model designed to provide temporary housing assistance to people experiencing homelessness, moving them quickly out of homelessness and into permanent housing.

Permanent Supportive Housing is designed to provide housing and supportive services on a long-term basis for formerly homeless people, who have disabilities.

Point-in-Time Counts are unduplicated one-night estimates of both sheltered and unsheltered homeless populations. The one-night counts are conducted by Continuums of Care nationwide and occur during the last week in January of each year.

Safe Havens provide private or semi-private long-term housing for people with severe mental illness and are limited to serving no more than 25 people within a facility.

Sheltered Homeless People are individuals who are staying in emergency shelters, transitional housing programs, or safe havens.

Transitional Housing Program provides homeless people a place to stay combined with supportive services for up to 24 months, in order to help them overcome barriers to moving into and retaining permanent housing.