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| F<br>R<br>O<br>M | Name & Title          | Joshua M. Sharfstein, M.D.<br>Commissioner of Health<br> | Health Department | <br>MEMO |
|                  | Agency Name & Address | Health Department<br>210 Guilford Ave.  |                   |   |
|                  | Subject               | Council Bill 08-0053– Baltimore City's 10 -Year Plan to End Homelessness - A Call to Action   |                   |   |

To: President and Members  
of the City Council  
c/o  
409 City Hall

July 25, 2008

The Baltimore City Health Department (BCHD) is pleased to have the opportunity to support Council Bill 08-0053. The purpose of the bill is to call upon the citizens of Baltimore City to join the Mayor in attaining the goals set forth in The Journey Home: Baltimore City's 10 - Year Plan to End Homelessness; urging faith-based, student, fraternal, sororal, civic, youth, and other service organizations to identify the specific contributions they will provide to address the plight of the homeless; and encouraging all private citizens to volunteer their time, talent, and tangible resources to the action plan to end homelessness in Baltimore City by 2018.

Across the United States, large cities, small towns, and many regions in between experience homelessness. National figures for the prevalence of homelessness underscore the need for new solutions to this vast social and economic problem. Alarming, approximately 3.5 million people, or one percent of the entire U.S. population, meet the federal definition of homelessness today.

On any given night in Baltimore, approximately 3,000 people sleep on the city's streets, in shelters, in cars, or other such locations not meant to be home.<sup>1</sup> Of those homeless people, eighty percent are African-American, 68 percent are men, and 54 percent are between the ages of 36 and 50. Furthermore, based on the Baltimore Homeless 2007 census, it is estimated that more than 1,000 Baltimoreans meet the federal definition of "chronically homeless," meaning they had been homeless for over one year or had at least four episodes of homelessness in three years.

In Baltimore as in other cities nationwide, homelessness is more than a social and economic problem. It is also a public health crisis. According to the National Health Care for the Homeless Council, serious disorders such as malnutrition, severe dental problems, AIDS, and tuberculosis are frequently identified among the homeless. Health problems that exist quietly at other income levels, such as alcoholism, mental illnesses, diabetes, hypertension, physical disabilities, are prominent on the streets. At least one-half of the chronically homeless population has both addiction and mental illness and 75% have unresolved chronic medical conditions including HIV, diabetes, and hypertension

<sup>1</sup> Baltimore Homeless Services, "The 2007 Baltimore City Homeless Census."



Beyond the damage to the lives of people who live on a city's streets and in its shelters, homelessness also has vast impacts on the economic well being of the cities themselves as they struggle to address this problem. Specifically, there are many costs associated with the kinds of emergency care and triage that homeless people require. The average chronically homeless person costs taxpayers an estimated \$40,000 a year through the utilization of public resources – from Emergency Department visits to police time. These kinds of expenditures are proven to be relatively inefficient and ineffective when compared to the cost of providing housing.<sup>2</sup> This finding points to the need for new interventions that do more than merely manage the problem of homelessness.

Taken together, the multiple consequences and costs associated with homelessness have compelled Baltimore City to devise new strategies aimed at actually ending homelessness. On all levels, the government must play a role in addressing this problem. However, it also critical that we engage the community in this process. By to promoting volunteerism and community partnerships we can move towards our goal of ending homelessness.

Cc: Joshua M. Sharfstein, M.D.  
Rianna Brown  
Angela Gibson

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<sup>2</sup> Culhane, et al., "Public service reductions associated with placement of homeless persons with severe mental illness in supportive housing," (2002).