

A HOME FOR ALL

The Baltimore County 10-Year Plan to Prevent and
Reduce Homelessness

2013-2023

PREPARED BY THE BALTIMORE COUNTY DEPARTMENT OF PLANNING IN
COORDINATION WITH THE BALTIMORE COUNTY HOMELESS ROUNDTABLE

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MISSION AND VISION

Baltimore County will have an integrated, community-based support system which will prevent homelessness and provide the necessary resources to end it.

Baltimore County envisions a comprehensive housing crisis response system through which homelessness can be prevented, and when this is impossible, episodes of homelessness can be quickly ended. The Ten Year Plan to Prevent and Reduce Homelessness in Baltimore County (the Plan) is designed to identify and align the future homeless support system to meet the distinct needs of people at risk of or experiencing homelessness. The Plan sets forth a broad range of coordinated strategies that address multiple issues across the continuum of homelessness. It sets out a framework that will prevent and reduce homelessness - not just manage it.

The Plan integrates and enhances existing community planning efforts and priorities. It will continue to evolve over time as a living document that will guide community efforts to respond to emerging issues related to homelessness in Baltimore County.

The following principles will guide the implementation of the Plan:

1. **We will reduce homelessness in Baltimore County.** We are committed to reducing homelessness for all in Baltimore County. We seek to take on the challenge outlined in *Opening Doors, the Federal Strategic Plan to Prevent and End Homelessness* and seek to reduce family homelessness in ten years; chronic homelessness in five years; veteran homelessness in five years; and create a path to reduce all homelessness in our community.
2. **We are committed to the Housing First approach.** We believe all persons need and deserve safe, affordable housing. People experiencing homelessness and those who are at-risk of homelessness should have accessible, affordable housing, and the supportive services necessary to maintain that housing. People experiencing homelessness and those who are at-risk of homelessness should receive coordinated services from various agencies to help them secure and maintain housing, meet their individual and family needs, and maximize their independence and integration within the community.

3. **We will foster and encourage innovation.** We will embrace new and creative approaches to end the cycle of homelessness, drawing from best practices around the country and our own experiences.
4. **We will come together as a community to implement the Plan.** The Plan will prosper due to the commitment of dedicated Baltimore County community members. To be successful, the Plan requires the commitment of County officials, service providers, faith and business leaders, consumers, and community members. The Plan is a community effort and we will only reach its common goal through joint partnerships and collaboration.
5. **We will be responsive to our community.** The Plan will be modified over time to meet the changing needs of the community and the needs of the populations served.
6. **We will use data and outcomes to drive our decisions and implementation.** Strategic approaches to address homelessness will be driven by current data and will include measurable outcomes to track our progress.
7. **We will create bench marks.** We will create and measure benchmarks for implementation of the Plan.
8. **We will update our progress annually.** During the planning process, we will publish updates of the Plan annually.

To make the vision for preventing and reducing homelessness in Baltimore County a reality, we as a County, working in partnership with the Baltimore County Homelessness Roundtable and the Baltimore County Communities for the Homeless, commit to:

- Preventing homelessness whenever possible;
- Ensuring easy access to communitywide, culturally competent, safe and effective housing and homeless services;
- Ensuring people exit homelessness as quickly as possible;
- Connecting people to communities and the resources needed to thrive to become more self-sufficient; and
- Building and sustaining the political will and community support to reduce homelessness.

INTRODUCTION

The Ten Year Plan to Prevent and Reduce Homelessness in Baltimore County (the Plan) was developed to bring our homeless service system into alignment with best practices and regulatory changes in U.S. Department of Housing and Urban Development's (HUD) homeless assistance programs and goals. The Plan's creation marks the beginning of a homeless services system change and provides comprehensive strategies to move forward in the reduction of homelessness.

The Plan was created with input from a diverse group of stakeholders from the public and private sectors and technical assistance from the Corporation for Supportive Housing and National Alliance to End Homelessness. Over 60 organizations participated and are identified in Appendix C.

According to the 2012 Annual Homeless Assessment Report (AHAR)¹, 1,291 homeless persons of all ages received housing assistance through the emergency shelters or transitional housing in Baltimore County. The County's AHAR reported an additional 98 persons housed in Permanent Supportive Housing in Baltimore County. The Baltimore County Homeless Roundtable was prompted to develop a plan not only by the new HUD regulations and *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness*² (Opening Doors), but more importantly, by the large number of people experiencing homelessness in the County.

Baltimore County, Maryland, is situated in the geographic center of Maryland, surrounding the City of Baltimore almost entirely, and is bordered by Howard, Harford, Carroll, and Anne Arundel Counties. The County, with a population of over 800,000, is the largest jurisdiction in the Baltimore-Towson Metro Area. Baltimore County's homeless services are funded independently from other counties, yet data shows that those experiencing homelessness in Baltimore County frequently cross borders between the surrounding jurisdictions.

¹ The AHAR is a report that relies on data from two community sources: single-night, point-in-time counts of both sheltered and unsheltered homeless populations reported on the Continuum of Care applications to HUD; and counts of the sheltered homeless population over a full year based on data from the local Homeless Management Information system (HMIS).

² United States Interagency Council on Homelessness. *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness*. Washington, DC: U.S. Interagency Council on Homelessness, 2010.

http://www.ich.gov/PDF/OpeningDoors_2010_FSPPreventEndHomeless.pdf.

This plan utilizes best practices learned from communities nationwide to identify local strategies that will prevent more households from becoming homeless. For those who do become homeless, these strategies will reduce the length of time that they experience homelessness.

The Plan shares the vision of *Opening Doors*: no one should experience homelessness – no one should be without a stable, safe place to call home. It also shares the core values of *Opening Doors*:

- Homelessness is unacceptable. It is solvable and preventable.
- There are no “homeless people,” but rather people who have lost their homes who deserve to be treated with dignity and respect.
- Homelessness is expensive; invest in solutions.

This plan is a countywide effort. It is a living document providing a blueprint for meeting the needs of people experiencing and at-risk of homelessness, and the County’s homeless service providers and stakeholders have committed to work diligently to ensure its successful implementation.

NEW FEDERAL REGULATIONS

Summary of Federal Changes Impacting Homeless Programming in Baltimore County in the Future

Much of the planning that has taken place since 2010 directly correlates to changes in federal funding for homeless assistance programs and *Opening Doors*. In 2009, Congress passed the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act which was implemented through the Federal Notice of Funds Availability in the fall of 2012.³ *Opening Doors* was released in 2010.

This Baltimore County Plan outlines a strategy to significantly transform the provision of services to homeless people in Baltimore County. Consistent with new federal direction and policy, the Plan seeks to sharply decrease the numbers of people experiencing homelessness and the length of time people spend homeless.

³ The text of the HEARTH Act can be found here:

<https://www.onecpd.info/resources/documents/HomelessAssistanceActAmendedbyHEARTH.pdf>.

The Plan calls for an adjustment of homeless assistance in the County to align it with the goals and outcomes specified by the HEARTH Act, which substantially changes Federal homeless assistance policy. The new Federal policy emphasizes achieving substantive outcomes in reducing homelessness and ensuring an effective range of services accessible to all people facing homelessness. The HEARTH Act expands the range of outcomes to focus on rapidly ending homelessness and preventing its growth.

HEARTH Act

The HEARTH Act consolidates three separate homeless assistance programs administered by HUD under the McKinney-Vento Homeless Assistance Act into a single grant program. Additionally, it renamed the Emergency Shelter Grant to the Emergency Solutions Grant, shifting emphasis from addressing the needs of people experiencing homelessness solely through emergency shelters to assisting people to quickly solve their housing crises. Homelessness prevention is significantly expanded and new incentives place more emphasis on rapid re-housing, especially for homeless families. The HEARTH Act also codifies into law the Continuum of Care planning process, a longstanding part of HUD's application process to assist homeless persons by providing greater coordination in responding to their needs.⁴

The HEARTH Act brings about the following changes to homelessness programming throughout the country:

- Allows for more administrative funding;
- Sets a goal of reducing homeless episodes to no more than 30 days;
- Emphasizes housing and rapid re-housing; and
- Focuses on outcomes.

Additionally, the HEARTH Act has established the following seven objectives for each community's Continuum of Care:

- Reduce the number of people who become homeless;
- Reduce length of homelessness;

⁴ Homeless Emergency Assistance and Rapid Transition to Housing: Emergency Solutions Grants Program and Consolidated Plan Conforming, Interim rule, Federal Register 76:233 (December 5, 2011) p. 75954. http://portal.hud.gov/hudportal/documents/huddoc?id=HEARTH_ESG_Interim_Rule.pdf

- Reduce returns to homelessness;
- Increase jobs and income;
- Other accomplishments on reducing homelessness; and
- Thoroughness in reaching homeless population.

Opening Doors, The Federal Strategic Plan to Prevent and End Homelessness

Opening Doors is the nation's first comprehensive strategy to prevent and end homelessness. It serves as a roadmap for joint action by the 19 United States Interagency Council on Homelessness (USICH) member agencies, along with local and state partners in the public and private sector. The plan calls for ending [Veteran](#) and [chronic](#) homelessness by 2015; and ending homelessness among [children, families,](#) and [youth](#) by 2020.

Opening Doors calls for a fundamental shift in how the federal government and communities across the country respond to homelessness. To prevent and end homelessness, targeted programs must be fully integrated with mainstream programs that provide housing, health, education, and human services.

Opening Doors calls on all relevant mainstream programs to prioritize housing stability for people experiencing or at risk of homelessness. If someone does experience homelessness, systems should be in place to rapidly return people to housing. People experiencing homelessness should have affordable housing and the support they need to keep it.

UNDERSTANDING THE CONTINUUM OF CARE

What is the Continuum of Care?

A Continuum of Care (CoC) is a regional or local planning body that coordinates housing and services funding for homeless families and individuals. In Baltimore County, the CoC is coordinated through the Baltimore County Department of Planning, in collaboration with the Baltimore County Homeless Roundtable (the Roundtable), and addresses issues of homelessness through on-going coordination, collaboration, planning, development, and evaluation.

The Roundtable membership is open to all interested community members and organizations and includes public and private nonprofit agencies, faith-based organizations, service providers, mainstream programs, consumers, and concerned citizens. The Baltimore County Department of Planning serves as the lead administering agency for the CoC.

What is the purpose of the Continuum of Care?

The purpose of the CoC is to systemically reduce homelessness in Baltimore County through the combined efforts of the County's public and private sectors. The responsibilities of the Roundtable include:

- Identifying and developing partnerships;
- Setting performance and outcome standards;
- Identifying resources;
- Monitoring programs; and
- Overseeing the homeless management information system.

What are the key components of a Continuum of Care System?

An effective CoC system is coordinated. It not only includes the fundamental components identified by HUD, but also the necessary linkages and referral mechanisms among these components to facilitate the movement of individuals and families toward permanent housing and self-sufficiency. It balances available capacity in each of its key components and provides a framework that is both dynamic and responsive to changing needs over time.

The key components of a CoC system include:

- Coordinated Assessment;
- Outreach and Engagement;
- Homeless Prevention;
- Rapid Re-Housing;
- Emergency Shelter;
- Transitional Housing;
- Supportive Services; and
- Permanent and Supportive Housing.

HOMELESS SERVICES IN BALTIMORE COUNTY BACKGROUND

1998: Baltimore County received its first HUD grant for a COC program.

1995 to Present: Baltimore County utilized the Community Development Block Grant to fund homeless prevention and assistance through the County.

2007: Baltimore County began to utilize HOME funds to offer tenant-based rental assistance in order to rapidly re-house individuals and families from homelessness to stable housing. To date, over 700 families have been housed through the use of HOME funds.

2009 to Present: Baltimore County received \$1.7 million in Homeless Prevention and Rapid Re-Housing funds to provide prevention and rapid re-housing services. Over 130 households were housed with these funds.

Baltimore County began to utilize the Rental Assistance Program (RAP) funds to provide rapid re-housing for homeless individuals and families. Over 200 households have been placed in stable housing through this program.

2010: Baltimore County Department of Planning held a week long Charrette to engage citizens in ten year planning to reduce homelessness.

Baltimore County was awarded \$219,000 in Supportive Housing Program (SHP) funds to open the first Single Room Occupancy housing in Baltimore County for 13 chronically homeless women in Southwest Baltimore County.

2011: The Roundtable, in workgroups, designed goals, objectives and action steps for the Plan.

Baltimore County reallocated SHP funded transitional housing to permanent supportive housing and added seven new permanent supportive housing units.

Baltimore County created a SOAR (SSI, SSDI Outreach, Access and Recovery) workgroup. Over 50 case workers were trained in completing SOAR applications.

Baltimore County created a Consumer Advisory Council for homeless and formerly homeless individuals. This Council provides input on the decision-making of the Roundtable.

2012: The Roundtable was restructured to align with the proposed objectives in the Plan to include Housing, Mainstream Resources, Coordinated Assessment, Data Management and Outreach workgroups. These groups function to implement the Plan.

Baltimore County introduced funding opportunities for rapid re-housing through the use of Emergency Solutions Grant (ESG) funds. These funds included support for case management and short-term rental assistance.

Baltimore County was awarded \$200,000 in Supportive Housing Program funds to open the second Single Room Occupancy, Supportive Housing program for 15 chronically homeless women in Eastern Baltimore County.

2013: Baltimore County used over \$243,000 in ESG funds for rapid re-housing.

PLANNING PROCESS

In an effort to address the issue of homelessness in Baltimore County, the Baltimore County Department of Planning contracted with the Corporation for Supportive Housing in the fall of 2010 to engage county stakeholders in a collaborative planning process, called a “Charrette,” to bring the community together and determine the focus for ten year planning. Prior to the Charrette, four community forums were held to educate citizens about homelessness in Baltimore County and encourage participation in the Charrette.

The Charrette planning process has historically been used in urban planning or community development as a way to promote joint ownership of solutions between residents and developers. In this case, the Charrette was used to engage the community around the issue of homelessness, determine gaps in

services, and adopt the concept of a housing-focused service delivery system. Through the sponsorship of the United Way of Central Maryland and Baltimore County Communities for the Homeless, a Charrette was held in October 2010 with hundreds of Baltimore County citizens in attendance. A national team was recruited consisting of representatives from the Corporation for Supportive Housing, the National Alliance to End Homelessness, and the Virginia Coalition to End Homelessness. This team led the opening forum of the Charrette and offered a national perspective on the importance of ten year planning to prevent and reduce homelessness. Additionally, the team engaged local experts through a series of panel discussions to determine the gaps in services and potential solutions in the areas of social issues, income, housing, health, transportation, and advocacy.

Using the information gathered through the Charrette, the Corporation for Supportive Housing provided Baltimore County with a set of recommendations for seven action areas for inclusion in the Plan. Key recommendations focus on the importance of shorter shelter stays, coordination of services, and a more comprehensive system of care including rapid re-housing and supportive housing. The Executive Summary of these recommendations is included in Appendix G.

Community Input

Over the next two years (2011 through 2012), Baltimore County continued to build on the work of the Charrette and further developed the recommendations leading to the development of the Plan. Workgroups were established in the winter of 2011 to explore gaps in services, and develop goals, objectives, and action steps. These workgroups included an Executive Committee, Housing Workgroup, Mainstreams Resources committee, HMIS/Point-in-Time Committee, and Ten Year Planning Design and Implementation committee.

Baltimore County participated in a HEARTH Clinic conducted in November 2011, facilitated by the National Alliance to End Homelessness. As part of the clinic, Baltimore County developed action plans for rapid re-housing and retooling the Baltimore County coordinated intake system. These action plans were also used in the development of the final strategies for the Plan.

In March of 2012, a Homeless Focus Group was held to solicit feedback from consumers on strategies for the Plan, specifically in the areas of prevention, access to resources and benefits, and housing. Some of the feedback from the group included the need for:

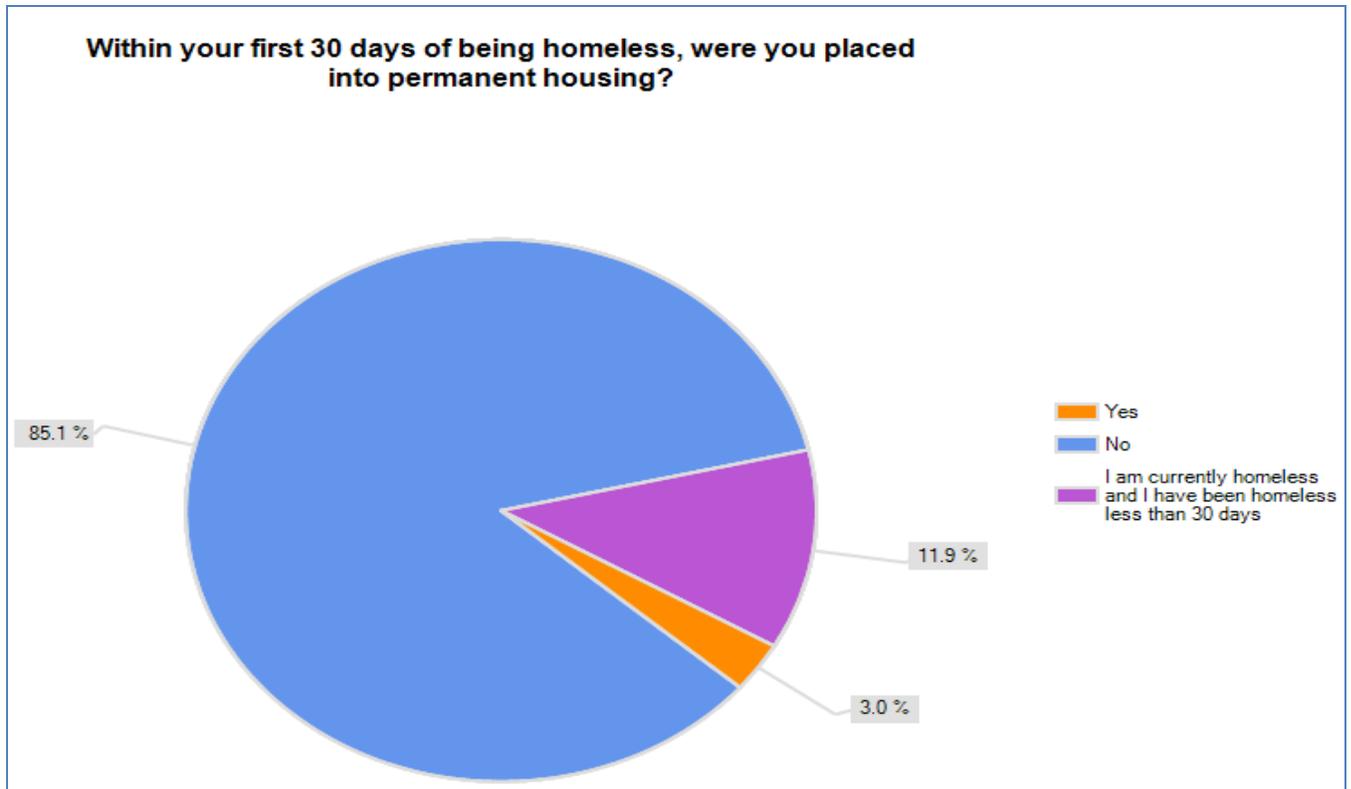
- Improved transportation;
- Expedited housing process;
- Affordable Housing;
- Access to identification and benefits such as SSDI (Social Security Disability Income); and
- Workforce Development.

Consumer Input

As part of the preparation for the 2011 HEARTH Clinic, consumers in Baltimore County were given the opportunity to complete surveys within a one month time span. A total of 67 anonymous surveys were completed. Results for the surveys support key recommendations of the Plan including a focus on rapid re-housing, coordinated intake, and prevention.

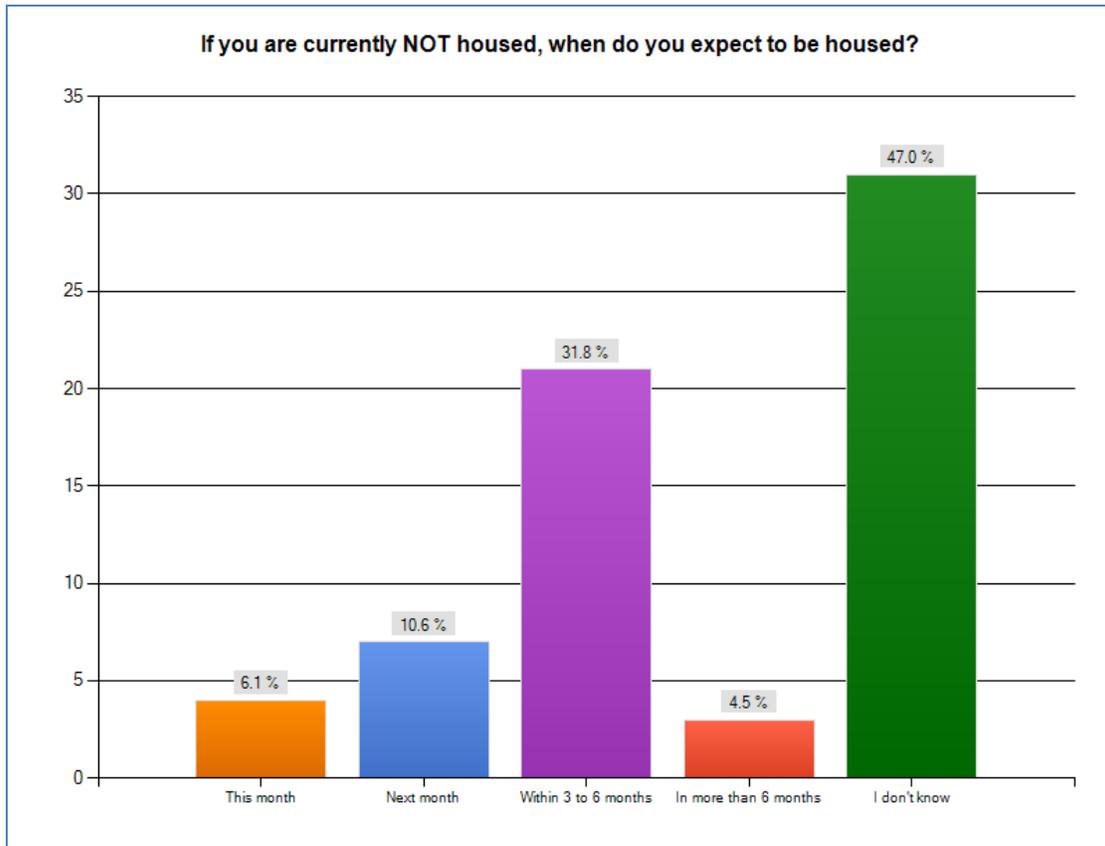
Supporting the need for more focus on rapid re-housing, 95 percent of consumers that completed surveys reported that they were not placed into permanent housing within 30 days (see Graph 1).

Graph 1: Consumer Responses Regarding Permanent Housing



Of the 67 consumers surveyed, 63 were not yet housed. Almost half of those not housed (47 percent) indicated that they did not know when they would be housed (See Graph 2).

Graph 2: Consumer Responses Regarding Housing Expectations



Supporting the need to retool the crisis response system and improve the coordinated intake process, only 33 percent of surveyed consumers indicated that services were easy to find when they became homeless (See Table 1).

Table 1: Consumer Responses Regarding Services

It was easy for me to find services to help me when I became homeless.		
Answer Options	Response Percent	Response Count
Strongly Disagree	26.9%	18
Disagree	29.9%	20
Neither Disagree or Agree	10.4%	7
Agree	28.4%	19
Strongly Agree	4.5%	3
answered question		67

The need for the Plan’s focus on prevention is supported by the results of both the Homeless Focus Group and the surveys. During the Homeless Focus Group, attendees indicated a need for a targeted prevention assistance fund. Further support came from clinic surveys showing consumers reported their greatest need to prevent homelessness was rental assistance.

MAKING THE CASE

Homelessness is a complex problem, fraught with many challenges and variables. But for all of its complications, the solution to homelessness is surprisingly simple – housing.

The main reason behind this inability to acquire and maintain housing is the scarcity of affordable housing. According to the latest HUD data,⁵ across the nation:

- There are 633,782 people experiencing homelessness on any given night.

⁵ U.S. Department of Housing and Urban Development. *HUD's 2012 Continuum of Care Homeless Assistance Programs Homeless Populations and Subpopulations*. Web. <http://www.hudhre.info/CoC_Reports/2012_national_pops_sub_FULL.pdf>.

- Of that number, 38 percent are people in families and 62 percent are individuals.
- 16 percent of the homeless population is considered "chronic."
- 10 percent of the homeless population is made up of veterans.

In Baltimore County, according to the annual 2012 Point-in-Time Census:⁶

- Approximately 525 households made up of 800 individuals are homeless in Baltimore County on any given night (PIT 2012);
- Of these, 35 percent are unsheltered (living on the street, cars, or other places not meant for human habitation) and 65 percent live in emergency shelters or transitional housing;
- Families (one adult and one child) comprise one quarter (26 percent) of homeless households. The remaining 74 percent of homeless households in Baltimore County are individuals;
- There are 498 emergency and transitional beds for individuals and families in the county;
- Providers report being at capacity on most nights in the county;
- 27 percent of the homeless population is considered "chronic"; and
- 9 percent of the homeless population is made up of veterans.

The Housing First approach

The foundation for the Plan is the Housing First approach⁷. Housing First is an approach to reducing homelessness that centers on providing people experiencing homelessness with housing as quickly as possible – and then providing services as needed. This approach has the benefit of being consistent with what most people experiencing homelessness want and seek help to achieve.

Housing First programs share critical elements:

⁶ U.S. Department of Housing and Urban Development. *HUD's 2012 Continuum of Care Homeless Assistance Programs Homeless Populations and Subpopulations - Baltimore County*. Web. <http://www.hudhre.info/CoC_Reports/2012_md_505_pops_sub.pdf>.

⁷ More information on the Housing First Approach can be found at: www.endhomelessness.org/pages/housing_first.

- A focus on helping individuals and families access and sustain permanent rental housing as quickly as possible without time limits;
- A variety of services delivered to promote housing stability and individual well-being on an as-needed basis; and
- A standard lease agreement to housing – as opposed to mandated therapy or services compliance.

While all Housing First programs share these critical elements, program models vary significantly depending upon the population served. The two primary Housing First program models are rapid re-housing, which provides temporary assistance, and permanent supportive housing, which provides permanent assistance and is utilized for people experiencing chronic homelessness.

For people who have experienced chronic homelessness, there is an expectation that intensive (and often specialized) services will be needed indefinitely. For most people experiencing homelessness, however, such intensive services are not necessary. The vast majority of homeless individuals and families fall into homelessness after a housing or personal crisis that led them to seek help from the homeless assistance system. For these families and individuals, the Housing First approach is ideal, as it provides them with assistance to find permanent housing quickly and without conditions. In turn, such clients of the homeless assistance networks need surprisingly little support or assistance to achieve independence, saving the system considerable costs.

The case for a system shift to rapid re-housing

Rapid re-housing has become a major emphasis in communities' efforts to reduce homelessness.⁸ HUD provided \$1.5 billion through the American Reinvestment and Recovery Act of 2009 for the Homelessness Prevention and Rapid Re-Housing Program (HPRP) which offered many communities the opportunity to implement a rapid re-housing strategy for the first time with significant results. Rapid re-housing is also an emphasis in the HEARTH Act. The priority for rapidly ending homelessness, when it occurs, is now a national one.

In several communities adopting a rapid re-housing approach led to a reduction in the average duration of homeless episodes, leading to an overall reduction in homelessness. Two of the earliest examples are

⁸ More information can be found at: <http://www.endhomelessness.org/pages/rapidre-housing1>.

Columbus, Ohio and Hennepin County, Minnesota.^{9, 10} Both communities made rapid re-housing the primary strategy for housing families with children, and consequently, they were able to reduce family homelessness.

According to the Baltimore County 2012 Point-in-Time Census, the lead cause of homelessness is job loss and eviction. Additionally, domestic violence often results in one member being ejected or leaving with no resources or plan for housing. Most households who become homeless today have already lived in independent permanent housing, and they can generally return and remain stably housed with limited assistance. Homelessness itself is associated with a host of negative outcomes that can be minimized by limiting the period of time people experience it. By helping homeless households return to permanent housing as soon as possible, communities have been able to reduce the length of time people remain in shelters. This opens beds for others who need them, and reduces the public and personal costs of homelessness.

Rapid re-housing addresses the two primary obstacles homeless households face in trying to leave shelter. First, rapid re-housing overcomes the obstacle of the expense of obtaining new rental housing through the use of short term rental subsidies allowing households to quickly obtain housing. Waiting in shelter until it is possible to save enough money for housing start-up is a very poor use of scarce shelter resources. Second, landlords often deny rental applications from extremely low-income households. Overcoming this obstacle is addressed through rapid re-housing “housing locators” that recruit landlords and assist in reducing these barriers through advocacy.

Successful programs have demonstrated that returning people to permanent housing as quickly as possible has positive outcomes for their clients and their communities. Rapid re-housing has become part of the national “toolkit” for communities seeking to end homelessness. Federal funding is now available through the HEARTH Act to support these efforts¹¹.

⁹ *Community Snapshot, Columbus*. Washington, DC: National Alliance to End Homelessness, 2006. Web. <<http://www.endhomelessness.org/library/entry/community-snapshot-columbus>>.

¹⁰ *Community Snapshot: Hennepin County*. Washington, DC: National Alliance to End Homelessness, 2006. Web. <<http://www.endhomelessness.org/library/entry/community-snapshot-hennepin-county>>.

¹¹ Additional funding sources for rapid re-housing include Supportive Services for Veteran Families (SSVF), Temporary Assistance for Needy Families (TANF), and ESG.

The case for a system shift to permanent supportive housing

For many community leaders, officials, and even service providers, shelter often seems like the most inexpensive way to meet the basic needs of those who are homeless. Research, however, shows something very different.

The cost of homelessness can be quite high. Hospitalization, medical treatment, incarceration, police intervention, and emergency shelter expenses can add up quickly, making homelessness surprisingly expensive for municipalities and taxpayers. Studies have shown that providing people experiencing chronic homelessness with permanent supportive housing saves taxpayers' money.¹²

Reductions in chronic homelessness are largely the result of coordinated and focused efforts by communities to provide permanent supportive housing for chronically homeless individuals.¹³ While seemingly counterintuitive, examples and research across the country clearly demonstrate that a housing-based approach to homelessness is not only more cost-effective than a shelter-based approach, but more effective in the long term.

Between 2005 and 2012, chronic homelessness fell nationally by 43 percent. Some communities have witnessed even steeper declines with increased focus on developing permanent supportive housing:

- Portland, ME had a decline of 49 percent in chronic homelessness between 2004 and 2007.
- Denver, CO had a 36 percent decline in chronic homelessness between 2005 and 2007.
- Portland, OR found that the number of chronically homeless people sleeping outside fell 70 percent between 2005 and 2007.
- Quincy, MA witnessed a 50 percent reduction in chronic homelessness between 2005 and 2009.
- Wichita, KS reduced chronic homelessness 61 percent between 2005 and 2009.
- Norfolk, VA had an almost 40 percent reduction in chronic homelessness between 2006 and 2008.

¹² More information on these studies can be found <http://www.endhomelessness.org/library/entry/supportive-housing-is-cost-effective>

¹³ For more information go to <http://www.endhomelessness.org/library/entry/chronic-homelessness-policy-solutions>.

Cost Effectiveness of Supportive Housing

In addition to being a means to ending homelessness for vulnerable individuals and families with a variety of needs, supportive housing is cost effective.

Many studies document that providing housing with appropriate services is more economical than allowing an individual or family to remain homeless and often cycle in and out of expensive institutional settings including:

- A 2009 Seattle study found that moving chronically homeless persons with substance abuse addictions into permanent supportive housing resulted in an approximately 33 percent decline in alcohol use for clients.
- The Frequent Users of Health Services Initiative showed that when supportive housing was used as an intervention, costs for emergency care went down 59 percent, and hospital inpatient stays by 69 percent¹⁴.
- Portland's Community Engagement Program provides housing and intensive services to homeless individuals with mental illness and addictions. The program reduced the cost of health care and incarcerations from \$42,075 to \$17,199.¹⁵

In most cities, supportive housing is more effective, and much more affordable than other settings. Homelessness causes illnesses and makes existing mental and physical illnesses worse, leading to expensive treatment and medical services. Permanent supportive housing improves physical and mental health, which reduces the need for these services, particularly expensive inpatient mental health care and hospitalization. In addition, permanent supportive housing helps tenants increase their incomes, work more, get arrested less, make more progress toward recovery, and become more active and productive members of their communities.¹⁶

¹⁴ The Lewin Group for the California Endowment and the California HealthCare Foundation, August 2008

¹⁵ Moore, T.L. *Estimated Cost Savings Following Enrollment in the Community Engagement Program*. 2006. Web. <http://www.centralcityconcern.org/LiteratureRetrieve.aspx?ID=53400>

¹⁶ *Supportive Housing Is Cost Effective*. Solutions brief. Washington, DC: National Alliance to End Homelessness, 2007. Web. <<http://www.endhomelessness.org/library/entry/supportive-housing-is-cost-effective>>.

Community Engagement/Political Will

Baltimore County has a strong voice in the community that deserves garnering and organizing to create a unified voice to support the Plan. As the advocacy arm for the Baltimore County homeless system, the Baltimore County Communities for the Homeless (BCCH) is in a great position to continue to be the organization that provides the voice for people in the community, both those who are homeless and formerly homeless and members of the housed community, too. BCCH can grow to provide and even stronger advocacy voice for the Plan and expand its geographic representation.

WHERE WE ARE NOW

Table 2: Calendar Year 2012 Housing Requests and Placements:

Number of Shelter Request Calls	6,944
Number Turned Away (<i>unique individuals</i>)	5,702
Number Served in Emergency Shelters (<i>unique individuals</i>)	1,422

Source: Baltimore County Department of Social Services

Table 3: Calendar Year 2012 Housing Inventory:

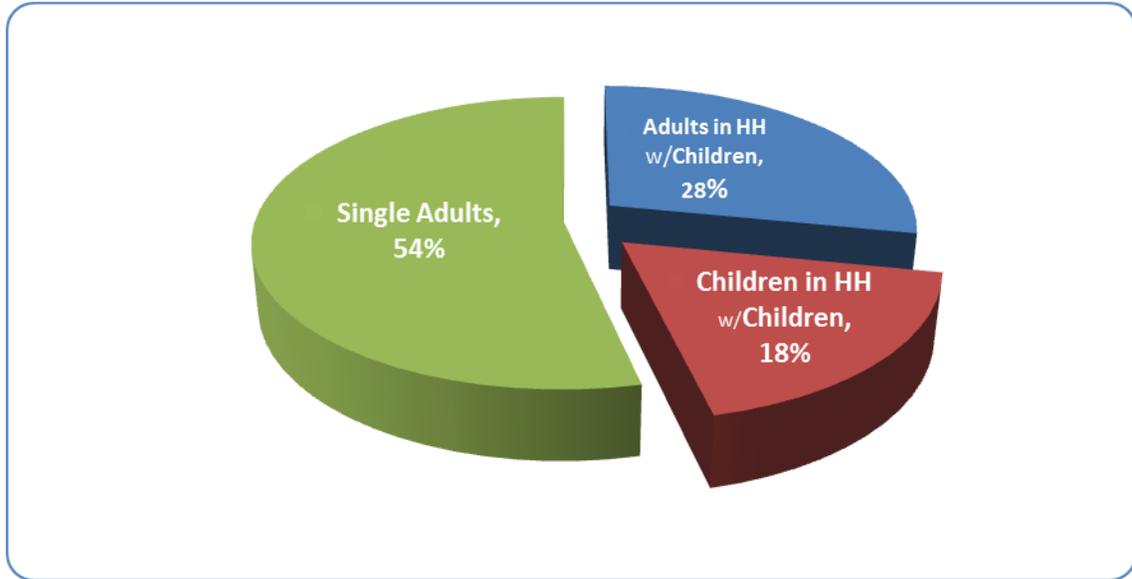
Program	Beds Households w/Children	Beds Households w/o Children	Total Beds
Seasonal Beds*	15	31	46
Emergency Shelters	210	197	407
Transitional Housing	53	38	91
Permanent Supportive Housing	330	152	482
Total	608	417	1,026

Graph 3: Homelessness by Household Composition

46 percent of the homeless persons served were in families and 26 percent were children.

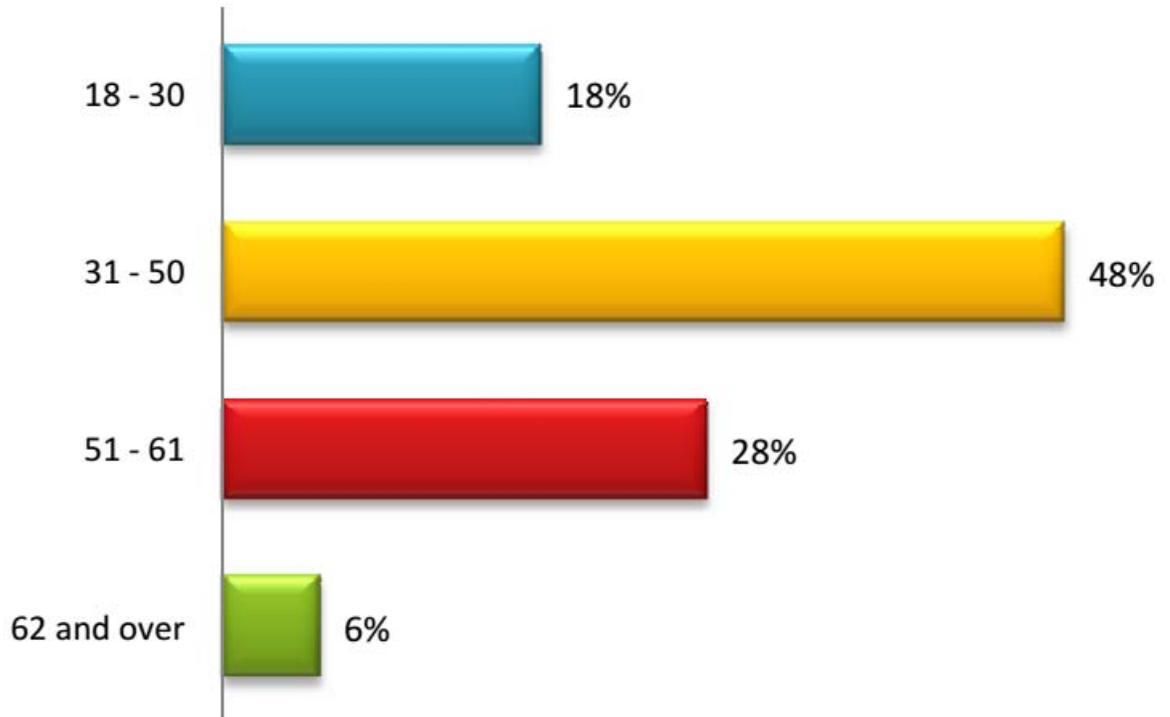
* 26% of total homeless count were children in families (not just the % in families)

* 19% of total homeless count were adults in families



*Source: 2012 AHAR

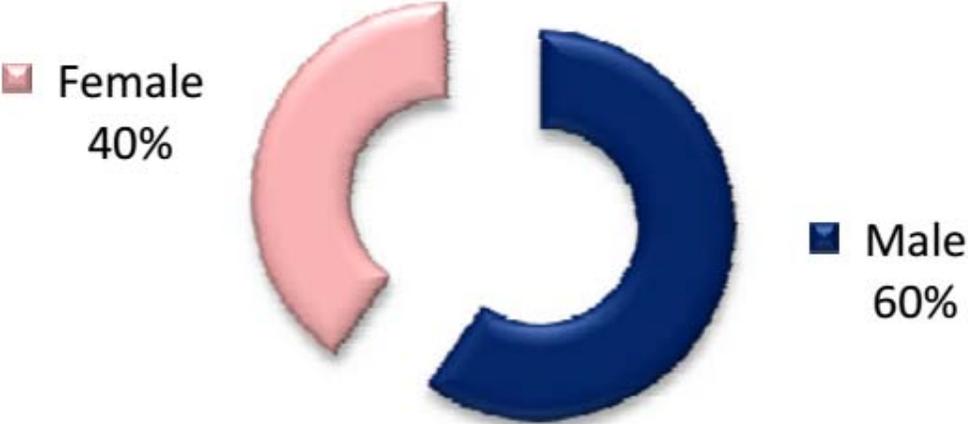
Graph 4: Homelessness by Age Range



**Source: 2012 PIT*

Graph 5: Homelessness by Gender

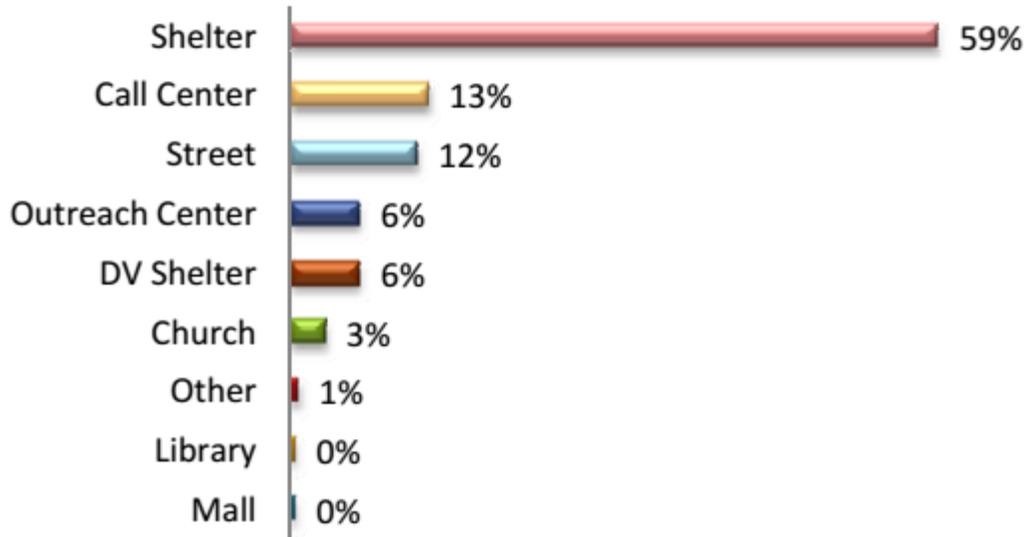
Women represent a significant percentage of the homeless adults in Baltimore County.



**Source: 2012 PIT*

Graph 6: Homelessness by location

Snapshot from the CALENDER YEAR 2012 Point-In-Time Survey



Source: 2012 Point-in-Time Survey

Table 4: Homelessness by Special Populations

Persons in Households with at least one Adult and one Child	Persons in Households without Children	Persons in Households with only Children	Total Emergency Shelter Count	Total Transitional Housing Count	Total Safe Haven Count	Total Unsheltered Count	Total Households	Chronically Homeless	Veterans	Severely Mentally Ill	Chronic Substance Abuse	Persons with HIV/AIDS	Victims of Domestic Violence	Unaccompanied Child (Under 18)
358	415	00	425	97	0	278	525	217	73	168	169	7	90	0

Source: 2012 PIT

Homeless Management Information System

The Office of Community Conservation implemented the Homeless Management Information System (HMIS) in January of 2005, and since then they have licensed, trained, and provided ongoing technical

support to more than 82 homeless or prevention programs. Collectively, these organizations have entered more than 70,000 clients into HMIS.

HMIS maintains a record of each client accessing services regardless of their point of entry and allows critical data sharing among agencies to reduce duplication and maximize utilization of resources. The HMIS data provides a systemic and long term look at the issues of homelessness affecting the County not captured by the multi-jurisdictional Point-in-Time Survey.

Point-in-Time Survey

The Baltimore County Department of Planning conducts an annual one-day count of homeless individuals in Baltimore County in January of each year which is planned and conducted in partnership with the several homeless organizations and volunteers. Staff and volunteers survey respondents (homeless individuals) from street locations (for example, parks, libraries, and shopping centers), emergency shelters, transitional, state and county agencies, and community churches. This count does not include any of the many households that are at risk of homelessness.

WHERE WE ARE GOING

Homelessness today is not limited to a unique place or class of people. It is an outward symptom of a wide array of socio-economic, episodic factors that result in people losing their housing. Since “one size does not fit all,” a range of options are needed to prevent more households from becoming homeless and to reduce the time households spend homeless.

The data described in the previous section confirms the need for additional affordable housing options to assist the homeless families and individuals and those at risk of homelessness; highlighting the need for Baltimore County to make a concerted effort to make additional affordable housing resources available, either through development and/or subsidy programs, realignment of existing resources with prevention and rapid re-housing initiatives, and targeting of permanent supportive housing for the most vulnerable.

In response to the passage of the HEARTH Act, and its requirements, the Baltimore County Department of Planning’s Annual Action Plan for fiscal year 2013 states that Baltimore County will:

“Re-direct the County’s focus on the rapid re-housing of homeless households and the prevention of homelessness, through the strategic deployment of resources. The County has used RAP, HPRP and HOME funds to provide tenant based rental assistance vouchers to needy low-income households.”

The County’s Annual Action Plan is just one example of support of the proposed strategies of this Plan. The Plan calls for the continued expansion of rapid re-housing resources through the use of ESG funds, and permanent supportive housing units to serve chronically homeless persons. It also calls for an examination of the use of shelter and transitional housing services. To the maximum extent possible, shelter services will be supplanted by diversion from shelter and rapid exits to permanent housing through rapid re-housing. Transitional programs will be evaluated to assure that they are achieving outcomes in ending homelessness and effectively serving those in transition.

Following the approval of this Plan, the Roundtable will begin working on implementation. This will involve the following actions:

1. Develop a planning matrix with specific action steps with organizations responsible for the activity and timelines.
2. Re-design of the homeless continuum of services to move to a rapid re-housing/Housing First strategy to deliver more effective, efficient, and measurable services to individuals and families who are homeless and at-risk of homelessness.
3. Design and implement targeted strategies for homeless and unstably housed special populations including unaccompanied youth, veterans, survivors of domestic violence, those suffering from chronic mental illness, persons with disabilities, persons with a dual diagnosis, and returning citizens (ex-offenders).

HOW WE WILL GET THERE: CORE STRATEGIES TO REDUCE HOMELESSNESS

Using best practices learned from communities nationwide, the Plan focuses on *seven key strategies* that have proven to be effective in reducing homelessness:

1. Reconfigure the crisis response system (including coordinated entry and shelter diversion);
2. Targeted prevention assistance;
3. Rapid re-housing;
4. Accessing mainstream and community services;
5. Permanent supportive housing;
6. Improved data collection and performance measures; and
7. Resource allocation.

In addition, accommodations were made for subpopulations that have distinct needs requiring separate exploration: unaccompanied youth experiencing or at-risk of homelessness, individuals exiting prison or jail, veterans, survivors of domestic violence, people with disabilities, substance abuse issues, mental illness, dual diagnoses of substance abuse and mental illness, and individuals considered “chronically homeless.”

Each strategy is targeted to align with the HEARTH Act objectives and move the Plan forward.

STRATEGY ONE: RECONFIGURE THE CRISIS RESPONSE SYSTEM

Homeless assistance is shifting away from a housing readiness and intensive services approach. The HEARTH Act regulations and emerging best practices have caused a shift toward developing a housing crisis response system that is equipped with short-term emergency beds for those who become homeless and staffing and resources to help them move from emergency housing back to permanent housing as quickly as possible. Coordinated assessment makes it more effective and efficient for consumers to access the services that they need in order to return to permanent housing. To achieve a better system, Baltimore County will need a coordinated assessment system that incorporates prevention and shelter diversion and engages all local providers, an emergency shelter system focused on providing short-term, crisis-oriented beds, and an appropriate number of crisis response beds.

The strategy to reconfigure the crisis response system for Baltimore County will focus on three priority areas: coordinated assessment, retooling the emergency shelter system, and diversion.

Coordinated Assessment

Baltimore County has an established coordinated assessment process operated by the Information, Referral and Screening (the IRS) Unit of the Department of Social Services (DSS). Currently, all screening for shelter and transitional housing flows through the IRS Unit. Through the use of HMIS, each caller completes a vulnerability screening to determine prioritization of shelter, transitional housing, and supportive services as necessary. Upon completion of this standardized assessment, which includes diversion attempts, a referral is provided to the appropriate shelter or transitional housing program.

Baltimore County will expand on the current coordinated assessment system to include assessment for additional program types (prevention, diversion, rapid re-housing, and permanent supportive housing) and prioritize people for those interventions. A process designed in this manner can reduce unnecessary entries into the system (if effectively coordinated with prevention and diversion resources), reduce lengths of stay in homelessness (by cutting down on the time households spend homeless as they call around or wait for different programs to accept them), and guarantee a more targeted and effective use of Baltimore County's limited resources.

1.1 Develop an updated assessment, referral, and intake process. The County will adopt an updated process for conducting assessment and referrals that will integrate opportunities for prevention, diversion, and permanent housing with the current system.

- Develop a prevention and diversion-oriented questionnaire to be administered to every household coming through IRS. Households will be diverted from shelter whenever possible. If eligible for receipt of prevention services according to that assessment, the household will be referred to the appropriate prevention provider in the County. (See Strategy Two for more information on the prevention strategy.)
- Prioritization of referrals and admissions to emergency shelter. Every household that cannot be diverted or is not eligible or appropriate for receipt of prevention services will be admitted to emergency shelter by IRS. If there are no shelter beds available, then hotel or motel rooms until space at a shelter options should be the last possible option. Households that are in immediate danger due to domestic violence concerns will not be put through an assessment at that time

but be urged to contact the police as well as go to a domestic violence provider, who should assess them the next day.

- Continue to build upon the existing vulnerability assessment to develop a prioritization assessment tool that can refer to other housing programs, and a housing barriers assessment tool. All households, once they have entered the shelter they were referred to, will receive a more intensive housing barrier assessment within a week. The process will not only be used to identify where a household would best be served, it will also serve to help prioritize households within each intervention to ensure that those households with the most urgent needs are served first.
- Utilize HMIS for all program referrals.
- Integrate housing referrals into the coordinated assessment process. Case managers should use the information gained through the assessment process on rental history, criminal history, substance abuse and mental health issues, and other potential barriers to obtaining and retaining housing in order to craft effective housing referrals

1.2 Develop and incorporate HUD-mandated written standards for prioritization and eligibility for homeless assistance programs into the coordinated assessment process.

- Through the Roundtable, develop written standards that will support targeting households for different interventions according to best practices. According to HUD, all communities nationwide must have written standards that state prioritization and eligibility criteria for all interventions including transitional housing, rapid re-housing, and permanent supportive housing. Written standards will support targeting households for different interventions according to best practice, such as mandating that permanent supportive housing be targeted toward chronically homeless households. These guidelines also present an opportunity to further incentivize providers to respect the results of the prioritization referral process, which should be carefully aligned with the targeting concepts written into these standards.
- Educate assessment staff and providers on written standards, and ensure they are being respected by doing consistent reviews on where households are ultimately being placed.

1.3 Connect the assessment process with outreach, mainstream systems, and institutions.

Baltimore County will ensure that outreach staff and those mainstream systems that interact with homeless assistance are educated on and linked to the coordinated assessment process. Outreach staff will serve as another “doorway” through which people experiencing homelessness and living on the streets can be assessed. Mainstream agencies can be incorporated in the process, either through the use of these sites as additional assessment locations or by training staff on what to do if someone they are serving is homeless.

1.4 Engage all homeless service providers to participate in coordinated assessment.

Coordinated assessment will be most effective if all of the providers in Baltimore County agree to participate in it and only accept referrals that come from the IRS. Otherwise, the County risks people being referred without the proper assessments being done and without being prioritized according to their level of need.

To accomplish this, Baltimore County will build a requirement into contracts and grant agreements for providers to participate in the coordinated assessment process. Additionally, the County will educate and engage providers who do not receive money from the County or HUD about the advantages of participating in the process, including receiving referrals that are a good match for their program, reducing time spent on the initial assessment questions, and increasing the likelihood they will be able to achieve a good housing outcome for the household.

Coordinated Entry Performance Measures:

- Number of households diverted from entering shelter
- Number of households returning to homelessness within 12 months of being re-housed
- Average number of days between initial contact with the coordinated entry point and placement into permanent housing
- Number of new households who become homeless

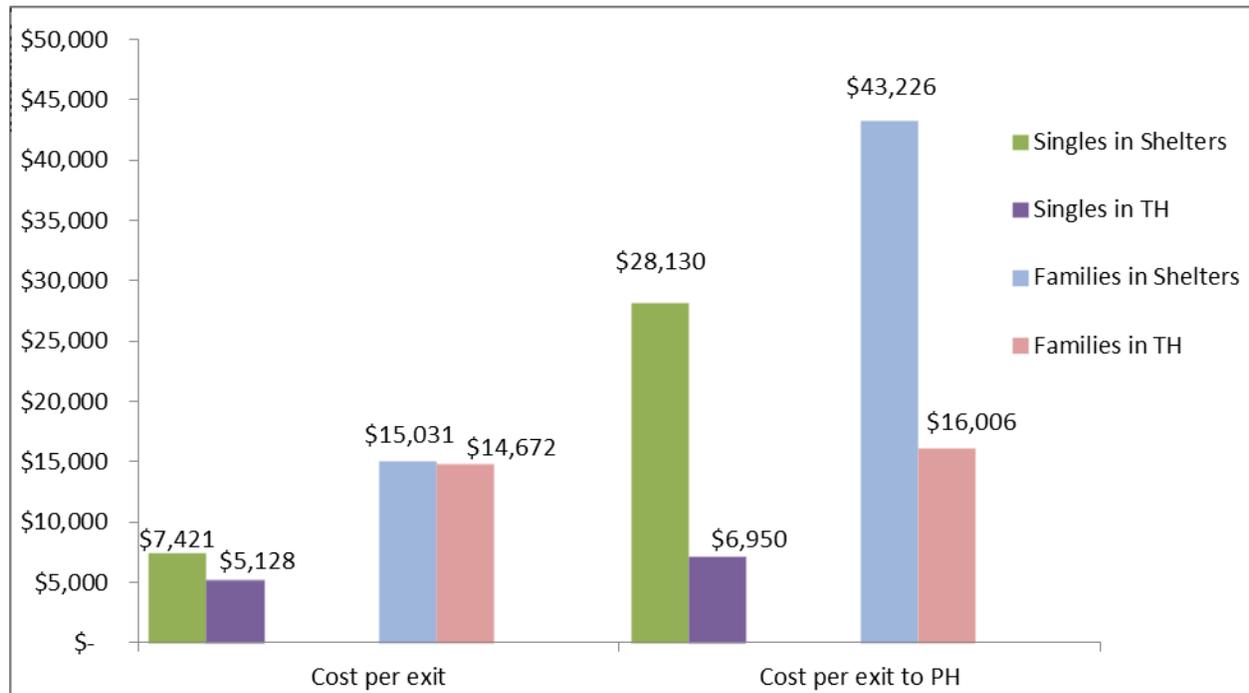
Other Data of Interest:

- Number of people coming to the coordinated entry point seeking assistance
- Number of assessments completed
- Number of households seeking homeless assistance after exiting an institution
- Number of households linked to services
- Number of households placed in housing continuum

Retooling the Emergency Shelter System

Most of the households served in Baltimore County are served by the emergency shelter system. However, the cost of serving them with the current emergency shelter model is very expensive. On average, an exit to permanent housing for a family from shelter is over \$43,000, almost three times the cost for them to exit a transitional housing program and many times more costly than the average rapid re-housing program (see Graph 7) .

Graph 7: Cost per Exit for Various Interventions



Data Source-Baltimore County Evaluator Tool, HMIS, and Program Budgets

This high cost can be attributed to the longer lengths of stay in the emergency shelters (higher than the HEARTH Act goal of 30 days) and the low number of exits to permanent housing, and other factors including service costs that are not housing focused.

Table 5: Return on Investment for Emergency Shelter

Emergency Shelter Population	Average Length of Stay	Percent of total that exit to permanent housing	Average Cost per exit to permanent housing
SINGLES	98 days	26%	\$28,130
FAMILIES	84 days	35%	\$43,226

To become cost effective and high performing in terms of desired permanent housing outcomes, shelters will become more focused on rapidly re-housing the households they serve. Having an emergency shelter system that is integrated into coordinated assessment but focused on moving households out quickly will also help keep lengths of stay brief. Services will shift to a housing focus.

1.5 Revise shelter case manager responsibilities. Shelter case managers will have at least two sets of distinct roles: crisis intervention; and intake, housing location, and rapid re-housing service provision.

- Shelters will dedicate staff for crisis-intervention services. Some case managers will be specifically designated for onsite shelter operations duty, which will include managing any crisis situations and conducting client intake (which differs from the housing barriers assessment described below). Shelter intake will simply require gathering any additional required information on the household needed to admit them to shelter, which might include additional HMIS data or health information. Crisis situations may include violence, active substance abuse issues, or a severe mental health episode that endangers the client or the people around them.
- Shelters will dedicate staff for rapid re-housing that is not also burdened with day-to-day shelter work. Staff for these positions could potentially be repurposed from employment or other support positions at the shelters. Rapid re-housing staff will provide housing-focused case management, on site or at the client's unit, and housing location services such as landlord recruitment and engagement. Depending on financial and staff resources, shelters may find that it is easiest to have case managers perform all these tasks or divide them between a case manager and a housing location specialist.

1.6 Adopt system-wide standards for shelter case management provision. System-wide standards for case management practice in emergency shelters will ensure that a permanent housing-focused approach is incorporated and that services are aligned across the system. Having these universal standards in place creates consistency in delivering homeless assistance, ensures that all households are getting assistance finding permanent housing, and relieves providers of the burden of developing their own individualized case management standards.

The case management process is designed to get clients ready to move to permanent housing, help them manage change, and empower them to take control of their own lives and their housing stability.

Specific housing-focused case management philosophies and goals should be incorporated into procedures, job description, and policy documents developed for shelter case managers, including the following housing focused philosophies:

- The primary goal of case management is helping the client return to permanent housing.

- Housing goals must be clear, measurable, and attainable.
- A housing-focused case management plan should be developed by the second week of the shelter stay.

1.7 Provide access to financial assistance to consumers at emergency shelters. Case managers at emergency shelters will need financial resources to assist each household's movement to permanent housing. This assistance will be used to provide temporary rental assistance, utility assistance, security deposits, and money for moving costs. Having financial resources easily accessible will allow case managers to quickly distribute funds to landlords and households and incentivize landlords to take on rapid re-housing clients.¹⁷

1.8 Standardize emergency shelter operations.

- Funding will be used as leverage to incentivize shelter providers to use the same standards for their operations. Standards to be met will be written into County contracts.
- Baltimore County will develop written standards for all shelters including domestic violence shelters. Standards will include participation in the County's coordinated assessment process; using the same cleanliness and safety standards, operating hours, and adopting the same residents' rights policies; employing the case management and operational recommendations in the plan; and measuring progress on the standardized outcomes (see Strategy Six).

1.9 Reduce or restructure provision of other services offered at emergency shelters.

- Linkages with resources and funding for other services such as mental health support groups, educational services, employment, and credit repair that already exist in the community will be created.
- Baltimore County will implement a housing focused services model. Once the housing-focused services are covered, supportive services should be made available for voluntary use by households in shelter and rapid re-housing clients. No program requirements or incentives should be attached to using these services.

¹⁷ Information on landlord recruitment is addressed in the Housing Search, Location, and Landlord Engagement Module found at: <http://www.endhomelessness.org/library/entry/housing-search-location-and-landlords-module>.

1.10 Refocus emergency shelter outcome measures.

- Monetary incentives will be established for emergency shelters to shift their focus to permanent housing. Changing the outcomes required of shelters, and changing how they are funded, will create the momentum necessary for change.
- System-wide housing focused outcomes for all emergency shelters will be adopted. The County will adopt similar outcomes in order to encourage emergency shelters to focus on rapid re-housing and other permanent housing strategies. Performance measures for emergency shelter will focus on serving more households, shortening length of stay, and improving the volume of positive exits (exits to permanent housing, including permanent supportive housing).

The system-wide shift toward a permanent housing focus will require a shift in how emergency shelters do business, from their general operations to their case management services. However, this new emphasis will help shelters serve more people, reduce the number of people forced to live on the street, and reduce the amount of time households spend homeless.

Emergency Shelter Performance Measures:

- Percent of households diverted to permanent housing
- Number of households diverted to permanent housing
- Average length of stay in shelter for households who exit to permanent housing
- Percent of households diverted to permanent housing who return to homelessness within 12 months
- Number of households diverted to permanent housing who return to homelessness within 12 months

Other Data of Interest:

- Number of households connected to rapid re-housing opportunities
- Number of households connected to permanent supportive housing opportunities

Shelter Diversion

The goal of this strategy is to help at-risk households seeking shelter to identify alternative housing options (avoiding entry into a shelter) and to offer support and services that will help them stabilize until a permanent housing opportunity opens up. As a type of prevention, it can prevent entries into the system as well as free up shelter beds and other temporary housing beds for people that have nowhere else to go.

1.11 Implement system-wide shelter diversion.

- Shelter diversion will be fully integrated through the coordinated assessment process. Diversion will be used in cases where it is a safe and practical alternative to shelter. Assessment workers will identify all possibilities that might exist to help prevent unnecessary shelter entry, including staying with friends, relatives, or coworkers. Households that need funds or services to make an alternate housing situation work will be provided with financial assistance, case management, mediation, and other services as necessary.
- Education and training for organizations that may not yet participate in the coordinated assessment process will be provided. Training will cover what shelter diversion is and what questions to ask to determine if a household would best be served by diversion services.
- Integrate diversion questions into the IRS (see 1.1). Questions would include:
 - Where did you sleep last night?
 - What other housing options do you have for the next few days or weeks?
 - What issues exist that jeopardize your ability to remain in your current housing situation? Can those issues be resolved with financial assistance, conflict resolution, case management, or other assistance?
 - Is it possible and safe to stay in your current housing? What resources would you need to do that (i.e. financial assistance, case management, conflict resolution, mediation, or transportation)?

Shelter Diversion Performance Measures:

- Percent of people who apply for shelter entry and receive diversion assistance
- Number of diverted households that re-request homeless assistance within 12 months of diversion
- Percentage of diverted households that end up entering shelter within 6 months of diversion

Other Data of Interest:

- Average cost per household of diversion assistance

Outcome of Successful Strategy One Implementation:

- Shorter lengths of stay in shelters
- Fewer returns to the homeless assistance system
- Reducing first time homelessness
- Reducing overall homelessness
- Break down by types of households served

STRATEGY TWO: TARGETED PREVENTION ASSISTANCE

Prevention assistance, usually in the form of immediate and short-term rental and/or utility assistance, provides a means of preserving permanent housing situations and saving households from having to enter the homeless assistance system. Prevention assistance is focused on aiding households in preserving their current housing situation. Diversion is one type of prevention that is provided to households requesting emergency shelter and assists them in finding housing outside of shelter while they receive services to stabilize their housing or help them move into permanent housing. (Diversion is discussed in more detail in Goal 1.)

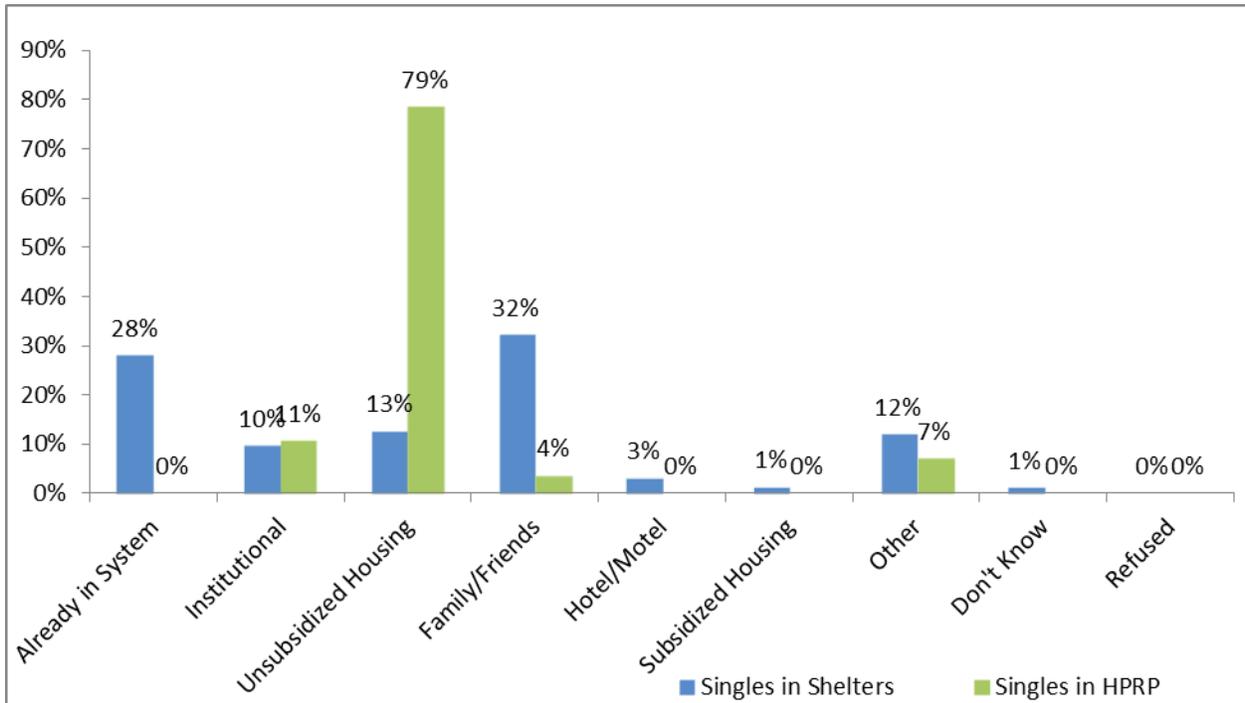
Over the next ten years, Baltimore County will create and fully implement a publicly and privately funded coordinated intervention system focused on preventing and addressing homelessness. Resources will be carefully targeted to households most at risk of homelessness and Baltimore County will focus on measuring performance.

There is still much to be learned about how to best target prevention assistance, but there is a good amount of evidence that using data on households that have already become homeless provides the best possible information on who will become homeless in the future.¹⁸ Currently, much of the prevention assistance Baltimore County provides is spent on eviction prevention, though the data indicates that the need for prevention assistance is larger among doubled-up households. Prevention targeting is an area in which many communities struggle. Lessons learned from HPRP funding as well as research into this area support the view that there is no perfect formula for targeting prevention funds, but that in the past, prevention funding has been given to households that probably would have been able to avoid homelessness without them. As previously mentioned, the best approach is to target households who most closely resemble sheltered households for prevention assistance.

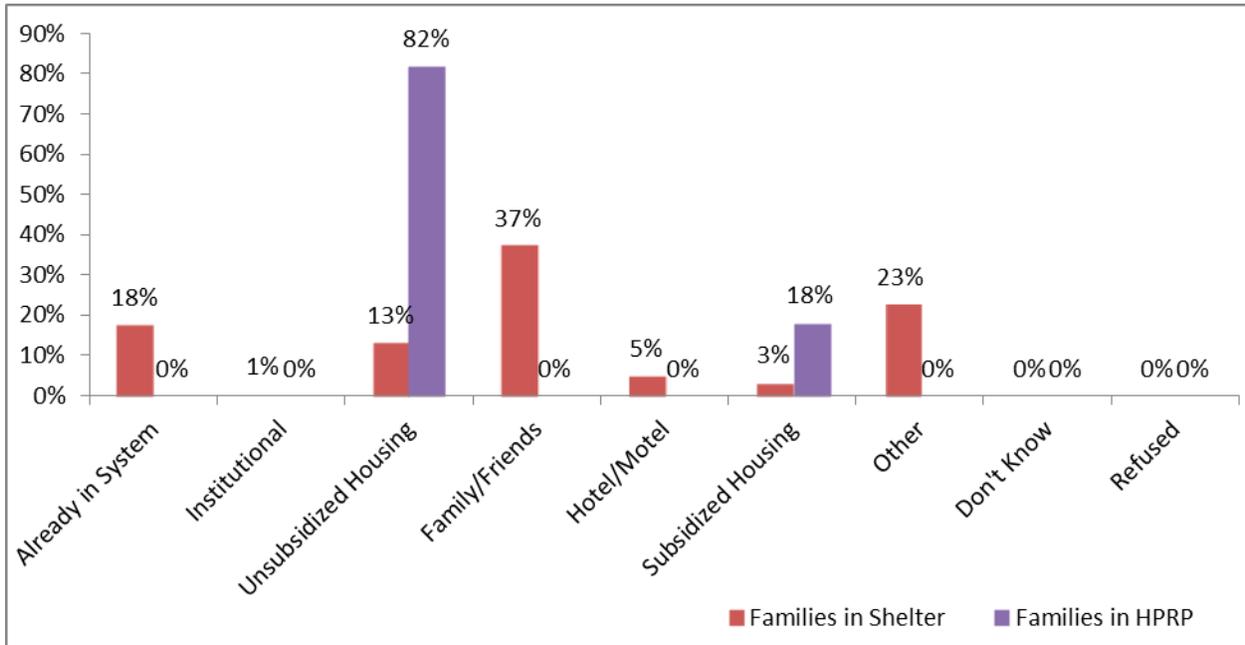
According to data gathered from Baltimore County in 2012 (see Graphs 8 and 9, below), most single individuals entering shelter/homelessness came directly from staying with family or friends. However, nearly 80 percent of HPRP prevention assistance dollars were given to people coming from their own housing. Effective prevention strategies focus on targeting people who have the same characteristics as people that enter the shelter system, in this case indicating that prevention dollars would be more effective if targeted to persons staying with family and friends.

¹⁸ See: *Prevention Targeting 101*. Rep. National Alliance to End Homelessness. Web. <<http://www.endhomelessness.org/library/entry/prevention-targeting-101>>.

Graph 8: System Entry Analysis Unaccompanied Individuals



Graph 9: System Entry Analysis Families



Data on families (Graph 9) tells a similar story. Most families came into homelessness from staying with family and friends, yet most prevention dollars were given to families coming from their own housing.

In the future, Baltimore County will use the data it has on homeless households to target prevention dollars more effectively by identifying the characteristics that most households in shelter share, including income, number of household members, and prior residence, and constructing an assessment tool that will identify households with these characteristics.

Prevention Targeting Assistance

2.1 Select a government agency to oversee prevention assistance administration. This government agency will:

- Ensure all homeless assistance providers funded by the County or HUD are contractually obligated to participate in the coordinated assessment process and respect the results of its prevention targeting tool.
- Encourage the adoption of the outcome measures in the Plan by all providers.

- Identify other prevention-oriented resources that are available through other County stakeholders outside the homeless assistance system and develop a process for connecting consumers to these resources when appropriate.

2.2 Careful targeting of households that are truly the most at risk of homelessness through the use of shelter data.

- HMIS data on sheltered households will be gathered annually to ensure prevention targeting is as effective as possible.
- A single tool will be developed to determine eligibility for all prevention assistance no matter what the funding source for the assistance is. This tool will be used as part of the coordinated assessment process; once a household has been identified as needing prevention assistance, this assessment will be administered.

2.3 Improve coordination with mainstream resources.

- Develop partnerships to ensure maximum leveraging of all mainstream and entitlement programs in the Plan to provide prevention assistance. Financial funding and support resources such as Temporary Assistance for Needy Families (TANF), Supplemental Nutrition Assistance Program (SNAP), Home Energy Programs (OHEP), Medical Assistance, Purchase of Care (POC), and other similar programs that are often available to families in lower income brackets, are essential elements in helping individuals and families stretch limited income and help homeless assistance resources go even further.
- Private, foundation, and faith-based organizations will be identified to supplement and expand the pool of funds available to provide direct intervention.

2.4 Integrate case management, landlord/tenant conflict mediation, and development of a housing plan as needed or required by funding sources.

- Identify tools and resources for assessment workers or case managers to provide the services necessary to help a household preserve a safe housing situation. In addition to financial assistance, or in some cases, instead of financial assistance, case managers or intake workers may provide services such as mediation services, short-term case management, connections to relevant mainstream resources, and employment search assistance. The services each

household receives will be tailored to their individual circumstances and level of need. This level of case management may require additional case management staff.

Discharge Planning

Ten percent of unaccompanied individuals in Baltimore County shelters entered the system from an institution in 2012, indicating the need to improve discharge planning for persons exiting foster care, hospitals, jails, and other institutions. Baltimore County has already worked to integrate institutional partners like foster care and corrections with the coordinated assessment process and the governance of the homeless assistance system. By tightening up discharge procedures, Baltimore County can prevent even more households from entering the homeless assistance system unnecessarily.

2.5 Identify funding or staff resources within each sector for discharge planning.

- As part of the discharge planning process, each sector involved will be responsible for identifying staff, and, if available, financial resources that can be used to ensure discharge planning is occurring. Partners from each sector should share their policies and procedures around discharge planning. Sectors include healthcare, foster care, mental health institutions, and prisons.

Outcome of Successful Strategy Two Implementation:

- Reduction in the number of people entering the homeless assistance system
- Reduction in first time homelessness
- Increase in the percentage of individuals sustained in permanent housing

Prevention Performance Measures:

- Number of households coming to the coordinated entry point who are prevented from becoming homeless
- Number of households who become homeless after being provided with prevention assistance within six months

Other Data of Interest:

- Number of people requesting prevention assistance
- Number of people receiving prevention assistance services and/or funds
- Average cost per household served
- Average cost per household that remained housed

STRATEGY THREE: RAPID RE-HOUSING

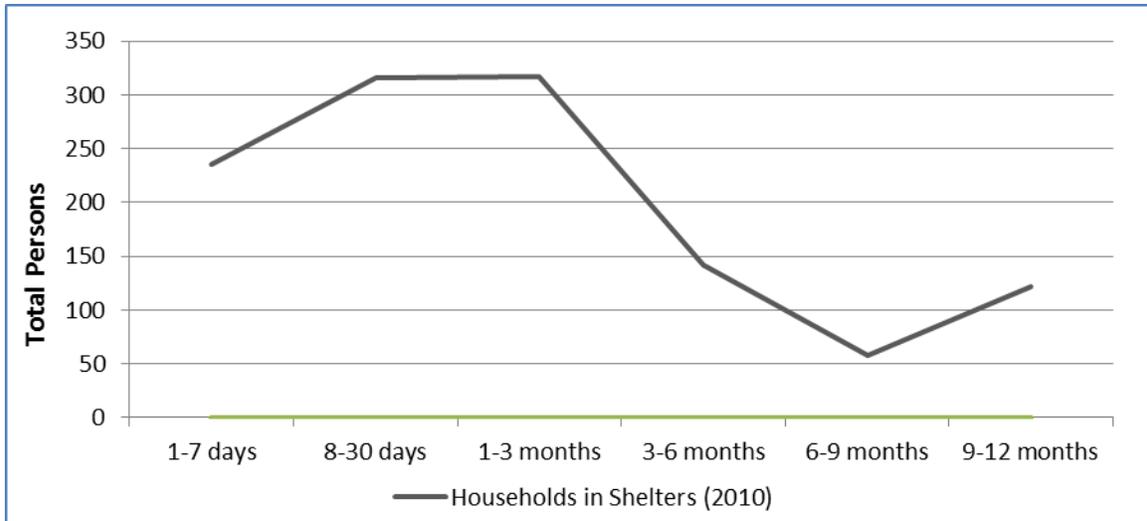
The most critical issue facing people experiencing homelessness—the lack of permanent housing—must be the first and foremost issue addressed. The ***Housing First approach*** combines affordable, permanent housing with the support services necessary to increase self-sufficiency to remain in permanent housing. ***Housing First*** is a tested and highly recommended strategy for a variety of people who experience homelessness. From long-term chronically homeless populations, to families who are languishing in shelter, to survivors of domestic violence, this is a preferred practice over asking people to go through shelter to obtain housing. The two primary ***Housing First*** program models are rapid re-housing, which provides temporary assistance, and permanent supportive housing, which provides permanent assistance and is utilized for people experiencing chronic homelessness. Permanent supportive housing is described in more detail in Strategy Five.

Rapid re-housing programs provide housing search assistance, some upfront rental assistance, and transitional case management to households often at a fraction of the cost of lengthy shelter and transitional housing stays. Rapid re-housing has shown great promise in helping households successfully transition out of homelessness with the vast majority (85 percent or more) avoiding a subsequent homeless episode. It also improves the efficiency of homeless service systems and facilitates access to emergency shelter and long-term supportive housing programs for those who really need them.

Baltimore County's current shelter system is costly to the community (as seen Graph 4).

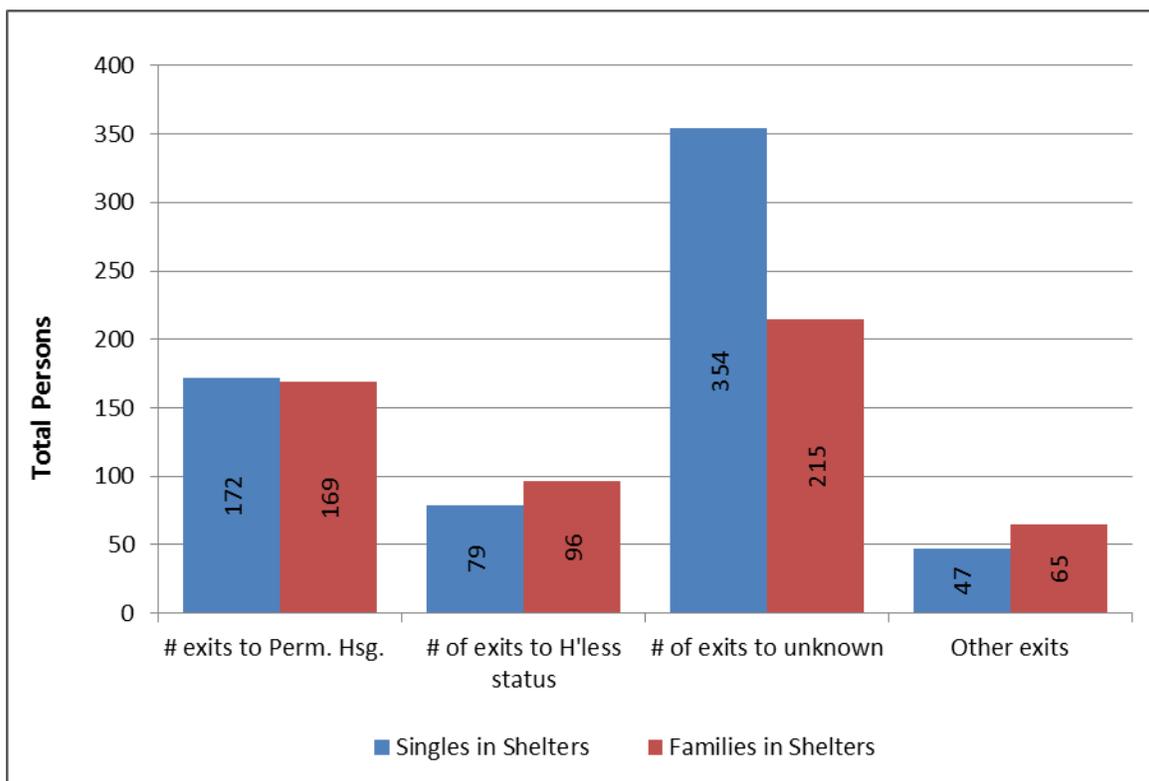
As reflected earlier in Graph 4, the average cost of an emergency shelter stay is significantly higher in Baltimore County (\$7,421 for individuals and \$15,031 for families with children) than what is seen in most communities. This is attributed to the long lengths of stay in the emergency shelters as seen in Graph 10, below, and the low number of exits to permanent housing as seen in Graph 11. By increasing rapid re-housing assistance, Baltimore County can reduce the average cost of shelter.

Graph 10: Baltimore County Trends in Length of Stay All in Shelters



Data Source: Baltimore County HMIS

Graph 11: Baltimore County Exit Outcomes by Program Type, Emergency Shelters



Data Source: Baltimore County HMIS

Nationally, clients of successful rapid re-housing programs return to homelessness less than ten percent of the time. Keys to the success of this approach include, but are not limited to: a well-developed housing barrier assessment process; good relationships with landlords; staff skilled in negotiation, housing location, and case management; and the availability of funds for short-to-medium term rental and utility subsidies, as well as other costs associated with moving to housing.

In response to the national success of the rapid re-housing model, Baltimore County began in 2010 to start shifting the homeless services delivery system to one that provides rapid re-housing on the front end with fewer resources funneled into intensive shelter-based services. In order to accomplish this goal, the County engaged in a community-based education model that allowed for not only community-wide education regarding this shift in focus, but community input on how to implement these changes. The move to a focus on rapid re-housing was emphasized in the planning process that took place to

develop the Plan. Through these steps, Baltimore County shifted from a jurisdiction focused on the development of more shelters, to one dedicated to rapidly re-house those experiencing homelessness.

3.1 Implement a best practice rapid re-housing model.

- Baltimore County will develop a Rapid Re-housing framework and implement a rapid re-housing program utilizing national best practices.
- A housing barrier tool will be developed. While an assessment for housing barrier should take place through the coordinated entry point, it is likely that more information will be needed once the referral has been made to a rapid re-housing program. A housing barrier section will be included in the assessment tool that ensures households are provided with the right mix of subsidy and services based on their needs.
- Case managers will be trained in best practices, including providing services in a voluntary, home-based setting and Fair Housing regulations.

3.2 Identify funding opportunities.

- New funding available through ESG will prioritize rapid re-housing efforts.
- Existing funds that can be re-directed to rapid re-housing will be examined.
- A targeted Section 8 Housing Choice Voucher (Section 8 HCV) demonstration project will be created to move families and individuals out of shelter and into permanent affordable housing.
- Explore other federal funding sources such as CDBG, TANF, SSVF, and other local sources including United Way and Community Foundations.

3.3. Develop rapid re-housing plans for persons experiencing homelessness in the shelter system.

- Rapid re-housing planning and referral will be integrated with the expanded coordinated intake through DSS.
- New protocols will be written aimed at rapid re-housing approaches enabling families and individuals to move quickly into permanent housing options.
- Funding programs will include county-wide performance goals for shorter lengths of stay at each shelter.

- A focus on rapid re-housing at shelter entry for families and individuals will begin.

3.4 Convert current transitional and shelter models into rapid re-housing models.

- The creation of or conversion from transitional housing programs to transition-in-place and permanent supportive housing models will be explored. Transition-in-place provides a permanent unit for a household with transitional subsidy and services. Once the subsidy has timed-out, the household can stay housed in the unit and the housing provider moves the subsidy and services to a new household.
- Faith-based efforts to fund and supplement the transition-in-place resources will be developed.

3.5 Bolster landlord outreach efforts and partnership.

- The network of landlords involved with rapid re-housing programs will be expanded.
- A landlord database accessible to all shelter and rapid re-housing providers will be established.
- Informational events for landlords and property management companies will be conducted.
- Incentives for landlord participation in rapid re-housing will be created.

3.6 Encourage reunification when possible.

- In many cases, the best permanent housing option for a household may be reunification with a family member, friend, or other person that can provide them with a stable housing situation. Case managers will work with clients to ascertain when such situations are available and what might be done to make such a housing solution work.

3.7 Pool housing assistance dollars (short term rent assistance) and create flexible sources.

- Rent assistance programs will respond to people's needs instead of organizational need
- Outcome measures will be required to receive housing assistance dollars (e.g. a certain number of households maintain housing for 6, 9, and 12 months following receipt of assistance).

3.8 Include rapid re-housing as part of the Housing Work Group to assess progress and initiate rapid re-housing demonstration programs.

- Key stakeholders will be identified to participate in the committee. Examples of stakeholders include the departments of Veteran Affairs, Aging, Corrections, Planning, Behavioral Health,

Social Services, as well as Baltimore County Communities for the Homeless, service providers, County Council, developers, businesses, and faith-based leaders.

- The community will be educated on rapid re-housing to garner support for demonstration programs.

Outcome of Successful Strategy Three Implementation:

- Reduce lengths of stay in homelessness.
- Reduce the number of returns to the homeless assistance system.

Rapid Re-Housing Performance Measures:

- Number of households referred to rapid re-housing programs.
- Average number of days between intake and placement into permanent housing.
- Percentage of households housed in permanent housing.
- Number of people re-housed in 30 days or less.
- Percentage of people that remain in permanent housing 12 months after being housed
- Percentage of households returning to homelessness after being placed into a rapid re-housing program 12 months after being housed

Other Data of Interest:

- Number of landlords participating in the rapid re-housing program
- Number of high barrier households served
- Average number of months a household receives a housing subsidy
- Average cost of Rapid Re-housing per household served
- Average change in income between referral and program exit

STRATEGY FOUR: ACCESSING MAINSTREAM AND COMMUNITY RESOURCES

Access to mainstream resources is critical to decreasing the incidence of homelessness throughout Baltimore County. As cost of living and the need for services continue to rise, income and benefits are a vital bridge to housing and diverse services. However, the financial and staff burdens for housing and serving people experiencing homelessness should not fall squarely on the homeless assistance system's shoulders. Many people experiencing homelessness are eligible for benefits from mainstream providers that can help increase income, prevent a homeless episode, reduce its length, or contribute to their housing stability.

Accessing these services can prove difficult for a number of reasons. Many public benefits have strict eligibility guidelines, lengthy wait times, and insufficient benefit amounts to alleviate the burdens of homelessness. One example, the Temporary Disability Assistance Program (TDAP), offers a \$185 stipend, which is a grossly inadequate amount to meet the needs of an individual experiencing homelessness. By increasing access to these resources and connections between provider and mainstream partners, Baltimore County can improve both its systems outcomes and those of its consumers.

Often, individuals rely on TDAP while waiting for federal disability benefits, Supplemental Security Income (SSI) and Social Security Disability Income (SSDI). SSI and SSDI enable access to health insurance for individuals who are unable to work due to a medical or mental health condition. However, access to these benefits is tremendously difficult for individuals experiencing homelessness, with only 10 to 15 percent of individuals being approved on initial application.¹⁹ In order to combat these barriers, Baltimore County will continue to participate in the SSI/SSDI Outreach, Access, and Recovery (SOAR) project – a federal initiative meant to expedite and increase approvals for individuals experiencing homelessness and diagnosed with a mental illness. In other Maryland jurisdictions, SOAR has seen approval rates of up to 95 percent with applications being approved in an average of 63 days.

While a household is waiting in emergency shelter to move on to another program type, case managers or other highly trained staff and volunteers should be working with them to ensure they are connected to all potential benefits they are eligible for. This additional benefits income can be the difference between a household being able to move into permanent housing quickly and maintain that housing or

¹⁹ Dennis, D., Perret, Y., Seaman, A., & Wells, S. M. (2007). *Expediting Access to SSA Disability Benefits: Promising Practices for People Who Are Homeless*. Delmar, NY: Policy Research Associates, Inc.

remaining homeless. Assessment for eligibility for benefits should be built into HMIS. Benefits of particular import to check for include TDAP, SNAP, WIC, and other income support programs. Once assessment staff have identified eligibility and made a referral, information can be flagged in HMIS so that the case manager working with the household can begin the process of filing the necessary paperwork to receive the benefits or check on the status of any pending requests.

Mainstream Benefits

4.1 Build eligibility assessments into HMIS.

- Implementation of an eligibility assessment into the Baltimore County HMIS will be explored.
- Mainstream eligibility assessments will be conducted upon entrance into emergency shelters and at other points of homeless system entry for all household members.
- Case managers and volunteers will be trained on the process of applying for benefits.

4.2 Utilize SOAR resources and training.

- Training and technical assistance will continue to be provided to case managers to increase approvals for SSI/SSDI in order to improve access to housing and income.
- Access to necessary resources such as computers for completion of SOAR claims will be improved.
- Advocacy to improve federal, state, and local benefits will be continued. While this partnership will expedite an individual's access to income and health insurance, continued advocacy to improve both federal and state level benefits is needed.

4.3 Expand utilization of Service Access and Information Link (SAIL)²⁰ and other programs that connect households to benefit programs by educating service providers and consumers.

- The expertise of organizations such as Seedco's EarnBenefits²¹ will be utilized to train staff on how to connect households to benefits effectively through a one stop shop

²⁰ **SAIL** helps you to apply, renew, or learn about various social services offered by the State of Maryland <https://www.marylandsail.org>

¹ **Seedco** is a national nonprofit organization that advances economic opportunity for people <http://www.seedco.org/programs/work-and-family-supports/earnbenefits/>

- Education on benefits will be made available to familiarize households with resources that they can access directly

4.4 Advocate for the creation of a universal public benefits application.

- Work towards the development of a universal benefits application to make the process of applying for and receiving benefits faster

4.5 Advocate at all levels of government for increases to public benefit amounts to more closely meet the Maryland Minimum Living Level.

4.6 Explore current TANF spending on homelessness. Partner with the local TANF office to develop strategies to use assistance

- Use of TANF funds for rapid re-housing and employment supports will be explored.
- Use of TANF funds will be explored to prevent homelessness by providing emergency assistance to families, increasing benefit levels, and reducing the amount of families sanctioned off assistance.

Healthcare Reform and Health Resources

Many homeless households, especially chronically homeless households, will require access to affordable health care to retain their housing stability. Currently, available medical services in Baltimore County for those who are homeless and uninsured include a Health Care for the Homeless (HCH) clinic located at the Eastern Family Resource Center. To address the growing need for services, the Baltimore County HCH plans to expand into the West Side Shelter to increase medical services. In addition, Baltimore County recently established a convalescent care program at the three largest emergency shelters to provide nursing services and to coordinate follow-up to residents exiting hospitals. To continue to improve access to health services, reduce costs to the system due to the frequent use of urgent and emergency care facilities, and improve consumer outcomes, Baltimore County will need to create more flexible ways of receiving services and carefully coordinate its housing and health related responses to consumer needs.

To further address the needs of those with behavioral health needs, initiatives like managed care in Medicaid and the patient-centered medical home concept seek, in various ways, to create more

incentives for local provider networks to improve coordination and be more accountable for health care and cost outcomes. A medical home or health home is a separate intervention or service from a clinician who leads an interdisciplinary team to which a high-risk household is assigned. Medical homes and health homes are not necessarily confined to a specific office or treatment setting; the term “home” refers to a central locus of assessment, coordination, monitoring and evaluation, in non-institutional settings. This new benefit is a source of funding for care coordination activities that are frequently not covered in Medicaid programs. This concept can help improve behavioral and physical outcomes for vulnerable homeless people, which in turn are proven to reinforce positive housing outcomes. Medicaid payments for health homes can also increase safety net capacity for health care and housing at the community level.

4.7 Increase access to mental health, substance use, and co-occurring treatment.

- Homeless service providers will advocate for households to be enrolled in the most comprehensive health insurance possible including Medicaid, Medicare and Qualified Health Plan (QHP), to increase households’ access to different levels of care.
- Case managers will be trained on how to assist eligible individuals in enrolling in Medical Assistance (Medicaid), and Medicare, QHP .

4.8 Use medical homes to improve access to health care.

- The possibilities for creating medical homes within Baltimore County will be explored.

4.9 Expand mobile teams to better serve households in permanent supportive housing

- Assertive Community Treatment (ACT) teams will be operated in order to better meet the mental health needs of households in Baltimore County. ACT is a best practices model meant to provide wraparound services to the most vulnerable population.
- 100 individuals will continue to be served annually through the ACT teams. Services include linkage to services, housing, and other benefits.
- The number of ACT teams in Baltimore County will be increased if necessary in order to meet the need in the community.

Employment

Connecting households with employment opportunities is crucial in helping them stabilize in housing and preventing future episodes of homelessness. The Mobile Career Van currently provides the following services at the three shelters in Baltimore County twice a month:

- Maryland Workforce Exchange Virtual One Stop Enrollment;
- Resume development;
- Job search strategies;
- Interview preparation;
- Information on training and certification programs;
- Ex-offender information, enrollment in workforce development centers, and re-entry seminars; and
- Veterans' information, referral to Baltimore County Workforce Development Veteran Representatives.

Having these services available is an asset to the community that should be made available to both people in shelters and other housing programs who wish to participate as well as those receiving rapid re-housing assistance.

4.10 Engage with employment organizations.

- Partnerships will be developed between homeless assistance providers and the employment system.
- Employment partners will be identified to participate on the CoC Board, and regular participation in monthly Roundtable meetings will be encouraged. Examples of partnerships include CCBC, DORS, Job Corp and Goodwill. This will guarantee that providers from the homelessness and employment arenas are communicating and jointly planning how to increase access to their services in a way that clients from each sector, as well as organizations from each sector, benefit.

4.11 Expand use of Mobile Career Van services.

- Availability of Mobile Career Van services will be expanded to households in shelters as well as other housing programs such as permanent supportive housing and rapid re-housing.
- Providers will be trained on how to help households access employment services after they have exited shelters or transitional housing programs.

4.12 Create improved access to transportation and child care

Outcome of Successful Strategy Four Implementation:

- Increase the number of those employed at exit
- Reduce the number of returns to the homeless assistance system
- Improve access to transportation
- Increase access to child care

Mainstream Access Performance Measures:

- Number of households applying through the SOAR process
- Average number of days between SOAR enrollment and access to benefits
- Number of persons enrolled in mainstream programs
- Percent of persons exiting to permanent housing who are employed at exit

Other Data of Interest:

- Number of employer partnerships developed
- Number of SOAR trainings held for case managers
- Number of persons served through the ACT Team
- Percent of those served through ACT that are enrolled in benefits

STRATEGY FIVE: PERMANENT SUPPORTIVE HOUSING

Permanent supportive housing is another way to “open the back door” of the homeless assistance system. This proven strategy has been very successful in providing a solution to homelessness for chronically homeless households and other households with very high barriers to housing. By pairing a housing subsidy with intensive wraparound services as long as is necessary for the household, these units provide a supportive setting for these households as well as reduce the costs to other systems (e.g. jails or emergency rooms).

Supportive housing works well for people who face the most complex challenges—individuals and families who are not only homeless, but who also have very low incomes and serious, persistent issues including repeat episodes of homelessness, substance use, mental illness, medical issues, and disabilities.

Supportive housing is proven to help people who are persistently homeless find stability in a home of their own. Tenants in supportive housing sign leases and pay rent – just like their neighbors. In supportive housing, people can live with stability, autonomy, and dignity. Supportive housing and emergency shelters are not the same, but they complement each other. Shelters work well for what they are designed for - emergencies and short-term situations, not as long-term housing.

While there are currently 81 permanent supportive housing units, there were 379 chronically homeless individuals living in homeless shelters in 2012 and 134 living on the streets (street count from PIT 2012). National trends show that on average, the turn over rate per unit is 7% annually. With this in mind, it’s projected that the County will need to house 478 chronically homeless to meet the current need. In the past five years, federal funding has allowed for the development of 38 new units of PSH housing in Baltimore County. In order to meet the need, the County will focus efforts on resource allocation and fund development.

5.1 Create new permanent supportive housing units including conversion opportunities.

- Two to three housing and service providers or developers will be cultivated to assemble a project-based permanent supportive housing project.
- Ten permanent supportive housing projects will be created. Funding will be weaved together from local, county, and federal sources to provide comprehensive financing for permanent supportive housing deals in the pipeline. This could be done by creating a funders’ committee,

which is a group of people who are in charge of resources that feed into supportive housing. Members generally include people from Community Planning and Development, Housing Authorities, Primary and Behavioral Health Resources, Foundations, and United Way.

- Expansion of permanent supportive housing units by converting shelter or transitional housing programs into permanent housing will be explored. This process will require the Roundtable to work with the County to identify programs that might be good candidates for conversion and if identified and selected, aid in the process of helping programs manage the changes converting may require to their mission, by-laws, and operating procedures.
- Gap financing will be identified. Members of Homeless Roundtable will activate the Fundraising Committee to identify ways to fund the gaps in available resources.
- Utilization of Shelter Plus Care vouchers already administered will be reviewed to determine target population and length of stay.

5.2 Develop and consistently use of a vulnerability test as part of the universal assessment tool.

- Prioritization for entry into permanent supportive housing will be created. Examples that Baltimore County can implement include a centralized triage team that assesses people into permanent supportive housing; preferences based on length of homelessness or vulnerability; or a centralized waiting list.
- A multidisciplinary team will be established to assess persons referred for permanent supportive housing slots, utilizing the assessment tool that has been developed.

5.3 Target permanent supportive housing projects for chronic homeless individuals and families to quickly place them in permanent supportive housing.

- A Frequent User Service Enhancement (FUSE)²² project will be created. A FUSE project focuses on building a more responsive system of care to decrease frequent users' avoidable emergency department visits and hospital stays. Work will begin to set aside units for the hardest to serve, provide services through the ACT team, and pool resources to develop the project.

²² http://documents.csh.org/documents/policy/Reentry/Reentry_NY_FUSE_2009.pdf

Collaboration with Behavioral Health, DSS, jails and other institutions, and paramedics will be sought to define frequent users and articulate the unit and service needs for a FUSE project.

- The ACT team and Housing Office permanent housing partnership will be expanded to create 25 to 50 section 8 vouchers for chronically homeless households with a dual-diagnosis.
- Housing that has minimal barriers to entry and services that are flexible to meet individual household needs will be incentivized through funding.
- A partnership with the Housing Office will be established to identify opportunities to expand permanent supportive housing units which may include applications for new vouchers as well as a set-aside of existing vouchers when they can be funded for this target population.

5.4 Explore the use of Medicaid in funding supportive services. The Affordable Care Act has created an influx of new resources available for funding supportive services for permanent supportive housing. Baltimore County must be proactive in determining how these resources can best be used.

- A Medicaid Task Force will be created that includes Department of Social Services, the Health Department, and providers to begin to discuss how this approach can be implemented on a wider scale.

Outcome of Successful Implementation:

- Reduce lengths of stay in homelessness
- Reduce returns to the homeless assistance system
- Reduce chronic homelessness

Permanent Supportive Housing Performance Measures:

- Percent of chronically homeless people successfully placed into permanent housing
- Percent of long-term tenants (more than one year of residency) who exit for negative reasons (eviction, corrections, homelessness, unstable doubled up situation, unknown, hospitalization)
- Percent of long-term tenants who exit for positive reasons
- Percent of tenants who exit and return to homelessness

Other Data of Interest:

- Retention rates of households in permanent supportive housing
- Percent of long-term tenants who are screened for placement in less intensive permanent housing
- Average level of barriers for new tenants (there are numerous ways to measure this, including a vulnerability index, length of homeless episode, number of homeless episodes, or level of involvement in corrections, public health, and mental health systems)
- Average increase in income during first year of tenancy
- Percent of tenants engaged in treatment (mental health and/or substance abuse)
- Number of new units available for permanent supportive housing

STRATEGY SIX: IMPROVED DATA AND OUTCOME MEASURES

Baltimore County serves hundreds of homeless households each year. The only way to be certain that progress is being made is to measure our performance. Performance measurement will help Baltimore County better understand and improve our homeless system and programs. Too often program managers view performance measurement only as a reporting requirement for funders or a tactic to gather data for research interests—both are important, but performance measurement can be used to accomplish so much more.

With the implementation of the HEARTH Act, the focus has shifted to outcomes and data. Now more than ever, good data is essential for implementing a plan to reduce homelessness. Data shows the need and helps define housing capacity and gaps in services. As important, performance management needs to be integrated into HMIS.

Having comprehensive, accurate data and a continued focus on outcomes will be crucial to the success of the Plan and the community in first reducing, then ending homelessness. All providers and stakeholders will need to share a common focus on improving our performance in reducing new entries into homelessness, lengths of stay in homelessness, and returns to homelessness. This focus will require an improved and expanded performance measurement structure.

6.1 Review current HMIS implementation and reporting.

- Continuous quality improvement in HMIS will be ensured. Common reports on households that reflect performance measures will be shared. IRS housing and shelter data will be highlighted in all presentations and reports so that the most accurate homeless numbers are reflected.

6.2 Create system wide performance measurement standards for Baltimore County homeless service providers including eligibility standards, prioritization, and outcomes.

- Performance measures that will drive funding requirements in the future will be defined. The Roundtable will determine which performance measures it will examine for the overall homeless assistance system, program types, and individual programs. Each of these measures will need to be defined in plain language and reflect the goals of the system moving forward. These standards will measure progress towards meeting the HEARTH Act objectives as well as performance on the Plan. These should include at least the following:
 - Progress towards reducing overall homelessness
 - Progress towards reducing incidents of first time homelessness
 - Progress towards ending chronic and veteran homelessness
 - Progress toward adding an additional 349 of units of permanent supportive housing²³
 - Number and percent of homeless individuals and families placed into permanent housing for each program
 - Number and percent of chronic homeless individuals and families placed into housing from each program
 - Average length of time homeless (shelter stays across the system) and progress toward reducing that stay
 - Average rate of returns to shelter and progress toward reducing those returns
- Shared benchmarks and outcomes for the system and relevant providers (housing, service, and shelter) will be created and implemented. Once new performance measures have been defined, the County must take responsibility for creating new benchmarks for each and setting a process

to report on them. Providers and stakeholders will need to meet to gather baseline data, decide on a benchmarking process, and share this process with all providers. Data collection tools should be clearly aligned with the data requirements of the County's HMIS.

- An incentive process based on performance will be created. Along with the new performance measurement process, the County will have to determine how to incentivize high performing providers.
- A quality improvement process for low performers will be created. Providers that are struggling to meet the standards the Roundtable has set will go through a defined process to improve their performance. This may include peer mentoring, where staff is required to meet with representatives from high-performing agencies a certain number of times to learn about how they've been successful, attendance at required trainings, and other technical assistance from key providers or consultants.
- Add additional outcomes and identify how they are ending homelessness in Baltimore County. All outcomes should be simple and relatively easy to measure.

6.3 Create a new structure for performance measurement.

- The Roundtable and the County will create a formal structure for performance measurement. This structure will include performance-based contracting, where the expectations for each program's performance will be written into their funding agreements with the County.

6.4 Report out to the community on progress and implementation.

- A system for regular reporting to the community on the measured outcomes and progress towards reaching benchmarks will be created. Reporting should include any changes that are made as updates and improvements occur. Regular reporting will hold the Roundtable accountable for implementing the Plan, keep stakeholders informed, and allow providers to see that data entry means something.

Beyond the contracts, the Roundtable and the County will also have to make clear what the priorities are for each type of program in the CoC. Data on cost effectiveness, sustainable exits to permanent housing, and the speed of those exits will be used to determine preferred program types. These priorities will be published in all required places and made clear to all providers. Suggested performance

measures are available in Appendix A of this document, which will be further refined by the Roundtable during the implementation phase of this plan.

Outcome of Successful Implementation:

- Improve performance data
- Decision making driven by data
- Regular reports to the community
- Universal reporting by all providers

STRATEGY SEVEN: RESOURCE ALLOCATION

Funding for homeless assistance is not always consistently available or even easy to access. To combat this issue, Baltimore County will need to have a diverse portfolio of funding sources. To support the homeless assistance system as a whole and its shared need to meet the housing-oriented goals of the County, funders will need to be on the same page in terms of their expectations of providers. Having the funding available to make change where necessary and incentivize providers to adopt a permanent housing focus will be crucial for Baltimore County’s future success in ending homelessness.

7.1 Update inventory of available funding sources. The information in Table 3, below, will be updated by County staff each year and shared with providers along with information about eligible activities that can be funded under each source.

Table 3: Sample of Funding Sources Available to Reduce Homelessness

Name	Source	Prevention	Housing	Services
CDBG	Federal	X	X	X
County General Fund	County	X		X
Emergency Solutions Grant	Federal	X	X	X

Family Self Sufficiency Program	Federal			X
Federal Home Loan Bank (AHP)	Federal		X	
FEMA Emergency Food & Shelter	Federal	X		X
Foundation Funding		X	X	X
Healthcare for the Homeless	Federal			X
HOME	Federal		X	
HUD McKinney Vento	Federal	X	X	X
Homeless Women Services	State			X
HOPWA	Federal	X	X	X
Low Income Housing Tax Credits	Federal		X	
Maryland Housing Finance programs	State		X	
Medicaid	Federal			X
PATH	Federal			X
Ryan White Care Act	Federal			X
SAMHSA	Federal			X
Section 202	Federal		X	X
Section 811	Federal		X	X
Section 8 HCV	Federal		X	
State ETHS	State		X	X

State Housing Counselor Funding	State			X
State Rental Assistance Program	State		X	
TANF	Federal			X
VA per diem	Federal	X	X	X
VASH	Federal		X	

7.2 Align funding sources around common outcomes. Unlike how homeless assistance was funded in the past at the federal level, which tended to be focused on a provider’s activities (e.g., providing case management services and filling a certain number of shelter beds), homeless assistance funds now will be based on performance.

- Private and public funders of homeless assistance will align with the goals in the Plan and Opening Doors. Funders should be looking for high housing placement rates, quick turnarounds from program entry to housing placement, and high housing retention rates in the programs they fund.
- Funders will be educated regarding the impact of targeting harder-to-house populations on expected outcomes. For example, providers who try to rapidly re-house people with more barriers to housing should be expected to achieve differently on certain outcomes (for example, housing retention rates may be lower or return rates may be higher than programs that serve households with fewer barriers to re-entering housing).
- Funding will be reallocated to high performing strategies that meet the Plan’s objectives.
- **7.3 Create a funding collaborative.** Making changes at the program and ultimately the system level is always easier when funders are willing to support providers that are making the shift toward best practice strategies.
- Public and private funders will work to create a Baltimore County funding collaborative. This will provide a forum for funders to communicate with one another, educate one another, and develop common outcome expectations for all providers that they work with. [Funders Together](#),

a national funders collaborative that focuses on homelessness, can serve as an example of what such a collaborative could look like.²⁴

- Advocate for the Reinstitution of the Maryland State Interagency Council on Homelessness to bring together state and local systems in order to pool funds and partner on initiatives.

Outcome of Successful Strategy Seven Implementation

- Align funding with best practice strategies and performance
- Reduce overall homelessness

SPECIAL POPULATIONS

The strategies outlined in the Plan will apply to all at-risk and homeless populations that we work with; however we want to include special consideration for homeless subpopulations that have distinct needs that require separate exploration. Identifying what these needs are and determining how they fit in with the rest of the Plan will be an ongoing piece of the work the County does around implementation of the Plan. As such, the contents of this section will continue to be updated over time. Progress on work done to address the issues each sub-population faces will be measured in a way that is compatible with the performance measurement strategies outlined in the rest of the Plan. Assigned subcommittees of the Roundtable will be responsible to measure progress.

A. UNACCOMPANIED HOMELESS AND UNSTABLY HOUSED YOUTH AND YOUNG ADULTS

Outcome of Successful Implementation: Reduction in the number of unaccompanied youth and young adults experiencing a state of homeless or unstable housing.

Baltimore County has struggled with identifying unaccompanied and homeless youth. Youth tend to utilize Baltimore City resources and avoid traditional mainstream resources in the County. Baltimore County Public School System ensures the education of all youth and identified 200 unaccompanied

²⁴ Funders Together is a national network of foundations and corporations supporting strategic and effective grant making to end homelessness. <http://www.endlongtermhomelessness.org/>

youth in its 2013 count using the Department of Education definition. We know that this population exists in the County and we are focused on creating opportunities to identify youth who meet the [HUD unaccompanied homeless youth definition](#).²⁵

Strategic efforts to eliminate homelessness for this subpopulation will focus on the following areas:

- Continuing the work of the newly formed Homeless Youth Workgroup to determine gaps in services and strategize ways to improve service delivery;
- Engaging Youth experiencing homelessness to include special populations including LGBT, and linking them to known supportive service programs;
- Building and sustaining a “Youth Service Network” to enable access to services for youth experiencing homelessness; and
- Benchmarking the field and generating support in ending youth homelessness.

B. CHRONICALLY HOMELESS, MENTALLY ILL, SUBSTANCE ABUSING, AND/OR DISABLED INDIVIDUALS

Outcome of Successful Implementation:

- Reduce homelessness and increase service utilization for the above-mentioned special populations

Studies show that although chronically homeless people represent a small share of the overall homeless population, their effect on the homeless system and the community is considerable. Emergency shelters are not designed to address the extensive needs of people with serious mental illness or other disabilities and they tend to be difficult to place in permanent housing without supportive services. The result is they stay homeless in shelters for long periods of time, and use a disproportionate amount of shelter resources. Further, many individuals in these subpopulations do not access emergency shelter because they are not willing or cannot comply with the shelter regulations.

²⁵ For a description of different federal definitions of homelessness, see: https://www.onecpd.info/resources/documents/HEARTH_HomelessDefinition_finalRule.pdf

In a study conducted in Salt Lake City, UT, chronically homeless people represented only 12 percent of the people who used the city's largest emergency shelter, but they accounted for 57 percent of shelter bed use.²⁶

Strategic efforts to eliminate homelessness for this subpopulation will focus on the following areas:

- Organize a collaborative workgroup comprised of all local organizations that specialize in serving the special populations mentioned above;
- Work with the Roundtable to build relationships with mental health providers to involve all partners in service delivery including Substance Abuse, Veterans, Domestic Violence, HIV, etc.;
- Continue to offer training for all service providers on an ongoing basis, and develop a service provider manual that clarifies eligibility criteria and program guidelines;
- Improve service delivery by increasing the number of organizations utilizing HMIS;
- Expand outreach efforts to engage this population, meeting them at their level and point of need;
- Expand housing options, working with the community to fund Single Room Occupancy facilities as well as scattered site, case managed housing opportunities;
- Develop and expand advocacy efforts focused on serving these populations; and
- Work within the Roundtable, in partnership with key mental health service providers, to review and prioritize all permanent supportive housing placements.

C. VETERANS

Outcome of Successful Implementation:

- Reduce the number of homeless veterans, increase Veteran Affairs and other support service utilization

²⁶ Salt Lake County Long Range Planning Committee, 2005. Ending Chronic Homelessness in *Salt Lake County Ten Year Plan*

While the numbers of homeless veterans is relatively low in Baltimore County, making up only 10 percent of the homeless population, the need for housing and supportive services remains essential. Strategic efforts to eliminate homelessness for this subpopulation will focus on the following areas:

- Organize a vibrant and collaborative veteran workgroup comprised of all local organizations that specialize in veterans services;
- Develop an annual work plan, including a gaps analysis, to reduce homelessness for veterans in five years;
- Target outreach to identify homeless veterans;
- Simplify access to services through direct referrals to non-profits funded to provide housing and supportive services resources;
- Access funding to increase housing and resource opportunities;
- Collect data and conduct performance assessments; and
- Recruit a Veterans' Affairs representative to Homeless Roundtable to increase collaboration and referrals.

D. DOMESTIC VIOLENCE SURVIVORS

Outcome of Successful Implementation:

- Increase the number of domestic violence survivors who obtain safe, permanent housing, stabilizing their household

There is a significant lack of emergency shelter beds for domestic violence survivors. Baltimore County has one shelter serving approximately 20 families on an average day. A small number of victims are sheltered in hotels and transitional housing is available for six families. Thus, the County needs to increase services available to ensure that every person fleeing domestic violence has a safe, secure place to stay regardless of their family configuration. Safe housing includes emergency shelter beds with an emphasis on rapid re-housing.

In addition, the County has identified a rise in the number of women and girls who are victims of sex trafficking. Public awareness regarding this issue has resulted in funding and direct service provision to this population by one domestic violence service provider in the County.

Strategic efforts to eliminate homelessness and victimization for this subpopulation will focus on the following areas:

- Organize a collaborative workgroup comprised of all local organizations that specialize in domestic violence survivors;
- Simplify access to services;
- Increase housing and resource opportunities for domestic violence survivors by submitting grant applications for new funding opportunities;
- Develop and expand advocacy efforts focused on serving these populations; and
- Conduct trauma-informed training for existing shelter programs to create competency within the regular homeless system to address the unique needs of survivors.

E. RETURNING CITIZENS

Outcome of Successful Implementation:

- Reduce the number of returning citizens (formerly called ex-offenders) entering the homeless assistance system.

Baltimore County direct service providers have been actively involved in preventing homelessness for the re-entry population by working together to address eviction prevention, housing, and access to mainstream resources upon entry into the community. However, funding has been limited and the numbers of individuals served is not sufficient.

To improve successful re-entry, the Roundtable is focusing on the following areas:

- Improving upon the current re-entry process since the current process is fragmented;
- Increase collaboration between all organizations that specialize in returning citizens;
- Initiate the development of an Individual Service Plan upon entry into the system;

- Focus efforts on the subset of the population that are likely to remain in County facilities (many of those who are incarcerated will be sentenced to a facility outside of the County);
- Create a viable discharge plan that ensures returning citizens are not discharged into homelessness; and
- Increase housing and resource opportunities for returning citizens by submitting grant applications for new funding opportunities.
- Work to address barriers to housing access and stability such as criminal backgrounds, credit issues, and employment.

WHAT HAPPENS NEXT

Completing the Plan is only the first step in meeting our goal to prevent and reduce homelessness. The Plan outlines key strategies and following approval of the Plan, the Executive Committee of the Roundtable in coordination with the County, will develop an implementation matrix that provides concrete action steps that move the strategies in the Plan forward. Making changes in focus, direction and service priorities needed to prevent and reduce homelessness in Baltimore County could require major changes in how programs are structured and what services are funded. It is important to remain mindful that true system change never ends. It is a ongoing process involving planning, implementing and evaluating; and then starting the cycle again.

Generate and Sustain Support

Systemic and sustainable change to the policies and programs affecting homeless individuals and families as well as to the external supportive systems such as housing and other human service agency programs is only possible when there is buy-in at every level. Therefore it is essential that policy makers, elected officials, funding agencies, and other key decision makers in Baltimore County are well informed and well-armed to make difficult choices and provide the support necessary for real change to occur. Members of the BCCH and the Roundtable will work to ensure that the strategies presented in the Plan are presented clearly, educate those in leadership roles about why these strategies are so important to

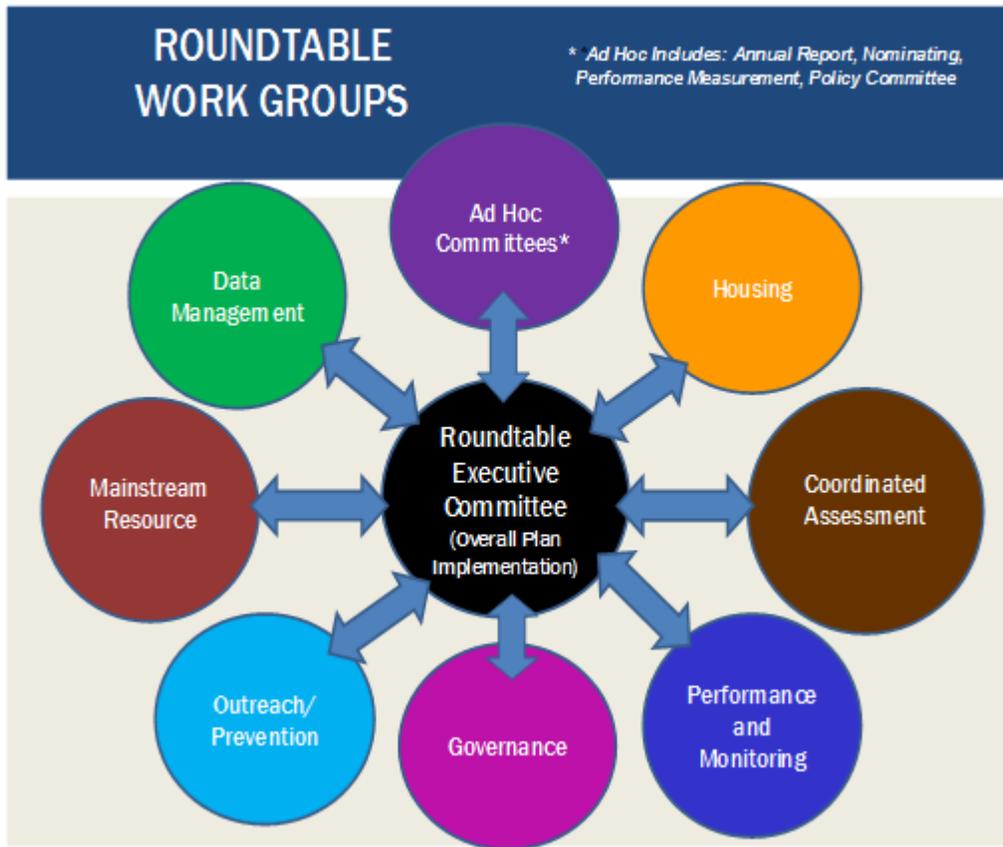
the goal of preventing and ending homelessness, and help them embrace their role in moving this plan forward.

Educate and Involve the Community

Many people are not aware of the nature and extent of homelessness in the County. Further, most County residents are not aware of promising new strategies that have been successful in preventing and reducing homelessness in communities around the nation. Members of the BCCH will conduct a countywide campaign to educate the community about homelessness and promote the strategies contained in the Plan. The public will learn about the potential successes of the strategies and how the strategies are different from current practices. Concerns about implementation of the strategies will be addressed and the community will be encouraged to take an active role in reducing and ending homelessness.

Implementation Plan

Making the changes necessary to move from the current approach of providing homeless services to new systems that should prevent homelessness and reduce homelessness for an increased number of households is not an easy process. During the Fiscal Year 2014, members of the Roundtable in collaboration with the County will develop an implementation matrix that will include specific actions needed to implement the strategies, identification of the organizations and Roundtable committees (see chart below) that will carry out the actions, projected dates for accomplishments and outcome measures for each action item. Implementation of the plan is scheduled to start in Fiscal Year 2013.



CONCLUSION

Baltimore County’s Plan sets the stage for our community to shift to a system that is strategic and planned. By implementing the recommendations of the Plan, we will reorient our homeless service system from one that shelters and manages homelessness to a **housing first** focus that ends homelessness through prevention, diversion and rapid re-housing. Baltimore County will be a community where we will have a flexible and rapidly responding network of necessary permanent housing options and complementary services so that homelessness is rare, short-lived, and non-recurring.

APPENDICES

- A. Example of Program & System Outcome Measures
- C. List of Stakeholder Participation in Planning Process
- D. Current Continuum of Care Service Providers
- E. Acronyms/Definitions
- F. Consumer Survey Summary
- G. Executive Summary from the Charrette