FROM	NAME &	Tisha Edwards, Acting Director	CITY of BALTIMORE MEMO	
	AGENCY NAME & ADDRESS	Mayor's Office of Homeless Services		CITY OF
	SUBJECT	City Council Resolution 21-0044R – Informational Hearing - COVID-19 and Mental Health		1792
			DATE:	

May 17, 2021

TO

The Honorable President and
Members of the City Council

City Hall, Room 400

Position: Favorable

The Mayor's Office of Homeless Services (MOHS) has been asked to respond to City Council Resolution 21-0044R introduced by Councilmembers McCray, Cohen, Ramos, Bullock, Middleton, Glover, Burnett, Torrence, and Stokes.

Background

This Resolution calls for an informational hearing to discuss: the financial, physical, and social impacts that COVID-19 has had on the mental health of Baltimore City residents and what resources are available to help people cope and recover from this trauma.

The COVID-19 pandemic has had a disproportionately negative impact on the accessibility of mental health and case management resources for individuals experiencing homelessness in Baltimore City. COVID-19 forced a system-wide shutdown of community behavioral health clinics and in-person case management services at drop-in centers were widely suspended or seriously curtailed.

Although precise local figures are not available, the National Council of Behavioral Health conducted a survey of 880 behavioral health organizations across the country in April 2020 and found that nearly all programs had reduced operations on account of the pandemic and 62% of providers had closed at least one program¹. Similarly, in Baltimore City, a large number of providers closed programs or switched to a remote-services model.

While the switch to remote service did not drastically impact some populations, many individuals experiencing homelessness do not have adequate access to technology in order to meaningfully engage in remote services. This digital divide, exacerbated by COVID-19, has meant that individuals who had previously been engaged in mental health or behavioral health services are now struggling to access the services they had relied upon for stability. The impact of this disconnect cannot be understated, as even before the pandemic, over 50% of emergency shelter residents and individuals experiencing unsheltered homelessness were dealing with serious mental health challenges².

In addition to pre-existing mental health struggles, many persons experiencing homelessness also struggle with substance use disorder, affecting approximately 29% of shelter residents and 52% of unsheltered individuals pre-pandemic³. The CDC reported in June 2020 that 13% of

¹ NCBH_COVID19_Survey_Findings_04152020.pdf (thenationalcouncil.org)

² 2020-PIT-Count-Report-1.pdf (wpengine.com)

³ 2020-PIT-Count-Report-1.pdf (wpengine.com)

Americans either began or increased drug use to cope with stress related to the pandemic⁴; meaning that the increased need for community services coincided with a drastic reduction in the availability of help. Tracking this type of data among transient communities is difficult, but we believe that the increase in substance use disorders follows (if not exceeding) national trends based on accounts from our agency's Outreach and Emergency Services staff.

Most troublingly, the increase in substance use has resulted in a corresponding increase in overdose deaths. Nationally, there was a 25% increase in the number of overdose deaths in 2020 compared to the previous year⁵. Individuals experiencing homelessness are at particular risk for overdose on account of limited access to behavioral health resources; this is due to both reduced availability of public transport to access substance abuse treatment programs and reductions in service at said treatment programs.

In light of these challenges, MOHS has pivoted to provide as many additional resources for individuals experiencing homelessness as possible. MOHS used CARES Act funding to provide additional operating support and personal protective equipment to frontline staff at community programs to ensure that programs could continue to operate and provide critical services.

MOHS also partnered with People Encouraging People (PEP) to add additional members to its Outreach team, specializing in serving the needs of individuals with complex mental health and substance use challenges. MOHS's Outreach team also deepened their partnership with Health Care for the Homeless (HCH) as HCH worked to expand behavioral health and case management services to meet growing needs of the community.

MOHS staff has received the following training related to mental health crises: Mental Health First Aid, Trauma Informed Care, and Nonviolent Crisis Intervention. These trainings have enabled staff to minimize police involvement in responding to mental health crises; staff have consulted with Baltimore Crisis Response, Inc. on multiple occasions to assess and respond to suspected mental health crisis incidents at City shelters.

In addition to the crisis response support, MOHS has worked to expand mental health services available on a regular basis at City shelters. Currently, MOHS partners with the following organizations to ensure on-site and referral services are available to shelter residents: TIME Organization, Associated Catholic Charities, and Baltimore Station.

Conclusion

The Mayor's Office of Homeless Services strongly supports the City's efforts to address the trauma and mental health challenges experienced by our neighbors experiencing homelessness, both preceding and during the COVID-19 pandemic.

The Mayor's Office of Homeless Services thanks the Health, Environment, & Technology Committee for the opportunity to respond to Council Resolution 21-0044R and stands ready to answer any questions the committee may have.

cc: Natasha Mehu Nina Themelis

⁴ Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic — United States, June 24–30, 2020 | MMWR (cdc.gov)

⁵ The Spike in Drug Overdose Deaths During the COVID-19 Pandemic and Policy Options to Move Forward | Commonwealth Fund