Baltimore City CoC General Body Meeting Minutes

March 12, 2026

Time: 2:00pm -4:00pm Location: Helping Up Mission

Address: 1029 E. Baltimore St. Baltimore, MD, 21202

1.Welcome & Opening Remarks

- Meeting opened with welcome remarks and acknowledgment of attendees.
- Framing of CoC work as a collective effort rooted in service, collaboration, and community impact.
- Emphasis on the importance of continued engagement and participation across the CoC.

2. Agency Spotlight / Recognition

- **Women's Housing Coalition** recognized for:
    - Long-standing leadership in Baltimore's homeless response system
    - Commitment to serving women and children experiencing housing instability
    - Contributions to strengthening partnerships and long-term housing stability
- Reinforced importance of recognizing partners, including those with lived experience, for their contributions to the system.

3. CoC Engagement & Participation

- Attendees encouraged to:
    - Invite new members and partners to future meetings
    - Increase participation across CoC committees
- Highlighted that empty seats represent opportunities for growth and expanded collaboration.
- Emphasis on shared responsibility and the importance of bringing in new perspectives to sustain the work.

4. Committee Updates

a. Resource Development Committee

- Overview of committee purpose:
    - Identify and secure public and private funding opportunities
    - Support CoC strategic priorities through resource alignment
- Key updates:
    - Continued focus on fundraising and external partnerships
    - Planning for upcoming fundraising events
    - Recognition of declining funding resources and need for new revenue strategies
- Call to action:
    - Members encouraged to bring new contacts, partners, and sponsors
    - Participation needed to expand CoC visibility beyond internal networks

b. Data & Performance Committee

- Overview of committee work:
    - Managing and analyzing HMIS data
    - Supporting system performance measurement
    - Using data to guide decision-making
- Key points:
    - Data is essential to understanding:
        - Number of individuals experiencing homelessness
        - System trends and performance
        - Areas requiring intervention
- Upcoming meeting information shared
- Encouragement for members to join and engage in data discussions

5. Baltimore City DSS Adult Services

- Presenters:
    - Brandi Stocksdale, LCSW-C, Director
    - Sean Bloodsworth, LCSW-C, Deputy Director
- Mission: serve vulnerable adults with limitations due to disability or advanced age.
- Services are delivered through a home- and community-based system.
- Program goals:
    - Protect vulnerable people.

    - Promote self-sufficiency.
    - Avoid or delay unneeded institutional or out-of-home placement.
- Programs:
    - Adult Protective Services (APS)
    - Adult Public Guardianship
    - Social Services to Adults (SSTA)
    - Respite Care
    - In-Home Aide Services (IHAS)
    - Project HOME

Vulnerable adult

- A vulnerable adult lacks the physical or mental capacity to meet their own daily needs.
- Key questions:
    - Do they understand they can't act in their own best interest?
    - If so, can they act on it? Do they have supports in place?
- A disability alone does not make someone a vulnerable adult.
- Weigh the **degree** of the limitation and its **impact** on daily needs.

Adult Protective Services (APS)

- APS is a legally mandated program.
- It assists, or acts for, vulnerable adults who can't protect their own interests.
- Eligibility: adults 18+ with varying vulnerability and needs.
- Goals:
    - Investigate maltreatment.
    - Reduce the risk of harm.
- Steps:
    - Confirm the allegations.
    - Reduce future risk.
    - Stabilize the client at home or in another placement.
    - Make referrals.
- Reportable maltreatment types:
    - **Physical abuse**: pain or injury from cruel treatment or a caregiver's malicious act.
    - **Sexual exploitation**: molestation or exploitation.
    - **Financial exploitation**: misuse of property or funds.

    - **Neglect by others**: failure to provide food, clothing, toileting, medical care, shelter or supervision.
    - **Self-neglect**: the adult can't get services they need, and their safety is at risk.

Common APS misconceptions

- APS balances safety with civil rights. Adults keep the right to make their own choices.
- APS can't force a competent adult to accept help. Adults may make bad decisions.
- APS can't remove someone from their home without legal authority.
- APS can't manage someone's money. It can connect them to financial protections.
- APS can't fix every crisis right away. It coordinates across medical, legal, housing and mental health systems.
- APS can't stop exploitation immediately. It investigates and refers. Other processes take time.

Adult Public Guardianship

- A court decides whether a person's health and safety decision-making is significantly impaired.
- If it is, the court appoints a substitute decision-maker.
- Eligibility:
    - Ages 18–64. People 65+ go to the Department of Aging.
    - Baltimore City resident, or close ties to the city if homeless.
    - No other person is able or willing to serve as guardian.
    - Lack of capacity certified by physicians or psychiatrists and issued by the court.
- **Capacity** means enough understanding to make or communicate responsible decisions about healthcare, food, clothing and shelter.
- Lack of capacity can stem from:
    - Physical or mental disability or disease
    - Habitual drunkenness or drug addiction
    - Medical, severe psychiatric, cognitive or neurodevelopmental conditions
- Key distinction: bad decisions are not the same as an inability to decide.
- Most petitions come from hospitals seeking a safe discharge.

Social Services to Adults (SSTA)

- Voluntary case management for adults with functional disabilities.
- Goal: help them stay or become self-sufficient.
- Eligibility:
    - Vulnerable adults 18+
    - Baltimore City residents
    - Willing participants
- Aims:
    - Prevent abuse, neglect and exploitation.
    - Resolve financial crises.
    - Reduce unneeded institutionalization.
    - Secure institutional care when appropriate.
- Goals:
    - Prevent crises.
    - Promote self-determination.
    - Build family and community supports to prevent future agency involvement.
- **SSTA Intake** (short-term crisis case management):
    - Emergency financial assistance
    - Housing placement help
    - Referrals
    - Benefit applications
- **SSTA IHAS Case Management** (long-term):
    - Keeps clients receiving IHAS stable.
    - Connects them to financial and community resources to delay or prevent institutionalization.

In-Home Aide Services (IHAS)

- Serves adults 18+ with functional disabilities who need help with daily living.
- Priority goes to:
    - Adults with no caregiver
    - People at risk of institutional placement
    - People at risk of abuse or neglect
- Eligibility:
    - Accept SSTA case management.
    - Pay a sliding-scale fee if required.
- Goals:
    - Prevent or shorten institutionalization.
    - Teach self-care and home skills.

    - Provide supervision and companionship.
- Team:
    - IHAS supervisor
    - Community health nurse
    - Family Support Worker (FSW)
- FSW services:
    - Personal care
    - Chores
    - Respite
    - Meal prep
    - Transportation or escort
    - Errands
- Extra support:
    - Nursing assessment every 60 days or as needed
    - Heavy chore help if needed

Project HOME

- Voluntary adult foster care. A supportive housing model.
- Eligibility:
    - Adults 18+ with a documented disability
    - Unable to live independently
    - Willing to live in a family setting in Baltimore City
- Clients become part of the provider's family.
- Provider requirements:
    - Age 21+
    - Enough income to cover their household without using client funds
    - A backup provider
    - Certified and recertified each year by a Housing Coordinator
- Support for clients and providers:
    - A case manager visits monthly.
    - The service plan is reviewed every 6 months or as needed.
    - An RN is available for consultations.
- Cost of care is paid from the client's income, plus Public Assistance to Adults (PAA) and Medical Assistance (MA) where eligible.

Respite Care

- Reimburses family caregivers for short-term care of a person with disabilities.
- Gives the caregiver rest.
- Eligibility:
    - Caregiver is 18+.
    - Caring for a child or adult with a developmental or functional disability.
- Up to 164 hours per fiscal year.
- Can be used:
    - At planned intervals
    - In a crisis
    - As needed

Contact

- Adult Services Hotline: **410-361-5000**. Use it for all referrals and questions.

4. MOHS Updates

Point-in-Time (PIT) Count & 2026 Trends

- 2026 PIT Count conducted (sheltered count)
- Preliminary findings show:
    - **12% decrease in homelessness**
- Emerging challenges:
    - Decreased participation in **transitional housing programs**
- Continued need for:
    - Outreach
    - Engagement strategies
    - Housing placement solutions

2025 at a glance

- 20,867 clients served across services, shelter and housing.
- 4,175 clients served in permanent housing.
- 1,119 exited homelessness to permanent housing.
- 3,053 residents stayed in City-funded shelters.
- Outreach served 3,839 unhoused residents and made 69,453 service connections.
- The DV shelter served 190 survivors. 60% of households exited to more secure housing.
- HOPWA served 803 clients in permanent housing.

MOHS Flex Fund

- Helps sheltered and unsheltered clients move into permanent housing.
- City-funded drop-in centers, shelters and outreach providers apply for their clients.
- Eligible uses:
    - Security deposit plus up to 3 months' rent
    - Rent arrears, if they block a move-in
    - Moving costs
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5. Open Floor for Members

- Providers expressed:
    - Need for clearer **entry points into the system**
    - Difficulty navigating funding and development processes
- New participants highlighted:
    - Challenges understanding system structure and terminology
- Identified need for:
    - Better onboarding
    - Increased transparency
    - Clear communication pathways

6. Closing