

**APPENDICES TO THE 5-YEAR CONSOLIDATED PLAN
&
THE 1-YEAR ANNUAL ACTION PLAN**

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APPENDIX I

**PR-10 CONSULTATION
[91.100, 91.200(B), 91.215(L)]**

PR-10 Consultation – (CONTD.)

7. Agency/Group/Organization	Opportunity Collaborative
Agency/Group/Organization Type	Fair Housing Organizations
What section of the Plan was addressed by Consultation?	Support for regional fair housing efforts.
How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	Meetings between DHCD fair housing and CDBG staff preparing parts of the CP and the housing coordinator of the Opportunity Collaborative. The meeting resulted in establishing a fair housing strategy and expanding the type of actions that will be undertaken in pursuit of regional housing efforts.
8. Agency/Group/Organization	The Community Development Network of Maryland
Agency/Group/Organization Type	Non-profit umbrella organization
What section of the Plan was addressed by Consultation?	Strategy Section and Annual Action Plan activities.
How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	Presentation to and discussion with CDNM members at their monthly Baltimore City Committee meetings about Consolidated Plan strategies and activities. Participants wanted the Plan to support housing counseling and opportunities for homeownership and strategic demolition of in outer city areas. (The final draft Plan reflects these concerns.) The CDMN agreed to inform its members about the Plan and the need to comment on the draft.
9. Agency/Group/Organization	State of Maryland DHCD
Agency/Group/Organization Type	State Government
What section of the Plan was addressed by Consultation?	How best to address National Housing Trust Fund requirements relating to the Consolidated Plan.
How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	Exchange of emails. The outcome was that the draft Plan was mute on the NHTF due to uncertainty surrounding its implementation.

10. Agency/Group/Organization	WODA
Agency/Group/Organization Type	Private for profit housing development company.
What section of the Plan was addressed by Consultation?	Special needs housing and preferences for certain groups.
How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	Consultations were by phone and letter. These discussions identified groups with housing needs for which preferences could be established in the Plan.
11. Agency/Group/Organization	Enterprise
Agency/Group/Organization Type	Private, non-profit developer.
What section of the Plan was addressed by Consultation?	Special needs housing and preferences for certain groups.
How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	Consultations were by phone and letter. These discussions identified groups with housing needs for which preferences could be established in the Plan.
12. Agency/Group/Organization	Governor's Commission on the Prevention of Lead Paint Poisoning
Agency/Group/Organization Type	State
What section of the Plan was addressed by Consultation?	Lead Abatement
How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	On the first Thursday of every month, the Governor's Commission on Lead Poisoning Prevention meets at the offices of the Maryland Department of the Environment at the corner of Washington Boulevard and South Monroe Street. Baltimore City DHCD is a Commission member. Based on these meetings, uniform standards covering lead contractor training requirements and blood level reporting have been agreed upon and will be carried out during the five-year period covered by this Consolidated Plan. Additionally, it is anticipated that a uniform community lead education policy will be developed and implemented.
13. Agency/Group/Organization	Baltimore City Health Department
Agency/Group/Organization Type	Local Government

What section of the Plan was addressed by Consultation?	Lead Abatement
How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	Several meetings in the autumn of 2014 and early in 2015 were held on ways to improve outreach and assistance to children testing with elevated blood lead levels (BLL) between 5 and 10, particularly for those families without regular primary medical care and access to BLL testing resources, and similar matters. It is anticipated that the number of children tested in this BLL range will increase during this Consolidated Plan period.
14. Agency/Group/Organization	Green & Healthy Homes Initiative/Coalition to End Childhood Lead Poisoning.
Agency/Group/Organization Type	Non- Profit Agency
What section of the Plan was addressed by Consultation?	Lead Abatement
How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	Several in-person meetings were held in last half of 2014 and two in the first quarter of 2015 to put in place post-remediation lead education processes and to integrate weatherization and asthma case interventions. Additionally, discussion of establishing a food voucher system as part of the lead relocation process was initiated. It is anticipated that these measures will be in place during the second half of CFY 2016.

APPENDIX II
PR-15 CITIZEN PARTICIPATION
(COMMUNITY NEEDS SURVEY)

Community Needs Survey

We need your help identifying our housing and community development needs!

The City of Baltimore through the Department of Housing and Community Development and the Mayor's Office of Human Services will be preparing a new 5-year Consolidated Plan & Strategy that includes goals and priorities for Federal programs funded through HUD. The programs affected are (1) Community Development Block Grant (CDBG); (2) HOME Investment Partnership Program (HOME); Emergency Solutions Grant (ESG); Housing Opportunities for Persons With AIDS (HOPWA) programs. The five year plan will cover city fiscal years 2016-2020.

To ensure appropriate priorities are set in spending the money, the City is conducting a survey to identify housing, public services and community development needs and develop a strategy to address them.

As you fill this survey, please consider what you believe to be the needs of your community and how they can best be addressed. Please prioritize needs ranging from most important (1) to least important (5)

To begin, please state your Neighborhood and Zip Code:

Affordable Housing Needs

- Develop Affordable Rental Housing
- Provide Tenant Based Rental Assistance
- Provide Homebuyer Education
- Provide Purchase Assistance to First-time Homebuyers
- Assist with Repairs to Low-income Owner Occupied Housing
- Develop Affordable Housing for Low-income Seniors
- Develop Affordable Housing for Persons with Disabilities
- Control Lead Paint & Asbestos Hazards in Housing
- Weatherization / Improve Energy Efficiency of Housing
- Provide Housing for the Homeless
- Housing for Youth aging out of the Foster system
- Preserve Existing Affordable Housing
- De-concentrate poverty

- Repurpose vacant buildings and lots
- Encourage sustainable building practices
- Support major City re-development initiatives
- Other Housing Needs

Public Facility Needs

- Senior Centers
- Youth Centers
- Neighborhood / Community Facilities
- Child Care Centers
- Head Start Centers
- Parks / Recreational Facilities
- Health Care Facilities
- Facilities for AIDS Patients
- Homeless Facilities
- Day Resource Centers
- Other Public Facility Needs

Infrastructure & Neighborhood Needs

- Code Enforcement
- Neighborhood Beautification
- ADA Improvements
- Greenspace/Urban Farming
- Preserve Historic buildings
- Demolition of Blighted Structures
- Other Infrastructure Needs

Public Service Needs

- Senior Services

- Legal Services
- Handicap Services
- Food Pantry / Soup Kitchens
- Homeless Shelters / Homeless Prevention Services
- Youth Services

Public Service Needs

- Recreation
- Transportation Services
- Substance Abuse Services
- Employment Training
- Education/Literacy
- Fair Housing Counseling
- Tenant/Landlord Counseling
- Child Care Services
- Neighborhood Cleanups
- Health Services
- Housing counseling services
- Other Public Service Needs

Anti-Crime Needs

- Crime Awareness
- Violent and Non-violent Crime Prevention
- Juvenile Crime Prevention
- Domestic Violence Prevention
- Child Abuse Prevention
- Anti-Drug Programs
- Ex-offender Release Programs
- Other Anti-Crime Program Needs

Economic Development Needs

- Create or Retain Jobs
- Economic Development/Technical Assistance
- Assist Micro-enterprises/Small Businesses
- Assistance to Exterior Building Renovation Projects
- Other Economic Development Needs

Other

-
-
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-

Comments:

Please mail the survey to the attention of Shama Ganachari, Chief, CDBG Office, 417 E. Fayette Street, Room 1101, Baltimore, Maryland 21202. A postage paid envelope has been enclosed for your convenience.

Thank you for your participation in this survey. The survey results will be reported in the Draft Consolidated Plan that will be released for public comment in mid-spring of 2015.

APPENDIX III
NA-35 – Public Housing – 91.205(b)
(Section 504 Needs Assessment)

Section 504 Needs Assessment: Describe the needs of public housing tenants and applicants on the waiting list for accessible units:

The consent decree entered in *Bailey, et al. v. HABC et al.*, Civil Action No. JFM-02-CV-225 and in *United States v. HABC*, Civil Action No. JFM-04-CV-03107 (the “Bailey Consent Decree”) on December 20, 2004 provides for HABC to create 755 UFAS and 75 near-UFAS units. As of 5/31/15, HABC had created 701 of the 755 UFAS compliant units and all of the 75 near UFAS compliant units required by the Bailey Consent Decree. The remaining units are expected to be completed during the five-year period covered by this Plan.

Until all of the UFAS and near-UFAS units are ready for occupancy, the Bailey Consent Decree provides for HABC to have an Immediate Needs Team address the requests of residents who have a family member who lacks access to a toilet, lacks access to a shower or a bathtub that can be used by a person with a disability, lacks access to a kitchen unless the person with the disability is a minor child under age 8 years, lacks access to a bedroom, lacks access to a bedroom; lacks access to a bedroom occupied by a minor child /children for whom the person with the disability provide supervision or has child care responsibilities; or lacks the ability to enter or exit the unit without assistance.

During the period January 1, 2014 through December 31, 2014, HABC received 143 requests from residents that, based on the residents’ requests, were treated as immediate needs requests. The immediate needs teams met with these families, unless the family did not respond to multiple attempts to schedule a home visit, and assessed each family’s accessibility needs. As a result of these assessments these resident households were sent an Immediate Needs Plan, which offered the installation of accessibility features in their current units and: (1) where a member of the resident household uses a wheelchair, a scooter or a bench walker, a transfer to a unit that meets the Uniform Federal Accessibility Standards (“UFAS”) for wheelchair accessibility; where a member of the resident household does not use a wheelchair, a scooter or a bench walker but has difficulty walking up and down steps due to a disability, a transfer to a unit on one level with no steps. All immediate needs plans also offered the option of receiving a Housing Choice Voucher. The resident households were sent the Immediate Needs Plan and asked to select the options that would address their needs.

The following summarizes the results of the Immediate Needs Team meetings, the Immediate Needs Plans and the selections made by the resident households during the period January 1, 2014 through December 31, 2014:

UFAS Units

- 74 households were offered a transfer to a UFAS unit;
- 17 of the 74 households offered a transfer to a UFAS unit did not select this option;
- 5 of the 74 households offered a transfer to a UFAS unit did not return their Immediate Needs Plan;

Units on One Level with No Steps

- 52 households were offered a transfer to a unit on one level with no steps;
- 9 of the 52 households offered a transfer to a unit on one level with no steps did not select this option;
- 3 of the 52 households offered a transfer to a unit on one level with no steps did not return their Immediate Needs Plan;

Accessibility Features

- 99 households were offered one or more accessibility features to address mobility impairments;
- 32 of the 99 households offered one or more accessibility feature to address mobility impairments did not select any of the features offered in their Immediate Needs Plans;
- 8 of the 99 households offered one or more accessibility feature to address mobility impairments did not return the Immediate Needs Plan;
- 2 households were offered features for persons with limited vision only;
- 20 households were not offered any accessibility features because their units were already equipped with the features.

During the period January 1, 2014 through December 31, 2014, HABC received 457 reasonable accommodation requests that, based on the information received pertaining to the request, did not initially meet the immediate needs criteria. The follow summarizes the reasonable accommodation requests pertaining to mobility related disabilities (HABC receives a number of reasonable accommodation requests that are not related to mobility issues, e.g. requests to transferred to be close to family support, requests for increases in the utility allowance due to the use of medical equipment, requests for live-in aides, etc.):

UFAS Units

- 15 households requested a transfer to a UFAS unit
- 9 of the households were already living in a UFAS unit but were approved for a transfer to another UFAS unit to accommodate a live-in aide, the desire to be closer to family or the need for a separate bedroom for the person with the disability;
- 2 of the households were already living in a UFAS unit and were denied a transfer because a reasonable basis for the transfer was not provided;
- 1 of the households was not living in UFAS units and the request was converted to an immediate needs request (this request is included in the immediate needs UFAS numbers provided above);
- 1 of the households was not living in a UFAS unit and was determined to need a unit on one level with no steps but not a UFAS unit, the request for the UFAS unit was withdrawn and the request to transfer to a unit on one level with no steps was approved;
- 1 of the households was not living in a UFAS unit but was living in a unit on one level with no steps and was determined, based on information provided by healthcare provider, not to need a UFAS unit;
- 1 request for a UFAS unit was withdrawn because the resident does not have an obvious mobility disability and did not provide disability verification verifying the need for a UFAS unit

Units on One Level with No Steps

- 53 households requested a transfer to a unit on one level with no steps;
- 44 of the 53 households were approved for a transfer to a unit on one level with no steps;
- 1 household of the 53 households was already living in a unit on one level with no steps but was approved for a transfer to another unit on one level with no steps on a lower level;
- 7 of the 53 households were denied transfers because they already were living in a unit on one level with no steps and there was no reasonable basis for transferring them to another unit on one level without steps;
- 2 of the 53 households withdrew the request to transfer to a unit on one level with no steps.

Units with Less Than Five Steps

- 6 households requested and were approved for a transfer to a unit with no more than 5 steps.

Accessible Features

- 212 households requested installation of accessibility features for mobility disabilities (some of these requests also included a request for hearing/vision features);
- Of the 212 households who requested installation of accessibility features, 31 withdrew the request for all of the items when the contractor arrived to install the requested items – either because the household no longer wanted the accessibility features or because the features were had already been installed in the unit (some of the 212 households withdrew the request for some but not all of the requested features when the contractor arrived to install them);
- 44 households requested installation of hearing/vision features only;
- Of the 44 households who requested installation of hearing/vision features only, 3 withdrew the request for the features when the contractor arrived to install the requested them because the household no longer wanted the hearing/vision features.

Accessible Unit Needs of Public Housing Applicants

As of May 2015, HABC had 35,271 applicants on the public housing waiting list. Of these applicants, 770 (2%) have requested a wheelchair accessible unit and 4,040 (11%) have requested a unit on one level with no steps (applicants requesting a unit on one level, generally do not need a wheelchair accessible unit, but request a unit on one level because of difficulty with steps due to health related issues such as arthritis or upper respiratory conditions). Please note that this information is based on what the applicants' request. HABC verifies the need for wheelchair accessible units and units on one level with no steps when applicants reach the top of the waiting list and are called in for their eligibility interview.

APPENDIX IV

NA-45 Non-Homeless Special Needs Assessment - 91.205 (b, d)

Describe the characteristics of special needs populations in your community:

Persons with Disabilities

This special needs category is, numerically, the largest sub-population within the larger special needs population. Based on the Census Bureau's American Community Survey (ACS) 2009 – 2013 5-Year Estimates Table S1810; 15.3% of the non-institutionalized civilian population (93,269 of 611,056 persons) has a disability. The incidence of disability is disproportionately found in the elderly population. While those age 65 or older account for 12% of the population (70,751 of 611,056), they account for 32% of the disabled (29,564 of 93,269). For other age categories - under 5, 5 to 17, 18 to 64 - the incidence of disability is less than their proportion of population. As age increases so does the incidence of disability.

As concerns gender, racial and ethnic concentrations among the disabled, the following data taken from ACS Table S1810 summarizes these characteristics.

	Estimated Total Civilian Non- institutionalized Population	Estimated With A Disability	Estimated Percent With A Disability
Male	285,517	41,705	14.6%
Female	325,539	51,564	15.8%
White alone	185,713	24,168	13.0%
Black or African American alone	385,164	64,826	16.8%
American Indian and Alaska Native alone	2,247	605	26.9%
Asian alone	14,788	645	4.4%
Native Hawaiian and Other Pacific Islander alone	233	23	9.9%
White alone, not Hispanic or Latino	172,250	23,338	13.5%
Hispanic or Latino (of any race)	26,597	2,236	8.4%

There is no pronounced gender based differential in disability rates. As concerns rates based on racial characteristics, the rate for American Indians/Alaskan Natives is strikingly larger than that for any other group and approaches twice the rate for the population as a whole. Rates for blacks and whites are reasonably close and consistent with the overall rate of 15.3%. Rates for Native Hawaiian/Pacific Islanders and, particularly, Asians, are low as compared to other groups and the overall population. Hispanics also have a rate significantly lower than that of the total population.

The Elderly

The elderly are a unique special needs population in that many elderly people are completely self-sufficient and do not have housing or supportive service needs. That stated, there are certainly a range of needs found in this group. Table 6 *Number of Households* in section NA–10 finds that 28% of all households (67,000 of 238,965) have at least one elderly householder age 62 or older while accounting for 35% of all 0-30% HAMFI households and 34% of all >30%-50% HAMFI households. Despite being disproportionately represented in lower income strata, this group does not, for the most part, experience a disproportionate amount of cost burden. Based on data in Table 9, *Cost Burden >30%*, and Table 10 *Cost Burden >50%*, both found in section NA-10 above, 29% (13,290 of 45,825) of all households with extremely low-income (0-30% HAMFI) having cost burdens of greater than 30% are elderly. The percentage of severely cost burdened households that are elderly for 0-30% HAMFI is 24%. The exception to this pattern is elderly homeowners who account for 31% (32,677 of 116,673) of all homeowners (extrapolated from ACS 2009 – 2013 5-Year Estimates Table B25116) but account for 52% (6,225 of 11,905) of all >30% cost burdened homeowners in the 0-30% of HAMFI. Elderly householders account for 46% of all severely cost burdened home owners in the 0-30% of HAMFI.

The elderly do have a higher disability rate than that found in the overall population. Based on data found in 2009 – 2013 ACS 5-Year Estimates Table B18101, the rate for persons aged 65 – 74 is 33% - about twice that of the for the total population. The rate jumps to 52% for those over age 75. It is likely that this high disability rate is the causal factor in the elderly being given a special needs status.

Person Living with HIV/AIDS

The Baltimore EMSA continues to be severely impacted by the HIV/AIDS epidemic. Baltimore- Towson had the sixth highest estimated national HIV diagnosis rate (33.8 diagnoses per 100,000 population during 2011). The Maryland Department of Health and Mental Hygiene reported that through December 31, 2012, there are a total of 16,656 living cases of HIV (includes those with or without an AIDS diagnosis) in the EMSA. Baltimore City alone had 11,789 residents living with HIV (Maryland Dept. of Health and Mental Hygiene data, December 2012).

“The Baltimore City Health Department reported during 2013, the most recent program year for which there is data, that there were 10,097 Ryan White Care Act – Part A consumers. They further state: “Household income data reported by more than sixty-four percent (6,454/10,097) of the EMA consumers indicates that roughly 73% have income that is equal to or below the 100 percent federal poverty level.”

Persons with Drug and Alcohol Addiction

In *Patterns and Trends of Drug Abuse in the Baltimore/Maryland/Washington DC Metropolitan Area – Epidemiology and Trends : 2002-2013* (Artigiani and Wish; National Institute on Drug Abuse Area Report; September 2014; 27 pages.) the following was noted about drug use and treatment in Baltimore:

Baltimore City enrollments in publicly funded treatment programs in 2013 were more likely to involve heroin as the primary drug mentioned than any other drug, but the total number remained about the same as in 2012. [The 2012 number was 55,499 enrollments.] Primary mentions of other opiates/opioids (other than heroin) continued to increase. Baltimore City accounted for nearly one-half (47 percent) of primary heroin enrollments and approximately one-third (37 percent) of primary cocaine/crack enrollments in the State.

The number of heroin-related intoxication deaths increased in 2012 and 2013 after decreasing in 2010 and 2011. [In 2013 there were 150 heroin-related deaths in Baltimore City, 131 in 2012.] One in three heroin-related intoxication deaths in Maryland in 2013 occurred in Baltimore City. The most frequently identified drugs in NFLIS reports among drug items seized and analyzed in Baltimore City in 2013 were marijuana/cannabis, cocaine, and heroin. From 2009 to 2013, the percentage of reports positive for marijuana/cannabis increased, while the percentage of reports positive for cocaine decreased. The percentage of reports positive for heroin remained stable in 2013 after decreasing in 2010 and 2011.

The number of annual treatment admissions for drug and alcohol abuse in Baltimore City has doubled since 2008 with a substantial increase in both publically and privately funded treatment slots. Estimates of the number of persons with drug and alcohol addiction in Baltimore have varied over time and generally fall between 50,000 and 70,000 persons. A 1999 study by the Center for Substance Abuse Research (CESAR) estimated 51,545 persons. A 2008 estimate of 70,065 by Baltimore Substance Abuse Systems was updated in 2012 to reflect 63,711 persons. The older CESAR study broke out its estimates of adult city residents in need of treatment by type of substance abused and gender and age. Calculations based on report data find the following:

- Males were three times more likely to need treatment than females.
- Alcohol was the most abused substance, its use accounted for well over half of all adults needing treatment.
- Two-thirds of all persons needing treatment were in the 25 to 44 age group.
- The number of elderly in need of treatment was small and largely limited to alcohol abuse.
- The overall percentage of persons by race - black and white – in need of treatment corresponded with their percentages in the city as a whole. However, when race and gender were considered together, black males and white males were represented at rates significantly in excess of their portion of the population.

APPENDIX V

MA-30 HOMELESS FACILITIES & SERVICES

**(LIST OF SERVICES & FACILITIES THAT SERVE
THE HOMELESS POPULATIONS)**

List and describe services and facilities that meet the needs of homeless persons, particularly chronically homeless individuals and families, families with children, veterans and their families, and unaccompanied youth. If the services and facilities are listed on screen SP-40 Institutional Delivery Structure or screen MA-35 Special Needs Facilities and Services, describe how these facilities and services specifically address the needs of these populations.

Agency	Project Name	Type	CH	Veteran Beds	Youth Beds
AIDS Interfaith Residential Services	Carriage House	TH			
AIDS Interfaith Residential Services	Don Miller House	HOPWA H			
AIDS Interfaith Residential Services	People on the Move	HOPWA SS			
AIDS Interfaith Residential Services	S+C	PSH			
At Jacob's Well	Transitional Housing	TH			
At Jacob's Well	PHP	PSH			
Baltimore Outreach Services	Emergency Shelter	ES			
BMHS	Project Based S+C	PSH			
BMHS	Sponsor Based S+C	PSH			
Bon Secours	Eviction Prevention	EP			
Catholic Charities	Christopher's Place	TH			
Catholic Charities	Holden Hall	PSH			
Catholic Charities	My Sister's Place Lodge	TH			
Catholic Charities	My Sister's Place Women's Center	RC			
Catholic Charities	REACH Combined	PSH			
Catholic Charities	Project FRESH Start PHP	PSH			
Catholic Charities	Project BELIEVE PHP	PSH			
Chase Brexton Health Care	Outreach	HOPWA Outreach			
Community Housing Associates	Resident Advocate	PSH			
Dayspring Programs	PHP	PSH			

Dayspring Programs	Tenant Based S+C	PSH			
Dayspring Village	Transitional Housing	TH			
Fusion Partnerships	Power Inside Help on the Streets	Outreach			
Fusion Partnerships	Youth Empowered Society	RC			
GEDCO	Justice Housing and Services Program	PSH			
GEDCO	Harford House and Micah House SRO	PSH			
GEDCO	S+C	PSH			
Gilchrist	Joseph Richey House	HOPWA			
Health Care Access Maryland	Eviction Prevention and Rapid Re-housing	EP & RRH			
Health Care Access Maryland	HCAM Homeless Street Outreach Program	Outreach			
Health Care for the Homeless, Inc.	Convalescent Care Program	SS			
Helping Up Mission	Shelter, Transitional	ES & TH		25	
House of Ruth	Safe Shelter & Housing	ES & RRH			
House of Ruth	Transitional Housing	TH			
HPRP	Legal Service Project	SS			
HUD-VASH	Vouchers	PSH		252	
JHR, Inc.	VA	TH		8	
JHR, Inc.	Lighthouse 1	PSH			
JHR, Inc.	Carrington House	TH			
Legal Aid	Homeless Prevention w/Legal Services	EP			
Loving Arms	Youth Emergency Shelter	ES			5
Manna House	Day Resource Center/Meal Program	RC			
Marian House	Transitional Housing and Services Program	TH			

Marian House	Serenity Place PHP	PSH			
Marian House	S+C & PSH	PSH			
Marian House THP	Transitional Housing Program	TH			
McVet	McVet Emergency Shelter & Street Outreach	ES		50	
McVet	Transitional Housing	TH		120	
McVet	SRO	PSH		80	
Mercy Medical Center	Homeless Prevention Program	EP			
Mercy Medical Center	Supportive Housing Project	SS			
MOHS	Housing First S+C	PSH	60		
MOHS	Homeward Bound	PSH	52		
Moveable Feast	HIV/AIDS Drop in Center	HOPWA			
Newborn Holistic Ministries	Martha's Place	TH			
Patrick Allison House	Transitional Housing Program	TH			
Paul's Place	STABLE Housing Project	EP & RRH			
People Encouraging People, Inc.	Samaritan	PSH	45		
Project PLASE	HOPWA Nursing Services	SS			
Project PLASE	Permanent Housing Services for HIV/AIDS	HOPWA			
Project PLASE	Temporary Housing for Single Adults	TH		15	
Project PLASE	S+C	PSH			
Public Justice Center	Human Right to Housing Project	EP			
Rose Street	Youth Shelter	ES			8
Salvation Army	Booth House Shelter	ES			
SHG, Inc.	Lanvale Institute Residential TH	TH			
Supportive Services for Veteran Families	Rapid Rehousing Program	RRH		47	

St Vincent de Paul	Beans and Bread	SS			
St Vincent de Paul	Frederick Ozanam House	TH			
St Vincent de Paul	Front Door	RRH			
St Vincent de Paul	Home Connections	PSH	60		
St Vincent de Paul	Sarah's Hope	ES			
St. Ambrose Housing Aid Center	PHP	PSH			
St. Ambrose Housing Aid Center	S+C	PSH			
St. Vincent de Paul	Cottage Avenue	TH			
The Baltimore Station	Baker Street Station	TH		30	
The Baltimore Station	South Baltimore Station	TH		69	
United Ministries	Earl's Place Transitional Housing	TH			
University of Maryland Baltimore	UM Homeless Prevention Program	EP			
VOA	Pratt House THP	TH			
WHC	Jenkins House Family Program	TH			
Women Accepting Responsibility, Inc	PHP	PSH			
Women Accepting Responsibility, Inc.	S+C	PSH			
Women's Housing Coalition	Bennett House SRO	PSH			
Women's Housing Coalition	Calverton Residence PHP	PSH			
Women's Housing Coalition	Scattered Site Housing PHP	PSH			
Women's Housing Coalition	Scattered Site Housing S+C	PSH			
Women's Housing Coalition	Susanna Wesley House Family PHP	PSH			
Women's Housing Coalition	Family Scattered Site S+C	PSH			
Women's Housing Coalition	Bennett House S+C	PSH			
YWCA	Druid Heights THP	TH			

List services that meet the needs of homeless persons, particularly chronically homeless individuals and families, families with children, veterans and their families, and unaccompanied youth.

Services provided to homeless persons, chronically homeless individuals and families, families with children, veterans and their families and unaccompanied youth are as follows:

The Continuum of Care (COC) provides funding and partners with over 45 agencies offering more than 70 programs which provide services to individuals experiencing homelessness or formerly homeless people. COC supported programs include emergency shelter, transitional housing, rapid rehousing, permanent supportive housing, street outreach, and supportive services.

Street Outreach and Supportive Services

For individuals or households experiencing homelessness on the streets or in places not meant for habitation, the City offers several drop-in programs that provide basic living services such as showers, meals, and laundry in addition to case management and housing referral services. Additionally, five street outreach teams are dedicated to identifying and serving people living on the street. Outreach teams provide case management, referral and placement into housing, linkage to mental health and substance abuse services, and assistance with obtaining basic needs.

Emergency Shelter

The City supports 937 year-round emergency shelter beds in operation at seven shelters, as well as an additional 239 seasonal/cold-weather beds. In addition to providing temporary shelter, the emergency shelters work to link residents with mainstream employment and educational supports, and locate stable housing through family reunification, service programs, or affordable housing referrals. Approximately 33% of emergency shelter beds are designated for families, provided at three family shelters that offer comprehensive case management, supportive services, and reserved shelter beds, with an average stay between 60-120 days. Four single-adult shelters provide a mix of walk-in and reserved bed sheltering, with varying levels of case management services. One veteran-dedicated shelter and one unaccompanied youth shelter provide intensive case management and supportive services in addition to reserved beds.

Transitional Housing

The City supports programs providing 1,450 year-round transitional housing beds through twenty-one different agencies. While each transitional housing program serves varying demographic populations, most utilize a similar program model in that they typically offer residents up to a 24-month stay along with intensive case management and supportive services. Approximately 35% of transitional housing is designated for families. Five transitional programs have a special focus on addiction-related services, particularly for those who are chronically homeless, and provide comprehensive treatment and services on-site as part of their programs. One transitional program targets individuals that recently reentered from prison and are experiencing homelessness. The remaining transitional housing programs focus on developing educational and employment skills with residents to ensure that upon exit, residents have the skills and income necessary to enter permanent housing and maintain stability. Several transitional housing programs serving families have the ability to refer clients for a conversion to a tenant-based voucher upon completion of the program.

Rapid Re-Housing and Shelter Diversion

Over 180 households receive rapid rehousing and shelter diversion assistance each year through four programs. Rapid Re-Housing programs focus on quickly placing a household into regular permanent housing, coupled with case management and gradually-declining financial/rental assistance.

Households typically receive three to twelve months of assistance and take on full responsibility for rent and housing at the close of services. The target population for these services is households that can quickly increase their income and self-sufficiency to maintain housing.

Permanent Supportive Housing & Chronically Homeless

The City supports 3,152 households in year-round permanent supportive housing provided by eighteen agencies. Permanent supportive housing programs include a mix of project-based buildings and tenant-based vouchers coupled with supportive services and case management. Approximately 42% of permanent supportive housing beds are designated for families. In addition to beds dedicated only to chronically homeless individuals, in 2014, the City began prioritizing all permanent supportive housing openings for chronically homeless individuals and households through the Coordinated Access system.

Veterans

Veterans in need of housing may access services at any homeless services provider, but can also choose from several specialized programs dedicated to serving only veterans. Five agencies provide a variety of services to veterans that include emergency shelter, transitional housing, single-room occupancy, HUD-VASH and rapid rehousing. The Continuum of Care funds some beds in three transitional housing programs, with the remaining programs receiving only funding through the VA.

APPENDIX VI
MA-35 SPECIAL NEEDS FACILITIES AND SERVICES
91.210(d)

Facilities & Services Available to Non-Homeless Special Needs Populations

There is a wide range of services available to the special needs population. A partial listing by category follows:

Elderly and Extra-Elderly

Adults Evaluation and Review Services-provide comprehensive evaluations to identify the needs of the medically, mentally and functionally disabled adults who face the risk of premature and inappropriate institutionalization.

Assisted Living - Community based housing for medically and financially eligible persons aged 62 and older. Provide 24-hour care and supervision.

Elder Abuse Prevention – Provides information and education on the signs and symptoms of elder abuse and promotes strategies for the prevention of abuse, neglect and exploitation of vulnerable adults.

Elderly & Handicapped Taxicard Program – offers reduced cost taxi service for older adults and persons with disabilities.

Eating Together in Baltimore (ETIB) - Eating Together is the federally funded congregate nutrition program administered by the Commission on Aging and Retirement Education (CARE). ETIB provides a chance for seniors to explore different areas of interest, broaden horizons, make new friends, attend special events, and enjoy nutritious meals.

Family Caregiver Program - Provides non-emergency and non-expedited financial assistance to caregivers to pay for respite or supplemental services. information, assistance, respite and supplemental services to family caregivers, including grandparents, 60 and above, who are raising their grandchildren.

Golden Age Clubs – The senior Citizens Division of the Baltimore City Department of Recreation and Parks provides comprehensive, life enriching recreational activities for senior citizens residing in Baltimore City. Golden age clubs are conveniently located in all areas of the City, meeting in recreation centers, senior apartment buildings, schools and churches.

Meals on Wheels of Central Maryland – services include Baltimore City residents who are homebound and unable to shop or cook and is eligible to receive Meals on Wheels' home-delivered meal service and other support services.

League for people with disabilities/adult medical day program – addresses physical, psychological, social challenges facing adults with disabilities.

Legal Services for Senior Citizens Program – the Maryland Legal Aid Bureau supports the Senior Legal Helpline and the Baltimore City Hotline which provides free legal assistance, consultation

and/or representation to older adults 60 or older regarding health care issues, income maintenance, nutrition, housing and utilities, protective services and unemployment benefits. Medicaid Home and Community Based Services – provides Medicaid recipients, who are nursing home eligible or at risk of nursing home placement an opportunity to receive needed services in their homes. Some individuals may qualify for assistance in an assisted living facility.

Ombudsman Program – is an advocacy program that works to protect the rights and improve the quality of life of residents living in long term care facilities.

Public Guardianship - A mandated program provides life management services for individuals 65 and above who are unable to make decisions for themselves.

Senior Centers - Located throughout Baltimore, these centers offer a wide range of services and programs which help meet the social, physical and intellectual needs of older adults. Activities include informal classes, trips, crafts, fitness and educational programs, special events and socialization.

CARE operated Centers are:

Hatton Senior Center
John Booth/Hooper Senior Center
Oliver Senior Center
Sandtown-Winchester Center
Waxter Senior Center
Zeta Senior Center

Senior Companion Program – provides companionship to home bound seniors with physical and mental health impairments.

Senior Health Insurance Assistance Program (SHIP) – volunteers provide free unbiased confidential health insurance counseling for the Medicare eligible and their caregivers. Helps consumers understand Medicare eligibility, benefits and resolves problems.

Senior Care - Provides community-based services such as home care, transportation, adult day care, medical supplies, medication and respite to help seniors remain in their homes and communities.

Senior Medicare Patrol (SMP) – SMP volunteers conduct free presentation for Medicare beneficiaries, their families and caregivers to prevent, detect and report possible Medicare fraud or abuse.

Volunteer Opportunities - Various opportunities exist for volunteer work. Volunteers visit nursing homes, assist staff, help with promotions and events and aid in direct services.

Waxter Medical Services - CARE and the University of Maryland Medical System partner to bring primary care medical services to seniors. Most commercial health insurance providers, HMO's and Medicare and Medical Assistance are accepted. These services are offered at the Waxter Center.

Persons with Disabilities

The Department of Health and Mental Hygiene (DHMH) provides housing assistance to persons with developmental disabilities. Developmentally disabled persons are those affected by mental retardation, physical disabilities or both. Job training, consumer skills, self-care and other essential services are also offered.

Behavioral Health Systems, Baltimore (BHSB) through the Mental Hygiene Administration (MHA) provides residential rehabilitation housing for persons with mental illness. A continuum of housing and services to city residents with serious mental illness is managed and coordinated by BMHS. These services are delivered through a range of mental health providers funded by the public mental health system. The services include outpatient case management, community rehabilitation programs, mobile treatment, mobile crisis services, and emergency room services.

BHSB's housing subsidiary, Community Housing Associates, Inc. (CHA) provides access to affordable community based housing. Since its establishment in 1989, CHA has developed, managed or leased housing for individuals with a psychiatric disability, using many public and private financing sources.

Maryland State Department of Housing and Community Development has a Homeownership for Individuals with Disabilities program. This is a program for families in which one of the borrowers has a disability or is the parent of a disabled child (including an adult child living at home).

Other providers of service to persons with disabilities include:

Baltimore City Health Department
410-396-4398

Baltimore Neighborhoods, Inc.
410-243-4400

Behavioral Health Systems, Baltimore
410-637-1900

Community Relations Commission
410-396-3141

Department of Social Services
443-423- 6300

Developmental Disabilities Administration Central MD Regional Office
410-234-8200

Division of Rehabilitation Services (DORS)
410-554-9422

Employment & Training Division, Labor Licensing and Regulation
410-230-6241

Families Involved Together
410-235-5222

League for People with Disabilities
410-323-0500

Library for the Blind and Physically Handicapped
410-230-2424

Maryland Disability Law Center
410-727-6352

MD Infants & Toddlers Program
410-767-0234

MD Relay Communication Services
711 (TTY Users)

MD Technology Assistance Program
410-554-9230

MTA - Paratransit
877-337-2017

National Federation of the Blind
410-659-9314

Office of Employment Development
410-396-3009

Parents' Place of Baltimore
410-768-9100

Reserved Residential Parking (Baltimore City)
443-573-2800

Resources for Independent Living
410-444-1400

School Health (Baltimore City)
410-396-3835

Tags and Parking Permits-MVA (Maryland)
800-950-1682

The Hearing & Speech Agency
410-318-6780

Therapeutic Recreation
410-396-1550

The Workforce & Technology Center
410-554-9100

Persons with HIV/AIDS

Listed below are the services providers that provide housing and services to people with HIV/AIDS.

AIDS Action Baltimore - provides case management and financial assistance.

AIDS Interfaith Residential Services, Inc. (AIRS) - provides housing and support service to HIV/AIDS persons.

Anne Arundel County, Department of Health - provides case management for people with AIDS.

Baltimore County Health Department - provides testing and counseling, case management, information referrals, housing assistance, and utility assistance.

Baltimore City Health Department HIV Prevention Program – provides testing and counseling, case management, information and referrals.

Black Education AIDS Project – provides HIV education and prevention program.

Carroll County Health Department – provides testing and counseling case management, information and referrals, and short-term rent, mortgage and utility assistance.

Chase Brexton Clinic – provides primary health care, case management, mental health services, women’s health care services, HIV testing and STD screening, and short-term rent, mortgage and utility assistance.

Family & Children’s Services of Central Maryland- provides comprehensive case management services for families dealing with HIV/AIDS.

Govans Ecumenical Development Corporation - Provide case management support for HIV/AIDS clients, including family members, who were homeless.

Harford County Health Clinic – provides testing and counseling, case management, information and referrals.

Health Care for the Homeless – provides primary health care, case management, mental health services, women’s health care services, HIV testing and STD screening.

Howard County Health Department – provides rental assistance to HIV/AIDS individuals.
Joseph Richey Hospice – provides nursing care for terminally ill patients with HIV/AIDS.

Moveable Feast - -provides nutritionally balanced meals, delivered daily to the homes of housebound individuals or families affected with AIDS. It also operates a training program for HIV/AIDS individuals.

Project P.L.A.S.E., Inc. – provides transitional and permanent housing and support services to people with AIDS.

Persons with Alcohol or Other Drug Addiction

Listed below is an inventory of existing alcohol and drug treatment resources. Although there are a large number of treatment facilities of various kinds, the needs of this population far exceed the resources available.

Alcohol and Drug Treatment Programs

A Step Forward, Inc.	800 N. Fulton Avenue
ADAPT Cares	3101 Towanda Avenue
Addiction Treatment of Hopkins Bayview	5510 Nathan Shock Drive 4940 Eastern Avenue
Addicts Changing Together	300 E. Joppa Road
Alix House	1706 E. 33 rd Street
Baltimore Behavioral Health, Inc.	200/201 S. Arlington Avenue
Baltimore Cares, Inc.	2300 Garrison Blvd.
Baltimore City Detention Center-Men	401 E. Eager Street
Baltimore City Detention Center-Women	401 E. Eager Street
Baltimore Community Resource Center	21 W. 25 th Street
Baltimore Crisis Response, Inc.	2031 E. Fayette Street

Baltimore Crisis Response, Inc. (Detox)	630 W. Fayette Street
Baltimore Crisis Response, Inc. (Residential Unit)	630 W. Fayette Street
Bridge House	28 S. Broadway
Bright Hope House, Inc.	1611 Baker Street
Build Fellowship, Inc.	
DePaul House	1512 Druid Hill Avenue
Tabitha House	653 Gutman Avenue
By Grace, Inc. Counseling Services	1000-1002 E. Patapsco Avenue
Chase-Brexton Health Services	1111 N. Charles Street
Crossroads Centers	2100 N. Charles Street
Daybreak Rehabilitation	2490 Giles Road
Dayspring Programs, Inc.	1200 N. Collington Avenue
Deaf Addiction Services at Maryland (DASAM)	630 W. Fayette Street
DeVaughn Inc. (Teach & Treat Options)	5900 York Road
Eastern Avenue Health Solutions, Inc.	5920 Eastern Avenue
Echo House Foundation, Inc.	1705 W. Fayette Street
Faith House I	826 N. Bond Street
Faith House II	801 N. Bond Street
Family Health Centers of Baltimore	631 Cherry Hill Road
Friendship House	1435 S. Hanover Street
Gaudenzia at Park Heights	4615 Park Heights Avenue
Gaudenzia Inc. Weinberg Center	3643 Woodland Avenue
Glass Substance Abuse Program	2490 Giles Road
Glenwood Life Counseling Center	516 Glenwood Avenue

Harambee Treatment Center	3939 Reisterstown Road
HARBEL Prevention & Recovery Center	5807 Harford Road
Hargrove Assessment Unit	700 E. Patapsco Avenue
Health Care for the Homeless	111 Park Avenue
Hunter Behavioral Health Care Services	2630 Harford Road
Institutes for Behavioral Resources, Inc.'s R.E.A.C.H. Mobile Health Services	2104 Maryland Avenue
JAI Medical Center	1235 E. Monument Street
JHH Bayview Center for Addiction	4940 Eastern Avenue
JHH Bayview Medical Center	4940 Eastern Avenue
JHH Programs Broadway	911 N. Broadway
Lane Treatment Center, LLC	2117 Maryland Avenue
Loyola College Alcohol & Drug	4501 N. Charles Street
Man Alive, Inc.	2117 Maryland Avenue
Martha's Place	1928 Pennsylvania Avenue
Maternal S/A Acupuncture Program (UMMS)	701 W. Pratt Street
Mattie B. Uzzle Treatment Center	1211 N. Chester Street
Methadone for Business Achievers	3635 Old Court Road
Mitchell Court Assessment Unit	100 N. Calvert Street
Mountain Manor Treatment Center	3800 Frederick Avenue
New Hope Treatment Center	2401 W. Baltimore Street
Next Passage	2901 Druid Park Drive

Nilsson House	5665 Purdue Avenue
No Turning Back	2826 Oakley Avenue
Northwest Baltimore Youth Services, Inc.	3319 W. Belvedere Avenue
Operation Recovery Mercy Hospital	301 St. Paul Place
Partners in Recovery	2225 N. Charles Street
People's Community Addiction Services	3028 Greenmount Avenue
People Helping People	4201 Primrose Avenue
Pine Heights Treatment Center	3455 Wilkens Avenue
Powell Recovery Center	14 S. Broadway
Recovery In Community, Inc.	31 N. Fulton Avenue
Recovery Network	201 N. Charles Street 814 N. Broadway 2402 Guilford Avenue
Reflective Treatment Center	301 N. Gay Street
S.A.F.E. House	7 W. Randall Street
Serenity House	3623 Parkdale Avenue
Sinai Hospital Addictions Recovery Program	2401 W. Belvedere Avenue
South Baltimore CAP, Inc.	1435 S. Hanover Street
South Baltimore Station	140 W. West Street
The Bernice E. Meade House of Safe Haven	1219 N. Chester Street
The Hidden Garden Keepers Club at Park West	4120 Patterson Avenue
Fayette House, Inc.	13-19 S. Fulton Avenue
Total Health Care	1501 W. Saratoga Street

Transitioning Lives, Inc.	911 N. Belnord Avenue 1515 E. Biddle Street
Treatment Resources for Youth (TRY)	2517 N. Charles Street
Tuerk House, Inc.	730 Ashburton Street
Turning Point Clinic	2401 E. North Avenue
Univ. Counseling Addictions Assess Diversion	1400 E. North Avenue
Universal Counseling Services	122 Weber Street
UMMC Alcohol & Drug Abuse Program (ADAP)	630 W. Fayette Street
UMMC Harambee Juvenile Drug Court	300 N. Gay Street
UM Methadone Program	630 W. Fayette Street
UM Alcohol & Drug OP	701 W. Pratt Street
Valley House (Halfway House)	28 S. Broadway
Weisman/Kaplan	2523 Maryland Avenue
Wholistic Counseling, Inc.	1433 Edmondson Avenue
William Donald Schaefer House	907 Druid Park Lake Drive
Wilson House	2122-2126 Mura Street

APPENDIX VII
STRATEGIC PLAN
(SP-05 OVERVIEW)

STRATEGIC PLAN

SP-05 Overview

Strategic Plan Overview

The strategic plan portion of the 2015 – 2020 Consolidated Plan focuses on a range of housing and physical improvements in neighborhoods including demolition of blighting structures and management of resulting open spaces, and a diverse set of social service support for low- and moderate income households, implementation of strategies to end homelessness and provision of housing and services to persons with HIV/AIDS. There are a large number of strategic elements associated with affordable housing efforts.

Baltimore City has a very large number of households with housing and social service needs. Regardless of household or tenancy type need exists across all income categories served with Consolidated Plan funds. In order to address these disparate needs, some households in almost every category will have needs addressed through the Plan's strategies. The large majority of all housing funds will go to meeting the needs of households earning less than 50% of area median income (AMI). HOME funds, almost always in concert with non-Consolidated Plan funds, will be utilized to create affordable rental units. CDBG moneys will be directed to a wide range of housing activities including support for homeowners, both existing and first time, and to support for social service activities. The average amount spent per unit of rental housing will be significantly greater than that spent per homeowner unit.

The guiding document for homeless strategies in Baltimore is "The Journey Home – Baltimore City's 10-Year Plan to End Homelessness." This identifies four primary factors responsible for homelessness: lack of affordable housing, lack of affordable health care, low incomes with few opportunities for better employment, and a lack of programs to prevent homelessness. Consolidated Plan and other resources will be spent addressing these factors.

Strategic plans for the Non-Homeless Special Needs Populations focus on persons with HIV/AIDS and on persons with disabilities. Persons with HIV/AIDS and their families will be provided housing using HOPWA moneys under a tenant based rental assistance program. The majority of HOPWA funds will go to this program. Rental housing will be created for persons with disabilities using a mix of HOME and other sources for capital funding. CDBG funds will support project delivery costs for non-profit housing providers building rental housing using non-HOME capital sources.

A large variety of social services will be supported through the strategic plan. These include, but are not limited to: literacy; employment training; services for seniors and youth; referrals to health, housing, and substance abuse services; crime prevention; legal assistance; and summer and programs for children and youth. Most social services will be funded using CDBG funds although ESG and HOPWA resources will be used to support homeless and HIV/AIDS populations.

One overarching effort guiding City community development efforts is the V2V program, a multi-pronged, market based initiative focused on blight elimination, neighborhood revitalization and reinvestment in the City. Launched in late 2010, it is built around seven strategies: They are:

1. Streamlined disposition of City-owned properties to make the sale of properties a clear, predictable and transparent process.
2. The use of streamlined code enforcement tools to address scattered vacant structures in otherwise strong neighborhood to encourage renovation of blighted properties in without going to court. These tools include:
 - Issuance of \$900 citations to owners of vacant and abandoned properties in designated neighborhoods to encourage renovation and re-occupancy
 - Issuance of \$250 citation to occupied homes in designated neighborhoods.
 - Use of the receivership ordinance to push a vacant property to auction for purchase and redevelopment.
3. Facilitate investment in weak market areas by designation of Community Development Clusters (CDCs) and forming partnerships with capitalized for-profit and non-profit developers to address every vacant property in the clusters. Within a CDC, which may be as small as a single block or as large as an entire neighborhood, several strategies are applied simultaneously to assure a whole block outcome.
4. Targeted demolition on a whole or partial block basis in distressed areas to help leverage commercial and residential investment, stabilize existing homeownership, and create needed green space.
5. Large scale redevelopment in deeply distressed areas with concentrated abandonment. This strategy is used when:
 - There is a large site or area that can be transformed through new mixed-income development; or
 - Housing development can play a role in an on-going and larger transformation plan.
6. Homeownership incentives to encourage the purchase of previously vacant structures.
7. The use of financial subsidies and technical assistance to residents in target blocks for energy conservation and other home improvements.

V2V demolition and homeownership strategies will receive some support with Consolidated Plan resources. The redevelopment strategy areas may also receive support. The Streamlined Code Enforcement Neighborhoods (SCENs) and CDCs are not likely to receive direct support. Maps at the end of this section identify the V2V strategic initiatives that are carried out in specific geographies. They are: strategies 2 and 3 (SCENs & CDCs); strategy 4 (Targeted Demolitions); strategy 5, (Major Redevelopment Areas).

The Major Redevelopment Areas where it is anticipated that there will be activity in the five-year period covered by this Plan are:

EBDI – Begun in 2003 this redevelopment plan includes a new early childhood center, a K - 5 elementary school, graduate student housing, a hotel, lab space and commercial facilities. It will have some 700 units of affordable and market rate housing, both new construction and rehabilitated units. Total development costs are anticipated to be \$1.8B. The project is expected to be completed in the spring of 2019.

ORCHARD RIDGE – This project involves the new construction of 73 affordable homeownership units and 313 affordable rental units built on former public and FHA housing sites. Started in 2005, it is expected to be completed in the fall of 2018. Four rental phases have been completed and one rental phase is in the financing stage. Several homeownership phases have been completed as well. This project will include 386 units. Total Development Cost will be \$385,000,000

O'DONNELL HEIGHTS- The current master plan envisions a mixed-income development of approximately 925 units including mostly row homes, two story walk-up flats and a low rise apartment building for senior citizens. The project started in the spring of 2010 and is expected to be completed in the spring of 2019. One rental phase has been completed and another is in the financing stage.

BARCLAY – This project includes the new construction and rehabilitation of 199 rental housing units and 123 homeownership units as well as retail in the Barclay neighborhood. The project started in the spring of 2010 and will be completed in the spring of 2018. Two rental phases have been completed and one rental phase is in financing. Several homeownership phases have also been completed. This project will include a total of 322 units with a Total Development Cost of \$90,000,000.

POPPLETON – The further redevelopment of the Poppleton area is to include retail, 916 homeownership units, and 201 rental units. Phase IA of the La Cite project will be 257 units and is expected to start in late 2015 and to be completed in 2019. Ultimately the project will have 1,100 units. Previously, another developer completed two rental phases and a third and final phase will finish construction in the summer of 2015. These projects will produce a total of 274 units.

APPENDIX VIII
AP-90 PROGRAM SPECIFIC REQUIREMENTS
(ESG WRITTEN STANDARDS)

Emergency Solutions Grant (ESG)

In accordance with 24 CFR 576.400(e) (1) and (e) (3)

Written standards for providing ESG assistance (may include as attachment)

A. Evaluating individuals' and families' eligibility for assistance under ESG

All ESG-assisted households must meet the HUD definition of homelessness released on December 5, 2011 in 24 CFR Parts 91, 582, and 583. More specifically, those assisted with rapid rehousing services must be literally homeless according to the HUD definition. Those served with homelessness prevention assistance must have incomes at or below 30% AMI and are at risk of becoming homeless and residing in a place not meant for human habitation, and without other housing resources.

An initial evaluation to determine program eligibility of individuals and/or families will be conducted by the agencies/service providers. Agencies will establish the kind and the amount of assistance needed. Evaluations will be conducted in accordance with the requirements set forth under §576.400(d) and the written standards established under §576.400(e).

Agencies/service providers will reassess the eligibility of individuals and/or families on an ongoing basis. The kind and amount of assistance needed for program participants receiving homelessness prevention services and rapid rehousing assistance will be reassessed monthly and quarterly. Each reassessment of eligibility will ascertain that: 1) the program participant does not have an annual income that exceeds 30% of the median family income for the area, as determined by HUD; and 2) the program participant lacks sufficient resources and support network necessary to retain housing without ESG assistance. In order to establish the annual income of individuals and/or families, agencies/service providers must make use of the standard method prescribed under 24 CFR 5.609.

B. Targeting and providing essential services related to street outreach

Providers of street outreach services shall target unsheltered homeless individuals and families, meaning those with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station airport or camping ground.

C. Admission, diversion, referral, and discharge by emergency shelters

In 2014, MOHS launched Baltimore's Coordinated Access and Assessment System as part of the 25 Cities Initiative. Baltimore's Coordinated Access System integrates approximately 40 permanent supportive housing programs into one assessment and referral system that prioritizes the most vulnerable people experiencing homelessness for PSH. The system uses a common assessment tool, locally known as the Baltimore Decision Assistance Tool (BDAT).

Approximately 55 agencies across Baltimore City are registered to conduct the BDAT. These include street outreach teams, drop-in centers, shelters, transitional housing facilities, behavioral health providers, and 2-1-1 Maryland (clients can call 211 to complete the assessment over the phone). Over 1,800 clients have completed the BDAT since July 2014.

Within the system, clients are prioritized for permanent supportive housing openings by chronic homeless status, length of homelessness, and severity of service needs (as measured by the BDAT) in accordance with the criteria specified in HUD Notice CPD-14-012 (“Notice on Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status”). With technical assistance from Community Solutions, the system started with a Google-based platform to evaluate clients with a locally-developed common assessment tool, the BDAT, and match them to appropriate housing interventions. The original intent was to use the tool to coordinate intake for all homeless services programs, including emergency shelters. Due to the widespread and successful adoption of the tool, high demand on the technology platform have limited housing matches thus far to only the highest vulnerability clients and permanent supportive housing programs. MOHS is currently working to integrate Coordinated Access and Assessment into the new HMIS system, and when fully implemented this upcoming fiscal year, will begin expanding the system to include centralized intake for transitional housing and emergency shelters.

Referral

Clients may self-refer to shelter or through the referral of their case manager. For safety and security, victims of domestic violence, dating violence, stalking, and sexual assault are referred to the House of Ruth, the only DV-specific shelter in the Continuum. If House of Ruth is operating at full capacity, the shelter assists the individual with referrals to another single-sex shelter at the location safest for the individual.

Admission & Discharge

- Eligible households are limited to those that meet the HUD definition of homeless
- All emergency shelters must comply with Federal and State non-discrimination laws, including Fair Housing regulations, when assessing clients for program eligibility
- Emergency shelters may not deny admission on the basis of mental health status, disability, or substance abuse (in absence of other safety-related behaviors)
- Shelters that serve families must serve all eligible families and may not refuse services based on the age of children or the size of the family
- There is no uniform standard for length of stay in shelter; Each shelter must confer with MOHS regarding the length of stay in consultation with MOHS according to the needs of the population it serves

D. Policies and procedures for assessing, prioritizing, and reassessing individuals' and families' needs for essential services related to emergency shelter;

ESG funding may be used to provide essential services to individuals and families who are in an emergency shelter. Essential services for participants of emergency shelter assistance can include case management, child care, education services, employment assistance and job training, outpatient health services, legal services, life skills training, mental health services, substance abuse treatment services, transportation, and services for special populations.

Upon full implementation of the Coordinated Access and Assessment System, all ESG sub-recipients will use that system to help determine the individual or family need for emergency shelter or other ESG-funded assistance.

ESG sub-recipients are responsible to assess an individual or family's initial need for emergency shelter and must re-assess their need on an ongoing basis to ensure that only those individuals or families with the greatest need receive ESG-funded emergency shelter assistance.

Client re-assessment will take place at the participant level and at the service provider level. Clients meet with case managers throughout their participation in the program, and have regular progress evaluations. Clients have opportunity to provide feedback and assessment about programs and services as well.

E. Coordination of services between homeless providers, mainstream services, and housing providers

The Continuum of Care lead, the Mayor's Office of Human Services (MOHS), will coordinate activities and strategies to assist individuals experiencing homelessness and at-risk of becoming homeless connect to mainstream supports, such as public housing subsidies, health care, and public benefits. The Housing Authority of Baltimore City sets aside 650 Housing Choice Vouchers that are dedicated for people experiencing homelessness. Through Baltimore's Coordinated Access System, MOHS coordinates client referrals to HABC for these vouchers.

MOHS will also coordinate with the local health care connector agencies to ensure that homeless service providers refer people experiencing homelessness to sign up for health care coverage.

Many people experiencing homelessness need to access ID before they can work with their case manager to apply for public benefits. MOHS coordinates with the United Way of Central Maryland and the Maryland Motor Vehicle Administration to assist people experiencing homelessness with accessing IDs by hosting ID days to help expedite the process. We anticipate that several IDs will be offered throughout the community this year.

F. Determining and prioritizing which eligible families and individuals will receive homelessness prevention assistance and rapid re-housing assistance

Agencies that provide rapid re-housing and homelessness prevention services may determine the method of prioritizing assistance to families. MOHS encourages prioritizing families with children and elderly and disabled persons that do not require permanent supportive housing.

G. Determining the share of rent and utilities costs that each program participant must pay, if any, while receiving homelessness prevention or rapid rehousing assistance

Agencies that provide rapid re-housing and homelessness prevention services may determine participant costs based on their program design and the trends of the specific population served. It is encouraged that clients share in rent and utility costs if they have the ability to pay unless there are other justifiable reasons.

H. Standards for determining how long a particular program participant will be provided with rental assistance and whether and how the amount of that assistance will be adjusted over time.

Agencies shall assist individuals and/or families for no more than 24 months, during any 3-year period – this in accordance with the general conditions under §576.103 and §576.104. Assistance provided may be short-term rental assistance, medium-term rental assistance, payment of rental arrears, or any combination thereof.

- Short-term rental assistance is to be limited to a maximum of 3 months of rent.
- Medium-term rental assistance shall extend for more than 3 months but not more than 24 months of rent.
- Payment of rental arrears consists of a one-time payment for up to 6 months of rent in arrears, including any late fees on those arrears.

I. Determining the type, amount, and duration of housing stabilization and/or relocation services to provide a program participant

The standard for determining the type, amount, and duration of housing stabilization and/or relocation services to program participants will be determined by ESG-funded agencies as long as no more than 24 months of these services are provided within a 3-year period. Housing relocation and stabilization services may include financial assistance activities such as moving costs, rental application fees, security deposits, last month's rent, utility deposits and utility payments; and services such as housing search and placement, housing stability and case management, mediation, legal services, and credit repair.

APPENDIX IX
AP-90 PROGRAM SPECIFIC REQUIREMENTS
(HOME PROGRAM)

1. Process for soliciting and funding applications or proposals (e.g. competition, first come first served) and where detailed information may be obtained.

Annually the Department of Housing and Community Development issues a Notice of Funding Availability (“NOFA”) for the HOME allocation not set aside for Administrative or Community Housing Development Organizations. Generally the NOFA is issued in June in order to allow developers to consider HOME funds in conjunction with State Low Income Housing Tax Credit applications to the State of Maryland. Coordinating the release of the NOFA with the awarding of the 9% Low Income Housing Tax Credits (LIHTC), enables prospective applicants leverage significant other resources for affordable housing projects, and allows the city to compensate for diminishing HOME funding. The NOFA establishes threshold criteria including those required by HOME regulations. It also requires that a project meet an established number of policy objectives. These objectives include location in certain neighborhood typologies, use of vacant land or buildings, production of certain special needs units and location in specific major redevelopment neighborhoods. These policy objectives are reviewed and adapted each year. Any non-profit or profit developer who meets threshold criteria and the required policy objectives is eligible for an award of HOME funds. The NOFA is published on the Baltimore Housing website. In addition the Department holds a Pre Proposal Conference prior to the submission deadline and is available for assistance in the preparation of the submission.

Once the applications are received, they are reviewed by a development committee comprising of the City Planning Department, staff from the DHCD’s Commissioner’s Office and Project Finance. Should the applications meet the threshold requirements that are included in the NOFA, a letter of support is sent to the developer. The developer in turn includes this letter of support in their application to the State for LIHTC’s. The developers application is deemed eligible to receive HOME funding, should they be successful in receiving LIHTC’s for their project. The Office of Project Finance proceeds to complete the environmental review process, collection of due diligence final undertaking and processes all relevant documents to the City Board of Estimates (BOE) for approval. On BOE approval, the City enters into a commitment letter, loan documents followed by the loan closing to enable the developer to initiate the project.

The HOME allocation set aside for any Community Housing Development Organization (CHDO) is available to any qualifying organization on a first come-first serve basis. The CHDO application is on the Baltimore Housing website. The application requires information that supports the regulatory requirements for qualification for CHDO funds.

2. Use of HOME funds for homebuyer assistance or for rehabilitation of owner occupied single family housing and the HOME affordable homeownership limits for the area.

If the City of Baltimore uses HOME funds for homeownership assistance or for rehabilitation of owner occupied single family housing, it will use the HOME Affordable Homeownership Limits for the area provided by HUD.

3. Description of the limitation or preference to a particular segment of the low-income population in the use of HOME funds.

For its HOME program, the City of Baltimore does not plan to limit the beneficiaries or give preference to a particular segment of the low-income population except for those persons or groups identified in this Consolidated Plan. This would include: non-elderly persons with disabilities, persons with physical disabilities, youth aging out of foster care system, veterans, homeless etc.