

# **Journey Home Board Meeting**

City Hall – Curran Room

January 16, 2014 – 3:00 PM-5:00PM

## **I. Welcome and Introductions (Commissioner Graziano) – 3:00PM**

Welcomed group to the very first JHB meeting and extended thanks to all for agreeing to serve on the board.

### **a. Introductions and Assets that Board members bring:**

Some of the assets mentioned include: a history of working on issues of homelessness from a legal perspective for many years; former Leadership Advisory Group (LAG) member; 34 years of experience with the Baltimore City Police Department (BCPD); mission of agency to connect people to health care across Maryland; development of the Docket for Homeless Persons (DHP); history of working in Baltimore neighborhoods since 1969; coordination of the Journey Home Benefit; Housing Commissioner and property manager; connecting father's with families; School Board Commissioner; former Assistance Commissioner in NYC; in former position with the Public Justice Center, initialized Homeless Student Initiative; agency supports 2-1-1, connecting community members in need; involved in drafting of the original Plan in 2006; among others.

### **b. Review Agenda and Packet**

- Additional handouts (not included in Board member packets): History of Federal Appropriations since 2010 toward community development and homelessness (not yet made public – being shared with Board prior to release); Journey Home Financial Report.
- Specific references made to last week's cold weather; no deaths reported as of yet. Cold weather draws attention to the need for comprehensive emergency services, but also permanent solutions to homelessness.

## **II. Opening Remarks (Mayor Rawlings Blake) – 3:20 PM**

- Welcomed all to first official Board meeting; stated excitement in starting the work of the Board and thanks each and every member in advance of the work that will be accomplished.
- Announcing the Journey Home Board last week energized and a brought about a new commitment to the work in ending homeless. Noted that there was not a more perfect day than that day (1/7/14), knowing the impact that such cold weather has on our homeless community members.
- Pleased with how well the group has come together – and the commitment and energy to get the work to end homelessness in Baltimore done; stated that it will take more than just those around the table to the get the work done. Board will need to engage with the others out in the community to unite and drive toward the effort of ending homelessness.
- Special thanks to people like Sister Helen, who have been involved so long in the work of ending homelessness, and who are clearly committed to this work
- Very proud to embark on this task of ending homelessness.

## **III. Overview of the Journey Home (Commissioner Graziano) – 3:30 PM**

Purpose for this Board is to make real progress toward achieving the goals of the Plan.

Discussed the role of the Housing Authority in the effort to end homelessness:

- At the end of 2013: Housing was providing 15,300 households in Baltimore City with rental assistance and 10,500 in Baltimore County; this effort is providing permanent affordable housing to those who might otherwise become homeless. This is the highest level of assistance that the Housing Authority is undertaking, so it will be a challenge to continue to provide this level of assistance into the future. The current federal appropriation will only fund 97% of the current budget, nationally, during the next year.

To achieve the goal of ending homelessness, it will require a community wide effort composed of a diverse group of stakeholders. This Board is a first step in the process.

**a. Overall Network (Adrienne Breidenstine)**

- There are different types of stakeholders that need to be at the table to make homelessness rare and brief, but it is important to recognize that those of us around this table do not comprise the whole network. While there are many people and groups not seated at this table, it is representative of those stakeholders who need to be involved. The Board must collaborate with the greater community and other stakeholders in their sector, to find spaces that bring the others in their field into the conversation.
- The Journey Home Board is an advisory body, but it must also set the priorities for the work in making homelessness rare and brief.

**b. CoC Board**

- The operation of a Board is now a requirement of all CoC's across the country that receive HUD funds through the Continuum of Care Program
- Board is responsible for community-wide planning to develop a comprehensive and integrate systems to address homeless and the submission of the annual Notice of Funding Available – funding application.
- Board is not responsible for overseeing the operations of the Homeless Services Program

**i. Board Function**

The Board is responsible for several functions:

- Establish priorities for the Journey Home
- Develop action plans to achieve the Plan priorities
- Provide recommendations for the allocation of public and private funds
- Advocate for policy changes and build public awareness about homelessness

**ii. Board Structure**

The Board structure includes an Executive Committee and Workgroups

- The Executive Committee will be composed of the Board Chair, the Chairs of the various workgroups, and other appointed Board members. This group will work closely with Adrienne and Commissioner Graziano to bring key decisions to the full Board for discussion and action; has the authority to make decisions when unforeseen issues arise.
- Workgroups will be chaired by a Board member and membership is open to the broader network. Workgroups will work with Adrienne to create action plans for the Plan priorities. Workgroups will be phased in over the next few months.

**iii. Board Charter**

A few changes have been made to the Journey Home Board Charter since it was originally sent, specifically:

- Pg 2 – appointment has been changed to board selection, to reflect more accurately the process and voluntary nature of Board membership.
- Pg 8-9 – Policy and Standards workgroup – additions were made to conform to HUD regulations

Questions and Comments raised by Board members:

- Pg 4: Point of clarification about stating that the Plan’s purpose is to advance ending homelessness
- Others commented on the importance of “letting community know that is POSSIBLE to end homelessness” and delineating that point (others re-iterated this point)
- Clarity needed on the preferred language for talking about the Plan and the Board’s work: ending homelessness vs. making homelessness rare and brief

\*\*Motion and Approval to adopt the Journey Home Board Charter

**\*FU required: send Board full CoC Program Regulations**

#### **IV. Journey Home Strategic Priorities (Adrienne Breidenstine) 4:10pm**

The Board is tasked with setting the strategic direction for the Journey Home Board.

**A. Purpose of strategic priorities:** focus the work, collective resources, and energy to advance the Plan; intended to launch the work of the Board.

- Recognize that there is important work being done individually by the organizations represented at the table, and many others in the community.
- Having Strategic Priorities will allow the Board to re-evaluate and modify needs and approaches as we move forward.

**B. Process of developing the Strategic Priorities:**

- 1) Looked at progress to date toward the objectives of the Journey Home Plan, particularly what has been done/accomplished and what is missing
- 2) Examined consultant reports – some of OrgCodes recommendations are included in priorities (in particular, points about addressing the specific needs of youth and families)
- 3) Analysis of the current community effort – for examples, the Home for Good Campaign, Campaign to End Veteran Homelessness; investing in Rapid Re-housing)
- 4) Targeted discussions with various stakeholders and Coalitions about the work and the Journey Home

**C. Structure of the Strategic Priorities:** framework of plan is useful for setting strategic priorities with the addition of a fifth area in investment (engaging our private partners in the effort)

**Affordable Housing –**

##### **1. Create New Permanent Supportive Housing units and target these units using Housing First approach**

- Approach included in the original Plan, but substantial progress has not been made, in part, due to limited federal resources available to make this happen.
  - The premise of the Housing First model is to move people into housing as quickly as possible, while connecting them with the supportive services to keep them housed
  - One of the largest challenges in making this possible is how to cover operating costs – especially from a developer’s perspective.

- Challenge to the Board to think of alternative ways, aside from vouchers, to fund the operation costs of housing for people with the lowest incomes

**\*\*Board requests clarification about the difference between Permanent Housing and Permanent Supportive Housing – set of definitions about the programs and concepts**

Clarification proffered during meeting: everyone needs permanent housing, but others need an individual level of additional support to live in that housing

- Michael Seipp expressed an issue with the dominant preference for a Housing First approach when some people need therapeutic, supportive housing environments to be successful in a PH environment. He shared two examples of which people from his program were placed into a Housing First program and had grave experiences.
- Chair Graziano echoed a need to leave dogmatic views at the door, and rather listen and understand what we know to occur in the real world with treatment and use that as a guide to the Board's work.

**2. Target existing PSH to chronically homeless individuals and veterans**

- Over the past year, through efforts like the Home for Good Campaign, as a community, we've learned about the tools available, such as the Vulnerability Index and low-barrier housing approaches, and had the opportunity to put them into practice and test them out.
- We know of all households that have benefited from the Home for Good Campaign, which targets our most vulnerable and with the highest chance of morbidity, 65% are chronically homeless.

**3. Explore how to repurpose existing TH**

- Reiteration that this strategic priority is not mean the wholesale removal of existing programs, but to take a critical look at the programs, their purpose and targets; their costs and their client outcomes to determine where we can do better with these resources.
- Commission Graziano announces that the Housing Authority is preparing to release an RFP for Project-based Section 8 facilities, targeted to house veterans.

**Comprehensive Health Care-**

Significant progress has been made in this area, particularly thanks to the Affordable Care Act and Medicaid expansion in Maryland.

**1. Continue to enroll people into Medicaid and connect them to Medicaid homes**

- Our partners at Health Care for the Homeless and Health Care Access Maryland have been leading the charge for this effort and we need to continue to support this work.

**2. Develop a comprehensive and integrated behavioral health services system**

- Particularly an effort to identify the needs and appropriate approaches for unaccompanied youth and children in families.

**3. Identify opportunities to use Medicaid to fund care and case management connected to Permanent Supportive Housing**

- This option for the use of Medicaid funds is not yet approved in MD; but there is an opportunity to make this happen that should be explored. Other states are doing this; for example, New York State's Medicaid re-design approach is funding the operating costs for Permanent Housing, and actually using housing as health care.

- Sister Helen clarified that here in Maryland, Medicaid is operating at broke, and hospitals are being charged to fund deficit.
- Yngvild Olsen suggested the use of managed care providers to provide case management, as example, to be able to link people who are homeless to available housing stock and keep them housed through the use of case management dollars from other sources.

## **Incomes and Employment**

### **1. Advocate for the increase the state minimum**

- Opportunity to make this happen during this session; Governor O'Malley has already pledged his support.
- The difference between the proposed \$10.10 and the current \$7.25 will make a huge difference in increasing overall income for our residents with the lowest incomes and their ability to afford housing.

### **2. Coordinate and expand access to employment assistance and financial services**

- The predecessor to the Journey Home Board, the Leadership Advisory Board, had already demonstrated the value of this effort as evidenced by dedicated Journey Home Benefit funding to an employment program which was also matched by the Abell Foundation and supported by the Housing Authority.
- Success in the area will require that we are able to tap into mainstream services that connect people to jobs; we are glad to have partners at the table whose work focuses specifically in this area.
- Additionally, connecting people with financial services so that clients learn how to best manage their money, make smart financial decisions for their household, and feel empowered to become self-sufficient through these additional supports.

### **3. Reduce Barriers to employment and expand the Docket for Homeless Persons**

- Expungement of records for non-violent crime is one of the most effective ways to reduce barriers for homeless clients.
- One approach, which is showing promise, and is based in best practices, is the Homeless Persons Docket. The benefit is that it targets those with charges for non-violent misdemeanors and instead of just handling the legal matters, it also connects people to the services they need instead of just flowing through the court system.

## **Prevention and Emergency Services**

### **1. Strengthening collaboration between the BCPSS and homeless services providers**

- Foster data sharing between systems to better identify and serve families with children and unaccompanied youth, ensuring that they receive services for which they qualify.

### **2. Establish standards for hospital discharge and strengthen the Convalescent Care Program**

- At present there are no standard protocols for hospitals in discharging patients who are homeless across the city. As a result, patients are discharged into places that are not safe or medically appropriate to meet their needs.
- Convalescent Care, short-term respite care following hospitalizations, has been show in studies to reduce the readmission rate for people experiencing homelessness. The intervention demonstrates efficacy to reduce readmissions creates a cost-savings for the system by providing a safe and stable place for people to recuperate.

### **3. Strengthen and Expand Prevention Assistance and Case Management**

- Current programs like the United Way's Family Stability program, Department of Social Services' Ready by 21, and Department of Human Resources's Homelessness Prevention Program dollars are important resources and have demonstrated effectiveness in reducing the rate of homelessness especially among unaccompanied youth and families with children.

#### **Investment**

##### **1. Develop a comprehensive fundraising plan generate private funding resources to support investments for the *Journey Home***

- Journey Home Benefit has brought in over a million dollars to date and provided funding for necessary programs such as the Children Coordinator program and the Employment program

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

- The Mayor has specifically requested that we take this message broader to the larger community.
- One approach is to tap into existing resources to get the message about the issue of homelessness and solutions, like the Speakers Bureau, which are a group of individuals who speak from first-hand knowledge and experience about the causes and solutions to homelessness.

#### **Questions and Comments for Board members**

- Concern that the needs and approaches to address children between the ages of 0-4 are not present anywhere in the Strategic Priorities document. This is a critical time period of brain and cognitive development, and if children's needs are not attended to during this period there will be irreversible repercussions in the long run. Suggests that need to incorporate Head Start or other similar groups/resources into the Board's approach to ensure that this group is represented.
- Clear that these are priorities for the Board to start with, but need for clarification about the preferred messaging and communication from the Board about these Strategic Priorities. How should we speak about or communicate this effort?
- Questioning about the process of developing standards for hospital discharges in the city. What authority will these standards have to hold hospitals accountable? Perhaps the best approach would be to promote best practices and present the preferred model in patient discharge to the hospital community. The Affordable Care Act requires that each hospital conduct a community health needs assessment upon discharging a patient, this could be a place to push for best practices to be implemented.
- Feeling that this document encompasses the right priorities; not too much or too little. However, important to reiterate the point about clear messaging. Suggestion to look at other's city's efforts to achieve these sorts of goals.

- Rapid Re-housing is not mentioned in the document. It has been incorporated into the Family Stability program, as a best practice, but should be called out specifically in the Strategic Priorities.
- Concern that the Strategic Priorities is focused as a plan for the development of transactional services; that is, it is addressing how best to use the resources, knowledge, and models currently on the table. But it is not transformative plan; it is not seeking greater change in other overall structure of the issue.
- Concern that only the minimum wage piece of personal economics, job development, and financial independence is addressed within the Strategic Priorities.
- Understanding that the document is not to be read separate from the plan – nothing is stopping the Board from working on other parts, suggestion to not over think the Strategic Priorities as the end plan.
- Strategic Priorities do not address seniors or those with disabilities and their ability to have sufficient income to support their stability (those with permanent barriers to increasing their income).
- Given this list of concerns or items to be addressed, discussion ensued about how to procedurally hand the process of approving the Strategic Priorities. The options presented:
  - Continue with the vote as a conditional approval
  - Wait until the document reflects the issues raised
  - Executive Committee could approve at a later date

#### **Journey Home Work Groups**

- The work groups will really be the main drivers of this work, given that the Board itself will meet quarterly and has a decision-making role.
- The Strategic Priorities will be going to the workgroups to be given specifics and be transformed into action plans. The workgroups will organize behind the action plan, bring other stakeholders or players into the work in order to execute and achieve
- Anticipate that there will be a total of 8 workgroups
- Work groups will be phased in over the next couple of months.
- Some Board members have already expressed interest in serving on specific workgroups; if you have not, reach out to Adrienne with ideas and preferences, but if not, we have ideas about where your skills and expertise might fit in.

**\*\*Motion and Approval to adopt the Journey Home Strategic Priorities**

#### **V. Educational Opportunities**

- At each Board meeting we would like to include an educational component about relevant practices, models, innovations, or the like. We have ideas about what these will be, but we are open, and will seek input from the Board about things of interest to bring in speakers and experts about these items.
- As part of these educational opportunities and kicking off the Journey Home Board, we are planning to conduct site visits to get to know the types of services that assist households experiencing homelessness in Baltimore and how they are administered, throughout the spring

to better acquaint the Board with the scope of services that exist in the community and provide an opportunity to get a direct visual inside. We plan to visit, first, the programs operated by our Board members' organizations.

## **VI. Spectrum of Homeless Services (Kate Briddell) 4:45**

Wanted to provide a brief overview (now in a very short period of time) of the Homeless Services Program (HSP)

- A. Continuum of Care
  - First to be clear, we talk often about the Continuum Care. This, per HUD, has a number of definitions, but generally refers to the spectrum of services, a geographic area; and a specific funding program. The latter, the Continuum of Care Program, is the newest iteration, and changed the rules completely for how Permanent Supportive Housing is administered, from a grants perspective. Combined 3 programs into a single program.
- B. Homeless Services Program (HSP)
  - Grants Administration Program
  - Acts as the Collaborative Applicant for the CoC Program NOFA Competition
  - Is the Applicant and Recipient for the majority of federal funds that come into Baltimore for housing and services
- C. Funding Sources
  - a. CoC Program (\$20,401,139)
  - b. Formula grants
    - i. Emergency Solutions Grants (ESG) – (\$1,302,007) purpose of funds to get people out of homelessness quickly
    - ii. Housing Opportunities for Persons with AIDS (HOPWA) – (\$7,312,098) Grantee for Baltimore City and 6 surrounding counties.
  - c. State Funds (\$2,318,283)
    - i. Emergency and Transitional Housing and Services Program
    - ii. Homeless Prevention Program
    - iii. Homeless Women's Crisis Shelter Program
    - iv. Service Linked Housing
  - d. General Funds (\$5,667,307)
    - i. Harry and Jeannette Weinberg Housing & Resource Center
    - ii. The Baltimore Station – Men's Overflow Shelter
    - iii. New Vision House of Hope – Women's Overflow Shelter
    - iv. St. Vincent de Paul – Sarah's Hope Shelter
    - v. Health Care for the Homeless – Permanent Housing Case Management
  - e. Journey Home Fundraising Initiative (\$486,026)
    - i. Education Coordinators in family shelters – collaborate with schools to ensure transport, vouchers for uniforms and other needs for students.
    - ii. Employment/Housing program – Public private partnership (HABC, Abell Foundation) to identify people currently in shelters to participate in job training, and help participants secure employment and housing; works with a declining subsidies.
- D. Special Initiatives
  - a. Set-aside Voucher Program for 500 for chronically homelessness households
    - i. Used the VI as a tool to prioritize units to the most vulnerable.
  - b. Re-entry Vouchers – implementing best practices to house homeless individuals exiting jail



- c. MOU with SVdP for the Front Door Program, which is implementing a rapid re-housing program utilizing a declining subsidy to move families with employment out of shelter as quickly as possible
- d. Chronically homeless set aside units in the current development of public housing units.
- e. HUD Veterans Affairs Supportive Housing (VASH) – a project which is combating vet homelessness and ramping up for the anticipating that we will see increasing rates of homelessness among your younger/new veterans.

**\*\*Board request as commonly used vocabulary and acronym chart for HUD programs**

**VII. Updates and Announcements 5:00**

**A. Financial Report; (Mark Furst)**

- \$2.8 million raised from 2008- present
- Net funds available: \$438,602
- Good amount of funds to start to support this work.

**B. Emergency Weather Operations (Olivia Farrow)**

- Human services helped staff the effort –from the operation of the Emergency Operation Center to the cold weather shelter, and street outreach.
- During the 3 day event we had 200 encounters with people experiencing homeless on the street, however, many still refused to come in. We understand that there is still a level of trust be gained with those on the street.
- There have been no reports of deaths due to the cold during the period; so hats off to Human Services team for their response to the call.
- Special thanks to organizations like Health Care Access Maryland who spearheaded the outreach effort and responded during the event, and to the Baltimore Station who continues to lend a hand and staff during such emergency.
- Reflecting on the event, we are looking at how we can reconfigure our entire outreach effort to create the best methods for finding people on the street

**\*\* Board requests to get future meeting dates in advance to plan for the year.**

**VIII. Closing Remarks**

This was a great meeting, exactly what we were looking for when we set out to establish the Board – and engaged, participatory group.

5:09 meeting adjourns.