

# HOMeward

## Let's build a future without homelessness

Since opening Sojourner Place at Oliver in 2022, our affordable housing development team has been busy laying the groundwork for more affordable housing in Baltimore through a newly formed subsidiary under Health Care for the Homeless called the HCH Real Estate Company.

Here are two of the projects we have in the works:



### Sojourner Place at Park

Another collaboration with Episcopal Housing Corporation, this housing project brings Health Care for the Homeless full circle—the development includes 111 Park Ave, which served as our headquarters and largest clinic for nearly 20 years.

- Groundbreaking in 2025
- 48,000 square foot building in Baltimore’s historic Five and Dime District
- 42 one-bedroom apartments, with 28 for people exiting homelessness
- Half of the funding is in hand, thanks to investments from The Harry & Jeanette Weinberg Foundation and Baltimore City (including the Affordable Housing Trust Fund).



### Sojourner Place at Falls

This month, we were selected to convert two city-owned hotels to permanent supportive housing. Just down the street from our Fallsway clinic, our proposal and vision include:

- 155 apartments, a mix of one and two bedrooms
- The future site of 50 medical respite beds
- On-site case management services

In partnership with Episcopal Housing Corporation and Beacon Community Development, we will begin the multi-year process of seeking the financing to redevelop the property.

Catch our exciting affordable housing work in the news!



# Day in the life: Case Management

More than a quarter of all client visits to Health Care for the Homeless are with case managers. Presented below is one day in the life of Case Management Coordinator **Adrienne Burgess-Bromley**, who has been with the agency for 16 years.

**9:00 AM** It's a Wednesday, and Adrienne settles into her office on the second floor of the Fallsway Clinic. She takes a look at her schedule to see which clients have already checked in for their appointments and walks the short distance to the waiting area to greet the first client.



"Hi, I'm Adrienne. You can have a seat here." New to Health Care for the Homeless, the woman in her forties gets

right to it. She has a few questions about her new housing voucher and needs support getting food stamps reinstated.

"We have a worker from the Department of Social Services here on Tuesday," Adrienne offers. "If you leave me your letter, she can help with your benefits."

Next, they talk housing. Adrienne confirms that it's okay to be in a treatment center in Baltimore City while having a Baltimore County housing voucher.

"I found a place, and it's being inspected," the woman explains. "This is my first time with a voucher, so I'm not sure how everything works."

"It's not fast! But it's good you have a place to be while you're waiting," Adrienne says, and hands over a list of organizations that offer support with security deposits. "Once you get housed, we'll discuss resources for furniture. We have a home starter kit for small items, with a budget of about \$200."

## Reporting back

In 2021, we created a Racial Equity and Inclusion (REI) Action Plan to be more accountable to the work of becoming an anti-racist agency. We're pleased to share back the ways we have engaged in this work in 2023.

Read the full report



### Here are a few highlights from the report:

#### Staff

- Targeted recruitment increased bilingual staff members by 20% (18 total)
- Conducted first Pay Equity study
- Adjusted exit interview questions to include feedback about any experiences of discrimination

#### Clients

- Launched on-site OB program at Fallsway in partnership with Mercy Medical, providing prenatal care to 140 pregnant people in the first year
- Introduced Patient Portal and live chat feature
- Improved diabetes and hypertension control across Hispanic/Latine, Black and white clients

#### Agency

- Launched a client compensation program
- Updated Bereavement Leave Policy, expanding the definition of who is considered family
- Extensive staff training in REI

#### Community

- Established HCH Real Estate Co. to focus on affordable housing disparities
- Through advocacy, passed Medicaid coverage for gender-affirming care
- Workgroup to study bias in social work licensure



Adrienne schedules her to come back in two weeks and asks if she needs any other services. “They said you have mental health and medication management?”

“Yes, we can get you connected with both.” They walk out together to the front desk, where our Client Service Representatives will check for any available walk-ins today.

**9:20 AM** Back at her desk, Adrienne looks at the schedule again. “Let’s see if we have anyone who needs an intake.” She can see another case manager is talking to a 16-year-old on the list.



Sam Kennedy, a new intern from UMBC, pops her head in the office. She’ll be training here for the full school year with Adrienne as her supervisor. “Has [Lead Case Manager] Charmaine Johnson gone over Rep Payee services with you?” Adrienne asks. Hearing no, she continues, “We offer help to clients who may need assistance with budgeting and paying their bills. Their social security benefit comes to Health Care for the Homeless, and a case manager goes over a monthly budget. We have more than 100 clients who get rep payee here. Each month, clients come in to pick up their allowances. I’ll show you what that looks like later.”

They talk through team meeting schedules and opportunities for Sam to learn more.

**9:40 AM** With a few minutes available before her 10 am, Adrienne grabs a cup of coffee, answers questions from a colleague with a walk-in client interested in drug treatment and tries to complete a new intake via telehealth. The client is already on the line with Disability and asks to call back.

**10:00 AM** Adrienne pivots to welcome her next in-person appointment. “How are you doing?”

“Hi. I’m trying to get some housing. And do you help people with jobs?” he asks.

She gets more background about how long the 62-year-old has been without stable housing and where he is staying now. “I’m trying to find independent housing, no more rooms or basements,” he says. “Right now, the place I’m in has a lot of drug activity. It’s pretty bad.”

Adrienne asks if he’s interested in senior housing.

“Yes, at my intake, I got a list of some options. I want to be in Woodlawn. I go to church in that area,” he says.

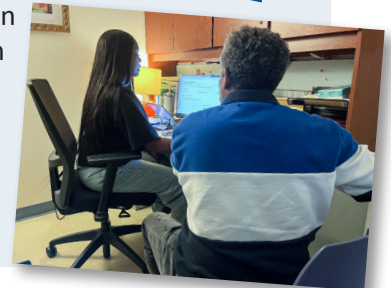
She turns her attention to an online search for senior housing in Woodlawn. She tries the number at one apartment building, but it goes to voicemail. When asked whether he has made any calls himself, he says, “No, nothing yet.”

“You will have to do some of the leg work and at least call,” Adrienne advises. “We have to work together, even if you get the application then we can fill it out together.”

They spend the next 15 minutes filling out an online application. “You’ll have to bring your fiancé with you next time so that she can sign off, too,” Adrienne says. “I’m going to schedule you to come back to see me next week so we can get this finished as soon as possible.”

“Okay,” he agrees. “I just need help with the job thing yet. I was a security guard for four years and was on a medical leave of absence.”

Together, they get logged in and fill out an application with his old company. Adrienne encourages him to reach out to his contacts there to help expedite the process.



**11:00 AM** Back on the phone, Adrienne says, “Hi. I’m calling for your intake assessment.”

She confirms that the woman on the other line is eligible for services here and sends a note to the schedulers about getting a dental appointment. Given the client’s interest in housing support, she also schedules a case management visit.

Before hanging up, Adrienne sets her up with a Patient Portal account to access her appointments and health information online.

**11:30 AM** Adrienne calls in the next client and makes sure it’s okay for Sam to observe the visit. This client is 62 years old and has been in a senior living apartment for 10 months. He is passionate about upgrading from a studio to a one-bedroom. They talk through his options and broader complaints for how he has been treated since moving in.

*Continued on page 6...*

# PASS the MIC

with LARRICE HARRIS



*Larrice is a mother, grandmother, teacher, cook and storyteller who was recently featured in our original documentary, "Taking Care: Portraits from Baltimore."*

**M**y name is Larrice, after my father Larry. I'm very proud to be named after my dad. But when people can't say my name, I tell them my nickname from growing up: Pebbles.

My pronouns are she and her. I identify as a lesbian. I am a proud mother and grandmother.

I was very close to my mom. She meant the world to me. She was the matriarch of the family, and with her being gone, she passed that torch over to me.

I love people, I love children; that's my passion. I started out working with Baltimore City Public Schools, in the cafeteria. I still like to cook—I can have some BBQ chicken and a salad any day, for breakfast, lunch, or dinner.

At the school, I could control the cafeteria and had kids singing and playing and dancing. Nobody else could do that.

The principal that I had, she saw some great things in me that I didn't see in myself. I went to Coppin State and got a couple credits in special education because of her.

She told me that to go in a classroom and stay in a classroom, I had to take the test to be a paraeducator. I did and I passed.

That's how I got out of the cafeteria, into the classroom, and then to the office.

It was nice while I was there, at the school system. I wish I was still there. But unfortunately, my health didn't allow it.

I was diagnosed with type 1 diabetes when I was 19 years old. I didn't know what diabetes was, then; back in the day they called it "The Sugar." But I lost my sight; I fell into a diabetic coma. When I woke up—praise God—the doctor said, "You are a miracle. We thought you'd be in a vegetable state for the rest of your life."

In 2016 I was really sick again. I kept getting put in intensive care. As the years went on, I wasn't able to work because of my health. I didn't know how I was gonna make it.

I had to stay in my car. Nobody knew what was going on with me. I would go to somebody's house in the morning, acting like I worked overnight, to get a shower and hang out with them.

So one of my friends said, "I think you need to go down to Health Care for the Homeless."

When I first went there, I wouldn't open up, I wouldn't say a thing. I was mad because I lost my job. I was mad because I could not go and let anybody know what I was doing nightly. So I just put all my trust in them, all my faith in them as well. And I've been receiving care there to date.

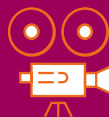
I think my legacy here is just for people to know, when I'm gone, that she was a loving, caring woman. I know I don't look like my story, because I fight hard every day not to look like it.

I'm here for a purpose. I don't know what it is, but I'm willing to do God's will.

*"Pass the Mic" is a storytelling space featuring the voices and stories of people with a lived experience of homelessness.*



Watch Larrice and others tell their stories on screen in this year's short documentary, *Taking Care: Portraits from Baltimore*.



To host your own private screening, email us at [donations@hchmd.org](mailto:donations@hchmd.org).



Meet the Maryland Food Bank team. A Health Care for the Homeless partner, MFB connects Marylanders to SNAP (Supplemental Nutrition Assistance Program) benefits and provides monthly pantry bags for supportive housing clients, too.

## Come to the table

*Founded in 1979, the Maryland Food Bank provides six million meals a year in Maryland through its partnership with nearly 1,200 soup kitchens, pantries, shelters, and community-based organizations. Learn more about their work.*

### **Tell us about the biggest barriers to food security in Maryland. Which communities are most at risk?**

One in three Marylanders are facing hunger. Our state is third in the nation when it comes to grocery prices, and as inflation rises, the Maryland Food Bank and our partners have seen higher and higher levels of need. In July, nearly 41% of families said their children were not eating enough – 10% higher than in June.

The Maryland Food Bank's goal is to end hunger. That means expanding access to nutritious food, but it also means addressing the root causes of hunger. That may be financial instability from work that doesn't pay a family-sustaining wage; lack of access to adequate health care; lack of affordable, safe, and stable housing; or insufficient transportation options.

While hunger affects everyone, we see that families with children, older adults, individuals in low-income homes—even if they are working—and communities of color are the most impacted by food insecurity.

### **During the pandemic, access to food quickly became one of the highest needs for our neighbors experiencing homelessness. How has the Maryland Food Bank adjusted to meet that demand?**

Historic levels of food insecurity pushed us to examine ways we could work better and more equitably as an organization. That has included a focus on the nutritional quality of the food we distribute; we purchase much more food today than we have in our history.

We also thought about how to expand the capacity of food distribution hubs across the state. In 2024, we've provided grants to partners and other community organizations at a record level—from funds for a refrigerator or delivery van to grants to reach neighbors in "hunger hotspots."

While we aren't seeing the same sky-high levels of need we saw during the pandemic, food insecurity has not meaningfully subsided—and in too many Maryland communities, it's growing.

### **Food is rooted in our cultural experiences. How does MFB provide culturally-inclusive food?**

We know how important it is to have culturally inclusive food options—especially for those who may be new residents to Maryland. One of the ways we've been sourcing more of these products is through our culturally inclusive crops program. On the Eastern Shore and in Baltimore City, we are working with farmers to grow specific types of crops popular in Afro-Caribbean and Latin American communities. Crops like callaloo, okra, and scotch bonnet peppers can be prohibitively expensive or hard to find in Maryland.

These types of programs benefit the community in two ways: by providing a "taste of home" for folks who may be far from where they grew up, and by supporting local farmers who can now rely on a market for these products.

### **Tell us about your role in promoting SNAP access. What can readers do to improve food access in their communities?**

In the past three years, we've secured an increase in monthly benefit amounts for older adults, as well as lower age requirements. We are also active in advocating at the federal level to ensure that SNAP remains a stable, accessible safety net for the more than 680,000 Marylanders and their families who rely on it.

People facing food insecurity are our neighbors, and everyone can play a role in ending hunger. Visit [mdfoodbank.org](https://mdfoodbank.org) for ways you can make a difference throughout the year.

10<sup>TH</sup> ANNUAL

# ROCK YOUR SOCKS 5K to health & home

## Saturday, November 2

Meet us at the Pulaski Monument in Patterson Park and run (or walk!) to end homelessness with family, friends and community.



Register at [giving.hchmd.org/5K](http://giving.hchmd.org/5K)

...Continued from page 3

Adrienne writes a letter for the landlord, supporting his request for a larger space. She also shares information about Homeless Persons' Representation Project for legal support if he wants to pursue that.

**12:00 PM** The colleague Adrienne helped earlier in the day, Justine, checks back in. She was able to find a treatment center with availability, and she's arranged transportation for the client to get there today. They further strategize about how Health Care for the Homeless can be of support.

**12:30 PM** Adrienne sees another telephone intake assessment on the schedule and makes the call. She reaches a veteran living in the DC area who is staying in his car. He works, and his schedule prevents him from getting a bed in the shelters.

Generally, it's difficult to navigate housing for someone who isn't physically in Baltimore. That said, she shares a few resources over the phone and will send them to his email, too. She registers him as an eligible client. "He's interested in case management, and most of those visits will be telehealth," she explains.

**1:30 PM** After a brief lunch break, Adrienne tries calling the client from the morning. She picks up. "Hi. I'm on a bus. But I need help and don't want to miss this call."

The woman shares several recent family losses, including that her mom passed away just days ago. "I took care of her for the last two and a half years. I don't want the people who own the house to make me leave before I get things sorted out. I need all the help I can get right now."

"You have a lot going on," Adrienne agrees. "Sounds like it would be better to meet in person. Are you able to come to Health Care for the Homeless?"

"Absolutely."

Adrienne schedules her for a case management appointment, and they hang up. "Sounds like she has a lot of trauma. I'm hoping to connect her to mental health to help her process what's happened and help her with some type of housing," Adrienne reflects.

**2:05 PM** With morning appointments behind her, Adrienne uses the next few hours for administrative and follow-up tasks. Besides finishing up notes, she does initial research online for a larger chest harness for a client with autism and looks up the status of a cataract referral.

"There's normally a lot of requests for emergency shelter placement," Adrienne says of the day. "Typically that's the bulk of the walk-ins, but it's been quiet in that regard today."

**4:00 PM** Sam checks back in for additional supervision and they talk through her upcoming schedule. As Adrienne wraps up, she takes a peek at the appointments that will be waiting for her in the morning.

### Case Management Snapshot



9 case managers



11,800 visits in September



25% telehealth



37% walk-in visits