



Journey Home Strategic Priorities

Introduction

The Journey Home, originally released in 2008, is Baltimore's plan to end homelessness. Preventing and ending homelessness requires a commitment to long-term, universal solutions to homelessness through policy change, the redirection of resources, new investments in evidence-based practices, data-driven planning, and sustained collaboration from all community stakeholders. The Plan is organized into four broad goals that work collectively to make homelessness rare and brief: affordable housing, comprehensive health care, incomes and employment, and emergency and preventive services. These four goals remain a useful and relevant framework for approaching our work today. With nearly 3,000 people experiencing homelessness on any given night in Baltimore, and over 2,000 public school children identified as homeless each year, we know that continued commitment, collective responsibility, and strategic focus is needed as we approach the next phase of Plan implementation.¹

Background

The Journey Home presents a vision that *homelessness in Baltimore will be rare and brief*. To end homelessness, there must be systemic change and true advocacy, both of which are strong components of the Plan. This vision was adopted by the community in 2008 when the Plan was launched. The Plan includes four goals that address the root causes of homelessness:

- Increase the supply of affordable housing
- Increase access to comprehensive, affordable health care
- Ensure that people have sufficient incomes and employment opportunities
- Build the capacity of emergency and preventive services

In addition to these goals, the *Journey Home* identifies financial investment as a critical component needed to ensure successful implementation of the Plan. Other communities across the country that have been effective in reducing homelessness have diverse funding streams and have capitalized on opportunities to leverage private funding to support interventions that produce positive outcomes in reducing the incidence of homelessness for the community.

¹ The 3,000 people experiencing homelessness is an estimate derived from the HUD's 2013 Point-in-Time Count; the 2,000 homeless school children is data that comes from Baltimore City Public Schools. It is important to note that HUD and the schools measure homelessness differently.

Process for Developing Strategic Priorities

The Executive Director of the Journey Home drew upon the following resources and processes to inform the development of the strategic priorities:

- 1) Progress to date on the implementation of the *Journey Home*,
- 2) A consultant's mid-point review report prepared by OrgCode,
- 3) An analysis of current community efforts to meet the four goals of the Plan, and
- 4) Targeted discussions with community stakeholders.

The Journey Home Strategic Priorities are not a replacement for the *Journey Home* Plan and should not be read as separate from the Plan. The purpose of this document is to create a framework for collective action during for the Board's first year of work and beyond. The intention is not to list all of the work that community stakeholders are doing to achieve the goals in the *Journey Home*. Nor is it to imply that stakeholders should stop doing work that is statutorily or contractually required and/or important to the community. Rather, the intent is to focus our collective human and financial resources on key priority actions that can maintain current efforts that have been effective and create new momentum where initial efforts have been inadequate.

Strategic Priorities

The following section outlines actions that the Journey Home Board and community stakeholders can take to advance the implementation of the *Journey Home*. The priorities will be reviewed by the Board annually.

Affordable Housing

The overall success of the *Journey Home* depends on Baltimore's ability to increase the supply of housing that is in safe neighborhoods and is affordable for people with the lowest incomes.

Priority Actions:

1. Develop new permanent housing units and use the Housing First approach to target these units to the most vulnerable individuals and families experiencing homelessness

There is a strong body of evidence that shows Housing First is an effective method for ending homelessness and the most effective intervention for addressing chronic homelessness. The Housing First approach offers individuals and families immediate access to permanent housing and combines housing with wrap-around supportive services. Housing First permanent supportive housing (PSH) models are typically designed to serve persons with complex service needs, such as serious mental illness, substance use, and/or chronic health conditions. Often, people with these conditions are not eligible to receive housing assistance from other programs, many of which require clients to be free of drugs and alcohol or have some form of income at program entry. Housing First seeks to remove these clinical prerequisites and move these hard-to-house individuals into permanent housing quickly and then provide them with the support services they need to achieve and maintain housing stability.

New investments, such as capital costs to build new affordable housing and permanent supportive housing units and operational costs to maintain these units are necessary. PSH is delivered through three primary program models: 1) pairing rental subsidies with dedicated services (scattered site); 2) building new or rehabilitated units at a single site that offers rental subsidies and on-site services; and 3) setting aside units within an affordable housing community that offer rental subsidies and on-site supportive services. Because chronically homeless individuals and families have very limited or no income (ranging from zero to 15 percent of the area median income), the biggest challenge to creating new PSH is the need for rental subsidies and/or dedicated sources of funding to operate this type of housing.

2. Improve the targeting of existing permanent supportive housing units to chronically homeless individuals and Veterans

As noted above, the solution for ending chronic homelessness is permanent supportive housing. In addition to creating new PSH units, better targeting of existing PSH to individuals and Veterans experiencing chronic homelessness will reduce chronic homelessness in Baltimore. HUD requires CoCs to have a coordinated intake and assessment system in place by August 2014.² The implementation of this system will improve our ability to collect better data and target housing and services appropriately. A nationwide effort, called the 100K Homes Campaign spearheaded by an organization called Community Solutions, is showing promise as it challenges communities across the country to prioritize supportive housing our most vulnerable community. Locally, Baltimore City has established two active workgroups who are united with Community Solutions and its goals: 1) the Home for Good Campaign has partnered with the Housing Authority and local permanent supportive housing and case management groups to house 75 of our most vulnerable homeless households in its first year, and 2) the Combating Veterans Homelessness Initiative is partnering with the local VA office to meet HUDs goal of ending chronic homelessness by 2015. When fully implemented, these initiatives will improve our ability to target chronically homeless individuals and Veterans for housing vouchers and expedite the housing placement process to get move these individuals into housing as quickly as possible. Improving our housing placements for these two sub-populations will also make Baltimore's CoC more competitive within HUD's Notice of Funding Availability (NOFA).

3. Explore how to repurpose some of the Continuum of Care transitional housing stock to create new permanent housing opportunities for individuals, families, and youth

The Department of Housing and Urban Development (HUD) has identified rapid re-housing and Housing First as effective interventions for addressing homelessness for families and individuals. Thus, HUD is encouraging Continuum of Cares (CoCs) to reallocate some transitional housing to create new PSH or rapid re-housing opportunities, where appropriate. Baltimore currently has a total of 1509 year-round transitional housing beds.³ Repurposing even a small portion of

² CoC Program Interim Rule, <https://www.onecpd.info/resources/documents/CoCProgramInterimRule.pdf>

³ 2013 Housing Inventory Count

transitional housing would quickly create additional permanent housing opportunities while the development and financing of new PSH units is being planned.

Comprehensive Health Care

Progress is being made to increase access to comprehensive, affordable health care for people experiencing homelessness in Baltimore. The Affordable Care Act (ACA) allowed Maryland to expand Medicaid to cover most non-disabled adults who earn at or below 138% of the Federal Poverty Level (FPL). This equates to nearly \$16,000 a year for an individual and almost \$27,000 for a family of three. As a result, nearly all people experiencing homelessness – many of whom were previously uninsured – became eligible for Medicaid on January 1, 2014.

Priority Actions:

- 1. Continue targeted outreach to enroll people experiencing homelessness in Medicaid and connect them to medical home providers that are willing and able to address their unique health needs**

Although nearly all people experiencing homelessness are newly eligible for Medicaid, many barriers still prevent their access to health insurance and/or a primary medical home provider; targeted outreach and enrollment in Medicaid must go beyond providing an insurance card. Community outreach workers must build relationships with homeless persons to engage them into primary and behavioral health care through a medical home. This will improve health outcomes and yield cost-savings by reducing the use of unnecessary emergency services.
- 2. Develop a comprehensive and integrated behavioral health services system that addresses the mental health and substance use treatment needs of people experiencing homelessness**

Baltimore's behavioral health system does not have the capacity to serve every person that needs mental health and substance use treatment and it does not offer the range of intensive services that homeless populations need to achieve stability. The Baltimore Substance Abuse System and Baltimore Mental Health Systems merger is a significant step toward creating an integrated behavioral health care system. This merger provides an opportunity: 1) to restructure the service delivery system to better meet the mental health and substance use needs for homeless individuals and families; 2) to expand access to treatment on demand and longer-term residential care for chronically homeless people; and 3) to increase the availability of developmentally appropriate mental health and substance use services for unaccompanied homeless youth.
- 3. Identify opportunities to use Medicaid to fund care and case management in permanent supportive housing**

Research from communities across the country demonstrates that linking Medicaid-financed care and case management with PSH can improve health outcomes and reduce Medicaid costs.⁴

⁴ Center for Health Care Strategies, Inc., *Medicaid-Financed Services in Supportive Housing for High-Need Homeless Beneficiaries: The Business Case*, June 2012

Medicaid expansion provides an opportunity to get basic health insurance for more people experiencing homelessness, but Maryland does not exercise federal options to allow Medicaid to cover supportive housing services and case management. State officials should request additional federal support for these additional services to pilot a strategy that will integrate Medicaid and supportive housing and leverage Medicaid to pay for the types of intensive supportive housing services that people experiencing homelessness need to stabilize health and lower overall costs.

Incomes and Employment

People experiencing homelessness have incomes far below the Federal poverty Level. Unemployment, underemployment, and low-wage employment disproportionately impact people experiencing homelessness. A 2011 survey on employment histories of people experiencing homelessness in Baltimore found that 17% were currently employed.⁵ However, many people who are homeless and working are still unable to afford housing in Baltimore. For people experiencing homelessness, a job that pays a “living wage” is a key factor for rising out of poverty and meeting basic needs, such as housing, food, health care.⁶

Priority Actions:

- 1. Advocate to increase Maryland’s state minimum wage from \$7.25 to at least \$10.10 per hour**
The Maryland General Assembly is expected to consider bills that would increase Maryland’s minimum wage. The \$7.25 hourly minimum wage in Maryland, which has not increased in nearly five years, does not provide adequate income to afford housing even when working full time. Although increasing the state minimum wage to \$10.10 an hour is still short of a living wage in Baltimore, it is a step towards ensuring that people in Baltimore earn a wage sufficient to afford housing.⁷ Mayor Rawlings-Blake supports increasing the State minimum wage.
- 2. Coordinate and expand access to public benefits and community-based employment assistance programs and financial services for people experiencing homelessness**
Many people experiencing homelessness are eligible for public benefits, such as food stamps, SSI/SSDI, and Veterans benefits, but often have difficulty accessing them. Public benefits provide a critical support that helps people stabilize their lives. Many people are also willing and able to work but often have difficulty finding employment in the competitive labor market. In addition, once people obtain employment, managing finances is a challenge to maintaining financial stability. Workforce development partners and homeless service providers must collaborate: 1) to ensure people experiencing homelessness receive all the benefits for which they are eligible, 2) to connect people to educational and skills training opportunities that they need to succeed in the current job market 3) to continue to build partnerships with new and existing employers that will hire people experiencing homelessness; 4) to assist with job search and placement; 5)

⁵ *Employment Among Baltimore’s Homeless Population: Hit Hard by a Struggling Economy*, July 2011, <http://www.hchmd.org/pdfs/HCH%20Employment%20Report.pdf>

⁶ A livable wage is the hourly rate an individual must earn to afford basic needs, like food and housing.

⁷ Living wage for an individual in Baltimore is \$11.24 per hour, <http://livingwage.mit.edu/counties/24510>

to provide additional support or re-placement as new barriers emerge; and 6) to link people to financial services so they can maximize and manage their earnings. This will ensure that more people who experience homelessness are employed, increase their income, and manage their income effectively.

3. Advocate for policy changes that will reduce barriers to employment and housing for people with criminal backgrounds and expand the Docket for Homeless Persons to service providers

People experiencing homelessness are vulnerable to being arrested or issued citations for non-violent misdemeanors such as sleeping in a public place, panhandling, possession of an open container, public intoxication, etc. Those unable to pay fines for these offenses or who fail to appear in court are then subject to warrants which create significant barriers to housing, employment, and other necessities related to ending a person's homelessness. Further, the incarceration of those individuals incurs significant costs to the public and the individual, particularly if incarceration interrupts participation in treatment or results in the loss of a job or housing.

Policy changes and promising practices that reduce barriers to employment and housing for people with criminal backgrounds are critical to ensure that people achieve stability. Specialized court dockets, like "homeless courts," have been identified nationally as a promising practice to reduce barriers to housing and employment for people experiencing homelessness.⁸ The Docket for Homeless Persons (DHP), launched in June 2013, is a specialized court docket for individuals experiencing homelessness who have been accused of nonviolent misdemeanors or who currently have outstanding warrants and/or failure to appear offenses for misdemeanors or traffic offenses. Defendants can choose to have their case heard in this docket which, unlike the ordinary criminal docket, seeks to offer services to individuals experiencing homelessness and assist them in overcoming barriers to self-sufficiency.

Emergency and Preventive Services

To make homelessness rare and brief, Baltimore must restructure and build the capacity of its homeless service delivery system to focus on preventing homelessness and quickly returning people who have become homeless to permanent housing with the support services needed to maintain housing.

Priority Actions:

1. Strengthen collaboration between Baltimore City Public Schools and homeless service providers to ensure homeless children and unaccompanied youth have access to schools and other educational resources

Ensuring that homeless children and youth receive continual, quality education is essential to ending homelessness and reducing their vulnerability to homelessness in adulthood. Federal law requires CoCs to collaborate with school districts to identify homeless students and families and

⁸ U.S. Interagency Council on Homelessness, *Searching Out Solutions: Constructive Alternatives to Criminalization*, April 2012, http://usich.gov/resources/uploads/asset_library/RPT_SoS_March2012.pdf

inform them of their eligibility for McKinney-Vento education services.⁹ Stronger collaboration between schools and homeless services providers offers the opportunity: 1) to increase access to early childhood enrichment and education programs, such as therapeutic nurseries and Head Start; 2) for the homeless education liaison and the existing Children's Coordinator Program to coordinate services to ensure that homeless students' educational needs are being met; 3) for data and information sharing on homeless children and youth; and 4) to coordinate communication efforts about the education rights of homeless children and youth and raise awareness about services for children, youth, and families.

2. Develop a model/best practices for hospital discharge planning to ensure patients are discharged to a safe, stable living arrangement and strengthen and sustain the Convalescent Care Program

Currently there is not a model or standard of practice for hospital admission and discharge of people experiencing homelessness in Baltimore. Creating a hospital admission and discharge model or best practices will ensure early identification of housing need upon entry and ensure that patients are sent to safe, appropriate accommodations to recover from illness or injury. Improving hospital discharge has cost savings for hospitals and the broader community. If patients are discharged to clinically appropriate places to recover from illness, it should result in fewer readmissions to hospitals. The biggest challenge is the lack of safe, appropriate discharge options for homeless patients. To help address this challenge Baltimore must maintain and ensure access to the Convalescent Care Program (CCP). The CCP provides short-term medical respite care for homeless persons who are too ill to recover from sickness or an injury on the streets, but are not ill enough to remain in a hospital.¹⁰ CCP offers hospitals an alternative to discharging patients to the streets while ensuring that hospital recommended care is not compromised due to unstable living situations. Studies find that homeless patients discharged to convalescent care experienced 50% fewer hospital readmissions, than those discharged to their own care.¹¹

3. Strengthen and expand prevention assistance and case management services to individuals, families, and youth at risk of experiencing homelessness

Homelessness prevention will help reduce homelessness in Baltimore and service system costs associated with homelessness, however, governmental resources provide limited resources to implement prevention services. The average monthly costs for individuals and families experiencing homelessness range between \$1,634-\$2,304 and \$3,184-\$20,031, respectively.¹² People who remain in homeless programs for extended periods, or cycle in and out of the

⁹ Subtitle VII-B of the McKinney-Vento Act, guarantees that homeless students have the right to educational stability and continuity, which includes allowing homeless children to remain in one, stable school environment and providing continuous access to teachers, programs, peers, and services. It also provides the right to immediate enrollment and full participation in school activities.

¹⁰ CCP supports 25 beds, located at the Harry and Jeanette Weinberg Housing and Resource Center, and provides 24 hours a day/7 days per week recuperative care

¹¹ Kertesz, S. G., Posner, M. A., O'Connell, J. J., Swain, S., Mullins, A. N., Shwartz, M., & Ash, A. S. (2009). Post- hospital medical respite care and hospital readmission of homeless persons. *Journal of Prevention & Intervention in the Community*, 37(2), 129–142.

¹² Abt Associates, Inc. (2010). *Costs Associated With First-Time Homelessness For Families and Individuals*, http://www.huduser.org/publications/pdf/Costs_Homeless.pdf

system multiple times, incur the highest percentage of costs. Prevention services will help households preserve their current housing, reduce the number of people entering the homeless services system, and reduce the demand for shelter and other programmatic housing beds. It is important to maintain current initiatives and programs including: 1) the United Way of Central Maryland Family Stability Program (Rapid Rehousing Program); 2) the Baltimore City Department of Social Services Ready by 21 Program; and 3) the State Homeless Prevention Program. Case management is an important service that accompanies prevention assistance, however, many service providers do not have the capacity to expand case management services as government funding for this resource continues to decrease. Other sources of funding are necessary to maintain and expand existing prevention assistance and case management services.

Investment

Making homelessness rare and brief will require significant investment from all community partners, including new investments from government, business, and philanthropic organizations. Over the past three years, Baltimore City and the United Way of Central Maryland have taken initial steps to develop a fundraising strategy that generates private funding to support the *Journey Home*.

Priority Actions:

1. Develop a comprehensive fundraising plan that includes a set of diverse strategies to generate private funding resources to support investments that advance the *Journey Home*

Since 2011, Baltimore City and United Way of Central Maryland held three annual Journey Home benefits, which raised over \$1 million to support the Plan. The majority of private dollars raised are captured through the benefit. However, a diverse set of fundraising strategies are needed to increase the amount of private funding sources available to support the Plan. Private funding offers flexibility to respond to unique needs or circumstances within our community.

2. Invest in a communications strategy to raise public awareness about the causes and solutions to homelessness

We must continue to increase public awareness of the causes of and solutions to homelessness. Strategic communications will help to educate the public about the prevalence of homelessness, but also familiarize them with the faces of people who experience homelessness in Baltimore. A broad communications strategy will also help build more constructive discussions at the community level that will foster positive policy changes. The Faces of Homelessness Speakers' Bureau provides a great opportunity to communicate personal stories from people who have experienced homelessness and communicate the vision of the *Journey Home*.

Board Workgroups

The Journey Home Board will create a set of workgroups to move the Journey Home Strategic Priorities forward. Workgroups will pursue the priority actions described above. The Executive Director of the

Journey Home will work with the Board to identify workgroup chairs and workgroup participants. As noted in the Journey Home Board Charter, workgroup participation is not limited to just Board members; any member of the community is permitted to serve on a Board workgroup. It is anticipated that the workgroups will be phased in over the next six months. Workgroups include: 1) Housing Development Workgroup, 2) Health Care Workgroup, 3) Incomes and Employment Workgroup, 4) Emergency Services and Prevention Workgroup, 5) Youth Homelessness Workgroup 6) Fundraising Workgroup, 7) Resource Allocation Workgroup, and 8) Data and Evaluation Workgroup.

Performance Management

A performance management plan must be developed to track progress against the Journey Home Strategic Priorities and evaluate the Plan's impact on reducing homelessness in Baltimore. The intent is that the plan will help to create transparency and accountability across the community. It will also be used by the Executive Director of the Journey Home to produce an annual Journey Home progress report.

The Data and Evaluation Workgroup will develop the Journey Home performance management plan. This workgroup will coordinate with the Executive Director to: 1) define what success looks like for each priority, 2) identify clear benchmarks and milestones to measure progress, and 3) determine which performance measures show collective impact. The performance management plan will be presented by the Journey Home Board by summer 2014.

Conclusion

The Journey Home Strategic Priorities lay out a set of actions that will help focus our collective efforts on solutions to end homelessness. To fully implement these priorities we need broad involvement from all community stakeholders, especially Board members. The priorities also provide a framework to help us mobilize our resources and financial capital on strategies and best practices to prevent and end homelessness. Homelessness is not a permanent condition and through the work of the *Journey Home* we can make homelessness in Baltimore rare and brief.