

Baltimore City 2005 Census: The Picture of Homelessness

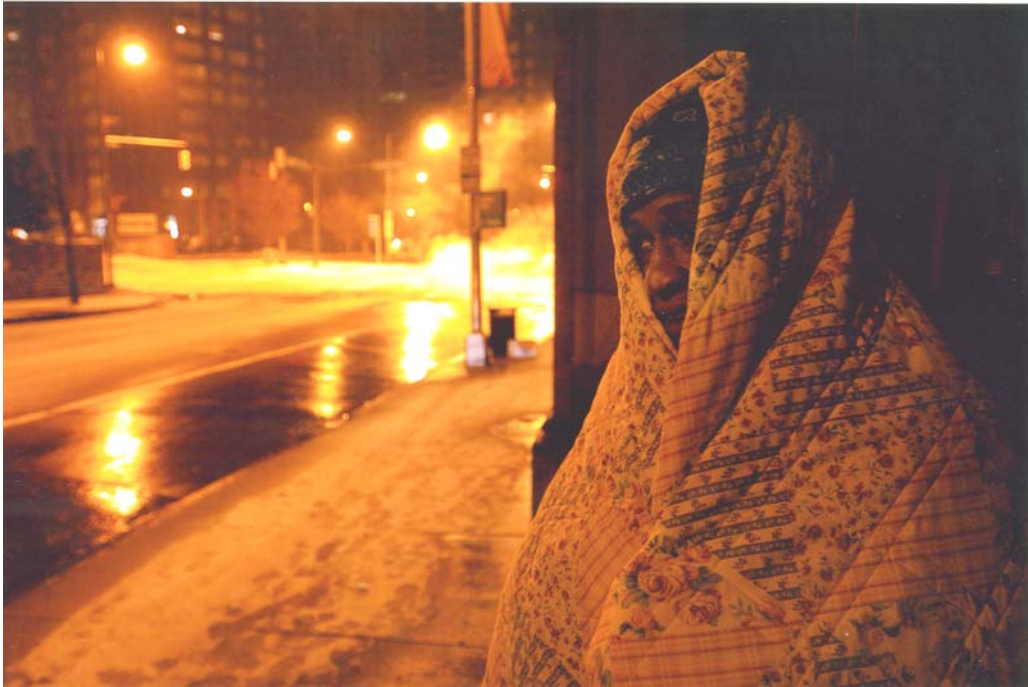


Photo by Nanine Hartzenbusch

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Cover photo: In the early morning cold and snow, a small team of census volunteers and staff arrived at the Homeless Persons Representation Project and found a middle-aged African-American woman huddled in the entryway alcove, wrapped in a blanket. Her name is Janet and this is her usual spot—she lives in Baltimore City and she is homeless. Janet was the first to participate in the 2005 Baltimore City Homeless Census.

Acknowledgements

Baltimore Homeless Services, Inc. and the Center for Poverty Solutions partnered to complete the 2005 Homeless Census for Baltimore City. Baltimore Homeless Services, Inc. (BHS) is dedicated to ending homelessness by supporting a continuum of services designed to assist people in resolving their homelessness. Formerly the Office of Homeless Services, BHS is a non-profit created under the leadership of the Health Department to improve collaboration among public and private agencies, promote innovative programs, and streamline administrative and grant-related activities. The Center for Poverty Solutions is a statewide 501(c)(3) non-profit organization focused on the eradication of poverty by fostering self-sufficiency for those living in poverty, including the working poor. The Center pursues its mission through advocacy, community mobilization, technical assistance and collaboration with public and private partners.

We would like to offer special thanks to Mayor O'Malley for his leadership in creating Baltimore Homeless Services, Inc and to the Abell Foundation, who provided financial support for this effort. Others who partnered with BHS and CPS include the Downtown Partnership, the Homeless Persons Representation Project (HPRP), and the Baltimore City Police Department.

Members of the Planning Committee also deserve recognition for their assistance:

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We also extend many thanks to all 100 volunteers and staff who braved the cold, snow, and ice. Each of these individuals put their heart and soul into helping homeless people in Baltimore everyday.

Finally, we extend a sincere note of appreciation to all those experiencing homelessness who answered our survey. Truly our mission is to improve the support system and be able to offer you the services you need to find independent, stable housing.



A census worker administers a questionnaire at Riverside Baptist Church
Photo by Nanine Hartzenbusch

2005 Report of the Baltimore City Homeless Census

Executive Summary

On January 30, 2005, Baltimore Homeless Services, Inc. and the Center for Poverty Solutions collaborated with other service providers to conduct a census that counted 2,943 individuals who are homeless in Baltimore City.¹ This was the second census conducted in the City; the first was in 2003. Both endeavors were in response to mandates set by the U.S. Department of Housing and Urban Development (HUD).

Performing a census of the homeless population on a regular basis provides an estimate of the number of residents who are homeless, offers an opportunity to accurately document the needs of homeless individuals, and identifies where individuals and families are located so that services can be targeted to those areas. With this information, policies and programs can be more effectively implemented providing better outcomes for this vulnerable population.

Background

HUD defines homelessness as an individual who lacks a fixed, regular, and adequate nighttime residence including shelters or a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings (e.g., a car). It is estimated that between 3,000 and 4,000 individuals fit this definition on any given night in Baltimore City. Collecting information on all people experiencing homelessness is difficult for three main reasons. First, not all homeless individuals use public systems where some data might be recorded and they remain essentially invisible. Second, many information systems that do collect data on individuals do not indicate whether an individual is homeless (e.g., Medicaid), or the system is not able or allowed to share information with other systems where the same person may seek services (e.g., medical providers do not share data with shelter providers). Third, data may not always be recorded and/or reported accurately. This is a challenge in any data collection effort, particularly with self-reported information, but is especially difficult with homelessness.

The predominant causes of homelessness can be generalized to four factors: lack of affordable housing, lack of an adequate income, lack of adequate health insurance combined with poor health, and lack of adequate discharge planning from public institutions. Baltimore City provides services to the homeless population through a network of overnight emergency and transitional shelters; however, the shelter system is not a solution for homelessness. There is currently a dearth of permanent housing with on-site supports which have been proven to help individuals and families become more stable and independent.

Methodology

A diverse mix of staff and over 100 volunteers was recruited to assist with the census and 11 homeless individuals were hired to conduct the street census. The planning team used the two questionnaires from the 2003 census in order to track trends over time. One survey was administered to people who were homeless and found on the street, and the other survey was used in emergency or transitional shelters. Participation in the survey was completely voluntary,

¹ 583 were counted on the street, 2,321 were counted in shelters, and 39 were counted in temporary drug treatment less than 30 days and identified themselves as homeless. The methodology section will discuss the details behind these numbers.

and if the individual declined to participate, the census volunteer documented the location of the individual and the time the individual was counted to be included in the total census number.

Teams working on the street used a service-based approach, focusing efforts on those places where homeless individuals are known to congregate during the daytime hours. They targeted other street areas known to have higher concentrations of homeless individuals during the evening hours. Unique identifiers created for each survey reduced the chance of counting someone twice. Any dependent children accompanying the individual surveyed were also counted. All surveys were then analyzed using a statistical process to determine what significant findings could be determined from the information gathered.

Results

A total of 2,943 individuals were counted as homeless on January 30, 2005: 2,321 were counted in shelters, 583 were counted on the street, and an additional 39 individuals were in residential drug treatment for less than 30 days. Of the 902 surveys that were done, 570 were completed in shelters (both emergency and transitional) and 332 were completed on the streets (including homeless service locations). Only those results from the 902 surveys determined to be statistically significant are presented in this report. Key findings are presented below:

Gender: A large majority of individuals are male (78%) and 22% are female. Many more women than men reported having children (82% v. 67%). More women than men dropped out of high school (46% v. 39%). Men earn less income than women, with 57% of men earning less than \$5,000 per year and 38% of women earning at that level. Over half (55%) of both men and women are from Baltimore City originally and have lived here consistently.

Education: More than half (60%) reported having completed high school or further education. Veterans tend to have higher education than non-veterans. Those with less education have less income; 46% of those who dropped out of high school report earning less than \$2,500 per year. Conversely, those in the higher income groups tend to have the most education. Those who dropped out of high school tend to be single (68%) more often than those who went on to college (51%). Overall, those with less than a high school education tend to be poorer, more disabled, single, and originally from Baltimore. Those who have completed high school or gone on to college afterwards tend to have greater income, be less disabled, divorced, and come from outside Baltimore City. There were few differences in education across racial groups.

Military Service: Almost one-third of those homeless people surveyed (30%) report being a veteran. The prevalence of veterans in this census may be due to the availability of services for veterans through the Maryland Center for Veterans Education and Training (MCVET) and other veteran programs located in Baltimore City. Veterans tend to be male, non-white, aged 51 to 64, and separated, divorced, and/or widowed. Veterans tend to receive more federal aid and make 100% or more of the federal poverty level (FPL). More veterans than non-veterans tend to come from places other than Baltimore City and the two surrounding counties. Disability among veterans tends to be military-related (not SSI or SSDI).

Race: The vast majority of homeless people interviewed were African-American (82%), with 14% White, 1% for each Native American and Hispanic, and 2% other. Greater proportions of African-Americans are originally from Baltimore City or came from Washington, D.C. both

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predominately African-American communities. More African-Americans report having children (74%) than whites (50%) but no differences were found in marital status between the two groups. There were significantly higher proportions of African-Americans in the 35 to 50 and 65 and greater age groups, though not among the younger groups.

Age: The average and median age was 44. Overall, there were a larger number of younger women than younger men, but more older men than older women. Another significant finding includes an increasing proportion of veterans in older age groups, which is consistent with the existence of a draft until 1973. Older age groups also have higher proportions of individuals having children, being divorced, and receiving federal aid checks. Fewer people in the older age groups report being single. Those with the highest income are the 51 and older categories, with at least 20% reporting incomes equal to or above the federal poverty level (FPL). The overall proportion of all people surveyed receiving SSI, SSDI, or other disability payments was 27%, but higher proportions were found in the younger age groups (18 to 24 and 25 to 34). The oldest group is the least educated, with more high school drop-outs than other groups. The 35 to 50 age group has the highest proportion of high school graduates, but the youngest age group reports only 23% graduating high school.

Income: The median monthly income was \$400 and the mean was \$486, with 86% reporting annual income under the federal poverty level (FPL), set at approximately \$10,000 per year for a single individual under age 65. Those receiving TEMHA are more likely to be the poorest of the homeless population (less than \$2,500 annually, or less than 25% of the FPL), while those receiving TCA are more highly represented in the 76 to 100% of the FPL category (\$7,501 to \$10,000 per year). Overall, the lower income groups tend to receive more state aid, while higher income groups tend to receive more federal aid.

Street v. Shelter: There were significantly more females in shelters than males, but this may be due to more women's shelters participating in the census. More people surveyed on the street reported being homeless due to job loss, while more people in shelters reported being homeless due to substance/alcohol abuse or domestic violence. Individuals native to Baltimore City were found more often on the streets, with Baltimore County, other areas of Maryland, and Washington, D.C. natives found more often in shelters. The shelters housed more 25- to 34-year olds while those 65 years old and older were more likely to be found on the street.

Disability and Chronic Homelessness: Half (50%) of those surveyed reported being homeless for 1 year (median) with the average (mean) being just over 2 years. Those who were homeless more than 1 year and report receiving aid due to a disability tend to be less educated and receive more federal aid. They are less likely to receive TCA, have military benefits, be employed or receive social security or some other pension benefit. Disability rates are higher among those who have been homeless longer.

Reasons for Homelessness: Those surveyed report becoming homeless for a variety of reasons: 38% because of a health or disability problem, 23% due to a lack of income, 15% because of a housing problem, 12% due to a family problem, 5% because they were discharged from an institution, and 7% reported another (unspecified) reason.

Unmet Needs: Lack of affordable housing was the number one unmet need of the people surveyed both in the 2003 (62.6%) and 2005 (64.4%) census.

Recommendations for Next Census: For the next Homeless Census in 2007, the following is recommended:

- Implement the Homeless Management Information System (HMIS) used in emergency and transitional shelters in a way that allows shelter providers to input real-time data associated with the survey instrument.
- Choose a representative sample of providers so that census efforts can be concentrated in fewer physical locations and the results will not include inadvertent over-sampling of some sub-populations (e.g., veterans) and exclude other sub-populations (e.g., youth).
- Ensure that pre-census trainings strongly emphasize the importance of filling out the questionnaires completely and accurately so that all data segments are complete.
- Use a survey tool that aligns with national data trends/literature (e.g., the SF-12), includes questions related to prior institutionalization and discharge planning, and establishes the number of individuals who have had a prior episode of homelessness within the past year.

Discussion and Conclusion

Overall demographics come together to form a general picture of the homeless population: high rates of disability, low levels of education, very small amounts of income, and lower levels of any supportive aid. Census counts show only part of the homeless population and tend to be biased because they reflect higher proportions of people who have been homeless for a long time. The number of people who become homeless during the course of a year is much higher than those who are homeless on any given day. Census surveys significantly under-represent those who are homeless for a short period of time. Using a calculation developed by homeless census experts, it is estimated that 7,023 individuals or 1% of the City's population will experience homelessness over the course of one year. The economic impact on Baltimore City is quite substantial as it is expensive to fund a homeless system while at the same time more people are funneled into homelessness due to a lack of affordable housing, adequate income, access to healthcare, and inadequate discharge planning.

Policy makers should consider the changes that can be made in how the system is structured so that homelessness can be kept to a minimum. These changes would include building/replacing housing units that are attainable for very low income individuals and families, investing in adequate discharge planning for those leaving public institutions (this includes foster care, corrections, hospitals, mental health and substance abuse facilities, etc.), providing additional safety net health care services so that poor health and disability do not contribute to homelessness, raising the minimum wage to a level that allows individuals to be self-sufficient, providing the job training and education skills that keep workers functional and in demand and investing in more prevention services. In Baltimore City where rates of substance abuse are high, access to mental health and/or addictions treatment is particularly important. All of these measures are central to any efforts to ending homelessness.

It is in the best interest of every community to end homelessness rather than continue to fund and manage a revolving door of human beings in crisis situations. Better coordination between government agencies would be a major step in this direction. To end homelessness, Baltimore City needs the dedicated commitment and support of the entire community.

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Acronym List

AIRS	AIDS Interfaith Residential Services
AMI	Area Median Income
BHS	Baltimore Homeless Services, Inc.
CPS	Center for Poverty Solutions
FPL	Federal Poverty Level
HMIS	Homeless Management Information System
HPRP	Homeless Persons Representation Project
HUD	U.S. Department of Housing and Urban Development
MCVET	Maryland Center for Veterans Education and Training
SSDI	Social Security Disability Income
SSI	Supplemental Security Income
TCA	Temporary Cash Assistance (welfare/Temporary Aid to Needy Families)
TDAP	Temporary Disability Assistance Program
TEMHA	Temporary Emergency Medical and Housing Assistance

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On January 30, 2005, Baltimore Homeless Services, Inc. and the Center for Poverty Solutions collaborated with other service providers to conduct a census that counted 2,943 individuals who are homeless in Baltimore City.² This was the second census conducted in the City; the first was in 2003. Both endeavors were in response to mandates set by the U.S. Department of Housing and Urban Development (HUD).

Performing a census of the homeless population on a regular basis serves several purposes. First, a census count provides an estimate of the number of residents who are homeless on any given day throughout the City. Second, an accompanying survey provides an opportunity to obtain more detailed data than is otherwise possible from individuals who are homeless so that their needs are more accurately documented. Third, a citywide census helps social service providers understand where individuals and families are located so that services can be targeted to those areas. With this information, policymakers and service providers can achieve a better understanding of the level of need in the community so that policies and programs can be more effectively implemented. This report summarizes the 2005 census, gives an overview of homelessness in the City, details the data gathered, provides an analysis of the findings, and makes recommendations for future census efforts.

Picture of Homelessness: An Overview

HUD defines homelessness as an individual who lacks a fixed, regular, and adequate nighttime residence including shelters or a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings (e.g., a car). While thousands of individuals in the City fit this description, many more fall outside the HUD definition and are “doubled up” with friends or relatives, moving from place to place and sleeping on floors or couches. It is worth noting that other federal agencies such as the Department of Health and Human Services consider those who are doubled up to be homeless because they lack the means to independently provide stable housing for themselves and their children.

In Baltimore City, it is estimated that between 3,000 and 4,000 individuals are homeless on any given night. These single men and women, families, and children share two common demographics: they lack a place to call home and they live in extreme poverty. However, this is where the commonalities among the homeless population end. There are many and diverse facets of homelessness in our City’s neighborhoods.

Collecting information on all people experiencing homelessness is difficult for three main reasons. First and foremost, not all homeless individuals use public systems where some data might be recorded. These individuals essentially remain invisible. Second, many of the information systems that do collect data on individuals do not indicate whether an individual is homeless (e.g., Medicaid and many other health services), or the system is not able or allowed to share that information with other systems where the same person may seek additional services (e.g., a homeless shelter does not share data with medical providers). Laws regarding confidentiality make system integration difficult. Hence, the data that is collected is often the

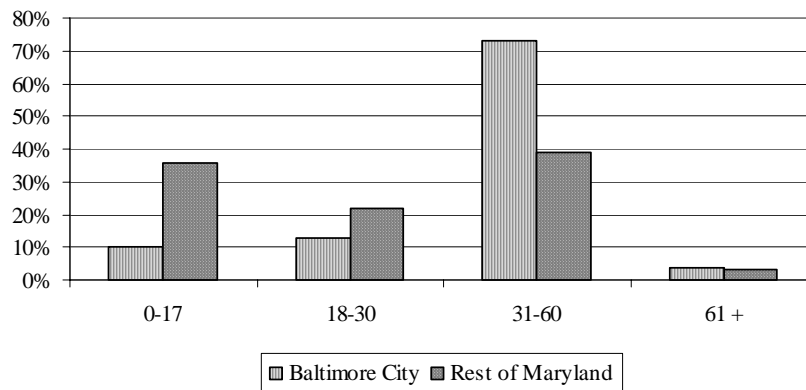
² 583 were counted on the street, 2,321 were counted in shelters, and 39 were counted in temporary drug treatment less than 30 days and identified themselves as homeless. The methodology section will discuss the details behind these numbers.

jurisdiction's "best guess" based on each individual system. Third, data may not always be recorded and/or reported accurately. This is a challenge in any human services data collection, particularly with self-reported information, but is especially difficult with homelessness. These challenges notwithstanding, the following demographics will give a picture of what homelessness looks like in Baltimore City compared to State of Maryland and the U.S. for FY2004.³ Please note that these demographics reflect a full year of reported information and provide a context for the one-day census demographics reported in the Results section of this Report.

Demographics

The majority (73%) of those who are homeless in Baltimore City are between 31 and 60 years of age, with only 10% under 18, 13% between 18 and 30, and 4% over age 61. The rest of Maryland (not including the City) has a homeless population more evenly spread across all age groups, with 36% under age 18, 22% age 18-30, 39% age 31-60, and 3% over age 61. National data report different age brackets with 12% under age 25, 80% between age 26 and 54, and 8% over age 55. Figure 1 shows the City and State data.

Figure 1: Age of Homeless Population

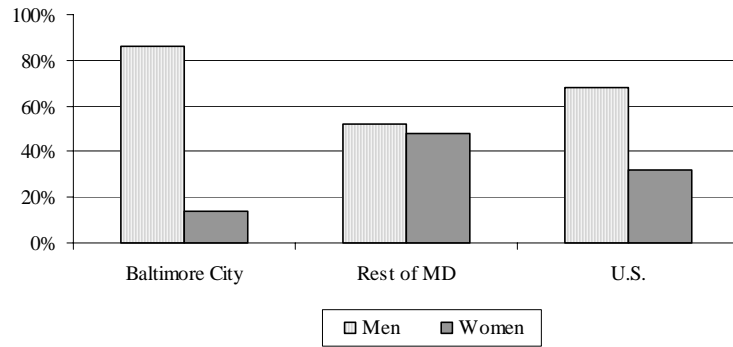


Source: DHR, 2004.

Baltimore City has a large gender disparity compared to the rest of the state and the nation: in the City 86% of the homeless population is male, with 14% female. The rest of Maryland (not including the City) is more evenly distributed and looks like the general population. The homeless population across the nation also shows a difference with roughly one-third female and two-thirds male. Figure 2 shows these comparisons.

³ City and State data are from Maryland Department of Human Resources. 2004. *Annual Report on Homelessness Services in Maryland*. National data is from Burt, Martha. December 1999. *Homelessness: Programs and the People They Serve: Findings of the National Survey of Homeless Assistance Providers and Clients*.

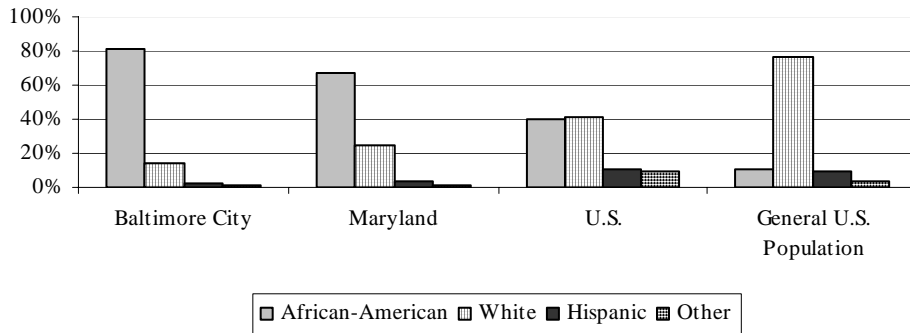
Figure 2: Gender of Homeless Population



Source: DHR, 2004; Burt, 1999.

African-Americans make up a disproportionate share of the homeless population across the City, state and nation, with the white population being larger in both the state and nation when compared with the City. Both Hispanic and other ethnic groups make up a relatively small number of the population. Figure 3 shows how these groups compare in number.

Figure 3: Race/Ethnicity of Homeless Population



Source: DHR, 2004; Burt, 1999.

Baltimore City shows a greater number of homeless singles, whereas the rest of Maryland has a greater number of homeless families. Figures 4 and 5 show how the City and the rest of Maryland differ with regard to family status.

Figure 4: Family Status in City

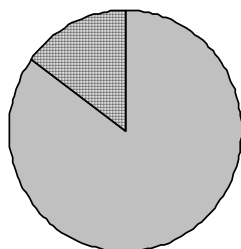
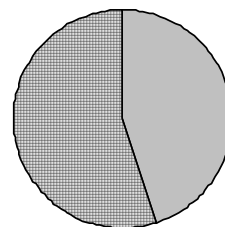


Figure 5: Family Status in Rest of MD



Legend:
 ■ Individuals
 ■ Family Members

Source: DHR, 2004; Burt, 1999.

Information regarding demographics is significant in order to gain a deeper understanding of the diverse population that is homeless in Baltimore City. It is also important in helping identify the underlying causes of homelessness so that policy and program improvements can be made to reduce the structural issues that contribute to the loss of housing.

Primary Causes of Homelessness

The predominant causes of homelessness can be generalized to four factors: lack of an adequate income, lack of affordable housing, lack of adequate health insurance combined with poor health, and lack of adequate discharge planning from public institutions.

- **Lack of Income:** At the current minimum wage (\$5.15 per hour), an individual working full time would have to spend 87.5% of his/her wages on rent alone in order to afford an average \$700 one-bedroom apartment in Baltimore City.⁴ Poverty data show that one-third of children in the City live below the poverty line and two-thirds of children are part of families that spend more than 30% of their income on housing.⁵ In addition, while the state's overall unemployment rate was 4.3% in 2003, Baltimore City's rate was nearly twice that at 8%.⁶ For very low income individuals and families [defined as 30% of Area Median Income (AMI) or less], it is not possible to pay for housing as well as other basic living expenses even with public assistance or full-time employment. This last group represents the majority of homeless individuals—those who cycle in and out of homelessness because they do not earn enough or receive enough assistance to secure permanent and reliable housing.

- **Lack of Housing:** In Baltimore City, there are too few housing units that are affordable for a very low income population.⁷ Half of the households in Baltimore City live in rental units (compared to one-third in Maryland) but the fair market rent is quite high, even for a one-bedroom unit. For example, the minimum income needed to afford a one-bedroom unit while keeping below the 30% of total income standard is \$29,080. This would necessitate 109 work hours per week at minimum wage.⁸ A two-bedroom unit at 30% of income would require an annual income of \$35,520 (133 work hours per week at minimum wage).⁹ These extreme figures are important to note because research supports that when workers have to pay more than 30% of their earned income toward housing, their other living expenses such as food, medical care, transportation, and utilities become difficult to maintain. In other words, the combination of minimum wage work and even modest housing creates a nearly impossible situation.

⁴ U.S. Department of Housing and Urban Development (2005). Fair Market Rent for Baltimore City: 1 BR unit is \$709/month; 2 BR is \$847/month; 3 BR is \$1,074/month. Available at: http://www.huduser.org/Datasets/FMR/FMR2005R/map/md_FY2005_FMR.pdf

⁵ Annie E. Casey Foundation. "Kids Count 2004." Available at: http://www.aecf.org/kidscount/rural_databook/profiles_al_mo.pdf

⁶ Maryland Department of Human Resources. 2003: Fact Pack. Available at: <http://www.dhr.state.md.us/pi/pdf/fpempl.pdf>

⁷ HUD defines affordable housing as housing that costs 30% or less of the worker's wages.

⁸ Maryland Department of Housing and Community Development. October 2003. *Rental Housing Affordability Index*: 6, 9.

⁹ Ibid.

Not unexpectedly, evictions are common in Baltimore City. In 2000, there were 7,442 evictions in the City, accounting for almost 6 evictions for every 100 renters.¹⁰ It is worth noting that Baltimore City has an eviction rate higher than Washington DC, Cleveland, Detroit, New York City and Philadelphia. In the year 2002, there were 155,870 court complaints requesting an eviction; most of these complaints were because tenants did not pay their rent. This rate totals more than one complaint per renter per year. A number of large public housing projects in Baltimore City have been demolished in recent years and, unfortunately, only a fraction of their collective units have been replaced with new affordable housing aimed at the very low income population (see Table 1 below).

Table 1: Lost Housing Units in Baltimore City¹¹

Demolished Units	# Units Replaced	Lost Units	Lost 0-1 BR Units
Lafayette Court 807 Units	311	-496	-100
Murphy Homes 781 units	75	-706	-184
Lexington Terrace 677 units	250	-474	-81
Flag House 487 units	140	-347	-96
Hollander Ridge 1,000 units	0	-1,000	-200
The Broadway 429 units	84	-345	-324
Total Previous Units: 4,181	860	-3,321 units -79% of previous capacity	-985 0-1 BR units lost
Current waiting list for public housing unit: 18,000 households			

Baltimore City lost over 3,000 units of public housing in recent years and the waiting list for public housing now exceeds 18,000 households. Section 8 vouchers are often not accepted in the private rental market, with landlords not wanting to rent to those perceived to be undesirable tenants. The current waiting list to receive a Section 8 voucher contains 16,000 households and the wait time to receive a voucher exceeds two years, even if one were to be able to use it. These unfortunate housing realities, alone or combined, cause homelessness for many, and put many more at a constant risk of imminent homelessness.

- **Health and Health Insurance:** Hospital and other medical expenses resulting from an unexpected illness or accident can throw even a middle-class family into homelessness if they do not have adequate health insurance. A head of household may become disabled and unable to resume work, for example. An individual's previous medical conditions (known as "pre-existing conditions") often are excluded from health insurance coverage. Further, many

¹⁰ Abell Foundation, March 2003, "A System in Collapse," The Abell Report 16 (2):2. Available at: <http://www.abell.org/pubsitems/arn303.pdf>

¹¹ Data compiled from the following documents: U.S. HUD OIG Report 2003-PH-1004, September 4, 2003, "Review of HOPE VI Relocation Process at the Housing Authority of Baltimore City (HABC); HABC, "Section 504 Dwelling Units in HABC Developments", December 1, 2000; HABC, 2000 PHA Plan; and HABC, Office of Portfolio Management Handout, June 2000.

working families and individuals do not qualify for public medical assistance. It is estimated that 35% of homeless individuals have a mental illness, and as many as half of those with a mental illness also have a co-occurring substance use disorder. Homeless individuals show an alarming rate of serious healthcare issues including 12% having HIV/AIDS as compared to less than 1% in the general population, and 46% having chronic health conditions such as arthritis, hypertension, diabetes, or cancer.¹² People living in poverty have extremely high rates of these types of acute and chronic conditions and these conditions are made worse by limited access to comprehensive health care. For example, it is difficult to maintain a diabetic diet when eating at soup kitchens and impossible to store many medications when an individual does not have a refrigerator. In short, issues of health and health insurance can easily put even many middle class persons at risk, but they are a pervasive and serious challenge to homeless persons.

- **Lack of Discharge Planning from Institutions:** Individuals who are transitioning out of incarceration, foster care, or a psychiatric facility often lack an adequate discharge plan that includes independent housing, medical care, employment, and independent living skills. During the time of institutionalization, prior housing arrangements and support networks might have been lost or put at risk. Having a criminal history usually disqualifies an individual from public housing assistance. Low-income individuals who are jailed and cannot post bail are often held until their hearing. Even if the charges are eventually dropped, housing and employment have been lost.

Youth transitioning from juvenile detention will have most of their benefits and services cut off on their 18th birthday (though some youth in detention will be incarcerated until they are 21). Youth reaching 18 in foster care have to leave the system. These young individuals require an intense amount of coordination and resources for independent living that are not often present in the current system, particularly to address trauma and other adverse experiences that contribute to future unstable relationships and work patterns. In all of these cases, it is lack of transitional programs and resources in the system itself that contributes to homelessness.

Many personal histories from homeless individuals include institutional experiences. Nationally, about half (49%) of homeless clients have spent five or more days in a city or county jail in their lifetime, and 16% were held in juvenile detention at least once before reaching their 18th birthday. Altogether, 54% of homeless individuals have some experience of incarceration.¹³

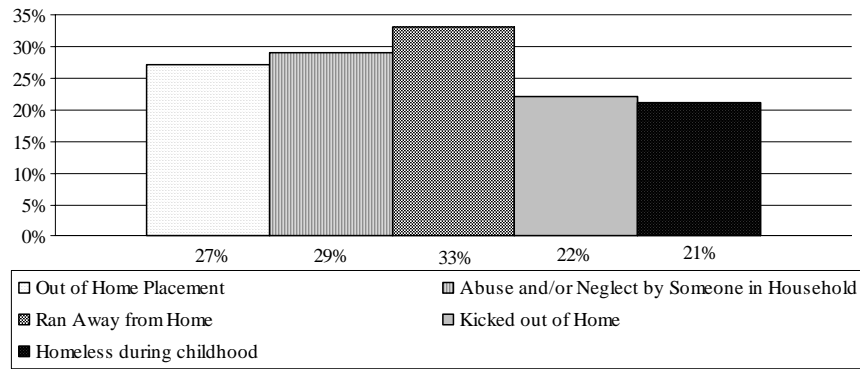
Homeless clients surveyed in a 1999 national study reveal multiple adverse childhood experiences that contributed to their homelessness. Of the people surveyed, 27% were placed in foster care, a group home, or other institutional setting before their 18th birthday. Many experienced multiple placements, as 12% were in foster care, 10% had been in a group home, and 16% had been in residential institutions. Twenty-nine percent of homeless clients also report abuse or neglect in childhood from someone in their household (12% neglect, 22% physical abuse, and 13% sexual abuse). Thirty-three percent ran away from home and 22% were forced to leave home for at least 24 hours before they reached age 18. In addition,

¹² Health Care for the Homeless, Baltimore City, 2004 data.

¹³ Burt, Martha. December 1999. *Homelessness: Programs and the People They Serve: Findings of the National Survey of Homeless Assistance Providers and Clients: Chapter 2.*

21% report that their first period of homelessness predated their 18th birthday (see figure 6).¹⁴

Figure 6: Adverse Childhood Experiences



Source: Burt, 1999.

Extreme poverty combined with a lack of income, housing, inadequate or no health insurance and a lack of discharge planning causes homelessness for thousands of individuals and families every day in Baltimore City. This situation has both direct and indirect costs for the entire community.

Impacts of Homelessness on the Community

The human potential that is lost to homelessness is incalculable. The value of forgone earnings and taxable income, productivity of workers no longer in the workforce, use of high-cost public services (e.g., emergency rooms), parents/children/siblings lost or estranged from their family, petty crime associated with living on the street, subsequent use of police and court time to prosecute nuisance charges (e.g. loitering), and the unfortunate lessening of human potential all contribute to the direct and indirect costs to our community in general.

In 2004, The Lewin Group looked at the average daily costs of serving homeless individuals in public service systems in nine cities, and found that hospital costs alone were an average of \$1,638 per day. Psychiatric hospitals cost an average of \$550 per day, shelters an average of \$30 day, and corrections (jail and prison) an average of \$80 per day.¹⁵ Research shows that homeless individuals tend to cycle between services, and these costs are absorbed by the public system. Homelessness is a societal cost for every community.

Shelter Capacity in Baltimore City

There are two types of shelter available in Baltimore City: emergency shelter and transitional shelter. While there is some variance, emergency shelters are generally for overnight stays on a short-term basis and require the family or individual to leave early each morning taking all of his/her belongings. Transitional shelters are for longer term stays, generally from six months to

¹⁴ Ibid.

¹⁵ The Lewin Group, November 19, 2004, "Costs of Serving Homeless Individuals in Nine Cities: Chart Book."

two years, and include additional services such as housing counseling and/or case management.¹⁶ In FY2004, Maryland documented 2,733 emergency overnight shelter beds; 964 of these were in Baltimore City (35%). Maryland also documented 3,213 transitional beds; 1,388 of these were in the City (43%). An additional 318 beds were “undesigned” beds that could be used as either emergency or transitional beds depending on the need; Baltimore City has 87 of these (27%). Overall, there were 6,264 beds in Maryland shelters; 2,439 in Baltimore City (39%). This represents an increase for the State of 604 beds from the previous year, and 436 new beds for Baltimore City (72%). Using these beds, Baltimore City documented providing shelter to 16,475 homeless individuals over the course of one year (43% of the state total) and turning away individuals on 19,344 occasions.^{17,18} The rate of duplication in these two figures is unknown; however, one can conclude that individuals were turned away from shelter more often than shelter was provided.

In the winter months, on nights when conditions become life-threatening, Baltimore City opens additional emergency shelter space that provides 383 additional overnight shelter beds including nursing staff and mental health and addictions counselors. These additional beds are intended to reduce the number of hypothermic deaths that result when people are sleeping outside. Since opening, the City has seen a 50% decline in deaths associated with hypothermia.¹⁹

Not all homeless persons are able to use shelters as a place to provide respite from the street. An inadequate number of family units and units specifically for women forces some families and single women to stay on the street. For others, behaviors associated with mental illness and/or substance use disorders lead to their being turned away at a shelter. Some individuals, particularly those with serious mental illness, cannot tolerate the noise and confusion inherent in congregate living and so are effectively denied shelter. Tragically, homeless individuals with severe physical and/or mental disabilities can become targets for theft and assault when staying in shelters and, therefore, ironically, these most vulnerable persons tend to stay away from shelters. Given these complexities, the number of shelter beds does not represent the actual homeless population. Counting people living in doorways, under bridges, in city parks and in alleys is an important component of the census.

2005 Census

Conducting a survey of the homeless population is complex because it is difficult to find every homeless individual in one day and it is hard to avoid duplication (i.e., counting one person more than once), particularly when counting those living on the streets. There is more discussion about the duplication issue below. Baltimore Homeless Services, Inc. and the Center for Poverty Solutions collaborated with the Baltimore City Police Department and a number of other service providers to conduct this survey.

Methodology

The survey date was originally scheduled for January 23, 2005, but due to inclement weather, it was postponed to the following Sunday, January 30th. HUD provided a training to the planning

¹⁶ Maryland Department of Human Resources. 2004. *Annual Report on Homelessness Services in Maryland*, 8-9.

¹⁷ Ibid, 18.

¹⁸ These are documented turn-aways. Estimates of actual turn-aways are assumed to be much higher.

¹⁹ Baltimore Homeless Services, Code Blue Shelter data, 2005.

2005 Report of the Baltimore City Homeless Census

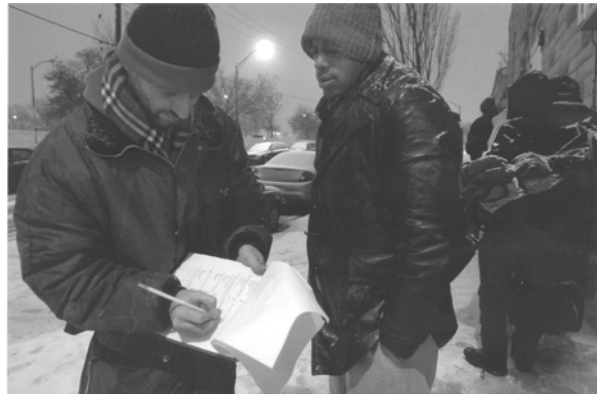
staff from Baltimore Homeless Services and Center for Poverty Solutions on December 16, 2004, one month prior to the census count. The Center for Poverty Solutions sponsored three training sessions before the census date, and attendance in one of them was mandatory for all volunteers who participated. The training focused on safety, homeless definitions, survey techniques and use of the survey tool. A diverse mix of staff and volunteers was recruited through service providers and local community and faith-based organizations. One hundred volunteers assisted and 11 homeless individuals were hired to conduct the street census.

The planning team used the two questionnaires from the 2003 census in order to track longitudinal trends in responses over time. One survey was administered to people who were homeless and found on the street, and the other survey was used with people staying in emergency overnight or transitional shelters. A copy of each survey can be found in Appendix A. Participation with the survey was completely voluntary, and if the individual declined to participate, the volunteer documented the location of the individual and the time the individual was counted to be included in the total census number.

Shelter Count: The shelter count started at 10:00 AM and ended at 10:00 PM. Shelter data reported in this analysis includes all homeless shelters, both emergency and transitional, open to homeless persons within the geographic confines of Baltimore City, whether publicly or privately funded. This does not, however, include private homes where homeless people may congregate or stay overnight.

Street Count: The street count started at 6:30 AM and ended at 9:00 PM. Teams used a service-based approach, focusing volunteer efforts on those service delivery locations where homeless individuals are known to congregate during the daytime hours, and then targeted other street areas known to have higher concentrations of homeless individuals during the evening hours. Those areas surveyed include, but are not limited to, the following:

- Riverside Baptist Church breakfast
- Oasis Station drop-in center
- Homeless outreach trailer by the city jail
- Our Daily Bread food kitchen
- Maryland Transit Authority metro-subway and light rail
- Beans and Bread food kitchen
- Enoch Pratt Free Library Main Branch/Cathedral St.



A census worker administers a questionnaire at Riverside Baptist Church
Photo by Nanine Hartzzenbusch

Full surveys were administered only to those who answered the first three questions confirming their homelessness. Those who stated they spent the night in an apartment, room, or house were further questioned to see if they were actually housed. If they were found to be housed, the interview was stopped and the individual was not counted as homeless. Through unique identifiers (e.g., birthdates), 14 people were found to have been surveyed both on the street and in shelters; these duplicates were counted only once

in this analysis. If the person surveyed reported having children with them on the street these children were added to the street count (79 children were counted in this way). If the person could not be surveyed because they refused, were intoxicated, were asleep, or for some other reason, census workers used their informed judgment about whether to count them; 172 individuals on the street were counted in this way.

After 6:00 PM, census-workers also counted as homeless any person who was sleeping on the street or other non-sheltered area (e.g., park bench, car, alley, encampment, etc.) and was carrying their belongings or otherwise obviously spending the night without shelter. To decrease the chance of counting people twice, the first question on both surveys was “Have you participated in the homeless survey today?” If the person answered yes, they were not surveyed nor were they entered into the count.

The day of the census unfortunately came with a number of additional challenges. The weather on the delayed date of January 30th was also inclement, with snow and sleet accumulating from the day before and temperatures approaching freezing. However, these conditions were not severe enough to trigger a “Code Blue” condition, which would have opened additional shelter space and provided transportation for individuals needing to access this special emergency overnight shelter. This combination of factors resulted in fewer volunteers than expected, and forced those living on the street to withdraw to hard-to-find places. Due to safety constraints, census volunteers did not enter abandoned buildings or other dwellings, places where a number of homeless individuals were likely staying. The limited number of volunteers also resulted in fewer shelter visits, which contributed to a lower-than-anticipated number of completed surveys.

Limitations of the Census Count

Rigorous efforts were made to prevent duplication and to avoid counting individuals who were not actually homeless. Despite these efforts, some people may have been counted twice, especially those individuals staying on the street. The following discussion provides some background to the final count; offers some explanation behind the decisions made to interpret the results; and indicates patterns of cycling between housed situations, shelter, and street.

While at those homeless service locations listed above, 583 people were counted. This number includes 332 surveys that were administered and another 172 people who were simply counted. In addition, 79 reported children accompanying these adults were also included in the final tally. Of the 332 surveyed, 205 (64%) stated they spent the previous night in a shelter, 56 (17%) said they spent the previous night in a room, hotel, house, or apartment, and 61 (19%) spent the previous night on the street (with 7 children). If one were to be as conservative as possible, only these last 68 individuals might be counted as homeless and found on the street.

Of the 172 individuals counted without survey during the day, 136 (79%) were found at homeless service locations, 22 (13%) were found in hospital emergency rooms, 14 (8%) were found on the street after 6pm when the shelters had closed their intake for the night. Again using the most conservative interpretation possible, only these 14 of the 172 might be counted as homeless.

Of the 570 shelter surveys administered, 504 (89%) had also spent the previous night in a shelter, but 39 (7%) spent the night in a hotel, room, house, or apartment (housed) and 26 (4%) spent the

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night on the streets. Given each groups' indicated answers, there is evidence that a portion of this population tends to cycle between street, shelter and periodic housing.

Using the above data and the most stringent of definitions, the bare minimum of those homeless would be to add the 68 who said they spent last night on the street and the 14 found on the street the night of the census to the 2,321 individuals staying in shelters on the night of the census plus those 39 people in residential drug treatment. This total would be a conservative estimate of 2,442. However, given the conditions of the day, the complexity of counting homeless people, and the variations found in the definition of homelessness, it is extremely unlikely that using this figure would accurately reflect the number of people homeless on the census night.

This discussion is meant to highlight both the difficulties in counting this population and to expose the data that show many homeless individuals are in flux—spending time with family, friends, or paying for housing when they can, and using shelters, homeless service locations, and finally the streets, when all other options fail. Because this population shows patterns of alternating between being housed, sheltered, and on the street, a decision was made to count the entire 583 individuals that are entering and exiting homelessness on a regular basis. The exact number of homeless people may never be known precisely due to the transient state of the population, and this is a challenge for any homeless census in any location. While every attempt was made during this census to reduce uncertainty, additional methodology improvements in the future will minimize this error. It should be noted that only a few surveys were the result of duplication, and these were discarded. Hence, the results presented below are unduplicated data.

2005 Census Results

The census results for Baltimore City are presented using demographics that reflect the differences in the populations experiencing homelessness and the unmet needs expressed by each of the groups. These characteristics include gender, education, veteran status, income, race, and age. The location of the homeless person (shelter versus street) is also presented as a differentiating characteristic. Unless otherwise noted, only those findings that were found to be statistically significant (meaning that true differences were present between the comparison demographics) are presented in this analysis.²⁰

There were a total of 902 surveys completed in Baltimore City on January 30, 2005 with 570 (63%) completed in shelters (both emergency and transitional) and 332 (37%) completed on the streets (including homeless service locations). Half (50%) of the homeless people reported being homeless for 1 year or more (median) with the average (mean) being just over 2 years. The average and median age was 44, with 78% male and 22% female. The median monthly income was \$400 and the mean was \$486, with 86% reporting annual income under the Federal Poverty Level (FPL) of \$9,800.²¹ For the purposes of this report, rounded numbers that correspond to the FPL will be used. For example, the current FPL of \$9,800 per year for an individual younger than 65 years will be roughly considered as \$10,000 (100% of FPL). Percentages of the FPL (25%, 50%, 75%) will then be rounded to equivalent dollar figure, which would be \$2,500, \$5,000, \$7,500 respectively. While not reflecting the precise value, this is intended to help the reader more clearly understand the results presented in this Report.

²⁰ For comparing groups (e.g., male v. female in the gender analysis) a *t*-test was used. Statistically significant results reported here have a *p*-value of <0.05.

²¹ The federal poverty level in 2004 was \$9,800 per year for a single person under the age of 65.

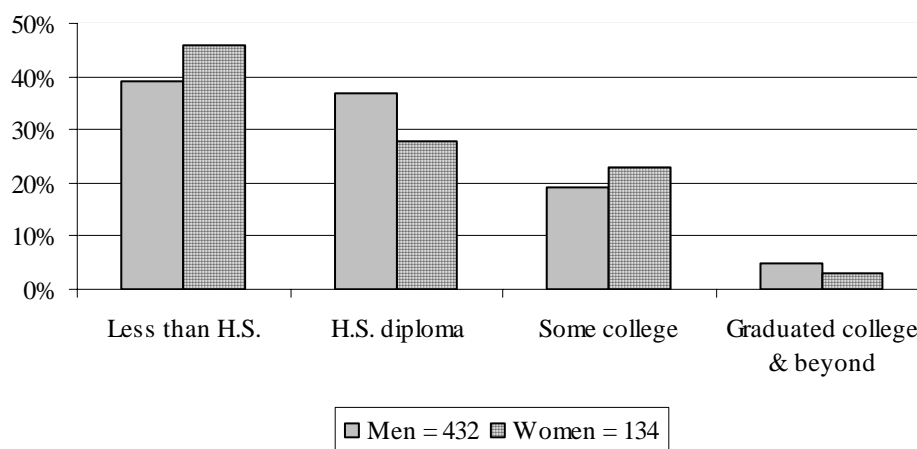
More than half (60%) reported having completed high school or further education. The vast majority of homeless people interviewed were African-American (82%), with 14% White, 1% for each Native American and Hispanic, and 2% other. Most homeless people are either single (62%) or divorced/separated (29%), with only 6% reporting being married or cohabiting. Almost one-third of those homeless people surveyed (30%) report being a veteran. The following sections discuss these demographic findings in more detail.

Gender

There are several important differences by gender among homeless individuals. It is significant that 78% of homeless people surveyed were male with 22% being female. This survey found a significantly higher percentage of young females over young males: 12% of females were aged 18 to 24 with 25% aged 25 to 34. Males in the same age groups accounted for only 3% and 8%, respectively. More females (70%) are single than males (60%), but 82% of women reported having children while 67% of men reported having children.

There is an interesting disparity in education for women. More females dropped out before graduating high school (46%) compared with males (39%). At the same time, while more females have completed some college (23% v. males 19%),²² more males have graduated college and beyond (5.5% v. females 3%). Lower levels of education may further disadvantage females in the workforce and make them more susceptible to homelessness.

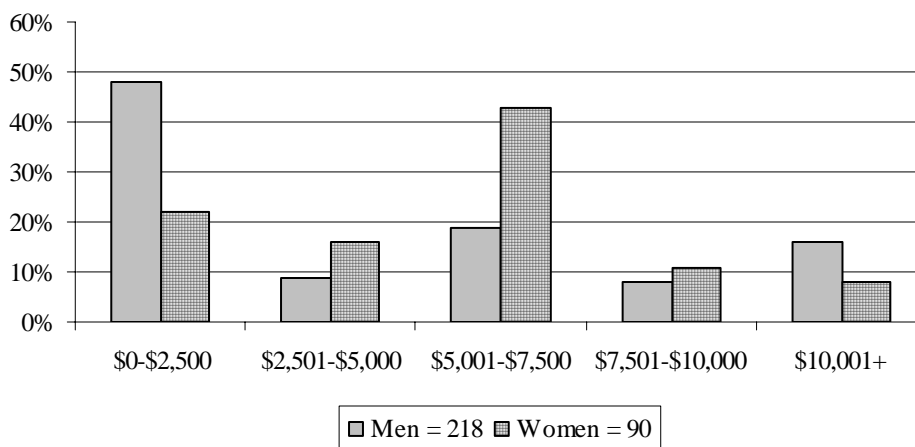
Figure 7: Education by Gender



Of those reporting income (308 individuals out of the 902 surveyed), almost half (48%) of males and 22% of females report making less than 25% of the FPL, which is less than \$2,501 per year. This is a significant disparity; however, nearly 80% of both men and women fall below 75% of the FPL, which is approximately \$7,501 per year. Of those that report incomes greater than the FPL (\$10,000 or more per year), 16% are men and 8% are women. Figure 8 illustrates these differences.

²² Not statistically significant.

Figure 8: Income by Gender



More than half of the men and women surveyed report having lived in Baltimore their whole lives (55% for male and females) and having their last permanent address in Baltimore City (74% males and 76% females).²³ Secondary locations include more females having their last address in Baltimore County (6% males and 12% females), with more males coming from Washington, D.C. (3% males and 0% females).

There were significant gender differences in the kinds of aid people reported receiving. State assistance in the form of Temporary Cash Assistance (TCA) went to 25% of women, but less than 1% of males. Over half (55%) of females and 29% of males report receiving supplemental security income (SSI). Of the 112 men and 38 women reporting federal aid, a total of 65 males and 28 females report receiving federal aid related to a disability [this would include SSI, Social Security Disability Insurance (SSDI), or other federal disability aid].

Education

Educational differences among the homeless population are significant in several areas. Overall, 40% of people in all age groups report not completing high school, 35% report completing just high school, and 25% completing college or more. Those reporting veteran status have higher educational status than those not reporting veteran status. 42% of high school graduates and 52% of those with some college or more report veteran status; only 15% of those completing less than high school reported being a veteran. This is likely due to the educational and other training programs offered through military service.

Of those who have less than a high school education, 46% report incomes of 25% or below the FPL. Of those individuals with some college or more, 29% report incomes of 25% or less. Conversely, those in the highest income group (100% to 360% of FPL) tend to have more education (22% have some college or more compared to 7.5% not completing high school). This higher income may be partially explained by the number of people that report receiving federal aid. A higher proportion of those with some college or more report receiving federal aid (24%), over those with a high school education (14%).

²³ Not statistically significant.

Education seems to be correlated to marital status. Higher proportions of homeless people with less than high school education are single (68%) compared with those with some college or more (51%). The opposite is true for those who are divorced, with 14% and 28% respectively.

Higher proportions of people with less than a high school education have lived in Baltimore City their entire lives and had their last permanent address here. Those with some college or more were more likely to have moved to Baltimore for services and have come from other places other than the Baltimore metropolitan area or Washington DC

Overall, the differences in education show that those with less than a high school education tend to be poorer, more disabled, single, and originally from Baltimore. Those who have completed high school or gone on to college afterwards tend to have greater income, be less disabled, divorced, and come from outside Baltimore City. There were no significant differences found between educational groupings and racial groups.

Military Service

Of the 815 individuals answering a question regarding military service, 242 reported serving in the military (30%); however, this may reflect a sampling bias due to the strong participation of shelter providers who serve exclusively veterans. In the general population, veterans make up almost 13% of the U.S. population and 11% of Baltimore City's population.²⁴ In comparison with those not serving in the military, veterans tend to be male, non-white, aged 51 to 64, and separated, divorced, and/or widowed. Veterans tend to receive more federal aid and make 100% or more of the FPL. This may not be surprising given that veterans also tend to have more education than non-veterans and may qualify for federal benefits through their prior service.

Disability among veterans tends to be military-related (not SSI or SSDI). More veterans than non-veterans tend to come from places other than Baltimore City and the two surrounding counties. Non-veterans tend to be female, younger (18 to 34), more poorly educated, financially worse off (50% to 75% of FPL), single, indigenous to Baltimore, and receive more TCA, SSI, and SSDI benefits than veterans. These two groups have distinct needs. Much of this difference may be due to the availability of services for veterans through the Maryland Center for Veterans Education and Training (MCVET) and other veteran programs located in Baltimore City.

Race

Racial differences among the homeless population in Baltimore are mainly between African-American and white, and account for 96% of the homeless population (82% and 14% of those surveyed, respectively). The U.S. Census reports that Baltimore City's general population is 64% African-American and 32% white.²⁵ No significant differences were found among other races besides white and African-American due to the small numbers of those reporting Hispanic or other ethnicity. Higher proportions of whites over African-Americans reported coming to Baltimore from Baltimore County (13% v. 6%) and other Maryland jurisdictions (predominately white areas) (16% v. 4%), and more often came to the City for services (22% v. 10%).

²⁴ U.S. Census Bureau, 2000 data.

²⁵ Ibid.

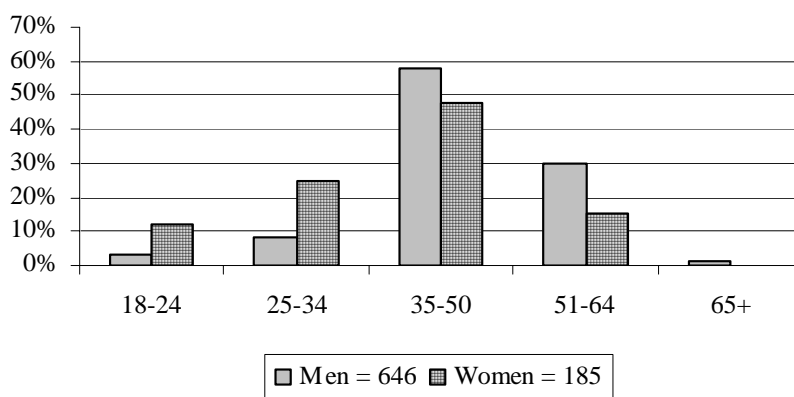
Greater proportions of African-Americans are originally from Baltimore City or came from Washington, D.C. (55% white v. 79% African-American)—both predominately African-American communities. More African-Americans report having children (74%) than whites (50%) but no differences were found in marital status between the two groups. There were significantly higher proportions of African-Americans in the 35 to 50 and 65 and greater age groups, though not among the younger groups.

There were few differences in education and no differences in income status across racial groups. African-Americans reported a higher number receiving state aid (to include TCA), military disability, and other disability (not SSI or SSDI).

Age

One significant trend in the age of the homeless population is the proportion of males and females. Females make up the majority of the 42 individuals who reported being 18 to 24 years old (52%) versus males (48%), but in each subsequent age category, females make up a decreasing percentage of the population with 48% age 25 to 35 (n = 96), 19% age 35 to 50 (n = 464), 13% age 51 to 64 (n = 219), and 0% age 65 and older (n = 10). Conversely, as males age they make up an increasing majority of the homeless population (48%, 52%, 81%, 87%, and 100%, respectively). Figure 9 shows this disparity.

Figure 9: Age Differences Between Gender



Another significant finding includes an increasing proportion of veterans in older age groups, which is consistent with the existence of a draft until 1973. Older age groups also have higher proportions of homeless reporting having children, being divorced, and receiving federal aid checks. Fewer people in the older age groups report being single.

Nearly half (45%) of the 35- to 50 year-olds fall between 0 to 25% of the FPL, which is less than \$2,501 per year, the highest among all groups. Almost 40% of 18- to 24 year-olds report income ranging from 26 to 50% of the FPL, the highest among the groups. Those with the highest income are the 51 and older categories, with at least 20% reporting incomes equal to or above the FPL.

While the oldest and youngest age groups report no use of the Transitional Emergency Medical and Housing Assistance (TEMHA) program,²⁶ the three age groups in the middle report at least 12% of their group receiving TEMHA. TCA is used by 30% of the 18- to 24-year olds and by 18% of the 25- to 34-year olds. Of those reporting they receive federal aid, 62% receive SSI, SSDI or some other disability. While only about 150 individuals reported receiving income from federal assistance, 8 out of 10 of those in the 24- to 35-year age group reported receiving SSI. Higher proportions of federal disability aid were found in the younger age groups (18 to 24 and 25 to 34).

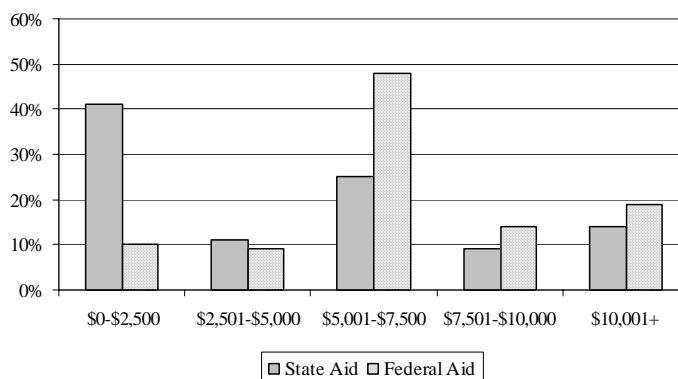
The oldest group is the least educated, with more high school dropouts than other groups. The 35 to 50 age group has the highest proportion of high school graduates, but the youngest age group reports only 23% graduating high school.

Income

Homeless people in Baltimore City comprise the poorest of the poor. While only one-third of those surveyed answered a question regarding their annual income (n = 308), 41% reported less than \$2,500 per year, 86% reported income less than \$10,000 per year. Only 14% reported incomes over \$10,000. Differences in gender with regard to income were presented in figure 8. In the general population, households in Baltimore City have a median income of \$30,078, which is less than the average U.S. median household income of \$41,994, but far greater than the incomes reported among the homeless population.²⁷

Those receiving TEMHA are more likely to be the poorest of the homeless population (less than \$2,500 annually, or less than 25% of the FPL), while those receiving TCA are more likely to be represented in the 76% to 100% of the FPL category (\$7,501 to \$10,000 per year) when compared to the lowest income group. Figure 10 shows the disparity between state and federal aid by income groups, with lower income groups tending to receive more state aid, while higher income groups tend to receive more federal aid.

Figure 10: Differences in State v. Federal Assistance by Income Group



²⁶ Note that TEMHA has now changed to TDAP, the Temporary Disability Assistance Program. TDAP/TEMHA is available to help low-income, disabled Marylanders with no other resources, to obtain cash, medical, and housing assistance. The program is funded through the State of Maryland to provide help to individuals without dependent children. The TEMHA program can provide cash, medical, and housing benefits to disabled individuals. Eligibility requirements include verifying the disability (a licensed medical practitioner must complete a medical report). TEMHA applicants who are disabled for 12 months or more must file an application for Supplemental Security Income (SSI).

²⁷ U.S. Census Bureau, 2000 data.

Location of the Person: Shelter or Street

Of the 902 surveys completed, 570 (63%) were conducted in shelters (both emergency and transitional) and 332 (37%) were conducted on the streets. Homeless people were interviewed on the streets, in soup kitchens, at the library, on public transit and in parks. These two groups differed in a variety of significant ways.

There were significantly more females in shelters and fewer males, but this may be due to more women's shelters participating in the census. The shelters housed more 25- to 34-year olds while those 65 years old and older were more likely to be found on the street. More married individuals were on the street, while more divorced individuals were in shelters. There were no significant differences in income, but more of those staying in shelters reported receiving state aid checks. More military veterans were found in shelters, and those individuals reported more military benefits than their veteran counterparts found on the street.

More people surveyed on the street reported being homeless due to job loss, while more people in shelters reported being homeless due to substance/alcohol abuse or domestic violence. People who came to Baltimore looking for work were found more often on the street, with those staying in shelters more often coming to Baltimore looking for services. Individuals native to Baltimore City were found more often on the streets, with Baltimore County, other areas of Maryland, and Washington, D.C. natives found more often in shelters.

Disability and Chronic Homelessness

Lengths of homelessness will vary depending on how quickly an individual or family is able to regain independent housing. Of the 812 individuals answering questions related to their history and length of homelessness, 52% reported being homeless for one year or longer (n = 423). Of the 855 individuals answering a question regarding the number of times they have been homeless, 45% have been homeless four or more times (n = 387). Of those who report being homeless continually for one year or more, 28% report receiving assistance for a disability. Finally, of all 328 respondents reporting they receive either state or federal aid, 167 receive aid specific to a disability, or 51%. These rates of disability, particularly among the chronically homeless, should be considered conservative given that it cannot be known how many respondents have a disability but do not receive aid, nor can it be determined how many of those who did not answer aid-related questions are disabled. While this represents only a fraction of the 902 individuals surveyed, it is telling that the 2000 U.S. Census found that Baltimore City has the 8th highest disability rate for municipalities in the country (27.2%).²⁸

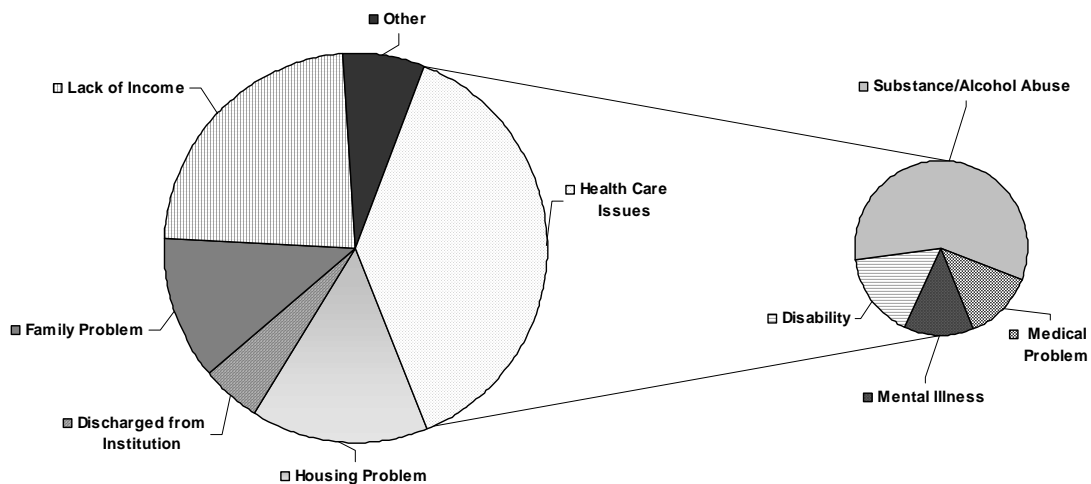
Those who have been homeless longer than one year and report receiving aid for a disability were much more likely to have dropped out of high school and much less likely to have gone on to college. This population is much less likely to receive TCA, have military benefits, be employed, or receive social security or some other pension benefit.

²⁸ U.S. Census Bureau. 2000. Disability Status. Available at:
<http://www.census.gov/hhes/www/disability/disabstat2k/table4.html>

Reasons for Homelessness

As discussed earlier in this report, there are many reasons why people become homeless. Individuals were asked to list those reasons they believed contributed to their homelessness. Overall, 38% reported being homeless due to some form of health issue: 5% due to mental illness, 22% due to substance/alcohol abuse, 6% due to a disability, and 5% indicated a medical problem. A lack of income was reported as the reason 23% of those surveyed were homeless, with 14% saying they lost their job and 9% reporting they were unable to pay their rent due to insufficient income. Housing issues accounted for 15% of responses: 5% were kicked out of the house, 8% were evicted, 0.5% experienced a fire or disaster in their home, 2% had uninhabitable housing (this may mean that their housing was condemned). Family problems also contributed to the reasons why people reporting being homeless, with 3% reporting fleeing domestic violence and 9% indicating a family breakup (this may also include domestic violence but it is difficult to determine from this broad category). Finally, 5% report being homeless because they were discharged from an institution and had no place to go. Figure 11 shows how these reasons break down.

Figure 11: Reasons for Homelessness



<ul style="list-style-type: none"> ■ Housing Problem: 15% ▣ Lack of Income: 23% ■ Family Problem: 12% ■ Other: 7% ▨ Discharged from Institution: 5% 	<ul style="list-style-type: none"> ▣ Health Care Problem: 38% ■ Substance/Alcohol Abuse: 58% ▣ Disability: 16% ■ Medical Problem: 13% ■ Mental Illness: 13%
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Unmet needs

There are significant differences between some of those demographic groups discussed above regarding what services are needed most. A critical component of the census is to document these unmet needs to inform future program and policy decisions. The following summarize these differences and point to areas where services might be targeted in the future. Figure 12 also presents these findings.

Gender: When asked what they needed most, 59% of males and 83% of females report needing housing, 17% of males and 9% of females need job placement, and 7% of men and 1% of women wanted addictions treatment first.

Education: Those people with less than high school education report needing housing the most.

Military Service: Veterans report needing educational services and addictions treatment more than non-veterans, while non-veterans list housing as their number one need.

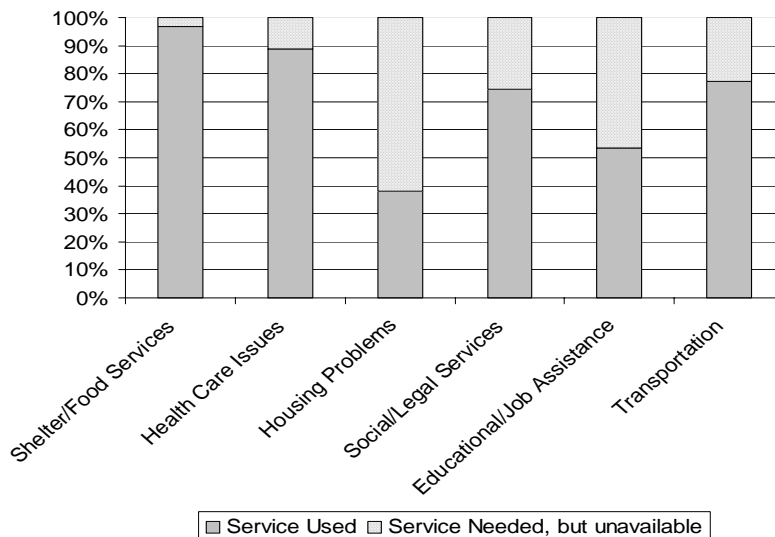
Race: There were no significant differences between African-Americans and whites with regard to unmet needs.

Age: The oldest age group (>65) reported needing housing the most, with all four of the younger age groups (18 to 24, 25 to 34, 35 to 50, and 51 to 64) reported needing job placement the most.

Income: It is significant to find that those in lowest income groups report needing job placement the most, while those in the upper income groups report needing housing the most.

Shelter v. Street: More people on the street express their most important need as housing. People in shelters stated needing education, addictions treatment, and medical and dental care more often than those on the streets.

Figure 12: Unmet Needs



Comparison to 2003 Homeless Census

On April 24, 2003, Baltimore City performed its first census of the homeless population. The data from that survey was analyzed by a private company and subsequently presented in the form of charts with percentages. Unfortunately, only percentages were reported, not actual numbers, so it is difficult to determine further information (i.e., mean income, the variance of data within categories such as age, etc.). While the 2005 census used the same survey tool from the 2003 endeavor so that trends within the population could be tracked, extra questions regarding income were added to the 2005 survey. Not all data from the 2003 survey were available, which made it difficult to compare beyond basic trends between the 2003 and 2005 homeless census in Baltimore City. This comparison is based on available data shared by both the 2003 and 2005 censuses.

The age of the homeless population in both samples is approximately the same. In comparing trends from 2003 to 2005, the results are similar (see Table 2). There is a slight variation in the veteran status between the two groups, but this may be explained by the high number of homeless people surveyed at MCVET in 2005. The two samples are almost identical with regard to education and race. Gender and marital status differ slightly in the two samples, though this may be due to the different sampling methods used. A smaller proportion of homeless people report having children in the 2005 sample. This may have to do with the way the question was asked, or some other intervening factor that is not clear. Most homeless people in both samples report having their last permanent address in Baltimore City.

There is a similarity in the amount of time people were homeless in the two samples, considering that in 2003 the survey question was categorical and in 2005 the question was specific to the number of days, months, and years homeless. Generally, the difference in the two samples seems to indicate that in 2005 more people are homeless for shorter periods of time. This may indicate that those who are homeless for long-term periods are being helped off the streets, but the mean length of homelessness is 2.2 years in 2005 (2003 unavailable) so no conclusions should be drawn without further study.

Unlike the day of the 2005 census, April 24, 2003 was a partly cloudy spring day with 50-degree temperatures. The mild weather coupled with daylight savings time provided additional opportunities to search out homeless individuals under the expressway and bridges for the 2003 census. In 2003, 432 individuals were surveyed on the streets versus 332 individuals in 2005.

The reasons contributing to homelessness in both samples was also remarkably similar, with substance abuse, lost job, and insufficient income as the top three in both surveys. Housing is the greatest need in both samples in similar proportions. The next three needs fall in the same rank order in each sample, but vary in the proportions needing them. Job placement, addictions treatment, and medical health care still remain the greatest needs for both population samples.

Making comparisons between census years is critical to understanding how needs change and how the homeless population itself may or may not be changing. Establishing reliable trend data will help policy makers and program administrations better able to plan for and serve this vulnerable population. Conducting census surveys is a relatively new process for most jurisdictions in the U.S. and it is expected that some implementation changes will occur in the first years to establish a process that works for Baltimore City's specific needs.

Table 2: Comparison of 2003 and 2005 Census Results

Variable	2003 Census	2005 Census	Variable	2003 Census	2005 Census
Age			Marital Status		
<20	1.8%	0.8%	Single	66.1%	62%
30-59	82.6%	86.70%	Married	4.3%	5.3%
40-49	39.9%	42%	Divorced	14.8%	16.9%
>70	0.3%	0.33%			
			Last permanent address in Baltimore City	78.6%	74.8%
Veteran Status					
Served in Military	24%	30%	Time Homeless		
			up to 1 year	48.1%	58.5%
Education			1-3 yrs	28.8%	26.7%
<HS	42.1%	41%	>3 yrs	23.1%	14.8%
HS>	58%	59%	Mean years homeless	Data not collected	2.2
Race			Reasons Homeless		
White	13%	14%	Substance/Alcohol Abuse	45.2%	44.5%
African-American	83%	82%	Lost Job	27.1%	27.6%
			Insufficient Income	20.6%	19.2%
Gender					
Male	72%	78%	Need Most Right Now		
Female	28%	22%	Housing	62.6%	64.4%
Report having children	83.8%	71%	Job Placement	21%	15.4%
			Addictions Treatment	12.2%	6.05%
			Medical Health Care	10.3%	4.3%

Recommendations for Next Census

The following are four recommendations that should be considered for the next census, currently projected to take place in 2007:

- Implement the homeless management information system (HMIS) used in emergency and transitional shelters in a way that allows shelter providers to input real-time data associated with the survey instrument. This will allow census volunteers and staff to concentrate higher efforts on street counts instead of splitting the teams into two groups.
- Choose a representative sample of providers so that census efforts can be concentrated in fewer physical locations and the results will not include inadvertent over-sampling of some sub-populations (e.g., veterans) and exclude other sub-populations (e.g., youth).
- Ensure that pre-census trainings strongly emphasize the importance of filling out the questionnaires completely and accurately so that all data segments are complete.

- Use a survey tool that aligns with national data trends/literature (e.g., the SF-12), includes questions related to prior institutionalization and discharge planning, and establishes the number of individuals who have had a prior episode of homelessness within the past 12 months.

Implementing these four recommendations will certainly increase the efficiency, quality and thoroughness of the next census endeavor.

Discussion

A few of the overall demographics come together to form a general picture of the homeless population: high rates of disability, low levels of education, very low levels of income, and lower levels of any supportive aid. The disability rates are significant because they limit an individual's ability to work and earn an income that would put them on a path to self-sufficiency. The correlation between education and income is firmly substantiated in the literature, but is particularly important for Baltimore City given that the annual high school graduation rate in 2001 was 54%.²⁹ Keeping youth in school so they can complete their education would seem to be one critical component in preventing the likelihood of becoming homeless.

Those reporting that they receive state and/or federal aid in the form of welfare (TCA) or SSI are quite small. While 25% of women who said they receive aid indicated they receive TCA and 55% of women said they receive SSI, this only equates to 10 and 21 women, respectively. This would contradict a commonly held belief among the general population that being homeless entitles one to benefits. In fact, eligibility is often more complicated than merely being low-income. For instance, veterans are not eligible for services through the Veteran's Administration unless their injury was sustained during active military service. Linking the genesis of mental illness to their military service is very difficult to prove and may explain the rates of addictions and homelessness among this group. Single adults without children do not qualify for TCA, and must be significantly disabled to qualify for Medicaid. SSI takes two years from the time an application is filed until the point of receiving benefits. SSDI and other disability assistance programs also require that an individual be found disabled. The process for proving disability and navigating through social workers, physicians, case managers, and bureaucrats is quite difficult, particularly for a population that does not have a stable living situation. In short, the public benefits earmarked for low income, disabled people are not accessible to them.

The high rate of veterans reported in this survey is most likely due to the strong participation of MCVET, an organization that provides services targeted to homeless veterans. Veterans are a vulnerable subpopulation, often with mental health and addictions issues that contributed to their homelessness. Further study of this group might reveal some systematic gaps that could be improved (e.g., better mental health screening upon discharge from service).

Overall, census counts show only part of the homeless population and tend to be biased because they reflect higher proportions of people who have been homeless for a long time. The number of people who become homeless during the course of a year is much higher than those who are homeless on any given day. Census surveys significantly under-represent those who are homeless for a short period of time. Indeed, the results from the 2003 and 2005 census show

²⁹ The Manhattan Institute, 2001: 14. Available at: http://www.manhattan-institute.org/cr_baeo.pdf.

high percentages of long-term homelessness. From census data collected in other cities (such as New York and Philadelphia), it is estimated that 5% to 10% of poor people in a jurisdiction experience homelessness over the course of a year.³⁰ In 1999 (the most recent year data is available), 116,916 people in Baltimore City lived below the poverty line.³¹ Using this population as a baseline, 5,846 to 11,692 people would experience homelessness in the City each year. In summary, 5% to 10% of those living below the poverty line fall into homelessness annually.

A more precise estimate of the annual prevalence of homeless people in Baltimore City may be calculated from the survey data using a formula developed by national homelessness research experts.³² The formula involves knowing a current one-day count of currently homeless people, the number of individuals who became homeless in the past 7 days (or who have entered the jurisdiction of Baltimore City within the past 7 days), and the proportion of individuals who have had a previous homelessness episode within the past 12 months. Both the count of those who are currently homeless and the number of people who became homeless in the past 7 days can be determined from the 2005 census. However, the proportion of those who had previous episodes cannot be determined from the current survey tool; instead, estimates from Philadelphia will be used this year in order to get a general estimate. Gathering this data in the next census will help improve the estimation and make it more specific to Baltimore City. Using these three estimates, between 6,522 and 7,023 individuals will experience homelessness in Baltimore City over the course of one year. Appendix B contains a thorough explanation of this calculation, and shows how this number was determined; however, it is within the 5% to 10% range cited above.

Studies conducted in the 1990s indicate that 7% of the U.S. population will experience homelessness (as defined by HUD) over the course of their lifetime, and 14% will experience homelessness that includes being doubled up with another household.³³ Other studies conducted in New York and Philadelphia showed that 80% of individuals experienced homelessness for approximately one month and did not return; 10% repeatedly entered and exited the system; and 10% remained homeless for a prolonged period of time.³⁴ When considering all estimates of prevalence, one is struck by the sheer numbers of people without a home on any given night. In Baltimore alone, 1% of the City's population is homeless sometime during the year.³⁵

The impact on our nation is tremendous, particularly considering that 25% of homeless people in the U.S. are children being raised in shelters and on the street. The economic impact is quite

³⁰ Burt, Martha and Carol Wilkins, March 2005, "Estimating the Need: Projecting from Point-in-time to Annual Estimates of the Number of Homeless People in a Community and Using this Information to Plan for Permanent Supportive Housing." Corporation for Supportive Housing: 2.

³¹ Maryland Department of Human Resources. 2003: Fact Pack. Available at: <http://www.dhr.state.md.us/pi/pdf/fppov.pdf>

³² Burt, Martha and Carol Wilkins, March 2005, "Estimating the Need: Projecting from Point-in-time to Annual Estimates of the Number of Homeless People in a Community and Using this Information to Plan for Permanent Supportive Housing." Corporation for Supportive Housing: 8. Available at: http://documents.csh.org/documents/pubs/csh_estimatingneed.pdf

³³ Link, Bruce et al, December 1994, "Lifetime and Five-Year Prevalence of Homelessness in the United States," *American Journal of Public Health* 84 (12): 1994.

³⁴ Kuhn, R. and Culhane, D, 1998, "Applying Cluster Analysis to Test a Typology of Homelessness by Pattern of Shelter Utilization: Results from the Analysis of Administrative Data," *American Journal of Community Psychology* 26 (2): 207-232.

³⁵ Population data from 2000 U.S. Census: 2003 Baltimore City population is 628,670 and census data estimate that between 6,522 and 7,023 individuals will experience homelessness in Baltimore City over the course of one year.

substantial, as it is expensive to fund a homeless system while at the same time we are feeding more people into homelessness due to a lack of affordable housing, adequate income, access to healthcare, and discharge planning. Services in the health care sector as well as corrections and other psychiatric hospitalizations cost the system thousands per person per day. Baltimore's high rate of evictions also contributes to the homeless problem (and is affiliated with affordable housing). For low-income families, it is difficult to work and pay rent, let alone also provide childcare and other necessities.

Policy makers should consider structural changes to the system so that homelessness is a rare and brief event in an individual or family's life. First, build housing units that are attainable for very low income individuals and families (those earning 30% of AMI or less) and replace public housing units to maintain an adequate inventory. Lack of affordable housing was the number one unmet need of the people surveyed in the 2003 (62.6%) and 2005 (64.4%) census. Second, provide the job training and education skills that keep workers functional and in demand and raise the minimum wage to a level that allows individuals to be self-sufficient. Third, provide additional safety net health care services so that poor health and disability do not contribute to homelessness. In both the 2003 and 2005 census, people surveyed stated healthcare issues were the number one reason they were homeless. Fourth, invest in adequate discharge planning for those leaving public institutions (this includes foster care, corrections, hospitals, mental health and substance abuse facilities, etc.) to stop the flow of people into homelessness. All of these measures are central to any efforts to end homelessness.

Given that the annual prevalence of homelessness in Baltimore City is 6,522 to 7,023 individuals, prevention services are a critical component to reducing homelessness. These services should include assistance with utilities or rent to prevent evictions, and counseling to determine what services are needed to keep the individual housed and independent. Linking families and individuals who are newly homeless to rental assistance and providing help with tenant problems and childcare can often mitigate the length of time they are in the homeless system. In Baltimore City where rates of substance abuse are high, expansion of the substance abuse system and increasing access to mental health services is particularly important. Further research might be conducted to compare the costs of providing services to homeless individuals with the cost of providing prevention services. It is likely that currently allocated funds could be used more efficiently to achieve better outcomes if a prevention-service model was adopted.

Conclusion

Nearly 3,000 homeless individuals were counted in Baltimore City on January 30, 2005. While the solutions to homelessness are complex and no single answer will solve this social dilemma, a number of policy and program changes would alleviate the problem. Future census counts of the homeless population will be able to track trends and gauge where improvements in services have occurred, as well as identify where resources might be reallocated to better serve those in need. Adopting the recommended survey methodology changes is certain to offer data with which to estimate overall annual prevalence rates for the City each year.

Changes are necessary within all levels of the government system to improve the homeless situation in the nation, not just in Baltimore City. The following are three key components to a solution:

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1. Invest in more prevention services to help keep repeated episodes of homelessness rare and brief while realizing cost savings on expensive future placements for these same individuals.
2. Package housing and services (such as mental health and addictions counseling, job training, case management, etc.) together under a “Supportive Housing Model” to assist those who are chronically homeless to become stable and to stop the overuse of long-term, high-cost public services.
3. Finally, educate the general public about the issues associated with homelessness and the importance of investing resources to end homelessness

It is in the best interest of every community to end homelessness rather than continue to fund and manage a revolving door of human beings in crisis situations. Better coordination between government agencies would be a major step in this direction; however, homelessness will not end without the dedicated commitment and support of the entire community.

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**Baltimore City
Homeless Census
January 2005**



**Appendix A:
Street and Shelter Questionnaires**

**Homeless Census
Baltimore City, Maryland
January 2005**



**Baltimore City
Homeless Census
January 2005**





**Baltimore City
Homeless Census
January 2005**



REVISED 01/21/05

STATEMENT OF PURPOSE

To be read to each participant:

We are conducting a survey in Baltimore City to better understand the factors that contribute to homelessness and how we can improve homeless services in our City. Baltimore Homeless Services and the Center for Poverty Solutions are conducting this survey. We ask that you participate in this survey voluntarily. You are free to refuse to answer any question that you are asked and to stop participating in this survey at any time.

Your responses to this survey will be strictly confidential and your name will not appear on the survey. This means that it will be impossible to connect your identity with the responses on the survey once it is completed. These surveys will be kept in a secure location and will only be handled by authorized staff.

If you agree to participate, I will read the questions to you while you follow along on a copy I will give you, and will record the answers to the questions. You will receive a small token of appreciation for your assistance.

This survey will take about 10 minutes to complete. Do you have any questions or concerns about this survey? Are you willing to participate?

If "Yes" continue to next page and proceed with interview

STREET SURVEY



Please read the following:

“In order to ensure we do not count people twice, will you please give me just the first 3 letters of your last name and your date of birth.”

Interviewer Only:

Respondent ID : ___ ___ ___ **DOB:** ___/___/___ **Sex:** M / F
First 3 letters of the client’s last name; Date of Birth (MM/DD/YY); Male/Female

Street or Shelter Location: _____ **Time:** _____
Time (00:00am/pm)

(nearest intersection if location unclear)

1. Have you taken part in the Homeless Census today?

- NO
- YES **End interview with thanks**

2. Where did you spend last night? **(Circle one)**

- | | | | |
|-------------------------|---|---|-----|
| An apartment | 1 | A spot in a public place | 9 |
| A room | 2 | (e.g., park bench, bench in bus station, etc) | |
| A house | 3 | The streets | 10 |
| Dormitory hotel | 4 | An abandoned building | 11 |
| A hotel | 5 | A car or truck | 12 |
| A shelter | 6 | Some other place | 13 |
| Transitional housing | 7 | (SPECIFY: _____) | |
| A voucher/welfare hotel | 8 | Don’t Know | 888 |
| | | Refused | 999 |

2b. How long have you been homeless? (years, months, days, be as specific as possible).

2c. Have you been homeless at least four (4) times in the past three years? **(Circle one)**

- Yes 1
- No 2

3. If you live in an apartment, room, or house, do you pay rent? **(Circle one)**

- Yes 1 **Respondent is housed. End survey with thanks**
- No 2
- Not Applicable 777 **Choose NA if person not living in house, apt. or room**
- Don’t know 888
- Refused 999

4. If you don’t pay to stay there, whose place is it? **(Circle one)**

- Choose NA if person not living in house, apt. or room**
- | | | | |
|------------------|---|----------------|-----|
| Parents | 1 | Not Applicable | 777 |
| Other relative’s | 2 | Don’t know | 888 |
| Friends | 3 | Refused | 999 |
| Someone else’s | 4 | | |
- (SPECIFY: _____)

5. How often do you stay there? **(Circle one)**



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Every day	1
Almost every day	2
Once or twice a week	3
Less than once a week	4
Don't Know	888
Refused	999

DEMOGRAPHIC INFORMATION

6. What date were you born? Month _____ Day _____ Year _____

Don't Know	888
Refused	999

7. How old are you? _____ (in years)

If the person is between the ages 16-24, ask the following (if >24 go to #8)

A. Are you living apart from family because of:

Conflict? (Circle One)

Yes	1
No	2
Don't know	888
Refused	999

Substance use? (Circle One)

Yes	1
No	2
Don't know	888
Refused	999

Sexual preference? (Circle One)

Yes	1
No	2
Don't know	888
Refused	999

Other issues? Please Specify:

(Circle One)

Yes	1
No	2
Don't know	888
Refused	999

B. Are you living from place to place, couch to couch without any permanent address? (Circle One)

Yes	1
No	2
Don't know (DK)	888
Refused (RF)	999

C. From your perspective, what additional information do you think we should know about your situation or needs?

8. What is your gender? (Circle One)



Baltimore City Homeless Census January 2005



Male	1
Female	2
Other	3
Don't Know	888
Refused	999

9. What is your race or ethnic background? (Circle one)

White or Caucasian	1
Black or African-American	2
Asian or Pacific Islander	3
American Indian or Alaskan	4
Latino or Hispanic	5
Other	6
(SPECIFY: _____)	
Don't Know	888
Refused	999

10. Which of the following best describes your relationship and/or marital status? (Circle one)

Married	1	Separated	5
Cohabitation	2	Widowed	6
Single	3	Don't know	888
Divorced	4	Refused	999

11. Do you have children? (Circle One)

Yes	1
No	2
Don't know	888
Refused	999

12. If yes, how many under age 18 live with you?

Not applicable (NA)	777	Mark NA if respondent has no children
Don't know	888	
Refused	999	

13. No Question (Proceed to #14)

14. Have you ever served in the military? (Circle one)

Yes	1	
No	2	
Not Applicable	777	Mark NA if respondent is younger than 18 yrs old
Don't know	888	
Refused	999	

15. If yes to question 14, what is your discharge status? (Circle one)

Honorable	1	
Dishonorable	2	
General	3	
Other	4	
Not Applicable	777	Mark NA if answer to question 14 was No or NA
Don't know	888	
Refused	999	

16. If yes to question 14, did you serve during any of the following conflicts?

STREET SURVEY



**Baltimore City
Homeless Census
January 2005**



(Circle all that apply)

WW II	1	Iraq War	5
Korea	2	Other war/conflicts	6
Vietnam	3	Not Applicable	777
Gulf War	4	Don't know	888
		Refused	999

17. Where was your last permanent address? **(Circle One)**

Baltimore City	1	Other state	6
Baltimore County	2	(SPECIFY: _____)	
Anne Arundel County	3	Don't know	888
Elsewhere in Maryland	4	Refused	999
Washington, DC	5		

18. Why did you come to Baltimore City? **(Circle all that apply)**

Lived here entire life	1	Other reason	5
Moved for job	2	(SPECIFY: _____)	
Moved for family	3	Don't know	888
Moved for services	4	Refused	999

18a. Do you get a check(s) from the state? **(Circle one)**

YES	1	Don't Know	888
NO	2	Refused	999

If YES, do you know what program(s) it is for? (e.g. TEMHA, TCA, TDAP)

Don't Know	888
Refused	999

18b. Do you get a check(s) from the federal government? **(Circle one)**

YES	1	Don't Know	888
NO	2	Refused	999

If YES, do you know what program(s) it is for? (e.g. Social Security, SSDI)

Don't Know	888
Refused	999

18c. How much money do you receive each month? \$_____

Don't Know	888
Refused	999

18d. Why do you receive your check(s)? **(Circle all that apply)**

Disability (e.g. SSI, SSDI, Veteran's)	1	Veteran	4
Over 65 years old (e.g. Social Security)	2	Unemployed	5
Low Income	3	Other	6
(e.g. TCA-temporary cash assistance)		(Specify: _____)	
		Don't know	888
		Refused	999

18e. Are you employed? **(Circle one)**



**Baltimore City
Homeless Census
January 2005**



YES	1	Don't Know	888
NO	2	Refused	999

If YES, what type of employment do you have? **(Circle one)**

Full-time (30+hours/week)	1
Part-time (1-29hrs/week)	2
Don't Know	888
Refused	999

NEEDS ASSESSMENT

19. How long have you been without permanent housing? **(Circle one)**

Less than two <u>days</u>	1
Less than one month	2
Between 1 – 3 months	3
Between 4 – 6 months	4
Between 7 – 12 months	5
Between >1 – 2 <u>years</u>	6
Between >2 – 3 <u>years</u>	7
More than >3 <u>years</u>	8
Don't know	888
Refused	999

20. How many times have you been without permanent housing? _____

Don't Know	888
Refused	999

21. What reasons contributed to your homelessness? **(Circle all that apply)**

Voluntarily homeless	1	Family Break-up	11
Kicked out of the house	2	Fire/Disaster in Previous Home	12
Evicted	3	Unable to Pay Rent/Insufficient Income	13
Discharged from institution	4	Housing Uninhabitable	14
(SPECIFY: _____)		Recent Move to Baltimore	15
Lost job	5	Sexual orientation	16
Passing through town	6	Discharged from Foster Care	18
Mental Illness	7	Medical Problem	19
Substance/Alcohol Abuse	8	Other (SPECIFY: _____)	17
Disability	9	Refused	999
Domestic Violence	10	Don't know	888

22. What do you need the most right now? **(Circle One)**

Housing	1	Public benefits	9
Food	2	(food stamps, TANF, SSI, etc.)	
Job placement	3	Transportation	11
Medical health care	4	Pharmaceutical coverage	12
Dental care	5	Legal assistance	13
Mental health care	6	Other	14
Addictions treatment	7	(SPECIFY: _____)	
(SPECIFY: _____)		Don't know	888
Education	8	Refused	999



**Baltimore City
Homeless Census
January 2005**



REVISED 01/21/05

STATEMENT OF PURPOSE

To be read to each participant:

We are conducting a survey in Baltimore City to better understand the factors that contribute to homelessness and how we can improve homeless services in our City. Baltimore Homeless Services and the Center for Poverty Solutions are conducting this survey. We ask that you participate in this survey voluntarily. You are free to refuse to answer any question that you are asked and to stop participating in this survey at any time.

Your responses to this survey will be strictly confidential and your name will not appear on the survey. This means that it will be impossible to connect your identity with the responses on the survey once it is completed. These surveys will be kept in a secure location and will only be handled by authorized staff.

If you agree to participate, I will read the questions to you while you follow along on a copy I will give you, and will record the answers to the questions. You will receive a small token of appreciation for your assistance.

This survey will take about 10 minutes to complete. Do you have any questions or concerns about this survey? Are you willing to participate?

If "Yes" continue to next page and proceed with interview



Please read the following:

“In order to ensure we do not count people twice, will you please give me just the first 3 letters of your last name and your date of birth.”

Interviewer Only:

Respondent ID : ___ ___ ___ **DOB:** ___ ___ / ___ ___ / ___ ___ **Sex:** M / F
First 3 letters of the client’s last name; Date of Birth (MM/DD/YY); Male/Female

Street or Shelter

Location: _____ **Time:** _____
Time (00:00am/pm)

(nearest intersection if location unclear)

1. Have you taken part in the Homeless Census today? **(Circle One)**

- NO
- YES **End interview with thanks**

2. Where did you spend last night? **(Circle one)**

- | | | | |
|-------------------------|---|---|-----|
| An apartment | 1 | A spot in a public place | 9 |
| A room | 2 | (e.g., park bench, bench in bus station, etc) | |
| A house | 3 | The streets | 10 |
| Dormitory hotel | 4 | An abandoned building | 11 |
| A hotel | 5 | A car or truck | 12 |
| A shelter | 6 | Some other place | 13 |
| Transitional housing | 7 | (SPECIFY: _____) | |
| A voucher/welfare hotel | 8 | Don’t Know | 888 |
| | | Refused | 999 |

2b. How long have you been homeless? (years, months, days, be as specific as possible).

2c. Have you been homeless at least four (4) times in the past three years? **(Circle one)**

- Yes 1
- No 2

3. Only If you live in an apartment, room, or house, do you pay rent? **(Circle one)**

- Yes 1 **Respondent is housed. End survey with thanks**
- No 2
- Not Applicable 777 **Choose NA if person not living in house, apt. or room**
- Don’t know 888
- Refused 999



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4. If you don't pay to stay there, whose place is it? **(Circle one)**

- Parents 1
- Other relative's 2
- Friends 3
- Someone else's 4

(SPECIFY: _____)

- Not Applicable 777 **Choose NA if person not living in house, apt. or room**
- Don't know 888
- Refused 999

5. How often do you stay there? **(Circle one)**

- Every day 1
- Almost every day 2
- Once or twice a week 3
- Less than once a week 4
- Don't Know 888
- Refused 999

DEMOGRAPHIC INFORMATION

6. What date were you born? Month _____ Day _____ Year _____

- Don't Know 888
- Refused 999

7. How old are you? _____ (in years)

If the person is between the ages 16-24, ask the following (if >24 go to #8)

D. Are you living apart from family because of:

Conflict? **(Circle One)**

- Yes 1
- No 2
- Don't know 888
- Refused 999

Substance use? **(Circle One)**

- Yes 1
- No 2
- Don't know 888
- Refused 999

Sexual preference? **(Circle One)**

- Yes 1
- No 2
- Don't know 888
- Refused 999

Other issues? **Please Specify:**

- _____
- (Circle One)**
- Yes 1
 - No 2
 - Don't know 888
 - Refused 999

E. Are you living from place to place, couch to couch without any permanent address?

(Circle One)

- Yes 1
- No 2
- Don't know 888
- Refused 999



F. From your perspective, what additional information do you think we should know about your situation or needs?

8. What is your gender? (Circle one)

- Male 1
- Female 2
- Other 3
- Don't Know 888
- Refused 999

9. What is your race or ethnic background? (Circle one)

- White or Caucasian 1
- Black or African-American 2
- Asian or Pacific Islander 3
- American Indian or Alaskan 4
- Latino or Hispanic 5
- Other 6
- (SPECIFY: _____)
- Don't Know 888
- Refused 999

10. How many years of school have you completed? (Circle one)

- Some elementary school (1 to 6 grade) 1
- Completed elementary school (6 to 8 grade) 2
- Some high school (9 to 12 grade) 3
- High School graduate 4
- Some college (Less than 4 years) 5
- College/university graduate (Four years of college) 6
- Some post-graduate (Less than 2 years) 7
- Graduate completion or Higher 8
- Don't know 888
- Refused 999

11. If you have not finished high school, have you completed a GED? (Circle one)

- Yes 1
- No 2
- Not Applicable 777 **Mark NA if respondent has completed high school**
- Don't know (DK) 888
- Refused (RF) 999

12. Which of the following best describes your relationship and/or marital status?

(Circle one)

- | | | | |
|--------------|---|------------|-----|
| Married | 1 | Separated | 5 |
| Cohabitation | 2 | Widowed | 6 |
| Single | 3 | Don't know | 888 |
| Divorced | 4 | Refused | 999 |



13. Do you have children? **(Circle one)**

Yes	1
No	2
Don't know	888
Refused	999

14. If yes, how many under age 18 live with you? _____

Not applicable	777	Mark NA if respondent has no children
Don't know	888	
Refused	999	

15. How many over 18 live with you? _____

Not applicable	777	Mark NA if respondent has no children
Don't know	888	
Refused	999	

16. Where do the children live if not with you? **(Circle all that apply)**

With friends	1	Not applicable	777
With family	2	Mark NA if respondent has no children	
Foster care	3	Don't know	888
Adopted	4	Refused	999
Other	5		
(SPECIFY: _____)			

17. No Question **(Proceed to #18)**

18. Have you ever served in the military? **(Circle one)**

Yes	1	(Proceed to #19)
No	2	(Proceed to #21)
Not Applicable	777	Mark NA if respondent is younger than 18 yrs old
Don't know	888	
Refused	999	

19. If yes to question 18, what is your discharge status? **(Circle one)**

Honorable	1	
Dishonorable	2	
General	3	
Other	4	
Not Applicable	777	Mark NA if answer to question 18 was No or NA
Don't know	888	
Refused	999	

20. If yes to question 18, did you serve during any of the following conflicts?

(Circle all that apply) **Mark NA if answer to question 18 was No or NA**

WW II	1	Iraq War	5
Korea	2	Other war/conflicts	6
Vietnam	3	Not Applicable	777
Gulf War	4	Don't know	888
		Refused	999



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21a. Do you get a check(s) from the state? (Circle one)

YES	1
NO	2
Don't Know	888
Refused	999

If YES, do you know what program(s) it is for? (e.g. TEMHA, TCA, TDAP)

Don't Know	888
Refused	999

21b. Do you get a check(s) from the federal government? (Circle one)

YES	1
NO	2
Don't Know	888
Refused	999

If YES, do you know what program(s) it is for? (e.g. Social Security, SSDI)

Don't Know	888
Refused	999

21c. How much money do you receive each month? \$_____

Don't Know	888
Refused	999

21d. Why do you receive your check(s)? (Circle all that apply)

Disability (e.g. SSI, SSDI, Veteran's)	1
Over 65 years old (e.g. Social Security)	2
Low Income (e.g. TCA- temporary cash assistance)	3
Veteran	4
Unemployed	5
Other (Specify:_____)	6
Don't know	888
Refused	999

22. Are you employed? (Circle one)

YES	1
NO	2
Don't Know	888
Refused	999

If YES, what type of employment do you have? (Circle one)

Full-time (30+hours/week)	1
Part-time (1-29hrs/week)	2
Don't Know	888
Refused	999



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23. Where was your last permanent address? (Circle One)

Baltimore City	1	Other state	6
Baltimore County	2	(SPECIFY: _____)	
Anne Arundel County	3	Don't know	888
Elsewhere in Maryland	4	Refused	999
Washington, DC	5		

24. Why did you come to Baltimore City? (Circle all that apply)

Lived here entire life	1	Other reason	5
Moved for job	2	(SPECIFY: _____)	
Moved for family	3	Don't know	888
Moved for services	4	Refused	999

NEEDS ASSESSMENT

25. How long have you been without permanent housing? (Circle one)

Less than two <u>days</u>	1	Between >1 year – 2 <u>years</u>	6
Less than one month	2	Between >2 – 3 <u>years</u>	7
Between 1 – 3 months	3	More than >3 <u>years</u>	8
Between 4 – 6 months	4	Don't know	888
Between 7 – 12 months	5	Refused	999

26. How many times have you been without permanent housing? _____

Don't Know	888
Refused	999

27. What reasons contributed to your homelessness? (Circle all that apply)

Voluntarily homeless	1	Family Break-up	11
Kicked out of the house	2	Fire/Disaster in Previous Home	12
Evicted	3	Unable to Pay Rent/Insufficient Income	13
Discharged from institution	4	Housing Uninhabitable	14
(SPECIFY: _____)		Recent Move to Baltimore	15
Lost job	5	Sexual orientation	16
Passing through town	6	Discharged from Foster Care	18
Mental Illness	7	Medical Problem	19
Substance/Alcohol Abuse	8	Other (SPECIFY: _____)	17
Disability	9	Refused	999
Domestic Violence	10	Don't know	888

28. What do you need the most right now? (Circle One)

Housing	1	Public benefits	9
Food	2	(food stamps, TANF, SSI, etc.)	
Job placement	3	Transportation	11
Medical health care	4	Pharmaceutical coverage	12
Dental care	5	Legal assistance	13
Mental health care	6	Other	14
Addictions treatment	7	(SPECIFY: _____)	
(SPECIFY: _____)		Don't know	888
Education	8	Refused	999



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29. In the last **3 months**, what services have you used, needed or did not need/use?

Go through each service below and circle one response for each. If the person states that they used a service, circle the “1”. If a person needed but did not get the service circle the “2”. If the person did not need or use the service, circle the “3”.

Services	Used	Need but did not get	Did not need or use
a. Food/Hot Meals	1	2	3
b. Health Care	1	2	3
c. Job Assistance	1	2	3
d. Shelter	1	2	3
e. Drop-in-Center	1	2	3
f. HIV Testing	1	2	3
g. Alcohol/Drug Treatment	1	2	3
h. Mental Health Services	1	2	3
i. Showers	1	2	3
j. Transportation	1	2	3
k. Rental Assistance	1	2	3
l. Eviction Prevention	1	2	3
m. Medication	1	2	3
n. Counseling	1	2	3
o. Legal Services	1	2	3
p. Public Assistance/DSS	1	2	3
q. Energy Assistance	1	2	3
r. Education	1	2	3

Thank you very much for your time. Your input is much appreciated and valuable to us.

**Appendix B:
Estimating Annual Prevalence Rates**

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Estimating Annual Prevalence Rates

A more precise estimate of the annual prevalence of homeless people in Baltimore City may be calculated from the survey data using a formula developed by national homelessness research experts.³⁶ It is especially important to be able to predict annual prevalence because census surveys will over-represent those who are long-term, or chronically, homeless and under-represent those who are homeless only a short while, but need services during the year nonetheless. Capturing *all* individuals will ensure that services can be targeted to each subpopulation appropriately. Using the following formula, a more accurate annual count can be made:

$$A + [(B * 51) * (1-C)] = \text{annual estimate}$$

Where: A = count of currently homeless

B = number of individuals who report becoming homeless in last 7 days or just entered Baltimore City within the past 7 days. (This will take into account the other 51 weeks in a 52-week year.)

C = proportion of those in A above who have had a previous homeless episode within the past 12 months. This corrects for those who become homeless more than once during the year (otherwise there will be an overestimate). Note: the 2005 Baltimore City survey tool did not include questions to determine this rate; however, a previous study from Philadelphia, a large city near Baltimore with a similar demographic, determined that 0.091 is the proportion of adults and children who have experienced homelessness in the past 12 months (other than the current episode).³⁷ Questions regarding previous episodes will be added to the 2007 survey tool.

Thus: A = 2,442 to 2,943 (a range is used due to the minimum number established in the methodology to get a conservative count, and the upper count is used to achieve continuity with the official number used in the census)

B = 88

C = 0.091

$$\begin{aligned} &= 2,442 + [(88 * 51) * (1-0.091)] \\ &= 2,442 + (4,488 * 0.909) \\ &= 2,442 + 4,079.592 \\ &= 6,521.592 \\ &\approx \mathbf{6,522} \end{aligned}$$

$$\begin{aligned} &= 2,943 + [(88 * 51) * (1-0.091)] \\ &= 2,943 + (4,488 * 0.909) \\ &= 2,943 + 4,079.592 \\ &= 7,022.592 \\ &\approx \mathbf{7,023} \end{aligned}$$

Therefore, between 6,522 and 7,023 individuals experience homelessness in Baltimore City over the course of one year.

³⁶ Burt, Martha and Carol Wilkins, March 2005, "Estimating the Need: Projecting from Point-in-time to Annual Estimates of the Number of Homeless People in a Community and Using this Information to Plan for Permanent Supportive Housing." Corporation for Supportive Housing: 8. Available at: http://documents.csh.org/documents/pubs/csh_estimatingneed.pdf

³⁷ Culhane, D.P., Dejowski, E., Ibañez, J., Needham, E., and Macchia, I. 1994. Public Shelter Admission Rates in Philadelphia and New York City: Implications for Sheltered Population Counts. *Housing Policy Debate*, 5 (2), 107-140.

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