2013 Homeless Point in Time Count Report

Mayor's Office of Human Services

Homeless Services Program

Executive Summary

During the Point in Time (PIT) Count, communities across the country gather and analyze demographic data on the homeless population to support effective planning and policy-making in the homeless services system. The PIT Count provides a snapshot of the extent of homelessness in a jurisdiction by counting persons who slept outdoors and in shelters, transitional programs, and Safe Havens on a single night in January. These data are used by government agencies, service providers, private funders, and community members to support ongoing work to make homelessness rare and brief.

Baltimore's 2013 PIT Count was conducted on January 27, through a process facilitated by the Mayor's Office of Human Services-Homeless Services Program (MOHS-HSP). There were 2,638 homeless persons identified during the count, a 35% decrease from 2011. While there was only a small change in the sheltered count (a 2% increase), the count of unsheltered persons in 2013 fell by 1,500 persons compared to 2011.

The bulk of this decrease can be attributed to a necessary correction in the counting methodology. In 2009 and 2011, the PIT Count included imprecise estimates of the number of unsheltered persons served at day resource centers. These estimates were not collected as part of the 2013 PIT Count for two reasons. First, the estimates were based on subjective assessments, with no objective method to corroborate them. Second, using estimates could lead to double counting of persons who were already included in the Homeless Management Information System (HMIS) or survey data.   Without including unsheltered estimates, the total persons count in 2013 returned to approximately the 2007 level.

The adjusted 2009 and 2011 PIT Counts (after excluding the imprecise estimates described above) suggest that the total count of homeless persons in Baltimore did not undergo large changes during the period from 2007 to 2013. However, it is important to note that methodology corrections described above do not account for all of the methodology changes from 2007 to 2013. As it is true for the nation as a whole, the PIT Count methodology in Baltimore is imperfect and has varied across the years. It is important to note, as well, that changes in the number of shelter and transitional housing beds available can also cause increases or decreases in the count of homeless persons. The PIT Count, therefore, does not precisely reflect the actual number of homeless persons in the City. Nonetheless, when compared over time, the PIT Counts presented in this report provide the best way to assess, with data currently available, whether homelessness has increased or decreased in Baltimore City.[1]

Thanks to efforts by the MOHS-HSP, service providers, and volunteers, the 2013 PIT Count is the most comprehensive to date. This count includes more service providers than any previous count, greater coverage area during the mobile and site-based counts, improvements in the counting methodology for youth and transgender persons, and the first-ever PIT Count effort to include incarcerated homeless persons.

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[1] For further explanation on the limitations and usefulness of PIT Count data nationally, see: National Alliance to End Homelessness (NAEH). "The State of Homelessness in America 2012". Retrieved from http://www.endhomelessness.org/library/entry/the-state-of-homelessness-in-america-2012

Beyond methodology improvements, the MOHS-HSP expanded and improved the analysis of PIT Count data with the goal of making the count more useful for planning and policy decisions. Data collected were used by the MOHS-HSP, in collaboration with the Home for Good Campaign, to identify the most vulnerable homeless individuals and families in the City in order to connect them with housing and supportive services.

Key Findings

- There were 2,638 homeless persons in Baltimore on the night of January 27, 2013.

- Over four of every 1,000 Baltimore City residents are homeless – more than three times the rate of homelessness in the State of Maryland as a whole.

- 51% of the homeless persons counted were between 41 and 60 years old.

- 20% of homeless persons counted were children and youth under 25.

- Two out of three homeless persons counted were male.

- 11% identified as veterans.

- 8% were determined to be chronically homeless.

- 22% of surveyed youth under 25 sell or have been asked to sell drugs.

- 56% of homeless persons surveyed have experienced substance abuse.

- 52% of homeless persons surveyed have experienced mental illness.

- 3% of homeless persons reported having HIV/AIDS.

- 9% of homeless persons were identified as domestic violence survivors.

- 25% of homeless persons surveyed reported having visited an Emergency Room more than three times in the last three months.

- One in three homeless persons surveyed reported having a mobility impairment.

- 58% of homeless persons surveyed reported having spent time in jail.

Acknowledgments

This report would not be possible without the efforts of the Home for Good Campaign and the support of homeless service providers in carrying out various aspects of the 2013 PIT Count process. We would like to thank Laura Delano from the research firm Centrac DC for her significant contributions to this project. Thank you as well to Catholic Charities for providing a warm space and tireless support staff for our PIT Count headquarters, and to Power Inside for helping coordinate the first-ever jail count. This report is also possible thanks to homeless service providers who participate in the HMIS (Homelessness Management Information System), as well as non-HMIS contributing organizations that voluntarily contributed their data to help create a comprehensive City-wide count of homeless persons. And finally, we are especially grateful to all the individuals who volunteered their time, at early hours and in difficult weather conditions, to conduct surveys on the streets and at service providers during the count.

The Mayor's Office of Human Services-Homeless Services Program would like to recognize the following persons and organizations for their efforts:

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AIRS

Baltimore City Dept. of Social Services

Baltimore City Public Schools

Baltimore Mental Health Systems

Baltimore Rescue Mission

Bon Secours

Broadway Center

Associated Catholic Charities

Employment Center

Downtown Partnership of Baltimore

HealthCare Access Maryland

Healthcare for the Homeless

Helping Other People through Empowerment

Helping Up Mission

Homeless Persons Representation Project

Housing Authority of Baltimore City

Jobs, Housing, and Recovery

Karis Home

Loving Arms

Newborn Holistic Ministries/Martha's Place

Paul's Place

People Encouraging People

Power Inside (Fusion Partnerships)

Project PLASE

Rose Street Youth Shelter

Salvation Army - Booth House

St. Vincent de Paul - Beans and Bread

St. Vincent de Paul - Sarah's Hope

United Way of Central Maryland

Veterans Affairs

Waterfront Partnership of Baltimore

YES Drop-in Center (Fusion Partnerships)

YWCA of Greater Baltimore

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1. Introduction

During the Point in Time (PIT) Count, communities across the country gather and analyze demographic data on the homeless population to support effective planning and policy-making in the homeless services system. The PIT Count provides a snapshot of the extent of homelessness in a jurisdiction by counting the number of persons who slept outdoors, in shelters, transitional programs, or Safe Havens on a single night in January. These data are used by government agencies, service providers, private funders, and community members to support ongoing work to make homelessness rare and brief. Baltimore City and all other Continuums of Care (CoCs – jurisdictions funded by the U.S. Department of Housing and Urban Development to serve homeless persons) have been required to conduct PIT Counts since 2005.

The 2013 PIT Count in Baltimore was coordinated by the Mayor's Office of Human Services-Homeless Services Program (MOHS-HSP) in close collaboration with the Home for Good Campaign. Market research firm Centrac DC was contracted by the MOHS-HSP to provide methodology support, conduct survey data entry and de-duplication, and carry out the initial analysis of survey data and data from the HMIS (Homelessness Management Information System).

Communities around the country face many obstacles to obtaining an accurate count of homeless persons. The homeless population is diverse (including unaccompanied youth, families, adults, veterans, etc.) as are the causes of homelessness (unemployment, disabilities, trauma, etc.). Many homeless people are transient, and some have survival skills that make counting more difficult, such as sleeping in hidden areas for safety. A thorough PIT Count incorporates several counting strategies and is responsive to changing information about areas frequented by people experiencing homelessness. However, even with such efforts, a PIT Count will always be an undercount of the total homeless population in the community.

With a consistent methodology, the Point in Time Count can provide useful information on demographics and trends. Unfortunately, there has never been a standard and consistent methodology to count homeless persons. Although the U.S. Department of Housing and Urban Development (HUD) issues guidance with key recommendations and requirements, there has never been a comprehensive "how to" guide or single "best practice" put forth by HUD or any national research group. Federal guidance has changed over the years to provide more detailed information about reliable and valid counting methods, and jurisdictions themselves often modify aspects of their methodology to improve their count. Trends in the PIT Count over time must, therefore, be interpreted with caution, noting how changes in homeless counts can be caused by changes in counting methodology and by changes in the number of shelter and transitional beds available.

Baltimore and other CoCs have repeatedly adapted their PIT processes to employ a methodology that best fits our local conditions and constraints, while also accommodating changing HUD regulations. In recent years, the PIT Count in Baltimore underwent various methodology improvements. These included foregoing a concentrated "block-by-block" strategy to expand outside of downtown, increasing recruitment of volunteers, lengthening the mobile counting period, conducting surveys at an increasing number of service provider locations, and partnering with more providers to obtain data. For the 2013

PIT Count, the MOHS-HSP made key methodology changes explained in the "Methodology" section below.

In addition to the methodological changes, there was an important change in the assignment of responsibilities. In prior counts, Baltimore City partnered with researchers from local universities to develop the PIT Count strategy, complete data analysis and produce a full report for the community. For the 2013 PIT Count, the MOHS-HSP transferred the majority of this work to members of the agency's staff, who are more familiar with the local homeless population and service delivery system and can be held more accountable to the process.

Finally, following a national model, the 2013 PIT process introduced for the first time in Baltimore the goal of providing housing to the most vulnerable homeless persons identified in the PIT Count. This project was led by the Baltimore Home for Good Campaign, an MOHS-HSP-led workgroup dedicated to ending chronic homelessness in Baltimore City. The Campaign includes community members and representatives from various organizations who are recognized in the Acknowledgements section.

Using the national 100,000 Homes Campaign's[2] "Registry Week" model, the Home for Good Campaign and the MOHS-HSP began a process of connecting homeless individuals and families with permanent supportive housing, with a goal of first reaching the 75 most vulnerable homeless persons in the City. PIT Survey respondents with the most serious health conditions were prioritized and assigned to outreach teams for follow-up.

2. Methodology

a. Overview

Data were collected through four methods:

(1) **Mobile Count**- For three days, volunteers followed mapped routes from 4-6 a.m., conducting surveys with unsheltered homeless persons. Unsheltered persons who refused to complete a survey were "tallied" on the first day but not on subsequent days to avoid duplication.

(2) **Site-based Count**- For 1-3 days (depending on the location), volunteers conducted surveys with homeless persons at drop-in centers, meal programs, and other locations.

(3) **HMIS User Data**- People who stayed in an HMIS-participating emergency shelter, Safe Haven, or transitional housing program were counted via information in the HMIS.

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[2] The 100,000 Homes Campaign is a national movement of over 175 communities working together to find permanent homes for 100,000 chronic and medically vulnerable homeless Americans by July 2014. Baltimore has been a member of the Campaign for several years. More information at http://100khomes.org/

(4) **Non-HMIS User Data**- The MOHS-HSP requested and received data from emergency shelter and transitional housing providers that have beds dedicated to serve homeless persons but do not report data in the HMIS.

Per HUD Guidance, data from each of these sources included only persons who slept in shelters, transitional housing, or in places unfit for human habitation on the night of January 27, 2013.

b. Homeless Definition

For the purpose of the PIT count, HUD only includes homeless people who are sleeping in transitional housing programs, emergency shelters (including Safe Havens), or in places unfit for human habitation (such as on the street, in cars, or in abandoned houses). HUD's official definition of homelessness is broader and more complex (See Figure 1).

As a result, on the night of the PIT Count, there are people who may meet the HUD definition of homelessness or other federal definitions of homelessness but are not counted because they are staying in jail or prison, with family or friends, in a hotel or motel (paid with their own funds), or in a hospital or treatment facility.

Figure 1: Criteria and Recordkeeping Requirements for the Definition of Homeless

CRITERIA FOR DEFINING HOMELESS	Category 1	Literally Homeless	(1) Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning: (i) Has a primary nighttime residence that is a public or private place not meant for human habitation; (ii) Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); or (iii) Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution
	Category 2	Imminent Risk of Homelessness	(2) Individual or family who will imminently lose their primary nighttime residence, provided that: (i) Residence will be lost within 14 days of the date of application for homeless assistance; (ii) No subsequent residence has been identified; and (iii) The individual or family lacks the resources or support networks needed to obtain other permanent housing
	Category 3	Homeless under other Federal statutes	(3) Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who: (i) Are defined as homeless under the other listed federal statutes; (ii) Have not had a lease, ownership interest, or occupancy agreement in permanent housing during the 60 days prior to the homeless assistance application; (iii) Have experienced persistent instability as measured by two moves or more during in the preceding 60 days; and (iv) Can be expected to continue in such status for an extended period of time due to special needs or barriers
	Category 4	Fleeing/ Attempting to Flee DV	(4) Any individual or family who: (i) Is fleeing, or is attempting to flee, domestic violence; (ii) Has no other residence; and (iii) Lacks the resources or support networks to obtain other permanent housing

Source: HUD (2012). Criteria and Recordkeeping Requirements for Definition of Homeless. Retrieved from
https://www.onecpd.info/resource/1974/criteria-and-recordkeeping-requirements-for-definition-of-homeless/

This year's count was the first in which the MOHS-HSP collected information on homeless persons in jail. This population could not be included in the total count per HUD requirements, but the jail count provided useful data explained in the "Incarceration" section of this report and identified vulnerable individuals in need of homeless outreach.

c. Planning Process

The Home for Good Campaign took on portions of the design and implementation of the 2013 PIT Count as part of the City's first-ever initiative to comprehensively identify the most vulnerable homeless people in the City and connect them with housing and supportive services.

The Home for Good Campaign's responsibilities in the planning process were to: provide feedback on methodology decisions, revise maps for survey teams, recruit volunteers and survey sites, identify potential data sources, draft survey protocols, design the survey tool, oversee volunteer trainings, and coordinate providers to achieve the goal of housing 75 of the most vulnerable people identified through this PIT Count.

The MOHS-HSP, with help from Centrac DC, formulated data requests for the HMIS system administrator to obtain the HMIS data for the PIT Count. This included determining which data elements to request and how service provider data would be matched with elements in the survey data. Finally, the MOHS-HSP contacted non-HMIS participating agencies to request PIT data for the total persons count and HUD-required subpopulations.

d. Survey Process

During the mobile count, teams of 4-15 volunteers canvassed ten different regions of the City on January 28th, 29th, and 30th. Some teams divided into smaller groups to provide better coverage of distinct sub-areas of each region. To maximize the effectiveness of the volunteer base, teams followed mapped routes with known "hotspots" – outdoor locations where unsheltered homeless persons are known to gather. Hotspot maps were updated from those used during the 2011 PIT Count with feedback from outreach workers, the planning group, and the Baltimore City Police Department.

Homeless individuals who responded to the survey were included in the count if they indicated that on the night of January 27th they slept in a place unfit for human habitation (e.g. on the street or in a car), in a transitional housing program, or in a shelter. Although the homeless persons completed surveys on Monday Jan. 28th, Tuesday Jan. 29th, and Wednesday Jan. 30th, they were asked where they slept on the night on <u>Sunday Jan. 27th, to ensure</u> that the PIT total accurately reflects the number of persons who were homeless on the night of January 27th.

Homeless individuals who were observed sleeping outdoors but refused to complete a survey were tallied and included in the count. This could only be done during the 4-6 a.m. count on Monday, January 28th, , as there is no reliable way to ensure that someone observed on the second or third day was homeless on the night of January 27th and not already tallied.

During the site-based count, teams of volunteers were dispatched to 22 service providers and other locations to conduct surveys. Some of the new survey sites included were: youth drop-in centers, Department of Social Services branch offices, the Department of Veterans Affairs' outreach office, and the Baltimore City Detention Center. Most service providers provided dedicated on-site staff to lead volunteers at these sites.

e. Counting Process and Data Analysis

The total count of homeless persons in Baltimore on the night of January 27, 2013 includes data on sheltered persons from the HMIS, aggregate data on sheltered persons from non-HMIS providers, and data on unsheltered persons collected from surveys and tallies.

Data collected from the HMIS included both HUD-required elements and information to complement what was gathered in the surveys. Data requested from non-HMIS contributing agencies included HUD-required elements only. Non-HMIS providers who were not able to provide all of the elements requested submitted partial data. In order to meet HUD requirements, for non-HMIS providers who submitted total counts without subpopulation data, subpopulation sizes were estimated using the average subpopulation size of similar programs in the City. For non-HMIS participating programs that did

not provide age data for persons served, the assumption was made that all persons counted were over 25 years old or older.

 The PIT Count data went through several checks to avoid counting the same person more than once. To arrive at an accurate total number of homeless persons (sheltered and unsheltered), survey data were de-duplicated against the HMIS and non-HMIS data on people who stayed in shelters and transitional housing programs.

This report analyzes data from three sources: surveys, the HMIS, and non-HMIS providers. Because of differences in the information available from each of these sources, some data elements are analyzed using only one or two of these datasets. For example, while the data presented on medical conditions were collected only from surveys, most basic demographic data (age, gender, race, and education) presented were gathered from a combination of HMIS and survey data. Indications of the sample size and data sources used are included throughout the report for each data element.

- When N= 2,638, sources are: sheltered data from the HMIS, sheltered data from non-HMIS providers, and unsheltered data from surveys and tallies.
- When N=650, the source is sheltered and unsheltered data from surveys only.
- When N=2,231, sources are: sheltered and unsheltered survey data combined with sheltered data from the HMIS (this does not include non-HMIS data).

Survey data entry, de-duplication of persons, and initial data analysis were conducted by Centrac DC. Data collection, data quality control, and subsequent data analysis were conducted by the HMIS unit at the MOHS-HSP.

For the 2013 PIT Count, the HMIS unit was able to gather more data from non-HMIS service providers than in previous counts, adding to the total count of sheltered persons. This year, the HMIS unit also performed analyses of data from previous PIT Counts and Housing Inventory Counts in an effort to add context to this report about homelessness trends in Baltimore leading to 2013.

f. Methodology changes

Federal guidance on best practices for conducting PIT Counts has undergone several revisions over the years. There is still no comprehensive and definitive model for conducting a PIT Count. This leaves major aspects of the counting methodology to be formulated by each CoC.

Baltimore has made various changes in the methodology used to count homeless persons based on HUD guidance and local factors. Figure 2 lists a summary of methodology changes made in 2013 and the expected effects on the resulting data.

The most significant methodology change involves discontinuing the practice of collecting estimates of unsheltered persons that were included in the 2009 and 2011 PIT Counts. The estimates used in 2009 and 2011 were problematic for two reasons. First, they were based on subjective assessments, with no objective method to corroborate them. Second, there was no way to ensure these estimates did not include persons already counted through other data sources.

Figure 2: Summary of 2013 PIT Count Methodology Changes

Methodology Change	Expected Effect on the Data
Updated maps of "hotspots"	Increase unsheltered persons counted
3-day count instead of a 1-day count	Increase persons counted
More volunteers than in any previous count	Increase persons counted
More survey sites than in any previous count	Increase persons counted
More non-HMIS organizations contributing data than in any previous count	Increase sheltered persons counted
Discontinued use of estimates of the unsheltered population collected at day resource providers	Decrease unsheltered persons counted
HUD requirement to collect information on "households with only children"	New household composition data
HUD requirement to collect information on female veterans	New subpopulation data
HUD recommendations to narrow the wording of the questions used to determine chronic homelessness (explained further in Section 4b on "Chronically Homeless Persons")	Decrease chronically homeless subpopulation counted
HUD guidance on de-duplicating the total number of households by collecting unique identifiers on household members	Decrease households counted

3. Homeless Persons Count

a. Overview of Results

2,638 homeless persons were counted during the January 2013 PIT Count.

This total represents a 35% decrease from the last count in 2011 (Figure 3 and Figure 4). While there was only a small change in the sheltered count (a 2% increase), the count of unsheltered persons in 2013 fell by 1,500 persons compared to 2011. Much of the change in the number of unsheltered persons counted can be attributed to a necessary correction in the counting methodology.

Figure 3: 2013 PIT Homeless Count by Housing Status

Housing Status	Number of Persons	Number of Households
Sheltered	2,343	1,933
Unsheltered	295	259
Total	2,638	2,192

The PIT Count methodology was adjusted in 2013 to exclude imprecise estimates of unsheltered persons collected at day resource providers that were used in the 2009 and 2011 counts. To ensure a comprehensive but accurate count of unsheltered persons, this year's count covered the largest number of places that has ever been included in a homeless persons count in Baltimore, with the help of the largest number of volunteers ever assembled for this process (see "Methodology" for details). In spite of increased geographical coverage, the correction in the counting methodology led to a large drop in the number of unsheltered individuals counted (see Figure 4).

Figure 4: Change in PIT Homeless Count, 2011 to 2013 (Number of Persons)

Housing Status	2011 PIT Count[3]	2013 PIT Count	Change from 2011
Sheltered	2,299	2,343	44
Unsheltered	1,795	295	-1,500
Total	4,094	2,638	-1,456

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[3] The 2011 PIT Count total of 4,094 persons reflects the number reported to HUD. This number was adjusted downward after reporting to HUD, resulting in the 4,088 persons reported in the 2011 PIT Count report. Starting with 2011 data, in all reporting and analyses going forward, the MOHS-HSP will refer to past PIT Count totals as they were reported to HUD.

b. Trends in the Homeless Count

The large drop in the homeless persons count in 2013 is not evidence of a large decrease in homelessness in the City.

Changes in the number of homeless persons counted over time can have various causes: changes in counting methodology, changes in the size of the homeless services system (number of beds and units available), or changes in the number of persons entering and exiting homelessness. As described in the Methodology Section of this report, adjustments in the counting methodology have played a large role in determining the number of homeless persons counted in Baltimore City. Even if necessary to improve the results of a count, these adjustments complicate the task of understanding trends over time.

Given what is known about previous counts, the large drop in the 2013 Count was mainly caused by methodology corrections. In 2009 and 2011, the PIT Count included estimates of unsheltered persons served at day resource providers. These estimates added 842 unsheltered persons to the count in 2009 and 1,655 unsheltered persons in 2011. These estimates were based on subjective assessments, and their use may have led to double counting. For these reasons, they were excluded from the 2013 PIT Count methodology.

Figure 5 and Figure 6 show trends in the homeless count from 2005 to 2013. These figures show large increases in the unsheltered and total counts in 2009 and 2011. Using the corrected methodology (shown in Figure 8), the 2013 count of homeless persons in Baltimore returned to near its 2007 level.
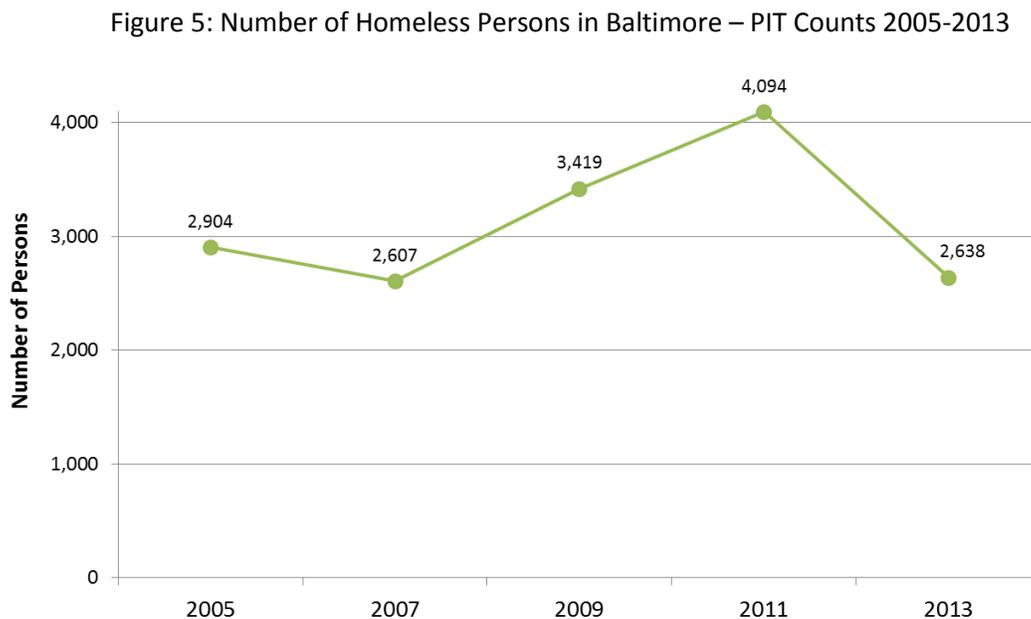
Figure 5: Number of Homeless Persons in Baltimore – PIT Counts 2005-2013

Source: Baltimore CoC data reported to HUD - Biannual PIT Count submission and Annual CoC applications.

Figure 6: Number of Homeless Persons by Housing Status – PIT Counts 2005-2013
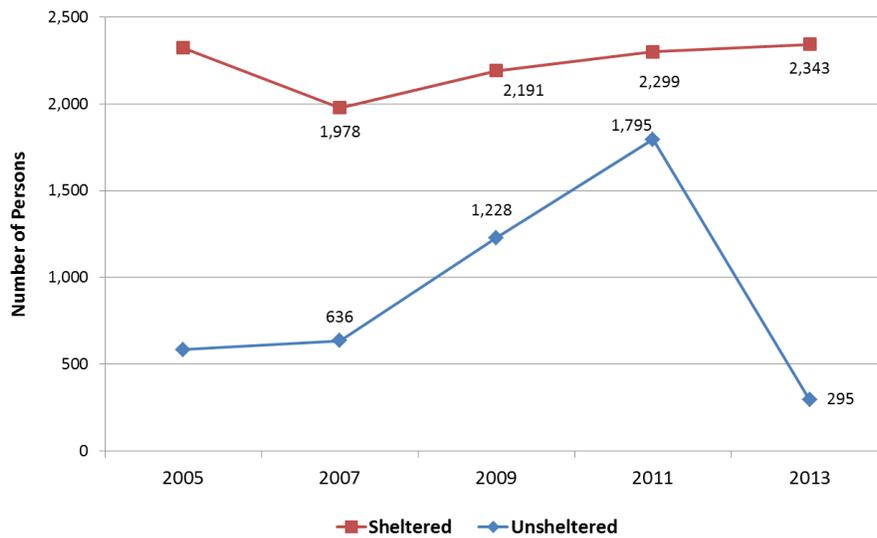
Source: Baltimore CoC data reported to HUD - Biannual PIT Count submission and Annual CoC applications.

Excluding the estimates in 2009 and 2011 would have led to significantly lower unsheltered counts in those years. Figure 7 and Figure 8 show the trend in the homeless count leading up to 2013, excluding persons counted using these estimates.[4]

Figure 7: Number of Homeless Persons by Housing Status Excluding Day Resource Provider Estimates
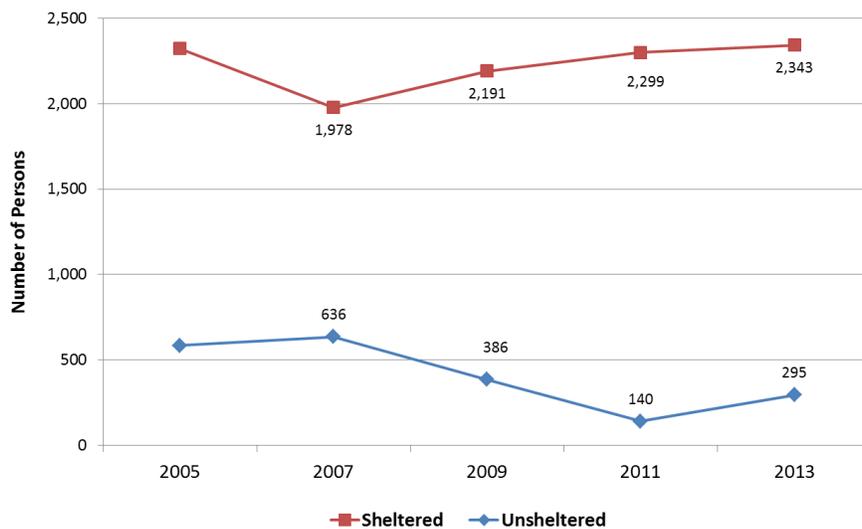
Source: Baltimore CoC data reported to HUD - Biannual PIT Count submission and Annual CoC applications.

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[4] The number of unsheltered persons counted without including the estimates may have been slightly higher in 2011. The PIT reports in 2009 and 2011 differed in how they reported the number of persons who were obtained through estimates. This made it difficult to differentiate between persons counted via surveys during the site-based count and those who were part of the estimates.

These figures provide a more accurate view of the total number of homeless persons counted during the last several PIT Counts. These corrected data suggest that, contrary to previous assessments, the total count of homeless persons in Baltimore did not experience large changes during the period from 2007 to 2013. As this report has explained, however, identifying trends in homelessness remains challenging due to methodological and other differences between PIT Counts. The trends in Figure 7 and Figure 8 represent the best assessment possible, with data currently available, of whether homelessness has increased or decreased in Baltimore City.

Figure 8: Number of Homeless Persons in Baltimore Excluding Day Resource Provider Estimates
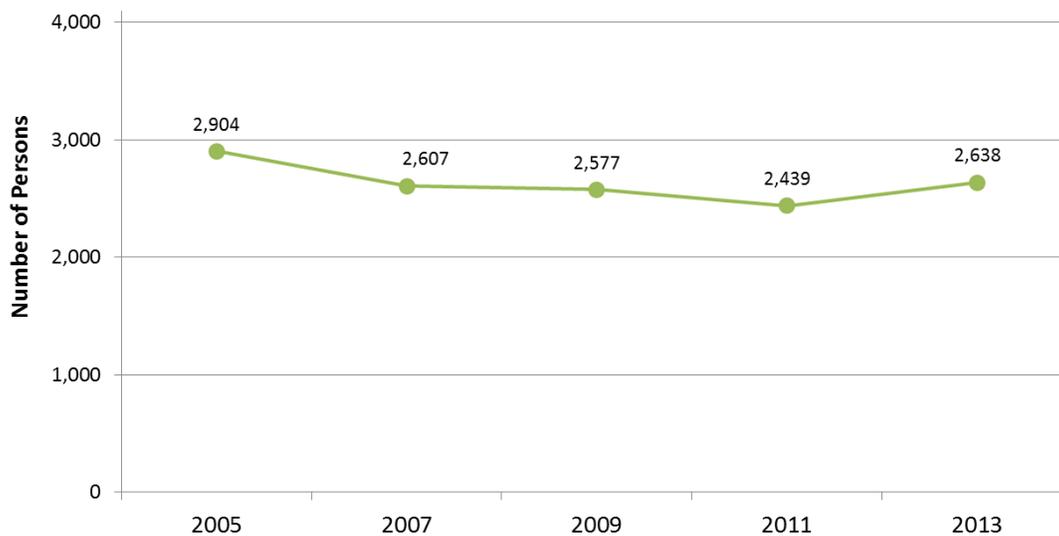
Source: Baltimore CoC data reported to HUD - Biannual PIT Count submission and Annual CoC applications.

c. Trends That Precipitate Homelessness

The 2013 PIT Count data and the trend data available do not indicate large changes in homelessness in Baltimore between 2005 and 2013. This is consistent with national findings that indicate that homelessness between 2009 and 2012 has seen almost no change, seeing only slight decreases overall (a 0.4% drop nationally between 2011 and 2012) and larger decreases for persons with disabilities, chronically homeless persons and veterans. But as both experts and practitioners point out, this is not the full story. Increased federal spending on effective solutions has succeeded in recent years in keeping homelessness from rising. However, persistent trends in housing cost burden and a slow economic recovery have prevented significant overall decreases in homelessness, with 28 states seeing increases between 2011 and 2012. The data seems to support the observation that homelessness is a lagging indicator: changes in homelessness may happen only some time after changes in its related economic

factors. Thus, the effects of the national economic crisis on homelessness may continue over the next few years, and the effects of the recovery may be delayed as well.[5]

Economic factors continue to push people into homelessness and make it more difficult for them to regain self-sufficiency. As discussed in Baltimore City's 10-Year Plan to End Homelessness,[6] homelessness is a complex problem caused primarily by a lack of affordable housing, a lack of affordable healthcare, low incomes, and a lack of comprehensive services. The rate of unemployment in the City rose during the worst of the national recession, between 2008 and 2010, and is still far from full recovery (see Figure 9), making it harder for people to earn enough income to afford housing. And as Figure 10 shows, the share of renters in Baltimore who are financially overburdened by the cost of housing has followed a rising trend in the last decade. Well over half of renters in Baltimore are housing cost burdened because they spend an unaffordable amount on rent (affordability is estimated at 30% of household income)[7]. For comparison, Figure 10 includes the proportion of overburdened renters in 2011 in the state as a whole as well as the four other largest Maryland jurisdictions. Families who pay more than 30 percent of their income for housing often also have difficulty meeting other basic needs like food, clothing, or healthcare. Among these, lowest-income households have the greatest risk of homelessness.

Figure 9: Unemployment Rate in Baltimore
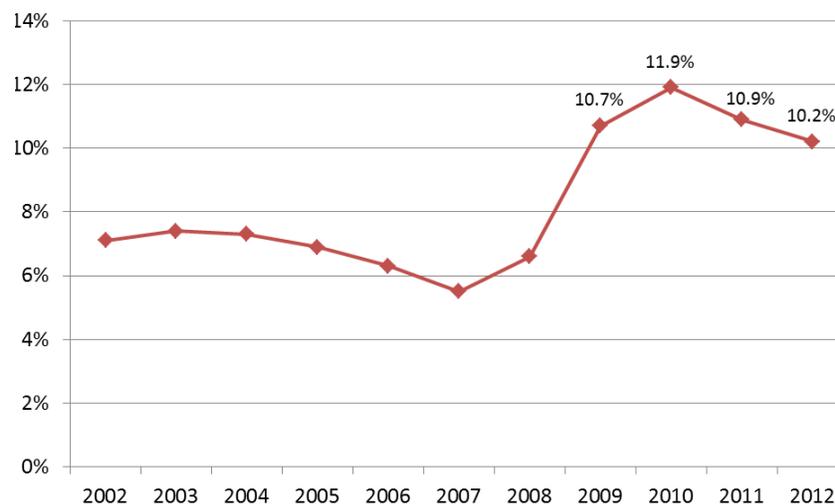
Source: Bureau of Labor Statistics, "Labor Force Data by County." Retrieved from http://www.bls.gov/lau/#cntyaa

[5] "The State of Homelessness in America 2012". National Alliance to End Homelessness. Retrieved from http://www.endhomelessness.org/library/entry/the-state-of-homelessness-in-america-2012.
[6] "Baltimore City's 10-Year Plan to End Homelessness." (January 2008.) Retrieved from http://www.journeyhomebaltimore.com/pdfs/BaltimoreCity-10-YearPlan.pdf
[7] "Affordable Housing" (2013). HUD. Retrieved from http://www.hud.gov/offices/cpd/affordablehousing/

Figure 10: Renters in Baltimore Spending More Than 30% of Their Income in Rent
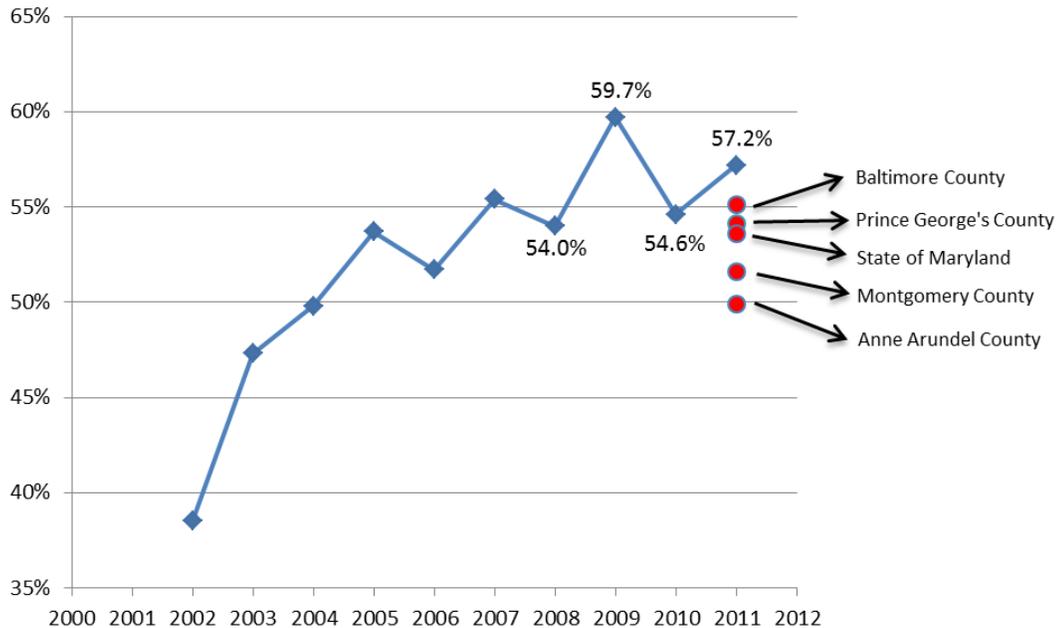
Source: American Community Survey (US Census) as compiled on MD State Data Center
Website. Retrieved from http://planning.maryland.gov/msdc/S7_ACS.shtml

d. Baltimore in the State Context

Despite having 11% of Maryland's population, 32% of homeless persons in the state reside in Baltimore City.

Homelessness continues to be much more prevalent in Baltimore City compared to other jurisdictions in Maryland. Between 2011 and 2013, homelessness in the rest of Maryland dropped by 8%[8], while holding steady in Baltimore City. The City has a disproportionate number of the State's homeless persons and higher rates of homelessness. Figure 11 shows that 4.25 of every 1,000 Baltimore City residents are homeless – three times the rate of homelessness of the state as a whole. The City also has more than three times as many homeless persons per 1,000 residents as the large jurisdiction with the next highest rate of homelessness (Baltimore County). Compared to the four other jurisdictions with the largest populations in the state, Baltimore City has the second largest rate of *unsheltered* homeless persons, after Baltimore County. The most recent national data available show that approximately two of every 1,000 residents in the U.S. were experiencing homelessness during the January 2011 PIT Count.[9]

[8] 2013 Maryland Point-in-Time Homelessness Analysis. Maryland Department of Human Resources.
[9] "The State of Homelessness in America 2012". National Alliance to End Homelessness. Retrieved from http://www.endhomelessness.org/library/entry/the-state-of-homelessness-in-america-2012.

Figure 11: Baltimore's Rate of Homelessness in the State Context
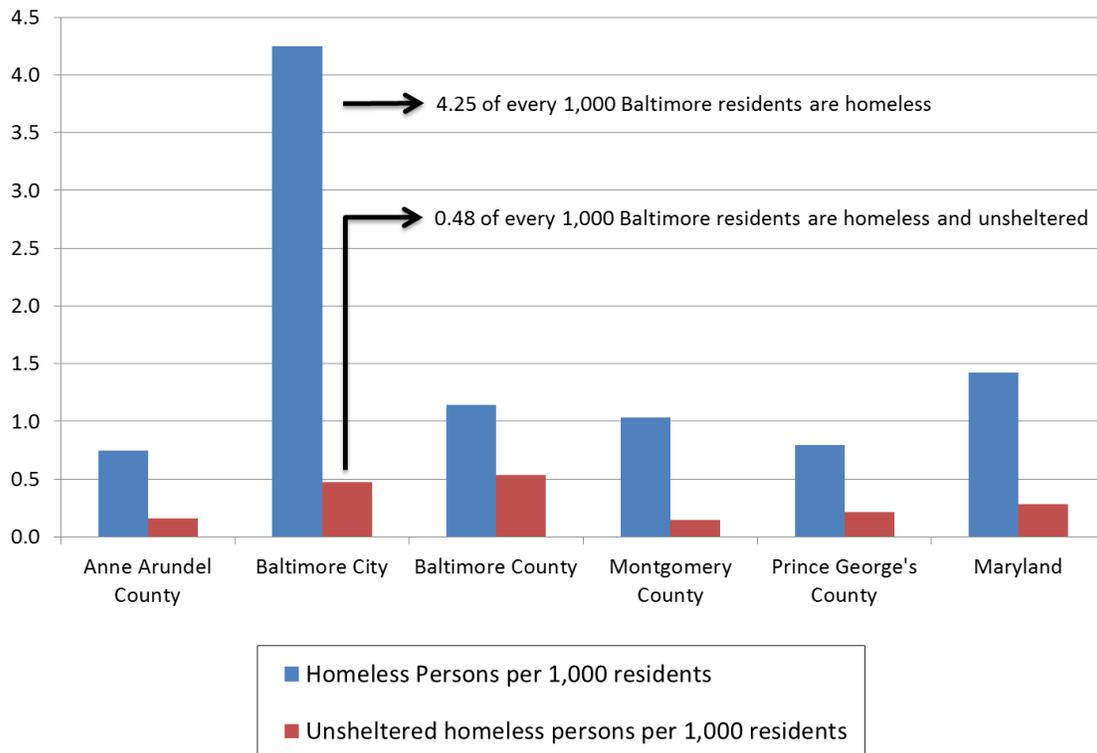
Source: MOHS calculations using 2010 US Census data and Maryland 2013 PIT State-level data. Jurisdictions compared are the five largest jurisdictions in Maryland by population size in 2010.

As part of the PIT Count, individuals were asked to give their last zip code of permanent residence to show where they lived prior to becoming homeless. Because of the overlap in zip codes between Baltimore City, Baltimore County, and Anne Arundel County, the last jurisdiction of residence for some persons could not be determined. However, it is known that approximately 56% of persons counted (1,339 individuals) were residents of Baltimore City before their most recent episode of homelessness (see Figure 12).

Figure 12: Last City/County of Residence[10]

Jurisdiction	%
Baltimore City	56%
Possibly Baltimore City	16%
Outside Baltimore City	27%
No Response	2%

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[10] N=2,231. Includes survey data combined with data from HMIS-participating providers.

4. HUD-Required Subpopulations

a. Chronic Substance Abuse, Severe Mental Illness, and HIV/AIDS

36% of homeless persons were identified as having a history of chronic substance abuse, 16% as having a severe mental illness, and 3% as having HIV/AIDS (Figure 13).

HUD requires communities to track the number of homeless persons who have a history of chronic substance abuse, severe mental illness, and HIV/AIDS (Figure 13). The data presented here should be interpreted with caution because it was collected using self-reported information. Some persons counted may not know they have these conditions or wish to disclose that they have them. As a result, these conditions are likely to be underreported.

Figure 13: HUD-Required Health Subpopulations[11]

Condition	%
Chronic Substance Abuse	36%
Severe Mental Illness	16%
HIV/AIDS	3%

Figure 14 below compares persons with these conditions by their housing status. The subpopulation of persons with severe mental illness has a higher proportion of unsheltered individuals compared to the other subpopulations.

Figure 14: HUD-Required Health Subpopulations by Housing Status

Subpopulation	Sheltered	Unsheltered
Chronic Substance Abuse (N= 938)	86%	14%
Severe Mental Illness (N= 412)	74%	26%
HIV/AIDS (N= 65)	82%	18%

The incidence of these conditions in Baltimore (Figure 15) is similar to national PIT data with the exception of chronic substance abuse, which according to 2013 PIT data is more prevalent locally (36%) than nationally (21%). Some of the variance between local and national data may be due to differences in data collection mechanisms and numbers of beds available for homeless persons with specific conditions. While 58% of the national subpopulation of homeless persons with chronic substance abuse were sheltered, 86% of this population was sheltered in Baltimore City on the night of the 2013 PIT Count.

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[11] N=2,638.

Figure 15: Health Subpopulations – Percentage of Total Homeless Population

Subpopulation	Baltimore[12] (2013)	U.S. (2012)
Chronic Substance Abuse	36%	21%
Severe Mental Illness	16%	18%
Persons with HIV/AIDS	2%	2%

Findings obtained using survey data offer additional information about substance abuse and mental illness. 31% of survey respondents reported having been taken to a hospital against their will for mental illness because they presented an immediate threat to themselves or others.

Of the 362 survey respondents who reported current or past substance abuse, 69% said they have received treatment. Survey data also provided information about the frequency and severity of substance abuse for persons who report substance abuse conditions (See Figure 16).

Figure 16: Survey Results for Persons with Substance Abuse Conditions (N=362)

Survey Question	%
Ever received treatment for alcohol or substance abuse	69%
Drank alcohol every day for past month	29%
Ever used injection drugs	23%
Overdosed in past year	8%

b. Chronically Homeless Persons

211 individuals and five families were identified as chronically homeless.

A chronically homeless individual is defined by HUD as a person who (1) has a qualifying disability and (2) has been homeless on the streets or in shelters for a consecutive year or on four or more occasions in the last three years. A family is chronically homeless when an adult member of the household meets these criteria.

Chronically homeless individuals and families tend to have the highest barriers to obtaining employment and housing. In addition, it is widely reported that chronically homeless persons use a disproportionate amount of services from homeless, health, and emergency systems compared to the rest of the homeless population. For these reasons, homeless services providers and funders, led by guidance from HUD, have directed a special attention and resources to lift this subpopulation out of homelessness.

In previous years, HUD only required communities to collect information on chronically homeless individuals. This year, communities were asked to add the total number of chronically homeless families and persons in chronically homeless families.

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[12] N=2,638.

216 chronically homeless households (individuals and families) were counted in Baltimore 2013 (Figure 17), down from 519 persons in 2011. Most of the 2013 decrease (about three quarters of it, or 232 persons) was in *unsheltered* chronically homeless persons.

Chronically homeless individuals in 2013 represent 7.9% of all homeless persons counted. Nationally, 15.8% of all homeless persons are chronically homeless, according to a 2012 report.[13]

Figure 17: 2013 Chronic Homelessness Count by Housing Status

	Sheltered	Unsheltered	Total
Total Chronically Homeless Individuals	135	76	211
Total Chronically Homeless Families	1	4	5
Total Persons in Chronically Homeless Families	2	13	15

Several reasons may be behind the drop in chronically homeless persons counted in Baltimore in 2013. Explanations include 1) rising numbers of permanent housing units dedicated to house chronically homeless persons, 2) new HUD guidance on how to word survey questions to determine whether someone meets the HUD definition of chronic homelessness, and 3) other differences in survey implementation and data analysis between PIT Counts.

Chronic homelessness has decreased in part due to the growing number of permanent supportive housing units available to homeless persons in Baltimore in recent years, some of which are specifically dedicated for chronically homeless persons, including the MOHS/HABC Homeless Voucher Program, MOHS S+C Programs, People Encouraging People's Samaritan Program, the Healthcare for the Homeless Housing First Program, St. Vincent de Paul's Home Connections, and Veterans Affairs Supportive Housing Vouchers.   Chronically homeless persons also exit homelessness to other types of permanent housing, such as Public Housing, Project-based Vouchers, private rental rooms, nursing homes, etc.

Another cause of the decrease in chronically homeless persons counted in 2013 was new guidance from HUD on how to determine in a survey whether someone meets the HUD definition of chronic homelessness. The new guidance required adhering more closely to the definition by including only homeless episodes that occurred in streets or shelters (as opposed to episodes where someone was hospitalized, incarcerated, or staying with family or friends). Eligible episodes of chronic homelessness (as defined by HUD) include stays on the street (including in cars, abandoned buildings, and other places unfit for human habitation) and in shelters (including Safe Havens and hotel/motel stays paid for by a service agency).

Before 2013, Baltimore and many other jurisdictions asked about a person's homelessness history without requesting specific information on where prior homeless episodes occurred. In Baltimore's 2011

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[13] "The 2012 Point-in-Time Estimates of Homelessness: Volume 1 of the 2012 Annual Homeless Assessment Report." HUD Office of Community Planning and Development. (November 2012.) http://www.abtassociates.com/CMSPages/GetFile.aspx?guid=77fdb6fa-6e6b-4524-8b5a-8e68c68caca9

PIT Count, the survey questions about chronic homelessness were: "How long has it been since you had a place that you considered home or a permanent place to live?" and "How many times have you been homeless in the last 3 years?" In 2013, following HUD guidance, the questions were more specific: "How long have you been homeless *on the streets or in shelters*?" and "How many different times have you *had to stay in a shelter or lived on the streets* in the past three years?"

The new HUD guidance also led to changes in the way disability status was captured. In 2011, there was a single disability question: "Do you feel you have any other health conditions that make it hard for you to work, get around, or care for yourself or your needs?" In 2013, the survey asked a two part question about disability status, following the 2013 HUD Guidance on this question, which stated that people with a qualifying disability would respond yes to both: "Do you have an alcohol or drug problem, a serious mental health problem, a developmental disability, a chronic physical illness, or another disability?" and "If yes to above, does this limit your ability to get or keep a job or take care of personal matters, such as taking care of yourself, taking medications a doctor has prescribed, taking care of your children, going shopping or getting to appointments?"

The changed wording of the homelessness history and disability questions in 2013 led to a large decrease in the unsheltered chronically homeless count by excluding people without eligible homelessness episodes or without qualifying disabilities.

The decrease in the number of chronically homeless persons counted in 2013 may have also been caused, in part, by differences in survey implementation and data analysis across PIT Counts. As discussed elsewhere in this report, aspects of design, implementation, and data analysis of prior PIT Counts have differed across the years due to varying levels of responsibility by outside contractors. Before 2013, due to the lack of guidance about designing appropriate survey questions, the definition was applied more or less strictly in different counts, depending on the specifics of survey design and data analysis. Prior PIT reports in Baltimore do not provide enough methodology details to understand how strictly the HUD definition of chronic homelessness was applied. Therefore, the decrease in chronically homeless persons counted in 2013 may also be due in part to differences in survey design and data analysis beyond the changes prompted by HUD guidance and explained above.

The number of chronically homeless individuals and families counted in 2013 likely underrepresents the true size of the chronically homeless population in Baltimore. The complexity of the HUD definition of chronic homelessness makes it difficult to gather enough information to accurately determine whether a person is chronically homeless. Accurate application of the definition requires a trained caseworker conducting an in-depth interview about a person's health conditions and the places where they stayed over the last three years. PIT volunteers do not have sufficient training to collect this amount of information in the span of a 10-15 minute survey. The result is that many individuals and families who are experiencing chronic homelessness are not being counted as chronically homeless during the PIT Count.

Although only one sheltered family was identified as chronically homeless in this year's PIT Count using the HUD-recommended survey methodology, in-depth interviews conducted at a later date with several sheltered families (who were found to be "highly vulnerable" using a locally-developed vulnerability tool) revealed that at least three additional families qualified as chronically homeless. Because in-depth

interviews could not be conducted with all families counted in the PIT, the results of the 2013 PIT were not modified to count these families as chronically homeless.

c. Youth

20% of homeless persons identified during the PIT Count were under 25 years of age; this includes both accompanied and unaccompanied youth.

HUD issued special guidance in 2013 directing jurisdictions to coordinate with local youth providers to improve efforts to include homeless youth in PIT Counts. As a result, two youth drop-in centers were added as survey sites and the MOHS-HSP connected with the two youth shelters in the City to begin including their data. Youth providers also gave feedback on potential partners for the site-based count and on the maps used in the mobile count.

According to Figure 18, 431 youth under 18 were identified on the night of the PIT Count. Of the 431 youth under 18, 1% (6 youth) were not accompanied by an adult. These six youth were staying in one of the City's two Runaway and Homeless Youth shelters on the night of the count.

Also shown in Figure 18 are the 124 total youth counted in the age range of 18-24. It could not be determined from available data whether these youth were accompanied by an adult over 24. Of the 124 youth ages 18-24, 89% were sheltered and 11% reported to be unsheltered on the night of the PIT Count.

Figure 18: Youth under 24

	Unaccompanied	Accompanied	Total
Under age 18	6	425	431
18-24	Unavailable	Unavailable	124

In addition to the standard PIT counting methods, youth providers and the school system were also asked to submit partial data, if available, for youth they could identify but who could not complete a survey. Due to a lack of housing status information in these partial records, it is not possible to determine whether these youth met the HUD definition of homelessness on the night of January 27th. As a result, the MOHS-HSP was not able to include these records in the official count. Nevertheless, the attempt to include these partial youth records in the 2013 Count served as a useful exercise and experience with the challenges of counting homeless youth.

The list of partial records includes a total of 2,030 youth who self-reported (or whose parents self-reported) to a service provider or to the school system that they were homeless or unstably housed during or at some point prior to the PIT Count. 1,959 of these youth were under 18, and 71 were between the ages of 18-24. It not possible to determine whether these youth met any definition of homelessness on the night of the PIT Count. It is also not possible to determine whether these youth were already counted via HMIS data or whether they were accompanied by an adult head of household.

Of the 2,030 youth who self-reported (or whose parents self-reported) that they were unstably housed:
- 2,008 had no information about their housing status on the night of the PIT.
- 8 reported staying in a shelter (either alone or with family).
- 5 reported staying at home or at a parent's house.
- 4 reported staying with friends.
- 3 reported staying with a relative.
- 2 reported staying outside.

To provide additional context, City Steps Youth Resource Center (a program of AIRS) shared data from their 2012 Annual Report. In the span of a year, the Center served approximately 184 homeless youth from Baltimore City zip codes (45.8% of the Center's total clients served). Some of these youth were accompanied by a homeless parent. Most were coming from unstable living situations with friends or family, but City Steps noted an increase in the number of youth coming to them from the shelter system.

During the PIT Count, 46 youth under the age of 25 completed surveys during the site-based and mobile counts. Among these youth:

- 22% sell or have been asked to sell drugs.
- 20% have received any type of residential treatment.
- 20% have spent time in a juvenile detention center.
- 13% are currently having or have ever had sex for money, food, or shelter.

d. Veterans

11% of homeless persons counted identified as veterans; of those, 93% were sheltered.

Figure 19 shows the actual numbers of veterans counted, separated by housing status. The table also shows the number of female veterans counted. This was the first year that the U.S. Department of Housing and Urban Development asked communities to count female veterans as a subpopulation. In Baltimore City, 2% of the homeless veterans counted were women.

Figure 19: Homeless Veteran Subpopulations by Housing Status

	Sheltered	Unsheltered	Total
Total Number of Veterans	272	21	293
Total Number of Female Veterans	3	4	7

During the site-based and night counts, 86 homeless veterans completed surveys, providing additional information about their military service and their connection to the Department of Veterans Affairs (VA). As with all PIT survey data, this information was self-reported and has not been verified.

Of the homeless veterans surveyed,

- The most common branch of service was the Army (58%) followed by the Marine Corps (15%) and the Navy (12%).
- 76% served on active duty.
- 80% were discharged honorably or under general honorable conditions.
- 62% are registered at a VA.

The Baltimore VA office was instrumental in the planning and implementation of the 2013 count. VA staff and outreach workers provided feedback during the planning of the count, served as team leaders during the count, and, for the first time in a Baltimore PIT Count, conducted site-based PIT surveys at the VA drop-in center. This increased collaboration was strongly recommended by federal and local partners as a key strategy to support the federal plan to end veteran homelessness by the end of 2015.

e. Domestic Violence Survivors

9% of homeless persons counted identified as domestic violence survivors.

237 persons identified as domestic violence survivors during the PIT Count. Approximately 23% of the persons who identified as domestic violence survivors were unsheltered. Compared to national figures from 2012, Baltimore has a lower percentage of domestic violence survivors in the homeless population (Figure 20). As with other subpopulations, this difference between Baltimore and other communities could be the result of differences in data collection processes, as well as in the number of dedicated beds for domestic violence survivors.

Figure 20: Victims of Domestic Violence – Percentage of Total Homeless Population

	Baltimore (2013)	**U.S. (2012)** [14]
Domestic Violence Survivors	9%	12%

Each of the data sources included in the PIT Count may underreport histories of domestic violence. In the surveys, people may not have identified themselves as survivors of domestic violence because of the personal nature of these experiences and the lack of privacy in survey locations. HMIS data may undercount experiences with domestic violence because this information is often collected during initial meetings between program participants and service providers. During these meetings, program participants may not be open to sharing this type of personal information, especially if it does not affect their eligibility for services.

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[14] Source: HUD. 2012 Continuum of Care Homeless Assistance Programs Homeless Populations and Subpopulations. Retrieved from http://www.hudhre.info/index.cfm?do=viewHomelessRpts

5. Basic Demographics

a. Age

51% of the homeless persons counted were between 41 and 60 years old.

Figure 21 shows the percentages of persons in different age ranges. No age data could be obtained for persons who were tallied (and refused to complete a survey) during the mobile count, those who stayed at non-HMIS contributing agencies (and did not complete surveys at other locations), and those who refused to provide their date of birth.

Figure 21: Age Distribution[15]

	Number of Persons	%
Under 18	351	15.7%
18 - 21	32	1.4%
22 - 30	240	10.8%
31 - 40	286	12.8%
41 - 50	516	23.1%
51 - 60	633	28.4%
61 and older	154	6.9%
Unknown	19	0.9%

b. Gender

Approximately one-third of persons counted were female, approximately two-thirds were male, and 7 individuals identified as transgender or gender non-conforming.

The MOHS-HSP designed the 2013 PIT Count to better accommodate individuals who identify as transgender or gender non-conforming. Prior PIT Count surveys asked respondents to identify as male, female, transgender male-to-female, or transgender female-to-male. These choices did not accommodate people who identify with none or more than one of these categories. In 2013, the question was updated using a variation of a protocol from the Center of Excellence for Transgender Health[16], allowing for a more accurate gender count in the PIT process. As a result, the number of self-reported transgender and gender non-conforming individuals increased from one in 2011 to seven in 2013.

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[15] N=2,231. Includes survey data combined with data from HMIS-participating providers.
[16] Center of Excellence for Transgender Health (2009). "Recommendations for Inclusive Data Collection of Trans People in HIV Prevention, Care & Services." Retrieved from http://transhealth.ucsf.edu/trans?page=lib-data-collection.

c. Household Composition

90% of households contained adults only.

Per HUD guidance, household composition was divided into three categories: households with adults and children, households without children, and households with only children. Most of the households identified were made up of adults only (Figure 22). Of the unsheltered households counted, approximately 95% contained only adults.

Figure 22: Household Composition

Household Composition	# of Households
Households with Adults and Children	215
Households without Children	1,972
Households with Only Children	5
Total	2,192

d. Race

77% of homeless persons counted were Black or African American (Figure 23), although only 64% of Baltimore residents are Black or African American.

In contrast, all other racial and ethnic groups are underrepresented in the homeless population.

Figure 23: Race Distribution[17]
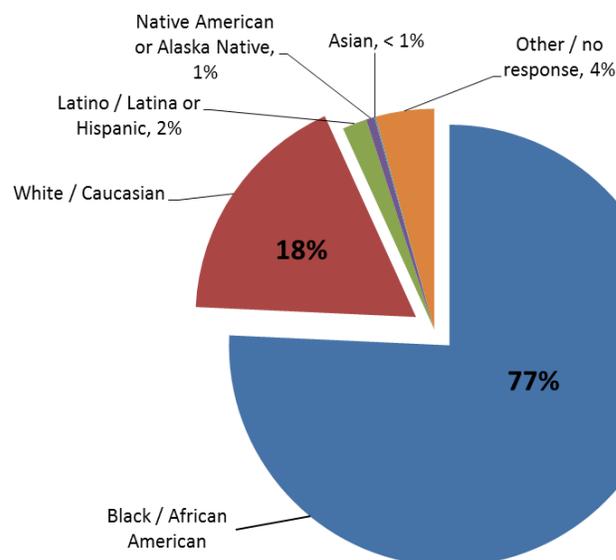
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e. Education

Of persons who reported their level of education, 2 out of 3 had at least a high school diploma or GED (Figure 24).

For almost 30% of homeless persons counted, no response was recorded regarding their highest level of education.
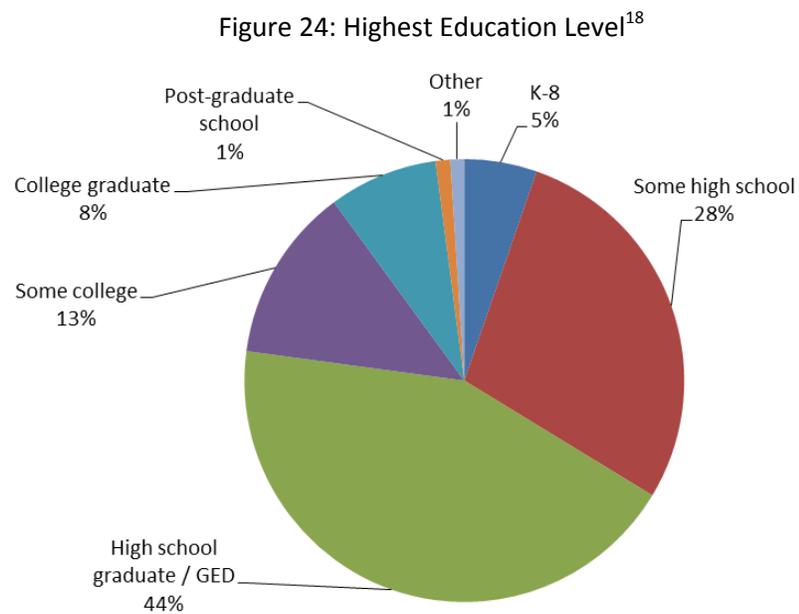
Figure 24: Highest Education Level[18]

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6. Other Characteristics

a. Housing Status

More than half of homeless persons surveyed sleep most frequently in shelters. More than a quarter sleep on the streets or in other places not fit for human habitation most of the time.

The 2013 PIT Count survey collected data about the most frequent sleeping locations of persons experiencing homelessness. Persons who experience homelessness may move between several sleeping locations based on the availability of beds in the shelter system, access to space with family or friends, changes in financial resources, and specific personal needs and concerns. Over half of the persons surveyed during the site-based and mobile counts stated that their most frequent sleeping location is shelters. The next most common location was on the streets or in another place unfit for human habitation (Figure 25).

Figure 25: Most Frequent Sleeping Location (N=650)
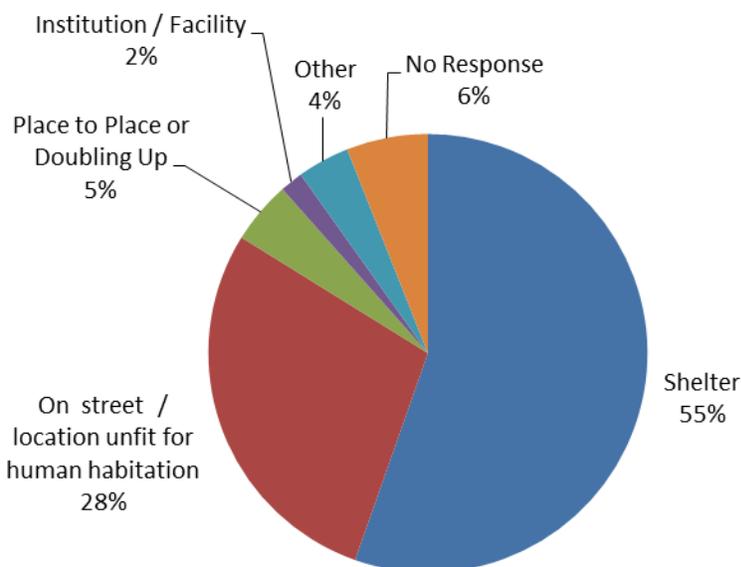
The figure above shows that while 2,638 persons counted qualified as HUD-homeless on the night of the PIT, some of these people frequently sleep in locations that would not qualify them as homeless (see "Homeless Definition" section in the "Methodology"). On the other side of the coin, there may have been people who were not counted on the night of the PIT because they were in a facility, staying with family or friends, or in another housing situation, but who frequently meet the homeless definition at other times throughout the year.

b. Waitlist Status

35% of survey respondents are on waitlists for subsidized permanent housing.

For some persons experiencing homelessness, barriers to employment and housing make it very difficult to obtain market rate housing. For these persons, waitlists for public housing, Housing Choice vouchers,

and permanent supportive housing for homeless persons may provide the best opportunity for obtaining stable housing. Of the 650 persons surveyed, 35% said that they were currently on one of these waitlists.

c. Income

88% of homeless persons encountered live below the "extremely low" income threshold for our community.

According to the U.S. Department of Housing and Urban Development (HUD), the annual median income for a single person in Baltimore City is $60,000. The "extremely low" income threshold is defined as 30% of the area median, which is $18,000 per year or $1,500 per month.

Data collected show that 71% of homeless persons counted live on less than $500 per month. Another 17% live on between $501 and $1,000 per month. Without taking into account family size, all of these people have incomes less than the "extremely low" threshold for a single person. Persons who reported having an income greater than $1,000 may also fall under this threshold, depending on their monthly incomes and family sizes.

Figure 26: Current Monthly Income[19]
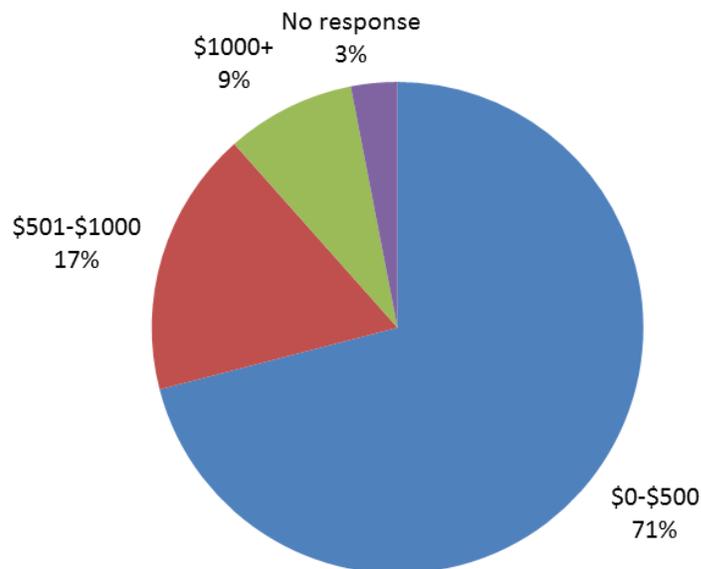
Of people who responded to questions regarding their current sources of income, 92% had at least one source of income. The most common sources of income were Temporary Disability Assistance Program (approximately $185 per month) and Supplemental Security Income payments (approximately $765 per month). The next most common source was formal employment (Figure 27).

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[19] N=2,231. Includes survey data combined with data from HMIS-participating providers.

The most common non-cash benefit was Supplemental Nutrition Assistance Program (SNAP) benefits, formerly known as Food Stamps. More than half of persons who responded to the question about sources of income reported receiving SNAP.

Figure 27: Sources of Income Reported[20]

Source of Income	%
Temporary Disability Assistance Payments	18%
Supplemental Security Income	18%
Work, "on-the-books"	13%
Social Security Disability Insurance/Social Security Benefits	10%
Temporary Cash Assistance	6%
Veterans Affairs Benefits	3%
Work, "under the table" / cash	2%
Panhandling	2%
Pension / Retirement	1%
Other	6%

d. Health

Compiling health data enables a better understanding of the homeless population's health needs, use of health services, and eligibility for health-related programs. There are several programs in Baltimore City that work with high-cost users of health systems to improve care coordination and reduce overuse of high-cost crisis services.

As mentioned earlier, health data collected on the homeless population comes from self-reported information, and many people do not know they have certain conditions or do not want to disclose their health conditions due to stigma or a desire for privacy. Despite the data limitations, health information collected can provide valuable information.

Medical Conditions

Three out of five homeless survey respondents reported ever having at least one of the medical conditions queried (See Figure 28). 16% of these reported a communicable illness (transmitted through direct contact with an infected individual) such as Hepatitis C, HIV/AIDS, or TB. One in ten respondents reported a history of exposure-related illness, such as hypothermia or heat exhaustion.

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[20] N=1,290. Survey data combined with data from HMIS-participating providers, de-duplicated. Does not include 941 persons who did not respond to this question

Figure 28: Health Conditions of Homeless Persons[21]

Condition	%
Asthma	24%
Heart Disease, arrhythmia, irregular heart rate	18%
Diabetes	14%
Swollen, infected, ulcers on legs / feet	12%
Liver disease, Cirrhosis, end stage liver disease	7%
Kidney disease, end stage renal disease, dialysis	5%
Blindness	6%
Emphysema	4%
Cancer	4%
Communicable Illness (Subnet)	16%
Hepatitis C	13%
HIV+/AIDS	4%
TB	2%
Exposure Illness (Subnet)	12%
History of frostbite, hypothermia, immersion foot	7%
History of heat stroke / heat exhaustion	7%

Emergency Room (ER) and Hospital Utilization

Many people experiencing homelessness use high-cost emergency services. More than half (57%) of the homeless individuals surveyed have been in the ER at least once in the past three months. Roughly one in four have been in the ER three or more times in the past three months (Figure 29). These findings are consistent with a 2012 study that found that 18 of the top 20 users of Baltimore City emergency departments were homeless.[22] 41% of PIT survey respondents have been admitted to the hospital at least once in the past year (Figure 30).

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[21] N=650; Survey data only.

[22] Barbara Y. DiPietro, Dana Kindermann, and Stephen M. Schenkel, "Ill, Itinerant, and Insured: The Top 20 Users of Emergency Departments in Baltimore City," The Scientific World Journal, vol. 2012, Article ID 726568, 6 pages, 2012. doi:10.1100/2012/726568 http://www.hindawi.com/journals/tswj/2012/726568/cta/

Figure 29: Number of ER Visits in the Past Three Months[23]
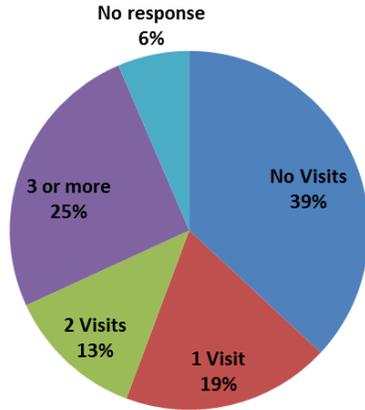
Figure 30: Number of Hospital Admissions in the Past Year[24]
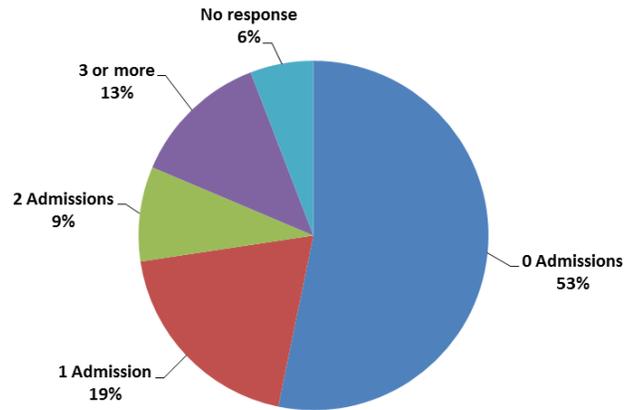
Mobility Impairments

One in three homeless persons surveyed reported a permanent physical condition that makes it difficult for them to get around, such as an amputation or inability to climb stairs. This portion of the population may need housing equipped with accessible features such as an elevator or ramp.

Figure 31: Prevalence of Mobility Impairment[25]

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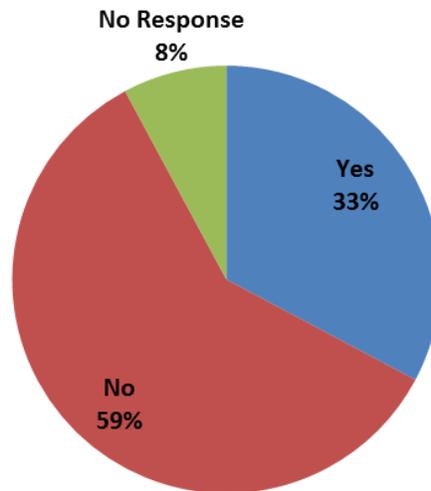
[23] N=650; Survey data only.
[24] N=650; Survey data only.
[25] N=650; Survey data only.

Health Insurance

71% of people surveyed reported having health insurance. Primary Adult Care was the most common form of health insurance followed by Medicaid (33% and 19% respectively). Figure 32 shows the other types of health insurance that were reported in the survey. These percentages total more than 71% because some persons reported having more than one type of health insurance.

Figure 32: Health Insurance Types Reported by Surveyed Persons[26]

| Insurance Type	%
Primary Adult Care	33%
Medicaid / Medical Assistance	19%
Medicare	9%
Department of Veteran's Affairs	5%
Private Insurance	1%
Other	9%

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[26] N=650; Survey data only.

e. Incarceration

58% of homeless persons surveyed reported having served time in jail in the past.

The U.S. Bureau of Justice Statistics reports that at year end 2011 (the most recent year available), about one in every 34 adult residents in the U.S. was under some form of correctional supervision.[27] Persons who exit jail or prison may become homeless due to insufficient financial resources or support networks at the time of their release. Having a history of incarceration also reduces employment and housing options available to persons who are currently homeless.

Figure 33: Histories of Incarceration among Surveyed Persons[28]
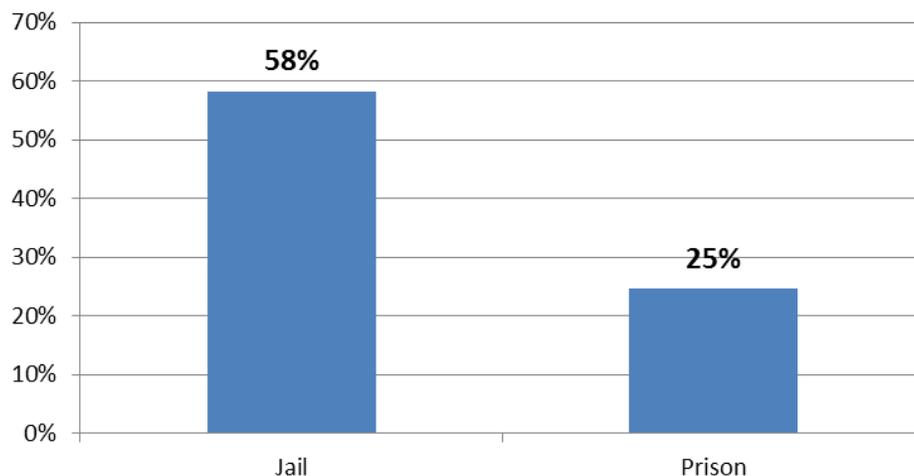
Prior studies of Baltimore City Detention Center detainees found that:

- Among men, 10% have no housing plans upon release and 39% have unstable housing upon release (either do not know how long they can stay or can only stay 30 days or less).[29]

- Among women, 25% have no housing plans upon release and 33% have no stable housing upon release (either do not know how long they can stay or can only stay 30 days or less).[30]

This year's PIT Count was the first in which surveys were conducted inside and in the release area of the jail. Only people serving sentences of 90 days or less were interviewed in order to prioritize those most likely to meet the HUD definition of homelessness. 92 people in jail were offered the survey, and 32 people completed surveys, including 19 men and 13 women. These individuals' data were not added to the official PIT count, due to HUD guidance.

[27] U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics (2012). "Correctional Population in the United States, 2011." Retrieved from http://www.bjs.gov/content/pub/pdf/cpus11.pdf
[28] N=650; Survey data only.
[29] Shawn M. Flower and the Window Replication Project Partners. (November 2010). "Adjusting the Lens: A Window into the Needs of Men in Jail." Retrieved from: http://www.abell.org/publications/detail.asp?ID=169
[30] Rachel McLean, Jacqueline Robarge & Susan Sherman. (November 2005). "Release from Jail: Moment of Crisis or Window of Opportunity for Female Detainees in Baltimore City?" Retrieved from http://www.powerinside.org/uploads/reports/WINDOW.Report.FinalRev.pdf

f. Trauma

41% of homeless persons surveyed reported having been the victim of a violent attack.

Surveys conducted during the site-based and mobile counts asked if respondents had ever experienced attacks related to homelessness, gender, sexual orientation, domestic violence, sexual abuse, or prostitution (Figure 34).

Figure 34: History of Violent Attack Among Surveyed Persons[31]

Trauma Related Survey Responses	%
Yes to Any Violent Attack	**41%**
Violent attack while homeless	28%
Domestic violence or sexual abuse	24%
Violet attack related gender or sexual orientation	4%
Violent attack related to prostitution	3%
No Response	**59%**

59% of people had no response to the question about trauma. These data may be underreported due to the context of the survey data collection. These experiences are very personal and may not be easily shared in a public setting with a stranger.

g. Citizenship and Immigration Status

92% of persons counted reported being US citizens.

Self-reported undocumented immigrants accounted for only 1%, while another 2% of individuals reported being legal permanent residents. The remaining 6% reported their citizenship status as "other" or did not respond to the question[32]. This group may include people who did not want to report their immigration status out of fear of self-incrimination.

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[31] N=650. Survey data only.
[32] N=650. Survey data only.

7. Conclusion

Baltimore's 2013 PIT Count was conducted on January 27, through a process facilitated by the Mayor's Office of Human Services-Homeless Services Program (MOHS-HSP). There were 2,638 homeless persons identified during the count, a 35% decrease from 2011. The bulk of this decrease can be attributed to a necessary correction in the counting methodology in 2013. Without including the imprecise estimates of unsheltered persons that were added to the counts in 2009 and 2011, the total number of homeless persons counted in 2013 returned approximately to its 2007 level. With these corrections, the data suggest that, contrary to previous assessments, the total count of homeless persons in Baltimore did not experience large changes during the period from 2007 to 2013. It is important to note, however, that PIT Count figures are imperfect, and demographic trends included in this report about the homeless population must be interpreted with caution. The best PIT Count methodology remains a work-in-progress nationwide, and because no exact model exists, many aspects of a PIT Count can vary across years and across jurisdictions. Therefore, comparing the PIT Count over time in Baltimore does not reflect the precise evolution of the actual number of homeless persons in the City. It does, nonetheless, provide a way to compare homelessness over time using the best data currently available[33].

Efforts of service providers, volunteers, and the MOHS-HSP have made the 2013 PIT Count the most comprehensive and reliable to date. The count of sheltered persons was more complete due to the inclusion of data from additional providers, and the unsheltered count was more complete due to an expanded timeframe, an increase in volunteers, and an increase in locations where surveys were administered. There were also improvements in the counting methodology for youth and transgender persons, and, for the first time, surveys were administered to incarcerated persons.

Beyond these methodology improvements, the MOHS-HSP expanded the analysis of the data with the goal of making the PIT Count more useful for planning and policy decisions. And, for the first time, data collected during the PIT Count were used to identify the most vulnerable individuals and families as part of the Home for Good Campaign's initiative to connect them with housing and supportive services. Baltimore's Home for Good campaign continues to meet monthly to coordinate the effort to house the most vulnerable persons identified during the PIT Count. Facilitated by the MOHS-HSP, this group will help ensure continuous, collaborative, and stakeholder-driven improvements to the PIT Count process and the quality of the resulting data.

Looking toward future PIT Counts, the MOHS-HSP will work to balance the priorities of (1) maintaining consistency in the counting methodology to better ascertain information about trends, with (2) making necessary improvements to the methodology to improve the thoroughness and accuracy of the count. The Homeless Services Program will also leverage the new HMIS system (to be implemented later in 2013) to collect more useful and higher quality data, and to expand the number of homeless services providers in the City that participate in the HMIS. To complement the capacity of the HMIS, the MOHS-HSP will continue the work of collecting more and better data from non-HMIS contributing organizations.

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[33] For more on the limitations of PIT Count data, see: NAEH. "The State of Homelessness in America 2012". Retrieved from http://www.endhomelessness.org/library/entry/the-state-of-homelessness-in-america-2012