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Hard Numbers, Hard Times: Homeless Individuals in Massachusetts Emergency Shelters, 1999-2003

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Hard **Numbers**, Hard **Times**

Homeless Individuals in Massachusetts Emergency Shelters, 1999-2003



FIVE YEARS OF DATA FROM MASSACHUSETTS' HOMELESS MANAGEMENT INFORMATION SYSTEM

CSPTech (Connection, Service, & Partnership through Technology)

July 2004



John W. McCormack Graduate School of Policy Studies at UMass Boston





The CENTER *for* SOCIAL POLICY

Hard Numbers, Hard Times:
Homeless Individuals in Massachusetts Emergency
Shelters, 1999-2003

Tatjana Meschede, Brian Sokol, Jennifer Raymond
With: Donna Haig Friedman, Nancy Sullivan, Michelle Kahan, Susan Ma,
Michael Faris, Bill Silvestri

CSPTech (Connection, Service, & Partnership through Technology)

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HOMELESS MANAGEMENT INFORMATION SYSTEM

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Letter from Center for Social Policy Director

July 2004

Dear Friends and Colleagues,

From 1996-1998, a collective vision for our Homeless Management Information System (HMIS) implementation identified multiple purposes: that homeless men, women, and children receive the resources and services *they feel they need*, that intake and assessment processes be streamlined, and that data gathered from these persons be effective in informing public policy to address and end homelessness in Massachusetts. This vision energized homeless assistance service and advocacy organizations, the City of Boston, the State of Massachusetts, and UMass Boston's Center for Social Policy. As a community, we embarked on this excursion with high expectations. We began a journey that required an investment for the long term, an outlay of resources, fundamental changes in organizational cultures, and long-term activation and nurturance of a common vision and sense of purpose.

Our community's implementation has been unique in several ways, highlighted in an external evaluation recently completed by Martha Oesch. The data generated since 1999 from the efforts of hundreds of programs (240 homeless assistance programs to date) that have engaged in this project on a largely voluntary basis, have had an impact on advocacy and public policy. A commitment to meaningful involvement of consumers is a distinguishing strength of the project. Thorough attention has been given to privacy concerns from both a technical and staff training standpoint.

As a national HMIS leader, our community is sought after for its expertise and guidance on extrapolation techniques, implementation planning, information security policies and features, consumer involvement, program evaluation, and university/community partnerships.

Together, providers, advocates, government officials, constituents, and researchers have collectively faced many political, financial, and technical challenges in our work to realize the vision. The technology has improved as our implementation proceeded, and at times continues to present formidable challenges.

Learning from these challenges, we, as a community, have been working toward higher coverage levels and improved data quality. This 2003 report on individuals using Massachusetts emergency shelters represents a huge leap forward on both fronts, and therefore yields exceedingly sound information.

On behalf of the Center for Social Policy team, I want to communicate our deep appreciation to the agencies and staff who are responsible for this achievement. The full listing of these pioneer programs who have contributed data on individual shelter guests in 2003 is included in Appendix A. Through incorporating systematic data collection into ongoing operations, with all its human, technical, and organizational implications, these programs have successfully ensured that the realities of their guests' lives are reflected in the report to follow and are, thereby, available for use in the state's policy making process.

With deep appreciation,
Donna Haig Friedman, Director
Center for Social Policy

Executive Summary

Hard Numbers, Hard Times is the fruit of five years of homeless management information systems data collected in homeless emergency shelters serving individuals across Massachusetts. For the first time, comprehensive, reliable statewide data are provided on how many people accessed the system, where people became homeless, what they attributed their homelessness to, how long they stayed in shelter, and where they went when they left. These data are combined with information on demographics, income, special needs and insurance status along with analysis and interviews to provide multiple perspectives on the Massachusetts shelter system.

Major Findings

- An estimated **28,800 individuals** were served in the state's emergency homeless shelter system in calendar year 2003.
- Close to 80% of 2003 shelter guests lived in **Massachusetts** before becoming homeless.
- Most shelter guests attributed their homelessness to **financial problems** and **unemployment**.
- The proportion of those entering their current shelter from another has increased steadily since 1999.
- In 2003, proportionately fewer respondents reported **employment income** upon entering shelter. Average income amounts have also decreased since 2001.
- **Health insurance coverage has decreased** since new eligibility standards were implemented in April 2003.
- **Elders** were the fastest growing group among the emergency shelter population.
- **Substance abuse** was the most frequently reported disability by emergency shelter guests in 2001-2003.
- Over 50% of shelter guests **stayed in shelter for a week or less**.

Policy Implications

- Individuals are becoming homeless while residing in Massachusetts. **Extend homeless prevention** programs, particularly for elderly individuals
- More and more shelter guests rotate between shelters. **Increase resources for shelters** so that they can better enable transitions out of homelessness
- **Close the health insurance coverage gap** created by 2003 cuts in MassHealth Basic.

Introduction

Over the past five years, emergency shelter services were provided in an environment of continuous state human service budget cuts, affecting loss of shelter beds and other vital services to the homeless population. At the same time, housing affordability has decreased drastically. Those renting apartments are paying large sums in rent, with 39% paying more than 30% of their household income.¹ In addition, housing assistance programs have been notorious in their inability to meet housing needs. In Massachusetts alone, approximately 42,500 people are on the Section 8 waiting list. There is plenty of evidence that homelessness has increased since 1999. For example, the Boston homeless census has reported an overall increase of all homeless persons, including families, over the past five years.

While there are many sectors of the homeless population not represented in this report, such as homeless families and those using specialized shelters, this report presents hard numbers on the largest portion of the Commonwealth's homeless population: unaccompanied individuals who came into contact with the emergency shelter system.

Homeless Management Information Systems (HMIS)

The need for data on homeless individuals and their use of services is pressing. As stated by Congress (HUD, 2001):

“The conferees reiterate and endorse language included in the Senate report regarding the need for data and analyses on ... the effectiveness of McKinney Act programs ...” and “...analyze their [homeless persons] patterns of use of assistance, including ... the effectiveness of the systems.”(HUD, 2001).

Based on this congressional mandate, the federal Department of Housing and Urban Development (HUD) mandated implementation of Homeless Management Information Systems (HMIS) by Fall 2004 for all HUD funded homeless programs.

CSPTech

The Center for Social Policy (CSP) at the John W. McCormack Graduate School of Policy Studies, University of Massachusetts Boston oversees the Connection, Service, and Partnership through Technology (CSPTech) project. CSPTech operates an HMIS being implemented throughout the Commonwealth. Founded in 1995, this project includes a networked computerized record-keeping system that allows homeless service providers across Massachusetts to collect uniform client information that can be analyzed and reported on over time. CSPTech also incorporates data from agencies and communities using other data collection systems through a data integration initiative. This information is aggregated to create this report to benefit service providers, advocates, government officials, researchers, and people experiencing homelessness. Analysis of this information is critical to efforts to understand the extent of this problem in Massachusetts in an attempt to break the cycle of homelessness and poverty.

Currently approximately 123 homeless programs serving individuals are involved in the CSPTech project through multi-year contracts with the City of Boston, City of

¹ Goodman, M. J. and Palma, J. (2004) Winners and Losers in the Massachusetts Housing Market: Recent Changes in Housing Demand, Supply and Affordability. University of Massachusetts, Donahue Institute

Cambridge, and the State of Massachusetts, representing over 60% of the homeless individuals served in emergency shelter in the state. The City of Lawrence and several independent shelters also contributed data for this report. The availability of these data is the result of an intensive, cooperative effort over the past several years of service providers throughout the state of Massachusetts. Data collection has improved greatly over the past year. As a result of this effort coverage of 65% has been reached while increasing the turnover rate to 12, the actual level shown by the data, meaning that on average each individual bed turned over approximately monthly.² This rate represents a substantial increase from previous years in which we used an estimated turnover frequency of 6.5.

Report Structure

This report presents data on individuals before they became homeless, at shelter entry including their demographic characteristics, and when they exited shelter. It also includes data on the extent of individuals' contact with the shelter system. In each section, data are presented on all individuals in Massachusetts' emergency shelters. Significant variations in the data based on gender, age group—youth (under 25), adults (25-54), and elders (55+)—and region (Boston and the rest of the state) are highlighted in the analysis.

After compiling the data, CSPTech staff conducted interviews with diverse stakeholders to solicit feedback on the findings. Throughout the report, quotations from these interviews are presented, which offer alternative perspectives and additional context for the data tables. As such, we view this report not only as a release of HMIS data but also as a platform for ongoing debate.

"Wow. That site is incredible! I have a mountain of work to do, but I think I will spend a few minutes browsing the site. So interesting. I ran a simple report and will most likely be distracted running more throughout the day. A person could get used to this technology!"
-MASShelter user

Most of this information can also be accessed and analyzed by the recently developed data analysis website called MASShelter Data Center available at <http://www.csp.umb.edu/Massshelter>. Through this site, users can create the reports broken down by gender, age, and region as referred to here, as well as generate many other views of the data.

Acknowledgements

We thank shelter staff for their enormous effort in collecting and entering information, thereby improving data quality over the years. We also thank the thousands of homeless people who shared their personal information, as well as the hundreds of staff who have conducted interviews, entered data, and managed the project. The City of Lawrence voluntarily contributed data for this report. We are also grateful to the members of the CSPTech team who continue to labor long and hard with each of the program sites. Special thanks to those that provided commentary for this report: Sunni Ali, Elizabeth Babcock, Gordon Brier, Joe Crispin, Katherine Green, Julia Tripp, Michelle McGonagle and Richard Weintraub.

² Previous reports were based upon estimated turnover rates from research conducted in other parts of the country. For 2003, the turnover rate is based upon actual Massachusetts data, which show that turnover in the Commonwealth is higher than that reported in other cities.

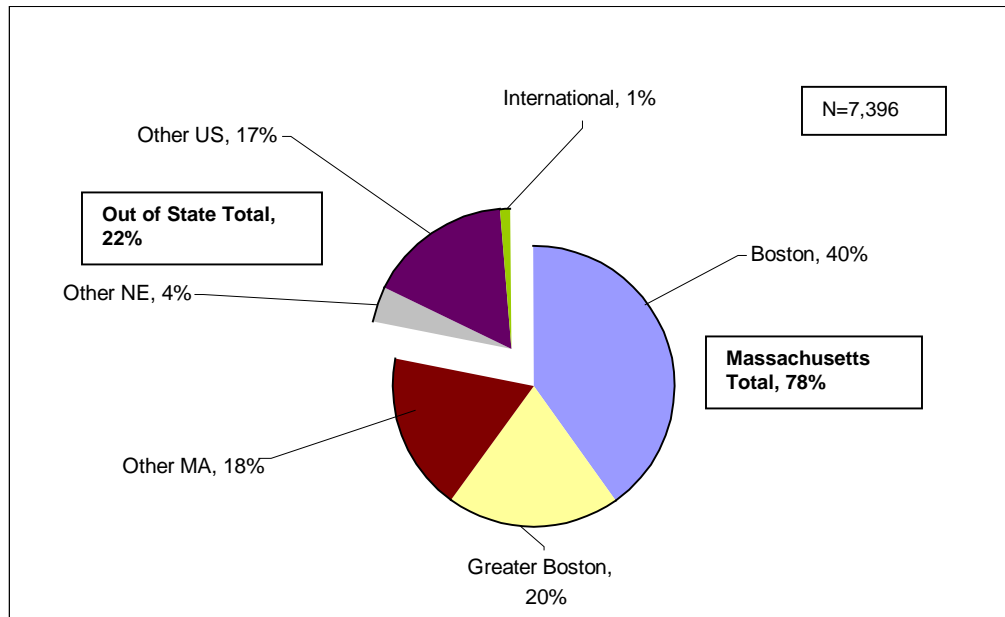
Individuals in Homeless Shelters 2003

The 2003 HMIS data include an unduplicated count of 18,708 individuals accessing emergency shelters during the year, representing 65% of the total population served. Extrapolating from this number, approximately 28,800 individuals were served in the state's homeless shelter system in calendar year 2003³. This figure represents a potential increase from a previous estimate of 25,000 shelter guests in 1999⁴.

Where Did Homeless Shelter Guests Live Before Becoming Homeless?

As illustrated in Figure 1, 60 percent⁵ of Massachusetts homeless shelter guests lived in Boston or greater Boston before becoming homeless. About 22 percent were from out of state.

Figure 1: City of Residence Prior to Becoming Homeless, 2003



Of those who specified their Boston neighborhood in which they resided before becoming homeless, most lived in Dorchester, Roxbury or South Boston. Those who lived in greater Boston before becoming homeless lived mostly in Cambridge, Somerville, Quincy, or Chelsea. As cities of prior residence within the state, Lawrence, Worcester, Haverhill, and Lynn were mentioned most often (see Appendix B for the most frequently reported cities).

³ Extrapolation is based on the unduplicated count and coverage rate for 2003.

⁴ Center for Social Policy (2000). Situation Critical: Meeting the Housing Needs of Lower-Income Massachusetts Residents. Please note that the 1999 estimate includes guests of specialized shelter programs, such as those funded by DSS, DPH, DMH, and DMR whereas the 2003 estimates only includes shelter residents at DTA and some DVS funded shelter programs.

⁵ Percentage calculations throughout this report are valid percents excluding missing values, except where otherwise noted.

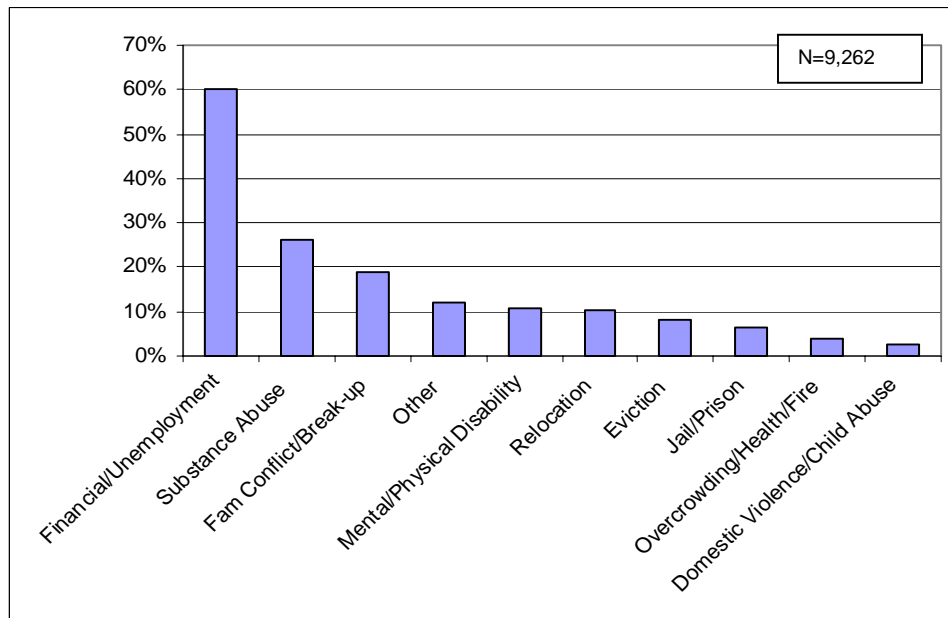
There were no notable differences between homeless men and women regarding city of prior residence. Elder homeless individuals, though, tended to have lived in Boston or greater Boston, more so than adults or youth.⁶

Not surprisingly, those in Boston's shelters tended to come from Boston or greater Boston (60 percent). Those in shelter outside of Boston tended to be from greater Boston or other parts of the state (69 percent).

Why Did Homeless Shelter Guests Become Homeless?

Most homeless shelter guests attributed their homelessness to financial problems and unemployment (60 percent). A little more than a quarter of homeless shelter guests also thought that their substance abuse contributed to their homelessness, and about one in five mentioned family conflicts or break-ups. Disabilities were a causal factor for about ten percent, and a little less than ten percent have been evicted from their housing. Seven percent reported that having been in jail or prison caused their homelessness.

Figure 2: Reasons for Homelessness of Shelter Guests, 2003*



“Everyone is homeless because they have no money for a home. The other things are the reasons why they have no money. What about the cost of housing?”
 -CSPTech Consumer Advisory Committee (CSPTech CAC)

*Percents do not add up to 100 because 2 responses were possible.

“While financial is the number one reason for homelessness ... for the elderly population, usually, mental health is second (38 – 40%), physical disabilities are third (30%) and substance abuse lags behind (17%).”
 -Committee to End Elder Homelessness (CEEH)

When comparing homeless men and women, women were more likely to indicate domestic violence as a cause for their homelessness, even though the proportion of women referring to domestic violence as a major reason for their homelessness was small. Some domestic violence victims may have reported family conflict as the cause of their homelessness, as this

⁶ Information on these sub-groups can be accessed at MASShelter Data Center: <http://www.csp.umb.edu/Massshelter/>



category is less burdened by stigma.

Financial problems and unemployment were the most noted reasons for homelessness across all three age groups. Family conflict was much more frequently cited by

“Often, it is after intake, during case work that it becomes apparent that substance abuse is an issue. In addition, mental and physical disabilities, even if diagnosed, may not be cited as a reason for homelessness.”
 -Bridge Over Troubled Water (BOTW)

homeless youth (25%), than it was by adults (11%), and elders (12%). Substance abuse was the second highest reason for adults (18%) and elders (13%), and the third highest for youth (15%).

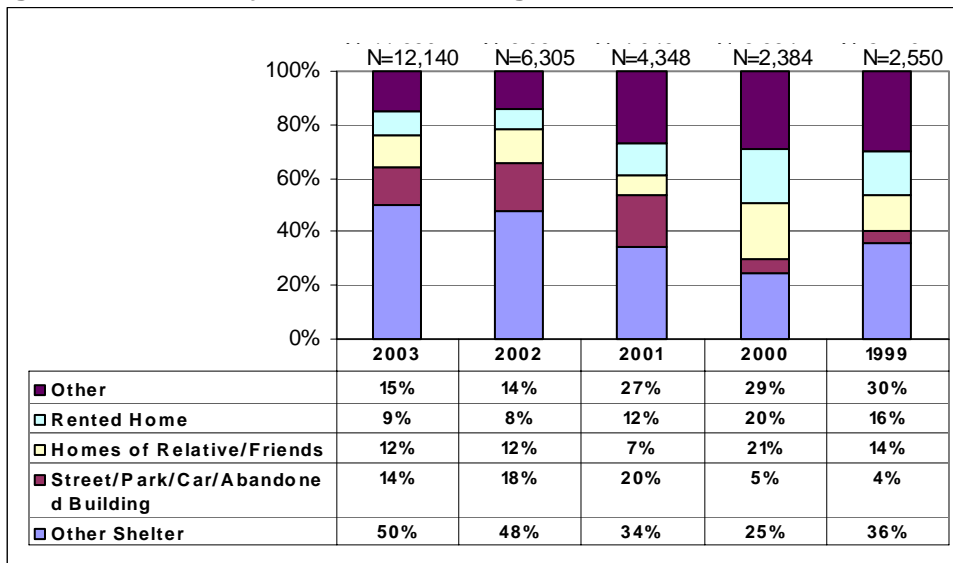
The role of financial problems or unemployment in causing homelessness was more frequently reported by shelter guests in Boston than by those accessing shelter

outside of Boston. Substance abuse as the reason for homelessness was more prevalent for those outside of Boston.

Where Did Homeless Individuals Spend the Night Before Entering Shelter?

More and more shelter guests entered shelter from another shelter. The proportion of individual shelter guests entering their current shelter from another shelter has increased dramatically since 2000, from 25 to 50 percent.

Figure 3: Place Stayed Before Entering Shelter, 1999-2003



Across all five years homeless women were consistently more likely to have stayed with family and friends and were less likely than men to come from another shelter. This finding may indicate that women were more likely to have a supportive social network than men.



“The percentage that lists rented rooms or apartments as their residence prior to shelter has decreased which signifies a lack of affordable housing. Also, there are more who are coming from a shelter, than from outside or another terrible situation. Subsidized housing is being cut and market forces are driving costs higher and higher. The individuals served in LIS earn approximately \$1,000 to \$1,200 per month. In order to afford housing they will need subsidies.”

-Long Island Shelter (LIS)

When compared to homeless elders in emergency shelter, youth and adults experienced a more dramatic increase in having entered their current shelter from another. There were no differences by age groups in terms of those who list the street as prior residence.

Proportionately, more people in Boston came from other shelters and fewer came from the streets as compared to shelter guests outside of Boston.

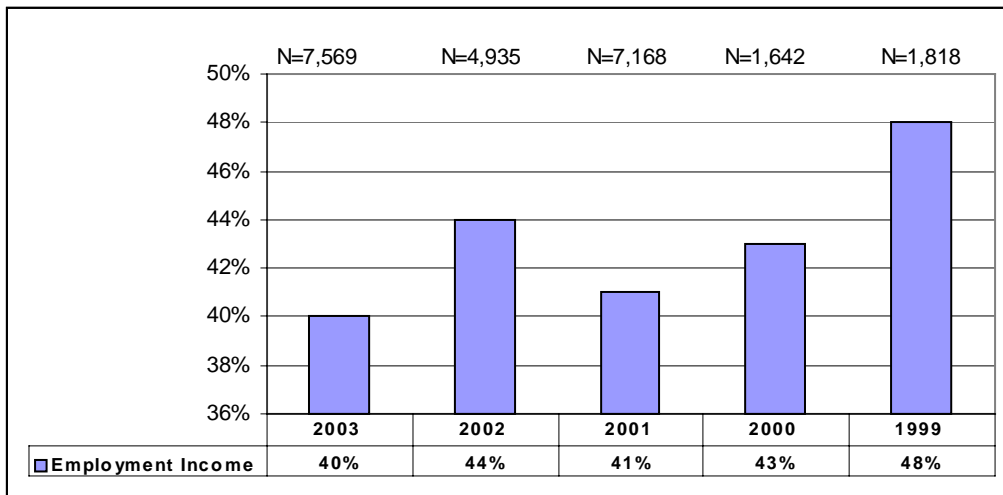
“Many sleep at one shelter one night and at another the next. It may be skewed a little but maybe for people on the street the systems aren’t able to get people off. They are staying in shelters longer than they used to. Shelter is an enabler. Shelter is an addiction. You can come, drink, sleep, and leave. They need to do more than just warehouse people and feed them.”

-CSPTech CAC

Who Worked at Shelter Entry and What Was Their Income?

Of those who reported any income at shelter entry, the proportion of shelter guests with employment was the lowest in 2003. Across all five years of data, proportionately fewer women and elders were employed. The employment rates were higher in Boston; those outside of Boston were more likely to receive SS/SSI/SSDI.

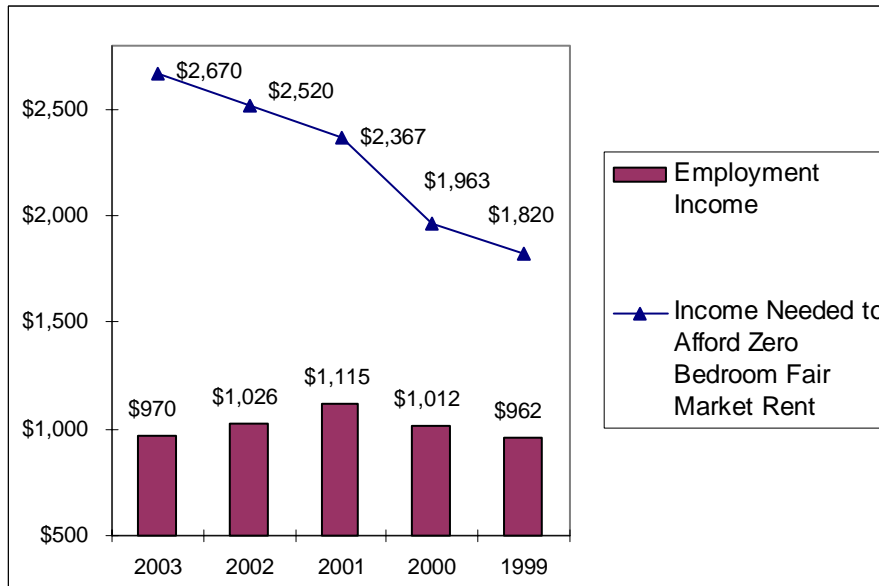
Figure 4: Proportions of Those with Employment Income at Shelter Entry Among Individuals With Any Income, 1999-2003



The average amount of monthly employment income has decreased since its high in 2001. In addition, the gap between average income amounts and the income needed to afford a studio apartment in Massachusetts based on the average zero bedroom fair market rent increased dramatically from 1999 to 2003⁷.

The amount of employment income has been lower for women in all five years. Elders who were employed received lower earnings. There were no notable differences in 2003 in income amounts by region.

Figure 5: Average Employment Income Compared with Income Needed to Afford Zero Bedroom Fair Market Rent, 1999-2003



“You need to have different categories. Need to know “who are the day laborers?” Day labor is horrible. You get paid that day and spend it on alcohol or drugs. They are exploiting the homeless and keeping them down. With day labor you don’t make enough.”
-CSPTech CAC

“You should list panhandling...most people make their money that way.”
-CSPTech CAC

Who Had Access to Mainstream Benefits?

Of those who reported any income at shelter entry, nearly 40% received income from Social Security (SS), Supplemental Security Income (SSI), or Social Security Disability Income (SSDI). Another 12% received income from other public benefits, and 9% received Food Stamps.

More women reported income from SS/SSI/SSDI and Food Stamps. Elders were more likely to have received SS/SSI/SSDI than the other two groups, and received higher amounts of SSI.

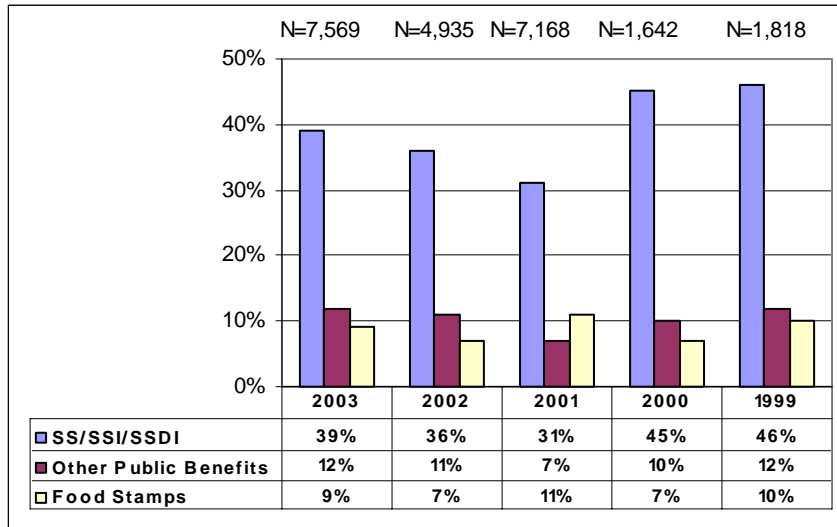
⁷ Out of Reach 2003: America’s Housing Wage Climbs. National Low Income Housing Coalition <http://www.nlihc.org>. The income needed for affording a zero bedroom home is based on spending 30% of one’s total income on housing.



Elders were least likely to have received Food Stamps. However, many elders may have decided that applying for Food Stamps was not worth the effort, since many received SSI which would have entitled them to only low amounts of Food Stamps.

Individuals in shelter outside of Boston were more likely to have received SS/SSI/SSDI than individuals in shelter in Boston.

Figure 6: Access to Mainstream Benefits at Shelter Entry of Individuals with Any Income, 1999-2003



Who Had Health Insurance Coverage?

On April 1, 2003, some 36,000 individuals were cut off from health insurance coverage through the State of Massachusetts when the eligibility rules for MassHealth Basic were changed. MassHealth Essential was subsequently created in October 2003 to help cover those who are no longer eligible for MassHealth Basic. As of June 2004, approximately 26,000 individuals have since enrolled in MassHealth Essential, which has a cap of 36,000 participants.⁸

As presented in Table 7, MassHealth coverage in 2003 dropped about ten percentage points when compared to 2002. Thus, the gains in higher health insurance coverage rates in prior years were eliminated.⁹

Higher percentages of both men and women had no health insurance in 2003 than in prior years. In all five years, women were more likely to have health insurance.

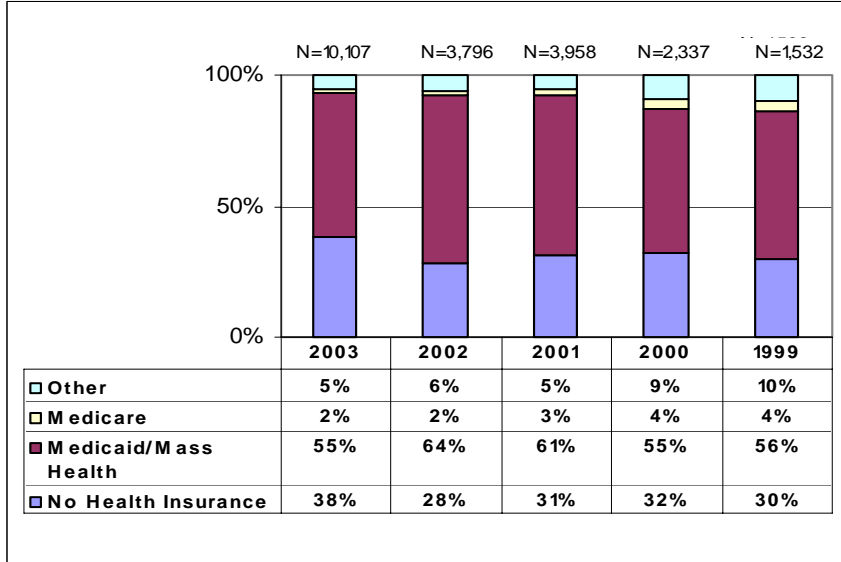
Elders were more likely to have had health insurance than members of the other two age groups. While all groups experienced an increase of those lacking health insurance

⁸ Based on information provided by Boston Health Care for the Homeless.

⁹ These data were collected throughout 2003, which included periods prior to the cuts, as well as before and after the creation of MassHealth Essential.

coverage, youth have been the most affected by the policy changes. Sheltered individuals outside Boston were less likely to have health insurance than those in Boston.

Figure 7: Health Insurance Coverage at Shelter Entry, 1999-2003*



“MassHealth cut back on services. If you don’t have a disability, then your MassHealth is caput. You used to be able to go to detox but now if you go more than three times, MassHealth won’t accept it.”
 -CSPTech CAC

*Percents may not total 100 due to rounding.

Not only was access to health insurance cut for many, co-payments for medications have also risen, regardless of homeless status.

“It went from no co-payment to \$2 to \$3 for brand name and \$1 for generic.”
 -CSPTech CAC

What Are Shelter Guests Special Needs?

Since 2001, substance abuse has been shelter guests’ most frequently self-reported disability. In 2003, over half of emergency shelter guests reporting any disability were abusing alcohol. Mental health problems and drug abuse were each reported by close to one in three individuals, slightly more than in previous years. This information needs to be considered with caution. A plethora of research literature discusses the challenges involved in collecting reliable information on substance abuse and mental health problems in consumer interviews¹⁰. Rates of substance abuse and mental health problems among the homeless vary from 20-70 percent in research studies, depending on the data collection tool applied. Studies that report higher rates used clinical assessment tools, while those reporting lower rates more often relied on surveys. As such, the information presented here most likely represents a low estimate of disability problems among shelter guests.

¹⁰ see Zerger, S. (2002). Substance Abuse Treatment: What Works for Homeless People? A Review of the Literature. National Healthcare for the Homeless Council, Nashville, TN.



Men were more likely to report higher levels of alcohol abuse, while women reported mental health issues more frequently than men.

“The percentage for substance abuse and mental health appear to be lower than what we see. There are more women with mental health issues than substance abuse, and with substance abuse many are medicating themselves.”

-PSI Women’s Inn

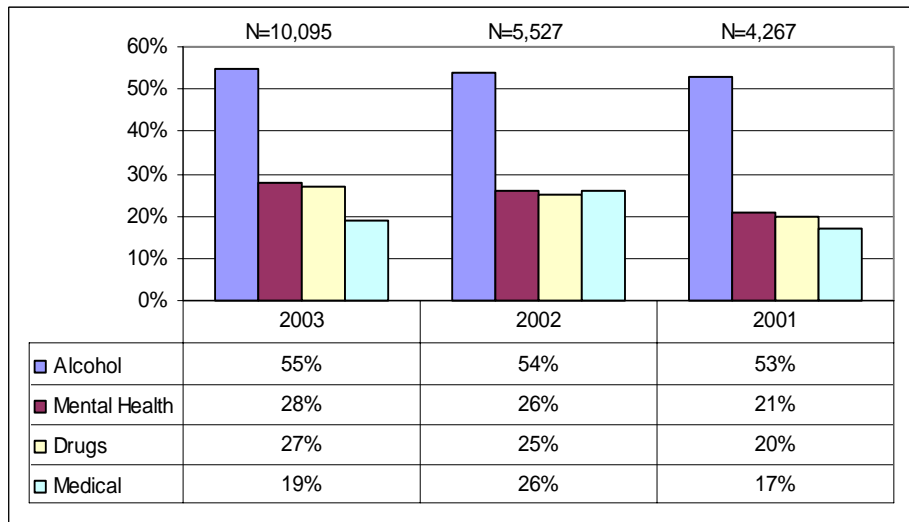
Of the three age groups, adults had the highest levels of alcohol abuse. About one-fifth of elders reported medical problems, which was more frequent than other groups.. The rate of alcohol abuse was much lower for youth than for those in the other two age groups. In 2003, rates of mental health problems across the three age groups were similar.

“The percentage reporting physical disability and mental illness [for elderly] looks low, while alcohol and drug as a disability look high. It could be that individuals are not as comfortable reporting information about their physical disabilities or limitations or mental health issues.”

-CEEH

Individuals in Boston were more likely to report medical problems than those outside of Boston. In 2002 and 2003, those outside of Boston were more likely to report drug abuse.

Figure 8: Special Needs of Shelter Guests Reporting Any Disability, 2001-2003*



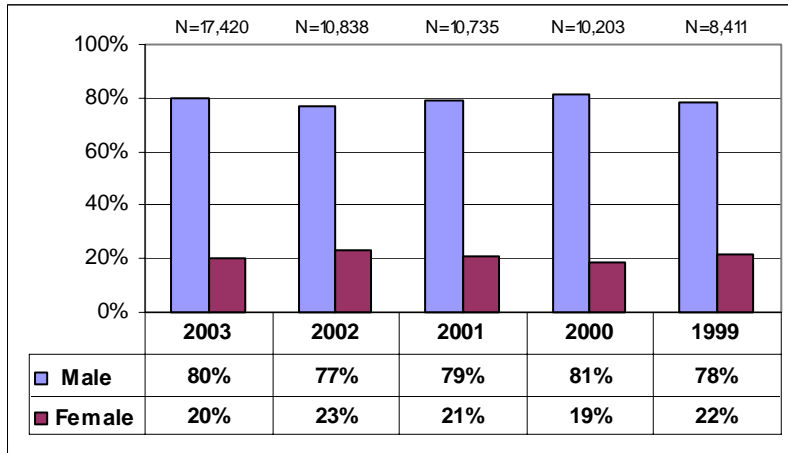
*More than one response possible

Who Uses Massachusetts Emergency Shelters?

Gender

Overall, there were no major changes in gender composition between 1999 and 2003. About two in ten shelter guests were women. Almost one-third of youth were female throughout the five years, and one-fifth of those over 25 were women.

Figure 9: Gender of Sheltered Individuals 1999-2003



Race

Shelter guests were disproportionately people of color. According to the U.S. Census, in 2000, 85 percent of Massachusetts' residents were white.¹¹ In 2003, nearly half of emergency shelter guests were white, while 32 percent were black and 16 percent were Latino. During the past five years, there has been an increase in the proportion of emergency shelter guests who were Latino, a slight increase in the proportion who were African American and a decline in the proportion who were white.

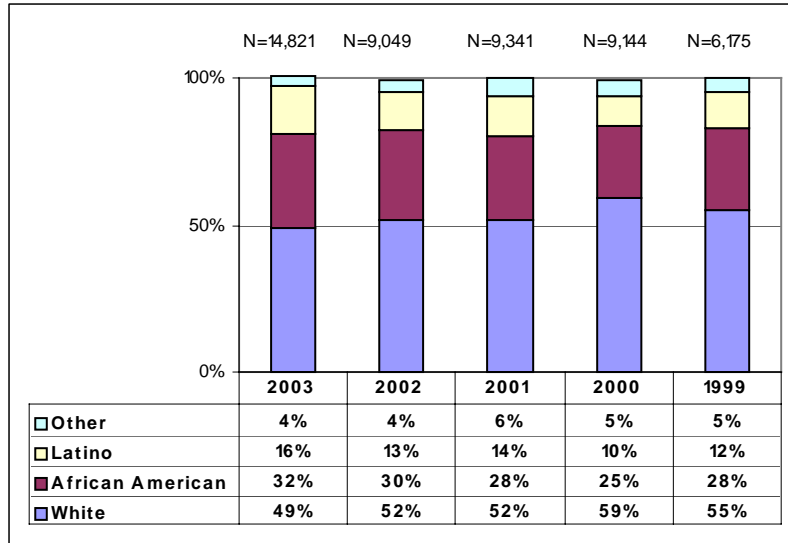
There was a higher proportion of Latinos among men; while women were slightly more likely to be African Americans across all 5 years.

For all five years, the proportion of Latinos was highest among youth. Among elders, the proportion of whites has decreased over the past five years while the proportion of African Americans has increased.

Reflecting the general racial differences between Boston and the rest of the state, homeless individuals outside Boston were more likely to be white while those of Boston were proportionally less likely to be white and more likely to be African American.

¹¹ U.S. Census Bureau, Census 2000

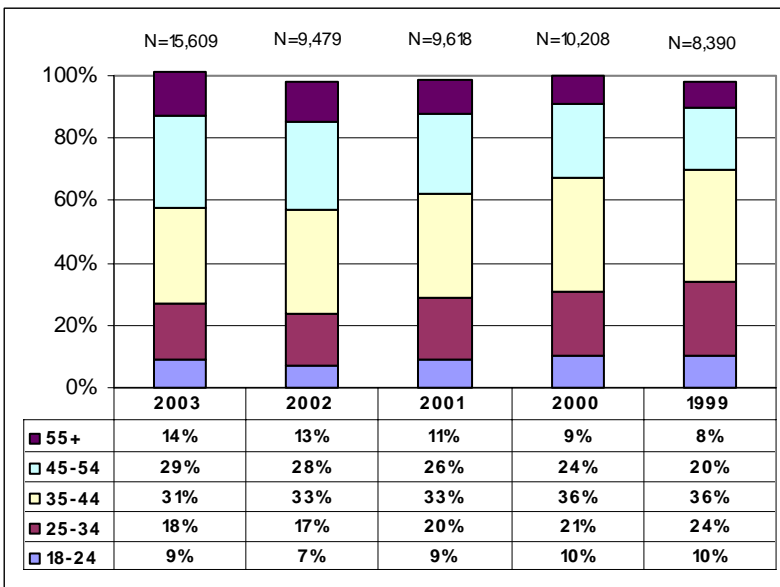
Figure 10: Race/Ethnicities of Sheltered Individuals, 1999-2003



Age

The average age of individuals in shelter was 41. Overall, the shelter population appears to be aging. The proportion of sheltered individuals age 55 and older increased from 8 percent in 1999 to 14 percent in 2003, while population younger than 35 years old decreased from 35 percent to 27 percent across the five years.

Figure 11: Age of Sheltered Individuals, 1999-2003



“The average age in the Women’s Inn is a bit higher, closer to 46 or 48 years old. If you are older and something goes wrong and you lose your housing, it is harder. You have fewer options.”
 -PSI - Women’s Inn

Percents may not total 100 due to rounding.



The average age for women was 38. Women have been slightly younger than men across all five years. There was a higher proportion under 25 for women compared with men, across all five years.

Individuals in Boston were significantly older with an average age of 43 as compared to 39 for those in other parts of the state. This was consistent for all 5 years.

"The overall N seems consistent with CEEH's experience. The older population is the fastest growing segment of the homeless. This is consistent with other data about this 55-65 age cohort and the poverty rates among elders. The Boston Partnership for Older Adults brought together elder service providers. A Mathematica study looked at elders in poverty and found that for Elders who are isolated, poor, living alone, with illness, the number one fear is financial/loss housing, followed by lack of plug-in to benefits. One in five are living below the elder poverty line of \$8,600 and 48% are below the Women's Educational and Industrial Union (WEIU) elder living wage."

-CEEH

"The younger are more likely to sleep out or stay with someone."

-CSPTech CAC

Education

Over the five year period, more educated people were accessing shelter. The percentage having some college or above increased from 20 percent in 1999 to 28 percent in 2003. In addition, the proportions without a high school degree decreased, from 44 percent in 1999 to 30 percent in 2003.

While education levels increased across populations, this increase occurred to a larger extent for men.

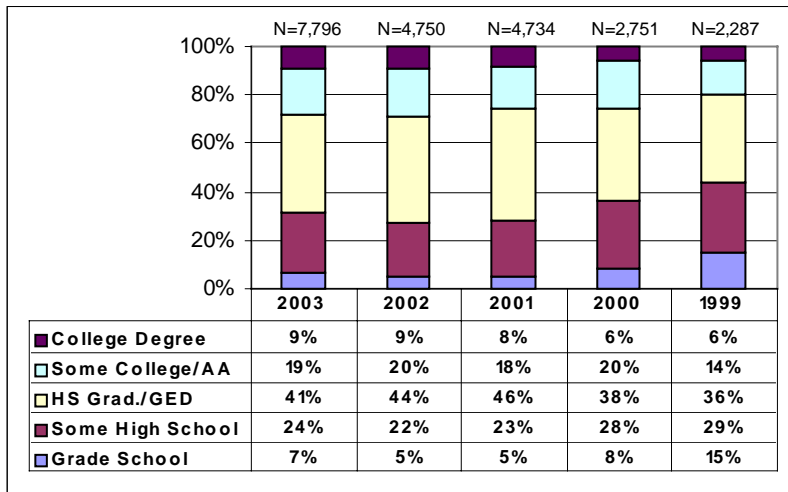
Overall, elders had higher levels of education with a greater proportion having completed some college. The percentage of youth who dropped out before completing high school declined from 59 percent in 2002 to 50 percent in 2003.

Sheltered individuals in Boston were more educated; 31 percent had some college or above as compared to 24 percent in other parts of the state.

"This is an educated city. It is hard to find someone who doesn't have at least 7th or 8th grade. There are not as many illiterate people. The education levels of the homeless here are higher than the rest of the country."

-CSPTech CAC

Figure 12: Education of Sheltered Individuals, 1999-2003



“Most of society thinks that the homeless are stupid. You can be an intelligent man, married with kids and college degree and still end up in the street. So, why does it happen? [You] can’t keep saying that people are stupid. It can happen to you.”
 -CSPTech CAC

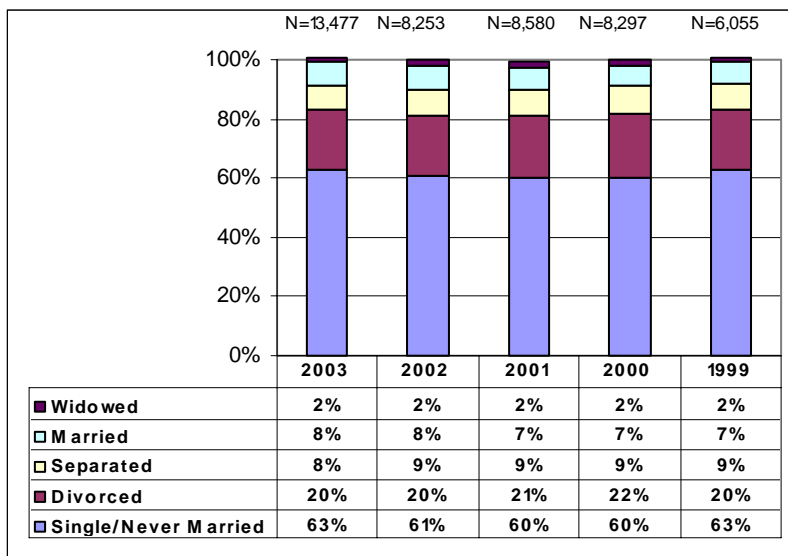
Percents may not total 100 due to rounding.

Marital Status

Most sheltered individuals were single/never married. This status has been consistent across all five years.

Women were more likely to be married than men, nine percent compared to seven percent, while men were more likely to be divorced, 21 percent as compared with 15 percent of women. As can be expected, elders were more likely to have been married; over one-third of the elders have been married at some point as compared with one-fifth of those ages 25-54.

Figure 13: Marital Status of Sheltered Individuals, 1999-2003



“Very few people in shelter who are married will tell you that they are married. [They] don’t want to say, I am married with kids and can’t take care of my family.”
 -CSPTech CAC

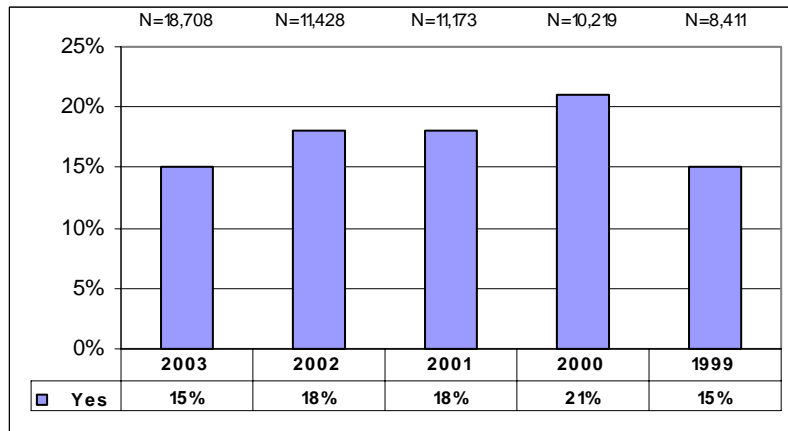
Percent may not total 100 due to rounding.



Veteran Status

The proportion of veterans among sheltered individuals has declined from 21 percent in 2000 to 15 percent in 2003.¹²

Figure 14: Proportion of Veterans among Sheltered Homeless, 1999-2003



There were few female veterans across all five years. Not surprisingly, the proportion of veterans was highest among elders for whom nearly one-third of respondents were veterans.

Proportionately, there were more veterans in Boston (17 percent) than in other parts of the state (10 percent).

“The percentage of veterans looks low. In CEEH’s experience, and with other data sources, it is closer to the 40% - 42% range.”

-CEEH

How Long Did Individuals Stay in Emergency Shelters in 2003?

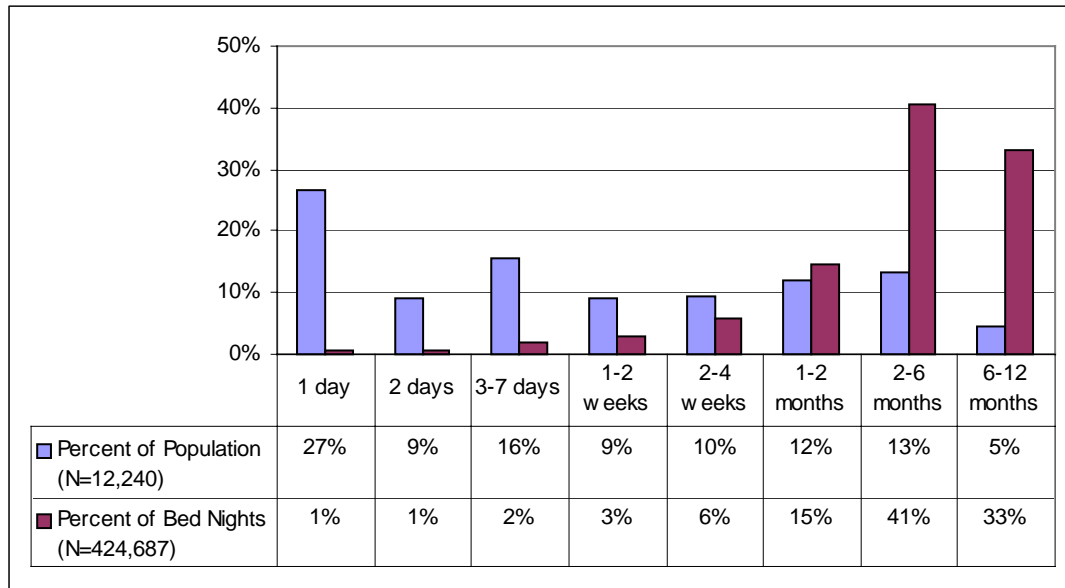
In 2003, the average length of stay in shelter¹³ amounted to slightly more than 30 days. Nearly 30 percent of individuals stayed for only one day, and over half remained in shelter for less than one week. Those who stayed in shelter for only one night were proportionally more likely to be women or white. Only five percent resided in shelter for more than 6 months, and 18 percent stayed for longer than two months.

¹² Veteran percentages are calculated against the total unduplicated count rather than the number who answered the question at all as in other categories, since common practice has been to only answer the question if the client is a veteran. However, this causes a possible undercount of veteran percentages.

¹³ Average length-of-stay calculations and population breakdowns are logically dependent on the report period. Reports that use a year period necessarily factor in more short-term guests than reports that use a shorter period, such as a quarter or a month. A survey done on the length of stay of those in shelter at a single point in time would more closely resemble the yearly bed night percentages than the yearly population percentages.

Over the course of the year, the eighteen percent of individuals who stayed for longer than two months, occupied over 70 percent of the total bed nights. On the other hand, the majority who stayed for up to a week used less than 5 percent of the bed nights over the course of the year.

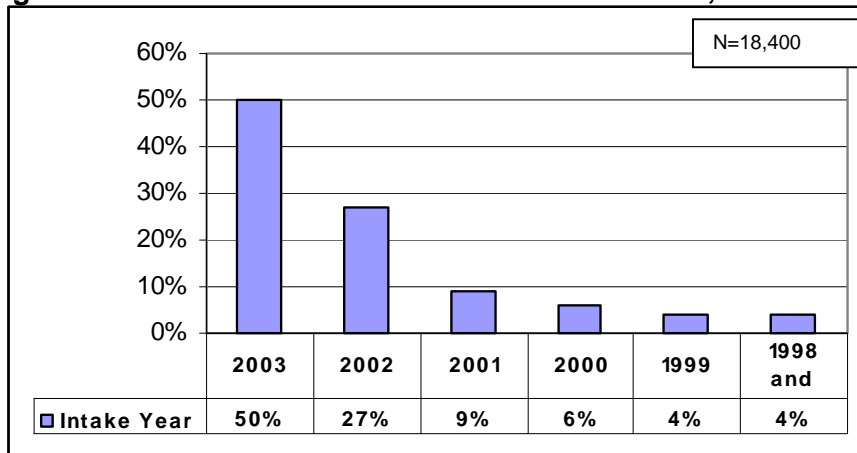
Figure 15: Number of Nights in Shelter During 2003



Multi-Year Shelter Guests

At least 50 percent of those who used shelter in 2003, had been in shelter for at least one night in previous years. Thirty-six percent of those who stayed in shelter in 2003 were also in shelter during 2001 or 2002.¹⁴

Figure 16: Earliest Year of Intake for Shelter Guests, 2003



¹⁴ While 50 percent of all 2003 shelter guests were first recorded in any of the data collection systems in 2003, it is difficult to distinguish those who were truly new shelter guests from those who only appear new due to improved data collection.

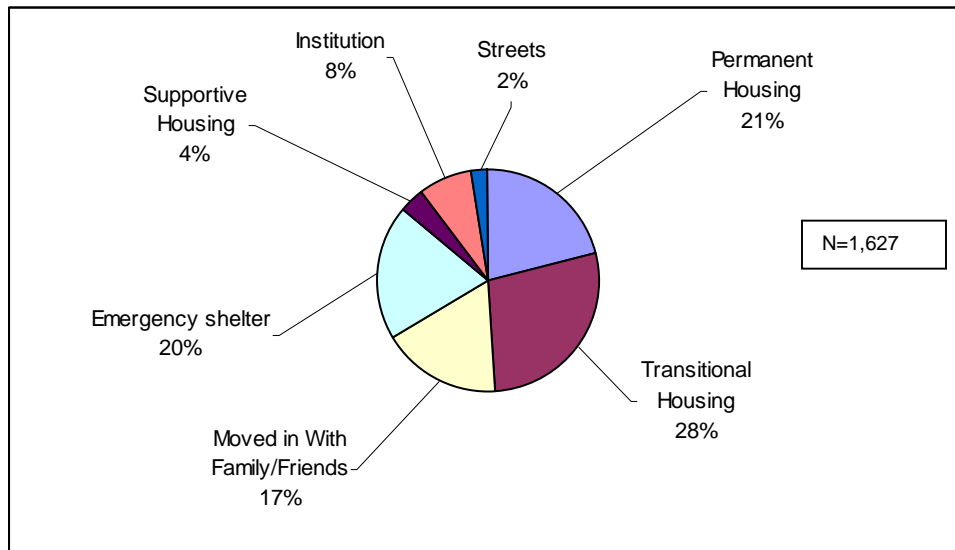
Where Did Homeless Shelter Guests Go Upon Leaving Shelter?

Among those with exit information¹⁵, most left shelter for permanent or transitional housing, or moved in with family or friends. A little more than 25 percent left shelter for transitional housing while another one in five accessed permanent housing. Of those moving into permanent housing, 35 percent secured a Section 8 voucher and another 35 percent were able to move into an apartment without a housing subsidy. An additional 21 percent accessed other subsidized housing.

Individuals referred to institutions from their shelter program were mostly referred to inpatient alcohol and/or drug treatment (67 percent), a psychiatric hospital (17 percent), or sent to jail or prison (16 percent).

Twenty percent moved to another shelter upon leaving a shelter. People moving between shelters are logically less likely to submit to formal exit interviews, so this exit path – to the extent that it may be replicated for those on whom we don’t have exit information – may account for a higher proportion than indicated given that we find a high proportion of shelter guests reporting that they came from another shelter. About two-thirds of individuals leaving for another shelter or the streets did so due to non-compliance with shelter rules. Those who left for another shelter or the streets spent significantly more bed nights in shelter during 2003 indicating that they face more barriers to ending their homelessness.

Figure 17: Leaving Destination of Sheltered Individuals, 2003



Upon exiting shelter, women were more likely to move into transitional housing than men or to move in with family or friends. Men, on the other hand, were more successful in accessing permanent housing or enter another shelter. As compared with men, women were less likely to go to an institution upon exiting shelter.

¹⁵ Individuals with exit information stayed on average three times longer in shelter than those with no exit information. As such, this destination information mostly reflects long-term shelter guests.

Adults were more likely than those in the other two age groups to obtain permanent housing. Across age groups, youth and elders were more likely than adults to enter a transitional program upon exiting shelter. In fact, transitional housing was the most common destination for youth (37 percent) and elders (46 percent). Of the three age groups, Youth were the least likely to leave for permanent housing and the most likely to move in with family or friends.

Individuals exiting Boston shelters were more likely to move into permanent or transitional housing, and less likely to enter another emergency program as compared to individuals exiting shelter outside of Boston.

"If kids are leaving to go to family or friends it may be a lot less secure than if they go into a transitional housing. Few Youth actually go into programs. Many go back to family or friends."

-BOTW

Policy Implications

- **Homeless Prevention:** As close to four out of five individuals in emergency shelter were residing in Massachusetts before becoming homeless, there is a dire need for homeless prevention programs in the state.
- **Increase Affordable Housing:** Homelessness is foremost a financial problem for individuals who lack the income to afford the staggering housing prices in Boston and throughout Massachusetts. Services should address the housing needs of homeless individuals before their service needs. Successful “Housing First” projects, implemented in New York City¹⁶ should be replicated in Massachusetts.
- **More Resources for Emergency Shelters:** More and more shelter guests rotate between shelters without getting the assistance needed to move out of homelessness. Shelters are often the first place individuals go to after losing their home. Instead of merely providing help with immediate needs (food and shelter), shelters need the resources, such as adequate and trained staff, to assist individuals with leaving their homelessness behind.
- **Improve Access to MassHealth for Homeless Individuals:** The proportion of those lacking health insurance was higher in 2003 than previous years. MassHealth Essential was established to help those who lost coverage under MassHealth Basic. But, it has not fully filled the gap in terms of both participation and services covered. The lack of health insurance coverage is a barrier for homeless individuals to access health care services. Reliable healthcare is especially important for homeless people as many suffer more from ailments than the general population, and have much higher mortality rates¹⁷.
- **Focus on Elder Homelessness:** Homelessness among elders is on the rise. Facing stagnant and insufficient incomes from retirement, this group needs attention from policy makers as elders have few means to address the rise in housing costs.

“The primary policy implication is that while the primary factor is financial, these individuals have a combination of complex medical and mental health issues and a lack of plug-in to social supports. If you want to reverse the trend, affordable housing alone is not enough. These individuals need supportive housing. You can’t reverse the trend without combining housing with social services. While this argument is made for all populations, for younger individuals or families the services may be transitional and/or transitory as they move through their lives. With Elders, their physical and mental health issues are established and don’t go away.”

-CEEH

¹⁶ Tsemberis, S. & Eisenberg, R.F. (2000). Pathways to Housing: Supported Housing for Street-Dwelling Homeless Individuals with Psychiatric Disabilities. *Psychiatric Services* 51:487-493.

¹⁷ Hwang, S.W., Lebow, J.J., Bierer, M.F., O’Connell, J., Orav, E.J., & Brennan, T.A. (1998). Risk Factors for Deaths in Homeless Adults in Boston. *Archives of Internal Medicine*, 158(13): 1454-1460.

“Some don’t make it through that process. The continuum of care for homelessness and drug addiction is extremely poor. Some agencies are good but others are poor and the continuum is almost nonexistent.”

-CSPTech CAC

“We need a major policy change. This population has been pushed to the sidelines. Shelters really “shelter” those on the fringes of society. Even for those with substance abuse issues, there is a way out through detox programs, etc. For those with serious mental health issues, there is no way out. Maybe DMH should consider restructuring to do more outreach. For many women with mental illness, they adjust too easily to shelter life because they cannot imagine that they could have something better. Shelters provide safety, offer basic needs and have some structure but flexibility.”

-PSI – Women’s Inn

Limitations

These data provide information about individuals served in Massachusetts non-specialized shelter programs; they do not necessarily reflect the characteristics of the homeless population overall. These data do not capture information on families, people who are in doubled-up living situations, and others who are homeless but do not come into contact with the service system.

In particular, individuals utilizing the following types of services are usually not represented in these data: street outreach programs, domestic violence shelters, substance abuse treatment and detoxification programs, hotels, programs serving persons living with AIDS, healthcare programs, (transitional housing programs), and permanent housing programs. Individuals who are deemed ineligible for service are also not included in these data.

It should be noted that the homeless individuals who are interviewed as part of this project respond to specific questions with varying levels of depth. As can be seen in the graphs in the report, information on demographic characteristics is based upon a much higher response rate than for city of prior residence, income sources, and other data fields.

In addition, the numbers of valid responses across various questions are often quite different and vary from year to year. For example, the number of respondents in 2001 for prior living is almost double the number of respondents in 2000 and 1999. The number of respondents increased by nearly 50% in 2002, and almost doubled between 2002 and 2003 thanks to increased efforts in data collection. While these cross-year comparisons provide noteworthy information, the variations in response rate should be taken into account when making generalizations about the data. The results, can, however, still provide some indication of the differences among homeless populations, shelter guests in particular, across the five years.

Appendix A: Shelter Programs Contributing Data, 2003

Cambridge Salvation Army	6%
Daybreak (Lawrence)	<1%
Emmaus House - Mitch's Emergency Shelter	2%
Father Bill's Place	6%
Long Island Annex	2%
Long Island Shelter	22%
Long Island Woods Mullen Shelter	19%
Housing Assistance Corporation - NOAH Center	2%
Main Spring Coalition for the Homeless, Inc.	5%
New England Shelter for Homeless Veterans	5%
People In Peril Shelter	6%
Pine Street Inn Holy Family Shelter	1%
Pine Street Inn Men's Inn	13%
Pine Street Inn Women's Inn	5%
Shattuck Emergency Shelter	5%
Shelter, Inc. – Cambridge Shelter	<1%
Somerville Homeless Coalition	<1%
<u>Total Duplicated Records Across Programs, 2003</u>	<u>24,914</u>
<u>Unduplicated Count:</u>	<u>18,708</u>

Data in this report were collected in four originating databases and integrated by CSPTech. Most data were collected through ServicePoint, the centralized homeless management information system administered by the CSPTech project. Data from Daybreak in Lawrence, were collected through HousingWorks software. The New England Shelter for Homeless Veterans and the Cambridge Salvation Army each used software developed specifically for their own agencies.

Data from the Boston Public Health Commission's three programs, Long Island Annex, Long Island Shelter, Long Island Woods Mullen Shelter, and Pine Street Inn Men's Inn were estimated based on the total number of individuals served and weighted appropriately for those participating in the random sampling process.

Appendix B: Most Frequently Reported Neighborhoods and Cities of Residence Prior to Becoming Homeless in Boston, Greater Boston, and Massachusetts¹⁸

Boston		Greater Boston		Massachusetts	
BOSTON unspecified	48%	CAMBRIDGE, MA	19%	LAWRENCE, MA	13%
DORCHESTER	23%	SOMERVILLE, MA	10%	WORCESTER, MA	11%
ROXBURY	11%	CHELSEA, MA	9%	HAVERHILL, MA	10%
SOUTH BOSTON	4%	QUINCY, MA	9%	LYNN, MA	7%
JAMAICA PLAIN	3%	MALDEN, MA	6%	LOWELL, MA	5%
MATTAPAN	3%	REVERE, MA	6%	SPRINGFIELD, MA	4%
ALLSTON/BRIGHTON	2%	WALTHAM, MA	5%	FITCHBURG, MA	3%
EAST BOSTON	2%	EVERETT, MA	4%	NEW BEDFORD, MA	3%
ROSLINDALE	2%	BEDFORD, MA	2%	SALEM, MA	3%
HYDE PARK	1%	BELMONT, MA	2%	MA (unspecified)	2%
NORTH END	1%	BROOKLINE, MA	2%	ABINGTON, MA	1%
SOUTH END	1%	CHARLESTOWN, MA	2%	AGAWAM, MA	1%
		DEDHAM, MA	2%	ASHFORD, MA	1%
		FRAMINGHAM, MA	2%	ATHOL, MA	1%
		RANDOLPH, MA	2%	ATTLEBORO, MA	1%
		WEYMOUTH, MA	2%	AVON, MA	1%
		ARLINGTON, MA	1%	BILLERICA, MA	1%
		BRAINTREE, MA	1%	BOXFORD, MA	1%
		HULL, MA	1%	BURLINGTON, MA	1%
		MARLBOROUGH, MA	1%	FAIRHAVEN, MA	1%
		MEDFORD, MA	1%	FALL RIVER, MA	1%
		MILTON, MA	1%	GARDNER, MA	1%
		NEEDHAM, MA	1%	GROTON, MA	1%
		STONEHAM, MA	1%	HOLBROOK, MA	1%
		WATERTOWN, MA	1%	HOLYOKE, MA	1%
		WESTON, MA	1%	LAKEVILLE, MA	1%
		WILMINGTON, MA	1%	LEOMINSTER, MA	1%
		WINTHROP, MA	1%	MANCHESTER, MA	1%
		WOBURN, MA	1%	METHUEN, MA	1%
				MIDDLETON, MA	1%
				NORTHAMPTON, MA	1%
				PEABODY, MA	1%
				PLYMOUTH, MA	1%
				PROVINCETOWN, MA	1%
				READING, MA	1%
				RICHMOND, MA	1%
				SAUGUS, MA	1%
				STANFORD, MA	1%
				SWANSEA, MA	1%
				TAUNTON, MA	1%
				WALPOLE, MA	1%
				WAREHAM, MA	1%

¹⁸ Does not include cities with <1%.

Appendix C: Massachusetts CSPTech Data Release Parameters

Based upon policies developed by the project's Steering Committee, aggregate data must meet a minimum threshold criterion before they can be released: data must represent at least 60% of those persons served by the emergency shelter system in a region.¹⁹ Based on a calculation of client records contained in the database versus shelter system capacity for a particular period, the data are deemed eligible for release.

This Massachusetts CSPTech report represents information on individuals who utilized the state emergency shelter system in 2003. The data presented in this report represent 65% of individuals served at nonspecialized Massachusetts homeless shelters between January 1, 2003 and December 31, 2003. See Appendix A for a detailed breakdown of these records by participating program.

These coverage rates are determined by calculating the total number of beds in the shelter system, and multiplying that figure by the average annual turnover in those beds, thus estimating the proportion of total persons served by the shelter system represented in the data. For example, if the individual shelter system has 4,000 beds across all of the nonspecialized emergency shelter programs, using a turnover rate of 5, the shelter system would serve 20,000 persons over the course of the year. If there were 12,500 individual records for the year, coverage would be 12,500/20,000, or 63 percent. For individuals, the Steering Committee agreed (as specified in the Three Year Workplan) on a turnover rate of 5, the average of the actual turnover reported by Dennis Culhane in Philadelphia and New York City in 1994. In 2000 this rate was increased to 6.5, and in 2003 the Massachusetts rate was again increased to 12, based upon actual data from the programs showing that individual stays are shorter in Massachusetts than in the other two cities.

$$\begin{array}{l} \text{Total MA Beds} \times \text{Turnover Rate} = \text{Total MA Persons Served} \\ \text{Total CSP Records Served} / \text{Total MA Persons Served} = \text{Coverage Rate} \end{array}$$

¹⁹ There will be some cases where a "slice" of aggregate data does not meet the 60% test; however the available data are needed to support an important policy debate about an identified trend. Slices of data not meeting the 60% threshold require a judgment call; in those cases a three person Access To Data executive committee (a member representing homeless families, another representing homeless individuals, and another representing funders of the system in Massachusetts) will be consulted. This committee then decides whether data not meeting the 60% test will be publicly released.

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