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	Agency Name & Address	Health Department 210 Guilford Ave.	MEMO	
	Subject	Council Bill 08-0033R– Investigative Hearing - Hospitality Industry - Employment of the Homeless and Ex-Offenders		

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

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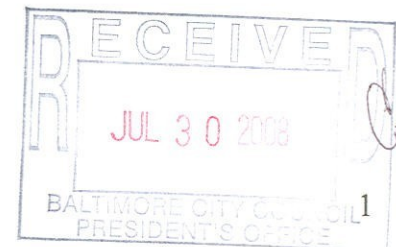
The Baltimore City Health Department (BCHD) is pleased to have the opportunity to respond to Council Bill 08-0033R. The purpose of the bill is to explore the opportunity for employment of the homeless and ex-offenders in the City's growing hospitality industry; requesting the Director of Baltimore Homeless Services, Inc, the Director of the Mayor's Office of Employment Development, and the Director of the Mayor's Coordinating Council on Criminal Justice to provide a list of employment training their offices provide or are associated with; calculating the size of the target population comprising a potential employment pool of unskilled labor; and determining the respective roles of private industry and government in placing workers and providing support services to ensure their successful reentry into the workforce and the community.

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 is also critical that we engage the community in this process. The Health Department looks forward to working with the City Council to explore ways to address labor shortages while also providing valuable skills and employment opportunities to our City's homeless.

Cc: Joshua M. Sharfstein, M.D.  
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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).