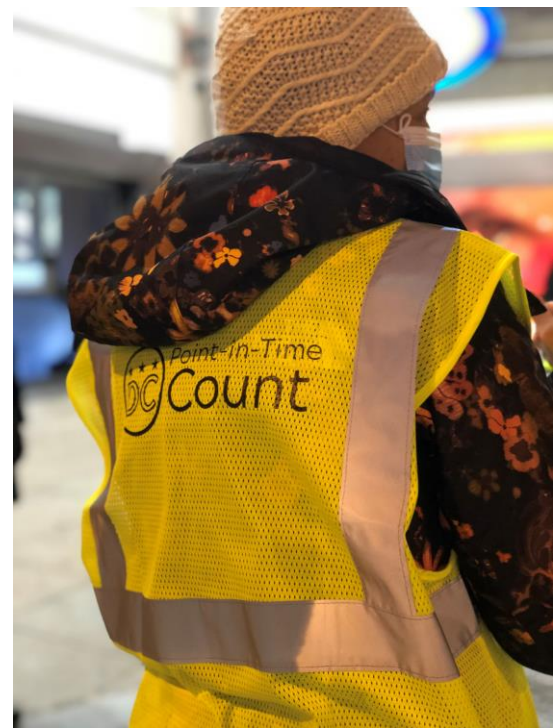


HOMELESSNESS IN METROPOLITAN WASHINGTON

Results and Analysis from the Annual Point-in-Time (PIT)
Count of Persons Experiencing Homelessness

May 2021



HOMELESSNESS IN METROPOLITAN WASHINGTON

Prepared by the Homeless Services Planning and Coordinating Committee

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Cover Photos: Point-in-Time Count in Prince William County; Point-in-Time Count in the District of Columbia.

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EXECUTIVE SUMMARY

For the 21st consecutive year, the Metropolitan Washington Council of Governments (COG) Homeless Services Planning and Coordinating Committee has conducted a regional Point-in-Time (PIT) enumeration of the area's residents experiencing homelessness and those who were formerly homeless.

This year's enumeration and survey occurred on January 27, 2021. The report provides a one-night "snapshot" of the region's residents experiencing homelessness within nine metropolitan Washington area jurisdictions. It is important to note that this "snapshot," by definition, provides only one perspective on the state of homelessness in the region on only one night, and the count may be influenced by numerous variables, such as weather and bed availability by jurisdiction.

Impact of COVID-19

The count this year was like none other since the region began collaborating in 2001. The U.S. Department of Housing and Urban Development (HUD) allowed the nation's Continuum of Care (CoCs)¹ to defer doing an unsheltered count this year due to the pandemic. However, the metropolitan Washington CoCs chose to move forward with the count, following precautions and guidance from the Centers for Disease Control and local health departments as part of ongoing efforts to holistically assess how the pandemic was impacting residents experiencing homelessness. This placed the metropolitan Washington CoCs at the forefront nationwide in implementing solutions to safely conduct the annual enumeration.

As in past years, the majority of the PIT count took place electronically using the Homeless Management Information System (HIMIS), as 88 percent of people experiencing homelessness were sheltered on January 27, 2021.

For the unsheltered portion of the count, modifications included precautions such as the use of personal protective equipment, both for survey interviewers as well as for persons experiencing homelessness, health screenings for surveyors, and maintaining proper distancing. In some jurisdictions, the use of volunteers was reduced only to those with prior experience or eliminated completely, instead relying on trained outreach workers and other service providers to engage persons who were outside on the night of the PIT. Two jurisdictions conducted abbreviated surveys to reduce the amount of time people would be exposed to each other for each interaction. Where relevant, this is noted in the findings.

However, this report will not describe the myriad ways in which the region's homeless services system has had to respond to ensure that people experiencing a housing crisis were able to remain safe during the past year. While the world was ordered to shelter in place to prevent exposure to COVID-19, those without a permanent place to call home faced some of the most challenging circumstances in the pandemic. The experience of the past year has again dramatically highlighted that **housing is health care**.

¹ According to HUD, a Continuum of Care is "a community plan to organize and deliver housing and services to meet the specific needs of people who are homeless as they move to stable housing and maximize self-sufficiency. It includes action steps to end homelessness and prevent a return to homelessness." Definition accessed at <https://endhomelessness.org/resource/what-is-a-continuum-of-care/>

Findings, Highlights, and Trends from the 2021 Enumeration

LITERALLY HOMELESS COUNT

- The 2021 PIT enumeration resulted in a total count of **8,309 literally homeless individuals**. **This is the lowest number of persons counted experiencing homelessness since the region began coordinating in 2001, and the third consecutive year in a row that the literally homeless total has been below 10,000 persons.**
- The region's number of persons experiencing homelessness **decreased by 1,454 persons from 2020, a 15 percent decrease from the 2020 enumeration.**

This is a much larger decrease than the 31 fewer persons counted regionally from 2019 to 2020 in last year's enumeration. Seven of nine jurisdictions recorded decreases in the number of persons experiencing homelessness in 2021 from the 2020 count.

SHORT-TERM CHANGES IN THE HOMELESS ENUMERATION, 2020 TO 2021

- The District of Columbia, for the second year in a row, had the greatest reduction in the number of persons experiencing homelessness from 2020 to 2021 (1,269 fewer persons), followed by the City of Alexandria (101 fewer persons).

LONGER TERM CHANGES IN THE HOMELESS ENUMERATION, 2017 TO 2021

- **Seven of nine participating CoCs experienced a decline in the number of people experiencing homelessness between the 2017 and 2021 enumerations.**
- During the period from 2017 to 2021, the District of Columbia experienced the greatest reduction in persons experiencing homelessness, counting 2,362 fewer individuals. The District of Columbia also had the largest proportion of the region's residents experiencing homelessness (62 percent). Montgomery County had the second largest reduction between 2017 to 2021, with 317 fewer homeless persons counted, followed by Prince William County (118 fewer persons) and the City of Alexandria (105 fewer persons).
- The City of Alexandria reported the highest percentage reduction in its literally homeless count from 2017 to 2021 (50 percent).

VETERANS EXPERIENCING HOMELESSNESS

The region's count of veterans experiencing homelessness is essentially unchanged from 2020; there were 12 fewer veterans on the night of the count from the previous year's enumeration.²

² Veteran status in 2021 excludes Frederick City and County and persons who were unsheltered in Montgomery County.

- In 2021, the total number of veterans counted on the night of the PIT was 406.
- **The total number of veterans experiencing homelessness counted in 2021 is the lowest ever recorded in the region** and represents 79 fewer veterans counted since 2017, or a 16 percent decrease; five of eight jurisdictions counted fewer veterans in 2021 than in 2020.
- Prince William County recorded the greatest reduction in the number of veterans between 2017 and 2021 (10 fewer veterans counted), followed by Arlington County (six veterans), and the City of Alexandria (four fewer veterans).
- Five of eight CoCs reduced the incidence of veteran homelessness since 2017, for a regional reduction of 16 percent.

CHRONICALLY HOMELESS

The trend noted for the number of persons counted as chronically homeless does not follow the same result as the subpopulations mentioned previously, increasing slightly from 2020 and during the five-year period since the 2017 count as well.³

- Four of the eight participating jurisdictions experienced decreases in their chronically homeless single adult counts since 2017, but only one CoC recorded a decrease between the PIT counts of 2020 and 2021 (four fewer persons recorded in Prince William County). Overall, the region counted four percent more single persons who were considered chronically homeless on the night of the enumeration between 2017 and 2021.
- Montgomery County had the greatest reduction in the region in the number of chronically homeless single adults from 2017 to 2021 (107 fewer persons counted in 2021), followed by Arlington County and Prince William County, (29 and 27 fewer chronically homeless persons respectively).
- The jurisdiction with the greatest percentage reduction in chronically homeless single adults since 2017 is Montgomery County (68 percent), followed by the city of Alexandria (51 percent) and Arlington County (46 percent).

A combination of unique challenges created by the pandemic in 2020 may have contributed in part to the rise in chronically homeless persons counted in 2021. For example, changes to prioritization processes to ensure that persons with the highest vulnerabilities to COVID-19 were matched with housing resources first, and a change to virtual operations plus expanded shelter capacity may have slowed placements into housing even if matched with a resource on the night of the PIT. Persons seeking a permanent home may wait long enough to find housing they can afford that they eventually meet the HUD definition for chronically homeless. It is a conundrum faced nationwide in

³ Data on chronic homelessness in 2021 excludes Frederick City and County and persons who were unsheltered in Montgomery County.

communities with high housing costs and limited housing affordable to those with the lowest incomes. These combined factors may have caused more people to become chronically homeless as they waited for a permanent housing option in a market that was already highly constrained.

FORMERLY HOMELESS

The number of individuals who are in permanent housing and no longer experiencing homelessness was more than double the number of people counted as literally homeless on the night of the annual enumeration. The region measured an increase from 2020 to 2021 of 155 persons of the single individuals and persons in families who were counted in permanent housing on the night of the PIT and are no longer considered homeless, and have increased the regional total of persons who are formerly homeless by 17 percent since 2017.

In addition, in 2021:

- 9,469 formerly homeless individuals were rapidly re-housed;
- 14,060 formerly homeless persons were counted in permanent supportive housing; and
- 1,499 formerly homeless persons were counted in other permanent housing.

This brings the regional total of formerly homeless persons in 2021 to 25,028 additional people housed than at this time last year. The significant number of people placed in permanent housing has constrained the incidence of homelessness in the region and helped prevent it from growing unchecked.

CONCLUSION

The conditions in which the 2021 homeless enumeration took place were unique, but the results provide further evidence that strategies the region's CoCs are implementing, when scaled up, are effective in preventing and ending someone from experiencing homelessness. Strong coordinated federal, state, and local action on tenant protections such as eviction moratoriums and the provision of emergency housing assistance both reduces the number of people who enter the homeless services system as well as quickly returns people whose incidences of homelessness could not be prevented to stable housing. While these actions prevented a major increase in homelessness during the past year as observed during one day in January, data collected this year confirms that one of the most persistent barriers to ending homelessness in our communities is the insufficient number of affordable and available permanent housing opportunities for the lowest income households.

The 2021 report continues to highlight the fundamental nature of housing to protect human lives with several key, recurring themes:

1. The significant increase in the number of formerly homeless persons in permanent housing;
2. The positive impact of shelter diversion and homeless prevention programs;
3. The critical need to increase the supply of housing affordable to the lowest-income households and appropriate supportive resources.

Dedication to addressing the region's homelessness challenges, particularly during the past extraordinary year, has resulted in steady, measurable progress in providing shelter and wrap-around services to homeless individuals and families. The region should celebrate the achievements made to reduce the number of people counted experiencing homelessness in 2021. These reductions reflect the dedication and coordinated efforts of many to prevent people from entering the homeless system, to improve service delivery, and to increase permanent housing solutions. Reductions in families and veterans experiencing homelessness reflect focused efforts to ensure that the experience of homelessness is *brief, rare, and non-recurring*.

However, there remain significant challenges highlighted in this year's numbers. The challenges laid bare by the global pandemic caused by COVID-19 have highlighted the lifesaving protections that housing provides.

The successes reflected in the numbers in the report demonstrate that effective strategies are in place, but a sustained commitment to creating and adequately funding viable housing solutions for the lowest-income individuals and families, continuously improving data tracking and interpretation, and providing service paths to ensure successful housing placements are among the most critical components to making further significant reductions in the annual PIT count.⁴

The following report includes a count of the region's residents who are:

- Unsheltered and living on the streets, including parks, alleys, and camp sites;
- Staying in an emergency or hypothermia shelter or safe haven;
- Living in transitional housing where they receive supportive services designed to help them move into some form of permanent housing;
- No longer experiencing homelessness and are now living in permanent supportive housing or other permanent housing and who may be receiving supportive social services.



⁴ The map above represents those jurisdictions which are members of COG. However, Charles County is not included in this Point-in-Time report. Unlike the other jurisdictions, Charles County provides its homelessness data to the Baltimore HUD Field Office.

INTRODUCTION

The 2021 Point-in-Time (PIT) Enumeration provides information on the number of unsheltered persons in the region as well as figures on how many persons use winter shelters, year-round emergency shelters, safe havens, transitional housing, and several permanent housing solutions. The PIT also provides information on the extent to which persons experiencing homelessness in each jurisdiction live with disabling conditions or whose special needs are represented among various subpopulations. There is no “one size fits all” housing solution, and the region’s Continuum of Care (CoC), a public-private partnership designed to coordinate a response to a person’s housing crisis, respond with different housing types and services to meet residents’ unique needs.

The metropolitan Washington region’s homeless services system consists of nine jurisdictions, each representing a local CoC that receives federal funding through the U.S. Department of Housing and Urban Development’s (HUD) Continuum of Care Homeless Assistance Program to assist its residents experiencing homelessness.

The participating jurisdictions are:

- City of Alexandria, Virginia;
- Arlington County, Virginia;
- District of Columbia;
- Fairfax County, Virginia, including data from the City of Falls Church and the City of Fairfax;
- Frederick City and County, Maryland;
- Loudoun County, Virginia;
- Montgomery County, Maryland;
- Prince George’s County, Maryland, including data from the City of Bowie; and
- Prince William County, Virginia, including data from the City of Manassas and the City of Manassas Park.

Although Charles County, Maryland is a COG member, the county’s homeless enumeration figures are not tracked as part of this report. Charles County submits its enumeration results to the Baltimore, Maryland HUD office and not the Washington, D.C. HUD office, unlike the other COG member jurisdictions.

The report includes narratives that were prepared by each of the respective jurisdictions. The narratives briefly describe each jurisdiction’s CoC and provide detailed explanations of their respective enumeration results. All the region’s jurisdictions use a Homeless Management Information System (HMIS) to count their residents experiencing homelessness, in addition to other methodologies. HMIS is an electronic data collection system that is used to produce an unduplicated count of people experiencing homelessness for the respective jurisdictions, improve program operations, measure program performance, and coordinate services community-wide.

Similar to past enumerations, the 2021 count *does not* include people who “double up” with relatives or friends, in accordance with HUD guidelines. HUD’s requirements for conducting the annual PIT count can be found in its Standard and Methods for Point-in-Time Counts of Homeless Persons and the annual Housing Inventory Count updates at www.hudexchange.info.

Due to high housing costs and limited housing options for households with lower incomes, the collaborating jurisdictions and service providers represented in this report are concerned that many of the region's residents are at risk of experiencing homelessness.

These concerns have been exacerbated since COVID-19 began affecting the region in March 2020. All jurisdictions in the metropolitan Washington region are providing assistance to renters and landlords with affordable units, but many fear that it may not be enough to prevent someone from experiencing homelessness once the Center for Disease Control's federal eviction moratorium is lifted. The high rate of unemployment due to the stay-at-home orders and other measures to prevent the spread of COVID-19 impacts many in lower-wage service jobs, placing those individuals and families at greater risk of facing a housing crisis.

While not yet considered homeless, many households are believed to be doubled up and/or living in overcrowded situations. Homelessness is often the next step for such households once the family members or friends who have been sheltering them can or will no longer do so. A highly infectious disease presents further challenges to the region's CoCs, which are already dealing with significant demands due to the public health crisis. The American Rescue Plan may provide opportunities for the region's CoCs to collaborate in new ways in the years ahead, given the additional funding to state and local governments to provide housing and homelessness assistance.⁵

How We Define Homelessness

The region's jurisdictions use HUD's definition of homelessness which is defined as *people who reside in emergency shelter, transitional housing, domestic violence shelters, runaway youth shelters, safe havens, or places not meant for human habitation, such as streets, parks, alleys, abandoned buildings, and stairways.*

Literally Homeless persons, which may also be referred to as "homeless" in this report, include Households without Children, Households with Adults and Children, and Households with Only Children, who may be **sheltered or unsheltered**, as described above.

Formerly Homeless persons in this report include those who, on the night of the PIT, had moved into permanent supportive housing, were rapidly rehoused, or moved into other permanent housing. This does not include homeless persons who are able to secure other permanent housing outside of the homeless system, including a non-subsidized apartment or room, moving in with a relative or friend, or receiving a mainstream rental subsidy.

Data for the 2021 enumeration were collected in the following three categories, as defined by HUD:

1. **Households without Children.** Households without children consist of only adults age 18 or over. This report also refers to households without children as "single adults." The vast majority of households without children are single persons, although this category may include couples without minor children or a parent and an adult child over the age of 18. These households are counted as single adults for purposes of the PIT count.

⁵ <https://www.washingtonpost.com/us-policy/2021/04/08/homeless-hud-marcia-fudge/> Accessed on April 16, 2021.

2. **Households with Adults and Children.** Households with adults and children contain at least one adult age 18 or over and at least one child under age 18. In this report, we also refer to households with adults and children as “homeless families.”
3. **Households with ONLY Children.** Households with ONLY children contain no adults age 18 or over, only persons under age 18, including teenage parents under 18 with at least one child, or other households with only persons under age 18.

Why We Conduct This Count

COG’s Homeless Services Planning and Coordinating Committee, concerned by the lack of regional data available, undertook the first effort to produce an unduplicated PIT count of homeless adults and children in the metropolitan Washington region in 2001. Regional information can help inform local efforts and provide an avenue for sharing strategies to better serve the region’s residents facing a housing crisis. Nationally, in 2007, other CoCs began conducting the first counts.

HUD requires communities which receive federal funds (McKinney-Vento Homeless Assistance Grants) conduct an annual count during the last ten days of January. The annual count is done using electronic administrative records to enumerate people living in shelters. Unsheltered counts are only required every other year, although the nine CoCs in the metropolitan Washington region have conducted an unsheltered count annually for 21 years.

Point-in-Time counts are valuable for gathering trend data, establishing the dimensions of the problem of homelessness, and are necessary and essential to policymakers and community members alike in tracking progress toward the goal of ending homelessness. At the federal level, HUD uses PIT count data to inform Congress about the number of people experiencing homelessness nationwide and the effectiveness of HUD’s programs and policies in achieving its goals.⁶

At the local level, PIT counts can assist CoCs to identify any service gaps and appropriately size its system to meet the current needs of its residents, measure progress towards ending the experience of homelessness, identify individuals who may not be known to the homeless services system, and raise awareness that may attract additional resources to help solve a community’s housing challenges.⁷

It is important to note, however, that the PIT count provides a limited and imperfect perspective on the challenges, successes, and progress made in ending homelessness. It does not provide a complete picture of the dimensions of homelessness or the scale of people served during the course of a week, month, or year. Further, many variables—bed availability, weather,

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⁶ <https://endhomelessness.org/resource/what-is-a-point-in-time-count/>

⁷ Ibid.

surveying methodology, the willingness of people to be interviewed, and the availability of trained outreach workers—can impact the number of people counted on any given night. The 2021 enumeration faced additional challenges due to the pandemic, particularly for the unsheltered portion of the count.

To round out the limited perspective that PIT data provides, the region’s CoCs use other data sources to measure the extent of the number of people experiencing homelessness and determine the best responses. These include having a quality by-name list, which provides live, up-to-date information on exactly who is experiencing homelessness; Longitudinal System Analysis reports, which provides information about how people experiencing homelessness use their system of care, and System Performance Measures,⁸ which HUD requires of communities to measure their performance as a coordinated system of homeless assistance as opposed to programs and funding sources that operate independently.

However, the PIT count remains a dependable source upon which the nine participating CoCs in the metropolitan Washington region can measure their efforts over time to prevent and end the experience of homelessness.



A team gathers in the District of Columbia before heading out for the unsheltered portion of the annual homeless enumeration on January 27, 2021.

⁸ <https://www.hudexchange.info/programs/coc/system-performance-measures/#guidance>

HOW MANY LOCAL RESIDENTS ARE EXPERIENCING HOMELESSNESS?

On January 27, 2021, 8,309 people throughout the metropolitan Washington region indicated that they were experiencing homelessness, a reduction since 2020 and the lowest number ever recorded since 2001. Table 1 illustrates the region's 2021 homeless enumeration across jurisdictions compared to last year.

Seven of nine CoCs recorded a decrease in the number of literally homeless counted from the previous year's enumeration. Overall, the region recorded a fifteen percent decrease in the number of literally homeless from the 2020 to the 2021 enumerations.

Two CoCs recorded increases in the literally homeless count from 2020 to 2021. In Fairfax County, an additional 176 persons were recorded and Prince George's County counted an additional 84 persons.

The same trend holds true for the period of 2017 to 2021, as shown in Table 2, which illustrates the numerical and percentage change in the number of residents in the region experiencing homelessness.

How Has the Number of People Experiencing Homelessness Changed?

TABLE 1: Literally Homeless By Jurisdiction, 2020 - 2021				
Jurisdiction	2020	2021	Change in Number of Persons 2020-2021	Percent Change 2020 - 2021
City of Alexandria, VA	207	106	-101	-49%
Arlington County, VA	199	171	-28	-14%
District of Columbia	6,380	5,111	-1,269	-20%
Fairfax County, VA	1,041	1,222	181	17%
Frederick County, MD	308	223	-85	-28%
Loudoun County, VA	179	80	-99	-55%
Montgomery County, MD	670	577	-93	-14%
Prince George's County, MD	453	537	84	19%
Prince William County, VA	326	282	-44	-13%
TOTAL	9,763	8,309	-1,454	-15%

Source: COG 2021

Seven of nine CoCs experienced a decrease in the number of individuals counted from the 2020 to 2021 enumerations, and the same seven of nine CoCs experienced decreases in the number of people experiencing homelessness between 2017 and 2021. The City of Alexandria had the largest

percentage decrease since 2017 (50 percent), followed by Montgomery County (35 percent) and the District of Columbia (32 percent). The region reduced the number of persons counted experiencing homelessness by 2,819 or 25 percent between 2017 and 2021. This represents an increased rate of reduction from 20 percent fewer people counted experiencing homelessness noted during the period of 2016 to 2020 and a 16 percent rate of reduction from 2015 to 2019.

The District of Columbia, Montgomery County, and Prince William County experienced the largest decreases in the total number of people experiencing homelessness during the 2017 to 2021 period. The District of Columbia counted 2,362 fewer individuals in 2021 than in 2017 followed by Montgomery County (317 fewer individuals) and Prince William County (118 fewer individuals).

TABLE 2: Literally Homeless By Jurisdiction, 2017-2021							
	2017	2018	2019	2020	2021	Change in Number of Persons 2017 - 2021	Percent Change 2017 - 2021
City of Alexandria	211	226	198	207	106	-105	-50%
Arlington County	232	221	215	199	171	-61	-26%
District of Columbia	7,473	6,904	6,521	6,380	5,111	-2,362	-32%
Fairfax County	964	987	1,034	1,041	1,222	258	27%
Frederick County	309	316	286	308	223	-86	-28%
Loudoun County	113	134	169	179	80	-33	-29%
Montgomery County	894	840	647	670	577	-317	-35%
Prince George's County	532	478	447	453	537	5	1%
Prince William County	400	374	277	326	282	-118	-30%
TOTAL	11,128	10,480	9,794	9,763	8,304	-2,819	-25%

Source: COG 2021

The District of Columbia attributes the decrease in persons experiencing homelessness primarily to the reduction in the number of homeless families. During the first quarter of 2021, the District completed its strategy to replace the DC General Family Shelter, with smaller, community-based facilities citywide, known as Short-Term Family Housing (STFH). Reducing length of stay through improved services at these sites, in addition to reducing inflow via prevention and accelerating outflow with rapid re-housing and permanent supportive housing has helped the District achieve a significant reduction of families in emergency shelter over the past five years. This was done while simultaneously providing access to shelter for families year-round and reducing the time in which families stay in any type of shelter program. Further, in August 2020, the District was able to end its use of hotels as overflow shelter, instead focusing new placements into STFH. The new community-based STFH program model has demonstrated that the right environment and service model has a meaningful impact on the outcomes of families.

Another factor that contributed to a reduction in the number of persons counted as literally homeless in 2021 cited by the District of Columbia, Montgomery County and several other CoCs, is the strong focus on shelter diversion and prevention, with additional resources to provide assistance to persons facing a housing crisis. Federal and local eviction moratoriums successfully prevented many residents who were facing housing instability from losing their homes and entering the homeless services system. Coupled with emergency rental and utility assistance, these strong tenant

protections have reduced inflow into homeless services and then, primarily through rapid re-housing, quickly moved people back into permanent housing.

Montgomery County attributes the decrease in the number of persons experiencing homelessness counted in 2021 primarily to a reduction in the numbers of homeless families as well. Montgomery County experienced its largest one-year decline ever recorded for families experiencing homelessness from 2020 to 2021. Progress in reducing the number of families experiencing homelessness is attributed in part to an influx of resources at the local, state, and federal level for prevention and rapid re-housing, enhanced tenant protections through eviction moratoriums, and a robust shelter diversion program that began in 2018. Part of the prevention work included the creation of a Homeless Prevention Index to identify communities most at risk. The tool combines data on social determinants, COVID impact (positive cases and job loss) and housing stress (rates of low-income renters and overcrowding) to determine which census tracts to target for outreach and support.

The CoC's success reducing its literally homeless count during the past five years can also be attributed to a population specific approach – not just for families – that seeks to match the most appropriate housing solution to a person's unique experience of homelessness, targeting prevention to those who are most likely to become homeless, and engaging in homelessness diversion or rapid exits from shelter for those whose experience of homelessness couldn't be prevented.

Prince William County likewise attributes its decline in homelessness in 2021 to increased funding for prevention services as well as the tenant protections afforded by the eviction moratorium. Local providers received targeted funding to serve persons at risk of losing their housing without having to meet current homeless eligibility criteria. This was a critical difference from prior years, because most current programs require persons to meet the definition of literal homelessness to receive services. Therefore, households at-risk of homelessness or that are precariously housed and/or “doubled-up” do not typically qualify for housing assistance.

A combination of factors account for some other jurisdictions' consistent declines in homelessness. Significant challenges remain, however. Increases in the region's already-high rents make it very difficult for extremely low-income households to find or maintain housing that they can afford. A shortage of living wage jobs compounds the difficulty in finding and maintaining affordable housing, particularly given the economic recession



(Dan Gross/Frederick News-Post)

caused by the COVID-19 pandemic. At the federal level, the region's CoCs celebrate the additional COVID-19 stimulus funding to support people who are at risk or are already experiencing homelessness. While critical during the public health emergency, the federal funds cannot quickly solve the persistent, long-term challenge of finding permanent housing options easily. The lack of deeply affordable housing in the metropolitan Washington region constrains local jurisdictions' ability to make dramatic progress in providing more permanent housing solutions.

A lack of affordable, permanent housing opportunities remains one of the most significant and persistent obstacles to ending homelessness in our region.

REGIONAL HOMELESSNESS BY TOTAL POPULATION

The prevalence of homelessness can also be understood by determining the number of persons experiencing homelessness counted in the metropolitan Washington region as a percentage of its total population. Including the District of Columbia, there was a 0.15 percent incidence of homelessness in the region. This figure is reduced from 0.18 in 2020. Excluding the District, the incidence of homelessness is 0.07 percent for the region’s suburban population, which remains unchanged since 2016.

HUD’s national 2020 CoC Point-in-Time data (the most recent figures available) state that there were 580,466 people experiencing homelessness in the country. This figure represents a two percent increase from the results of the national 2019 count. This rate is 0.002 percent of the total US population (330,036,210 as of January 2020⁹), compared to the region’s rate of 0.15 percent. The incidence of homelessness per 1,000 persons is lower in our region than the national average though: 1.76 persons per 1,000 Americans were experiencing homelessness on the night of the count in 2020 compared to 1.5 persons per 1,000 in the metropolitan Washington region in 2021.

The results described above are shown in Table 3 below. The District of Columbia has the largest local incidence of homelessness within the population. Of every 1,000 people in the District, 7.2 are homeless, a decrease from last year when it was 9.0.

TABLE 3: 2021 Share of Population That Is Experiencing Homelessness				
Jurisdiction	2020 Total Population*	2021 Literally Homeless	Homeless as Percent of Total Population	Homeless Persons per 1,000 People
City of Alexandria	158,726	106	0.07%	0.7
Arlington County	240,119	171	0.07%	0.7
District of Columbia	712,816	5,111	0.72%	7.2
Fairfax County ¹	1,188,907	1,222	0.10%	1.0
Frederick County	265,161	223	0.08%	0.8
Loudoun County	422,784	80	0.02%	0.2
Montgomery County	1,051,816	577	0.05%	0.5
Prince George’s County	909,612	537	0.06%	0.6
Prince William County ²	534,406	282	0.05%	0.5
Region with D.C.	5,484,347	8,309	0.15%	1.5
Region without D.C.	4,771,531	3,198	0.07%	0.7

*Source: Annual Estimates of the Resident Population for the Metropolitan Washington Council of Governments: April 1, 2010 to July 1, 2020. U.S. Census Bureau, Population Division, May 4, 2021.

¹ Includes the Cities of Fairfax and Falls Church

² Includes the Cities of Manassas and Manassas Park

⁹ <https://www.census.gov/popclock/>

Household Composition

Table 4 compares enumeration survey responses from the three main categories of homeless households from 2017 to 2021. Regional family homelessness (the number of persons in homeless families) decreased 37 percent from 2020 to 2021. This is a positive trend, and the largest one-year decrease noted since 2017. The region noted a 15 percent reduction from 2017 to 2018 and a 13 percent reduction from 2018 to 2019. This year's rate of decrease is significant compared to prior years.

The longer-term trend from 2017 to 2021 represents an impressive 57 percent reduction in persons in families experiencing homelessness. This continued decline in families experiencing homelessness during the past four years exceeds changes observed at the national level, where family homelessness declined by 12 percent between 2016 and 2020.¹⁰ Family homelessness declined by only 95 total persons in the U.S. between 2019 and 2020, remaining essentially unchanged. Overall, rates of homelessness nationwide increased as published in HUD's 2020 *Annual Homeless Assessment Report Part 1*.¹¹ The trend noted in the rise of single adults experiencing homelessness in metropolitan Washington, which increased five percent since 2017, is consistent with increases seen across the country since 2016.

		Total Persons in Households without Children	Total Persons in Households with Adults and Children	Total Persons in Households with ONLY Minor Children* (Unaccompanied Minors)	Regional Total
COG REGION	2021	5,917	2,376	16	8,309
	2020	5,990	3,760	13	9,763
	2019	5,735	4,044	15	9,794
	2018	5,798	4,667	15	10,480
	2017	5,630	5,489	9	11,128
2017 - 2021 Percent Change		5%	-57%	2	-25%

*Change in Households with ONLY Minor Children is shown in total numbers, not a percentage, due to the small overall number of individuals counted.

Source: COG 2021

Family Households

Families represent 29 percent of all persons experiencing homelessness in the metropolitan Washington region. Tables 5 and 6 (following pages) illustrate the 2021 survey responses from the region's families without a permanent home. As of January 27, 2021, a total of 751 family

¹⁰ <https://www.hudexchange.info/resource/6291/2020-ahar-part-1-pit-estimates-of-homelessness-in-the-us/>

¹¹ <https://www.hudexchange.info/homelessness-assistance/ahar/#2020-reports>

region’s families without a permanent home. As of January 27, 2021, a total of 751 family households were counted as homeless, a decrease of 37 percent from 2020. This year marks the fourth in a row of recorded declines in families experiencing homelessness.

In 2021, eight of nine CoCs reduced the number of persons in families recorded as homeless on the night of the enumeration from the previous year. The District of Columbia had the greatest reduction in the number of persons in families from the 2020 PIT count, with 1,196 fewer family members counted.

One distinguishing characteristic of families experiencing homelessness is that the age of adults in homeless families tends to be much younger than single adults experiencing homelessness. For example, a homeless single adult in the metropolitan Washington region is most likely to be between the ages of 45 and 54, but adults in homeless families with children are most likely to be between the ages of 25 to 34.

TABLE 5: 2021 Literally Homeless Persons In Families By Jurisdiction				
Jurisdiction	Number of Families	Adults in Families	Children in Families	Total Persons in Families
City of Alexandria	14	16	27	43
Arlington County	14	20	24	44
District of Columbia	402	494	741	1,235
Fairfax County	140	189	291	480
Frederick County	21	23	35	58
Loudoun County	11	11	19	30
Montgomery County	29	34	63	97
Prince George's County	90	115	171	286
Prince William County	30	41	62	103
ALL COG COCs	751	943	1,433	2,376

Note: Chart above does not include Households with Only Children (Unaccompanied Minors).

Source: COG 2021

Reductions in the one-year rate of family homelessness were greatest in the City of Alexandria and the District of Columbia, which counted 50 percent and 49 percent fewer persons respectively. Montgomery County similarly noted a 47 percent decrease in literally homeless families from the 2020 count.

The same positive trend is reflected in the longer period of 2017 to 2021, when eight of nine regional CoCs recorded decreases in family homelessness. During this period, the District of Columbia experienced the greatest percentage decrease (68 percent) and the greatest reduction in numbers of persons counted in homeless families (2,655 fewer persons in families from 2017 to 2021).

According to the U.S. Census Bureau’s 2019 American Community Survey 1-Year Estimates, the Washington Metropolitan Statistical Area’s (MSA) median monthly housing costs are \$1,862 and median monthly gross rent is \$1,708. Regionally, nearly half of all households—48 percent—are

housing cost burdened, meaning they pay more than a third of their incomes to satisfy these monthly housing costs¹². Severely cost-burned households (i.e., paying more than 50 percent of monthly income towards housing costs) vary by income level. Seventy-three percent of households with extremely low incomes (at or below 30 percent of the average median) are severely cost burned in the metropolitan Washington region and may face difficult decisions regarding which basic needs to prioritize for payment.¹³ In the District of Columbia, a person earning the minimum wage (\$15.00 per hour) in 2020 would need to work 77 hours per week to be able to afford a one-bedroom apartment at the Fair Market Rent (\$1,500/month).¹⁴ The region’s lowest-income households face significant challenges affording housing, especially as the area’s increased housing demand creates pressure on rental rates. This trend makes otherwise affordable units unaffordable for households, especially as they compete with the general public for housing.

TABLE 6: Change In Literally Homeless Persons In Families By Jurisdiction						
Jurisdiction	2017	2018	2019	2020	2021	Percent Change 2017-2021
City of Alexandria	91	84	74	86	43	-53%
Arlington County	83	77	66	60	44	-47%
District of Columbia	3,890	3,134	2,646	2,431	1,235	-68%
Fairfax County	472	488	526	528	480	2%
Frederick County	92	109	74	70	58	-37%
Loudoun County	42	48	45	50	30	-29%
Montgomery County	278	272	206	183	97	-65%
Prince George's County	338	273	247	240	286	-15%
Prince William County	203	182	160	112	103	-49%
ALL COG COCs	5,489	4,667	4,044	3,760	2,376	-131%

Source: COG 2021

Children in Homeless Families

It is important to note that children face particularly adverse effects from experiencing homelessness. Children are often dislocated from familiar surroundings, relatives, friends, and neighborhood schools when their families become homeless. Children must also contend with the stigma associated with being homeless when navigating their new surroundings and making friends. Children who experience homelessness may have poor nutrition, increased incidence of health impairments, higher exposure to violence, and severe emotional distress.¹⁵ Homelessness and hunger are also closely intertwined. Homeless children are twice as likely to experience hunger as their non-homeless peers, which negatively effects the physical, social, emotional and cognitive development of children. Schooling for homeless children is often interrupted and delayed, with

¹² Source: COG analysis of U.S. Census Bureau, 2016 1-Year PUMS files

¹³ National Low Income Housing Coalition,, *The Gap: A Shortage of Affordable Rental Homes*. <https://reports.nlihc.org/gap/2019/dc> Accessed on April 22, 2021

¹⁴ National Low Income Housing Coalition, *Out of Reach 2020*. <http://nlihc.org/oor/district-columbia> Accessed on April 22, 2021.

¹⁵ National Center for Homeless Education, <http://center.serve.org/nche/briefs.php>, *Domestic Violence, Homelessness, and Children’s Education*: 1.

homeless children twice as likely to have a learning disability, repeat a grade, or be suspended from school.¹⁶ Combined, these conditions eliminate feelings of safety and predictability that are important for healthy growth.

These challenges were exacerbated by the COVID-19 pandemic, as schools closed and students were forced to learn from home. Many students struggled with reliable access to devices or internet service, and providers and educational homeless student liaisons were challenged to remain in contact with students during school closures.¹⁷

COG's 2021 enumeration identified 1,433 children experiencing homelessness, representing 17 percent of the region's total homeless population (8,309). This represents a decrease from 23 percent of the total homeless population that children represented last year. Children account for 60 percent of all people in homeless families; this proportion of persons in homeless families increased slightly from 59 percent in 2020 but has otherwise remained fairly consistent since 2010.

Children account for 60 percent of all people in homeless families and homeless families represent a third of all persons experiencing homelessness in the metropolitan Washington region in 2021.

Some of the region's public schools have reported higher numbers of homeless children than are reported in the annual count. The primary reason for this is that area public schools track the number of homeless children on a cumulative basis throughout the school year, compared to the one-day snapshot of the region's homeless provided by the PIT count. Also, the self-reported homeless information used by public schools is based upon definitions provided by the U.S. Department of Education.



(Homeless Children's Playtime Project)

Children counted by public schools may or may not be literally homeless per the HUD definition, and may be living in doubled up situations. Editorial Projects in Education, the publisher of *Education Week*, reported that a record high 1.5 million students were homeless during the 2017-2018 school year, which represents an 11 percent increase over the previous year and nearly double the number from a decade ago.¹⁸ The National Center for Homeless Education reported that during the 2018-2019 school year, 77 percent of students that self-identified as being homeless reported they were "doubled up" with family or friends.¹⁹ Based upon HUD's guidelines, local jurisdictions cannot count people who live in doubled up situations for the PIT count.

¹⁶ <http://www.apa.org/pi/families/poverty.aspx>

¹⁷ Schoolhouse Connection. <https://schoolhouseconnection.org/lost-in-the-masked-shuffle-and-virtual-void/> Accessed on April 14, 2021.

¹⁸ Education Week. *Number of Homeless Students Hits All-Time High*. February 10, 2020. Accessed May 2020. <https://www.edweek.org/ew/articles/2020/02/12/number-of-homeless-students-hits-all-time-high.html>

¹⁹ National Center for Homeless Education, *National Overview, Education for Homeless Children and Youth*. Accessed April 2021. <http://profiles.nche.seiservices.com/ConsolidatedStateProfile.aspx>

Table 7 provides a breakdown of households of homeless children without adults by jurisdiction. The small number of Households with Only Children counted in 2021 reflects the challenges of counting homeless youth accurately. One difficulty is the HUD definition of homelessness, which excludes persons who are “doubled up” or “couch surfing,”²⁰ a form of shelter often used by youth. Also, methods often used for counting homeless adults do not accurately capture survival strategies particularly common to youth, such as being mobile and transient, latching onto friends and staying in groups, or trying to hide in plain sight. In addition, many homeless youth do not want to be found because they may be fleeing abuse or fear being placed in foster care. Most are not connected to formal supports such as the child welfare, juvenile justice, and mental health systems and many avoid or are unaware of available services.²¹

TABLE 7: Households With <u>Only</u> Children Under Age 18 By Jurisdiction, 2018 - 2021					
Jurisdiction	2018	2019	2020	2021	Absolute Change 2018 - 2021
City of Alexandria	0	0	0	0	0
Arlington County	0	0	0	0	0
District of Columbia	9	12	11	11	2
Fairfax County	2	0	0	5	3
Frederick County	0	0	0	0	0
Loudoun County	0	0	0	0	0
Montgomery County	0	0	0	0	0
Prince George's County	2	1	1	0	-2
Prince William County	2	0	0	0	-2
TOTAL	15	13	12	16	1

Source: COG 2021

There are many challenges with counting homeless youth, and because their experiences with homelessness are episodic, single point-in-time counts will always underestimate the true number of homeless youth. Taking note of seasonal conditions that affect whether youth will seek shelter or stay on the street, some homelessness researchers make sure they count in more than one season.²²

Noting the importance of counting youth during non-winter months, Prince George’s County and the District of Columbia have held separate youth counts; Prince George’s County has held six to date since 2013 (the seventh one is underway as of April 2021) and the District of Columbia has held six since 2015. Montgomery County conducted its first youth count in April 2018.

²⁰ Couch surfing is typically understood to mean a temporary stay in a series of acquaintances’ homes at no cost, rather than a hotel, making use of improvised sleeping arrangements.

²¹ The Urban Institute, *Youth Count! Process Study*: 10.

²² <http://www.healthycal.org/archives/11079>

Youth counts differ from the annual Point-in-Time census in January in several important ways. First, the count takes place during warmer months, when youths are more likely to be spending time outside, and potentially unsheltered.

Second, the youth count generally takes place during several days rather than just one 24-hour period and includes intentional enumeration by school personnel with knowledge

of and connections to youth and young adults who may not be regularly attending school and would be missed in the one-day count. Third, in addition to counting youth who are literally homeless, per the HUD definition, the youth count efforts include those who are unstably housed who may be doubled-up or “couch surfing.”

Finally, the youth count includes a much broader series of questions designed to identify social, economic, developmental and other contributing factors leading to youth homelessness for the purposes of strategic system design at the local level as well as to reveal opportunities for focused diversion and prevention work among youth who are unstably housed and at risk of experiencing literal homelessness.

Youth counts in Maryland and the District of Columbia have resulted in higher numbers of youth than were counted in the annual Point-in-Time enumeration of literally homeless persons and differ in important ways from the count held each year in January.

The youth counts conducted in Prince George's County included individuals between the ages of 13 and 24 and have resulted in higher numbers of youth than were counted in the PIT enumeration of literally homeless persons in January.

Prince George's County is one of six CoCs in the State of Maryland which has participated in the Youth REACH MD (Reach out, Engage, Assist and Count to End Homelessness) demonstration pilot since 2015 to count unaccompanied homeless youth and young adults and serves as one of three regional team leaders providing technical assistance to Maryland CoCs doing the count for the first time.²³ The enumeration involved surveying youth through shelter counts, service-based counts (meaning youth/young adults who used services from participating providers during the count), and kick-off/magnet events and street counts.²⁴ Further, results from this state-wide effort concluded that combining survey data and administrative data (via HMIS or Homeless Management Information Systems) result in a more accurate picture of youth homelessness than survey data alone.²⁵

In October 2018, Maryland passed the Ending Youth Homelessness Act of 2018 (SB 1218). The Ending Youth Homelessness Act of 2018 defines unaccompanied homeless youth as individuals of 24 years of age or younger who are not in the physical custody of a parent or guardian and lack a fixed, regular, and adequate nighttime residence; makes the annual Youth REACH MD unaccompanied homeless youth count a permanent fixture under the leadership of the Department of Housing and Community Development; and, provides additional grant funding to end youth homelessness and address related disparities based on race, ethnicity, sexual orientation, and gender identity by establishing the Ending Youth Homelessness Grant Program.²⁶

²³ <http://www.youthreachmd.com/>

²⁴ *Maryland's First Unaccompanied Homeless Youth & Young Adult Count: Findings from Youth REACH MD Phase 2 (May 2016)*, accessed at <https://theinstitute.umaryland.edu/docs/YouthREACHMD-Phase2Report-Final.pdf>

²⁵ Ibid.

²⁶ <http://www.youthreachmd.com/>

The planned 2020 youth counts in Prince George’s County and Montgomery County were postponed due to the COVID-19 pandemic. The Youth REACH MD modified count is taking place online from February 2021 through May 2021.

The District of Columbia passed the End Youth Homeless Amendment Act in 2014, which not only provided expanded funding for youth-accessible services, but also mandated an annual census.²⁷ The most recent of the past six homeless youth counts took place over nine days during September 18 – 26, 2020. The youth counts included persons aged 24 years or younger and who met the HUD definition of literally homeless as well as those who were unstably housed.

The District of Columbia’s CoC created a Youth Advisory Board called *Through the Eyes of Youth*, which ensures youth who have experienced homelessness have a role in planning services for this population. The CoC also worked with The Community Partnership for the Prevention of Homelessness (TCP) to develop and implement *Solid Foundations*. In turn, this plan has highlighted youth service needs leading to the establishment of a 24-hour youth drop-in center, prevention and family reunification services, rapid rehousing for Transition-Aged Youth (TAYs), and a new model called extended transitional housing which allows for longer lengths of stay with intensive supportive services, progressive engagement, and a housing first approach. The District was recently recognized by True Colors United and the National Law Center on Homelessness and Poverty in their *2020 State Index Report*²⁸ for its efforts to end youth homelessness, and acquired the distinction of being the only jurisdiction to receive the equivalent of an A grade in the history of the report.

Both Prince George’s County and the District of Columbia have received nationally competitive HUD grant funding from the Youth Homelessness Demonstration Program. The program requires convening a large variety of stakeholders, assessing the needs of special populations, convening Youth Advisory Boards, and creating a coordinated community plan for youth experiencing homelessness. It also provides an opportunity to test new approaches to address youth homelessness.



(Ian Rideaux, Changing the Narratives Fund)

In both Prince George’s County and the District of Columbia youth counts, a key contributing factor to youth experiencing homelessness was conflict with a parent, guardian, or foster parent. Findings from the Maryland Youth REACH initiative suggest that focused interventions on prevention among youth and young adults who identify as black or African-American, LGBTQIA+, are in high school and/or are pregnant or parenting are needed to reduce the numbers of youth and young adults who are unstably housed or experiencing literal homelessness.²⁹

²⁷ <https://dc-aya.org/youth-count-dc-2018/>

²⁸ <https://www.youthstateindex.com/>

²⁹ <http://www.youthreachmd.com/content/wp-content/uploads/2018/02/YRMD-2017-Report-Executive-Summary-FINAL.pdf>

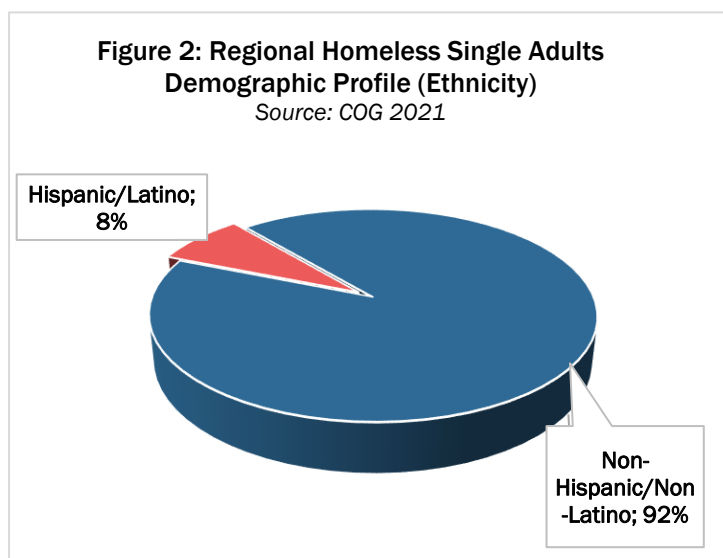
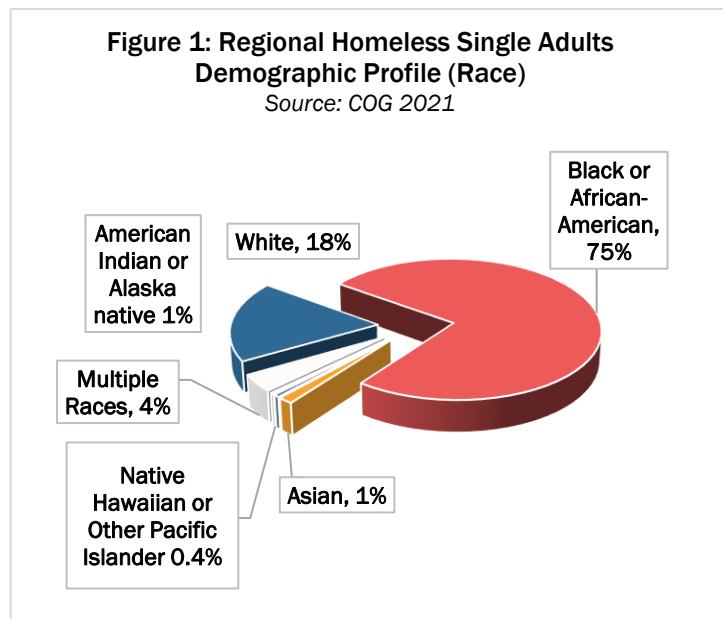
Demographic Profile of the Region’s Residents Experiencing Homelessness

In 2014, COG began reporting questions regarding ethnicity and race in addition to age and gender. HUD specified the ethnic and racial categories included in the Point-in-Time questionnaire which generally reflect a social definition of race recognized in this country and are not an attempt to define race biologically, anthropologically, or genetically. The answers are also limited and may not fully represent the varied racial and ethnic backgrounds of all people who live in our region.

The survey question on ethnicity asks respondents to identify whether they are Hispanic or Latino (people who identify their ethnic origin as Hispanic or Latino may be of any race³⁰). In addition, the categories of the race item include racial and national origin or ethnicity were self-reported, and individuals could choose “multiple races” to indicate their racial mixture, such as “American Indian” and “White.”

Of the 5,693 homeless single adults (Figure 1 above) who responded to these demographic questions, 92 percent were over the age of 24, and the majority (71 percent) were male. For those single adults who responded to the question regarding ethnicity (Figure 2), 92 percent self-identified as non-Hispanic or non-Latino. The racial breakdown included 75 percent African American, 18 percent white, four percent as multiple races, and one percent Asian. Less than one percent declined to respond, or the information was not recorded. The remaining categories (American Indian or Alaska native, Native Hawaiian or Other Pacific Islander) all were one percent or less of the total literally homeless single adult population.

In Frederick and Loudoun counties, the single adult racial profile differs slightly from the rest of the region. In Frederick and Loudoun, the majority of single adults experiencing homelessness are white (67 percent and 54 percent), and in Fairfax County and Arlington County, 44 percent and 31 percent respectively of the single homeless adults identified racially as white.



³⁰ <http://www.census.gov/population/race/>

The demographic profile of families experiencing homelessness (Figure 3) differs from that of single adults in a few key characteristics. In homeless families, the majority of adults (81 percent) are female. The average age of the adult in a homeless family also tends to be younger. Twenty-eight percent are aged 18 to 24, 40 percent are aged 25 to 35, and overall, 72 percent are over age 24. Ethnically, 89 percent of adults in homeless families are Non-Hispanic/Non-Latino, and racially, 82 percent identified as Black or African American. White adults in families experiencing homelessness make up 13 percent of the regional literally homeless family population, two percent are Asian, and two percent are multiple races, with the other racial categories all less than one percent.

Again, the demographic profile of adults experiencing homelessness in families in Frederick County differs from the rest of the region; 44 percent of homeless adults in families were white and 44 percent were African- American or Black.

In contrast, the region’s racial breakdown (Figure 5) shows that 54 percent of the population is white and only 25 percent is African American or Black. With the exceptions of Frederick and Loudoun Counties, persons experiencing homelessness are disproportionately more likely to be Black or African American than they are in the general regional population.

Figure 3: Regional Homeless Adults in Families Demographic Profile (Race)

Source: COG 2021

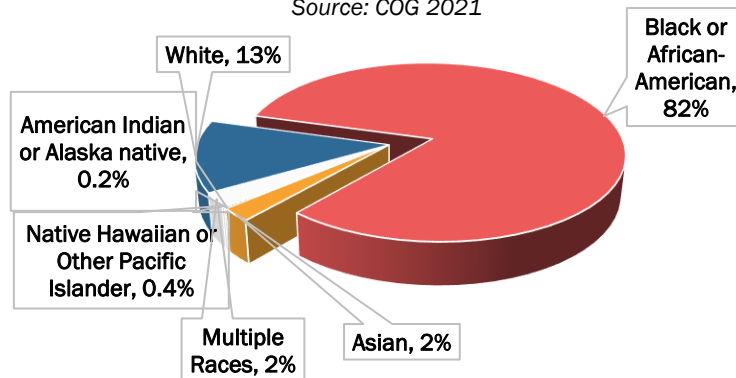


Figure 4: Regional Homeless Adults in Families Demographic Profile (Ethnicity)

Source: COG 2021

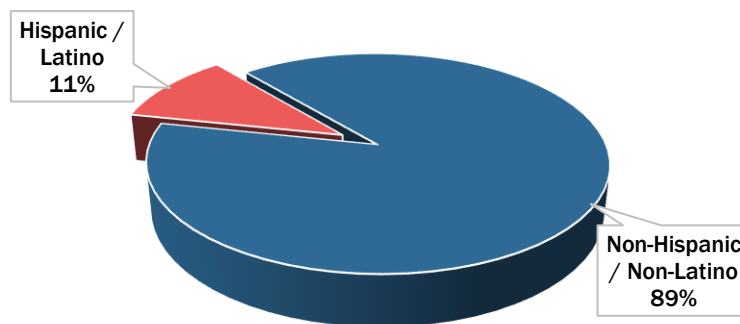
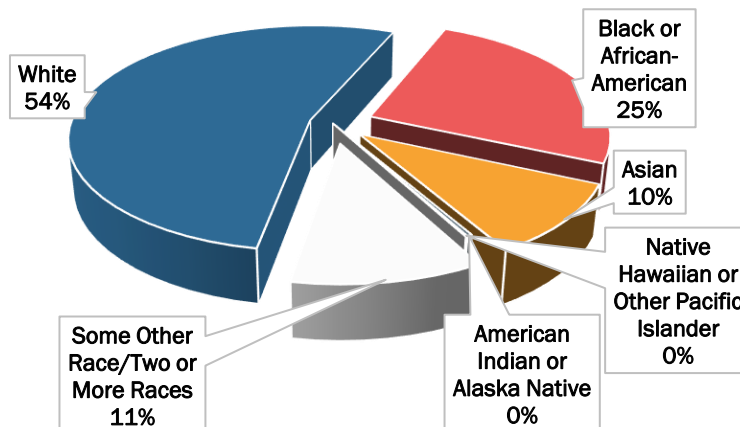


Figure 5: Regional Total Population Demographic Profile (Race)

Source: American Community Survey 2018 5-Yr Estimates



Addressing Racial Inequality

The racial disproportionality reflected in the 2021 PIT count demographic data is not unique to the metropolitan Washington region. Rather, it reflects a long history of racial segregation and discrimination in the United States that continues to impact people of color to this day. Several organizations have worked to address this concern, focusing specifically on people experiencing homelessness. One example is C4 Innovations' (formerly known as the Center for Social Innovation) mixed-methods research study known as SPARC (Supporting Partnerships for Anti-Racist Communities). The phase one research is comprised of HMIS data, census data, and oral histories from individuals in six study sites across the United States.³¹

Among some of the key findings from its first phase research, it notes that, "Although Black people comprise 13% of the general population in the United States and 26% of those living in poverty, they account for more than 40% of the homeless population, suggesting that poverty rates alone do not explain the over-representation."³²

The research coalesced around five major areas of focus regarding racial inequity and homelessness, including economic mobility, housing, criminal justice, behavioral health, and family stabilization. The disparate experiences of people of color in these realms are all factors that can lead to high rates of homelessness and prolong exits to permanent housing.³³

In the metropolitan Washington region, the COG Board of Directors adopted a resolution in July 2020 regarding racial equity as a fundamental value. This resolution commits COG and its members to oppose racism, to work to be actively anti-racist, and to advance equity in all of its work.

Several jurisdictions have adopted equity policies to consider how local government decisions may result in a disparate impact on its residents. Examples include Fairfax County's "One Fairfax" initiative, the Takoma Park City Council's "Racial Equity Considerations" (these statements are part of an overall initiative by the city to address institutionalized racism³⁴), and the Arlington County Board's Equity Resolution which passed in September 2019. The Arlington resolution commits the county to gathering data on racial inequality in Arlington, creating a "scorecard" to track progress made, and designing a tool to help officials consider race during policy and budget decisions, among other actions.³⁵ The Montgomery County Council passed its Racial Equity and Social Justice Act shortly after in October 2019. This bill



2020 COG Board of Directors, led by Vice Chair Christian Dorsey, Vice Chair Robert C. White, Jr., and Chair Derrick L. Davis (pictured), endorsed equity as a fundamental value.

³¹ Center for Social Innovation, *SPARC, Supporting Partnerships for Anti-Racist Communities, Phase One Study Findings, March 2018*. Accessed April 2018. <https://c4innovates.com/wp-content/uploads/2019/03/SPARC-Phase-1-Findings-March-2018.pdf>

³² Ibid.

³³ <https://endhomelessness.org/time-change-findings-sparc-study-race-homelessness/>

³⁴ <https://takomaparkmd.gov/initiatives/project-directory/racial-equity/>

³⁵ <https://www.arlnow.com/2019/09/23/county-board-signs-resolution-committing-county-to-racial-equity/>

mandates racial equity training for government employees, requires proposed legislation to include a racial equity impact, and it establishes an Office of Racial Equity and Social Justice.

In the District of Columbia, The REACH (Racial Equity Achieves Results) Act of 2020 resulted in the creation of two racial equity offices. One office is housed within the District of Columbia Council (Council Office of Racial Equity, or CORE) and the other office will be part of the Chief Administrator's Office in the government of the District of Columbia. The Council's Equity Office will help elected officials and community members assess whether a bill will have a disparate impact on communities which have historically been discriminated against or disproportionately harmed by government actions. The District government announced an upcoming search for its first Chief Equity Officer in February 2021.

Other COG member jurisdictions have also recently created Chief Equity Officer positions, including Prince William County, Frederick County, Loudoun County and Charles County. Many CoCs within the metropolitan Washington region have adopted a racial equity focus within their strategic plans and operating principles as well.

These equity offices are meant to address structural racism and bias created over centuries through deliberate practice (de facto) as well as legal (de jure) decisions that have led to segregated communities and decisions that disadvantaged persons of color in favor of those who were or are white.

The legacy of these practices has resulted in neighborhoods with residents who are living in impoverished networks – where not just an individual or family, but the entire network, lacks the economic and social capital necessary to prevent and end homelessness.³⁶

In January 2019, HUD released a CoC Racial Equity Analysis Tool that allows communities to visualize who is accessing services and to help identify racial disparities in homelessness assistance. The tool draws on data from the American Community Survey (ACS) 5-year estimates, Block Group estimates, PIT and AHAR data.³⁷ Information is provided at the individual CoC level as well as state level and provides information similar to what is included in this report.

The CoCs in the metropolitan Washington region recognize that institutional and systemic racism is one of the root causes of homelessness and are seeking new ways to work together regionally to design complimentary systems that result in preventing fewer people from experiencing homelessness and creating more equitable outcomes for those who do.

Senior Citizens Experiencing Homelessness

There is concern among the region's CoCs that there may be a growing number of senior citizens facing a housing crisis and who are seeking emergency shelter.

³⁶ <https://endhomelessness.org/time-change-findings-sparc-study-race-homelessness/>

³⁷ See the Tool online at <https://www.hudexchange.info/news/new-coc-racial-equity-analysis-tool/>

Elderly persons experiencing homelessness face unique vulnerabilities due to health or mobility limitations. They may also have more significant health concerns not typically seen in homeless services systems, such as Alzheimer’s disease or cancer.³⁸

It’s important to note that older adults experiencing homelessness already have medical ages that exceed their biological ages. Multiple studies have demonstrated that older adults experiencing homelessness have age-related medical conditions, such as decreased mobility and cognitive decline, on par with housed counterparts who are 20 years older.³⁹ The average life expectancy of a person experiencing homelessness is estimated between 42 and 52 years, compared to 78 years in the general U.S. population.⁴⁰

Older adults experiencing homelessness have medical ages that exceed their biological ages. . . on par with housed counterparts who are 20 years older.

National demographic trends suggest that there will be a dramatic increase in the number of people age 65 or older as the Baby Boomer generation reaches retirement age. This means the region’s policymakers and service providers may need to adjust their systems’ approach to accommodate this growing segment of persons experiencing homelessness. The National Alliance to End Homelessness projected that homelessness among the elderly may “. . . more than double at the national level between 2010 and 2050, when over 95,000 elderly persons are projected to be homeless.”⁴¹

In the metropolitan Washington region, 19 percent of persons in Households without Children (1,141 individuals) were over the age of 62, an increase of two percent from 2020, and 123 seniors were unsheltered, a slight decrease from the 137 seniors without children who were counted as unsheltered in 2020. For the fourth year in a row, the region counted seniors age 80 or above experiencing homelessness in more than one CoC. A total of 15 persons over 80 years old were experiencing homelessness on the night of the Point-in-Time count, two of whom were unsheltered. In addition, there were at least 32 seniors over the age of 70 counted on the night of January 27, 2021. The oldest senior experiencing homelessness was 96 years old.

Beginning in 2018, the nine-member CoCs in the metropolitan Washington region provided a more detailed age breakdown in the regional report in order to monitor these data more closely and determine how best to respond to changing demographic needs. Figures 6 and 7 illustrate the range of ages of people experiencing homelessness for the most recent past three years in which these data were collected regionally. The number of single adults experiencing homelessness over the age of 62 continues to grow each year, in line with national trends.

The number of facilities which are set aside to house seniors are limited; one example of an organization that serves seniors experiencing homelessness is So Others Might Eat (SOME) in the

³⁸ <http://www.seniornavigator.org/article/12426/special-concerns-elderly-who-are-homeless>

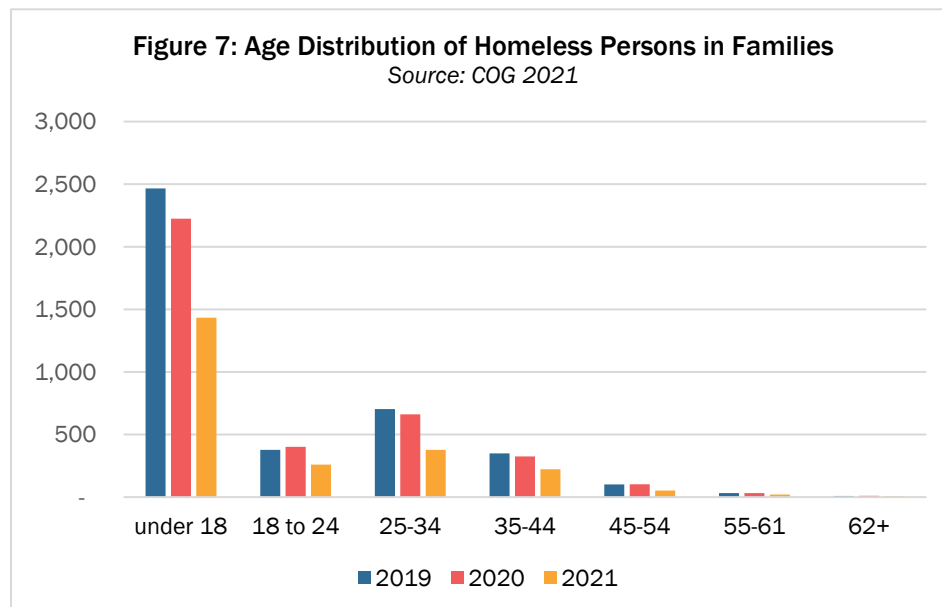
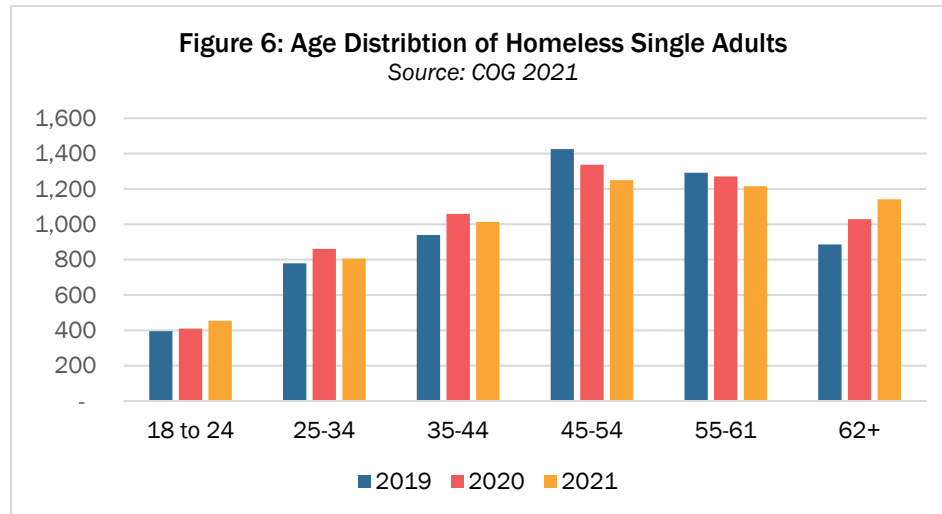
³⁹ Brown, R.T., Hemati, K., Riley, E.E., et al. Geriatric conditions in a population-based sample of older homeless adults. (2017). *Gerontologist*, 57(4), 757-766. Doi:10.1093/geront/gnw011. (n/u). As accessed in *The Emerging Crisis of Aged Homelessness: Could Housing Solutions Be Funded by Avoidance of Excess Shelter, Hospital, and Nursing Home Costs?*, <https://www.aisp.upenn.edu/aginghomelessness/>

⁴⁰ National Coalition for the Homeless, *Health Care and Homelessness*, Accessed at <https://www.nationalhomeless.org/factsheets/health.html>

⁴¹ M William Sermons and Meghan Henry, *Demographics of Homelessness Series: The Rising Elderly Population*, National Alliance to End Homelessness, Homeless Research Institute. Accessed at http://www.endhomelessness.org/page/-/files/2698_file_Aging_Report.pdf

District of Columbia. It can temporarily house 42 seniors, but the need greatly exceeds the available beds.⁴²

Several CoCs in the region have medical respite beds for persons discharged from the hospital who need rest to recover which elderly persons may be able to use. However, many seniors require ongoing medical assistance and lack access to adequate care. The region's CoCs are working to address the unique needs of senior citizens while anticipating a growing need to expand resources to assist this group of residents appropriately and safely in the future.



⁴² Zelinsky, Alex., "Solving the Growing Health Needs of America's Elderly Homeless", Accessed at <https://thinkprogress.org/solving-the-growing-health-needs-of-americas-elderly-homeless-3814a6eca60d>

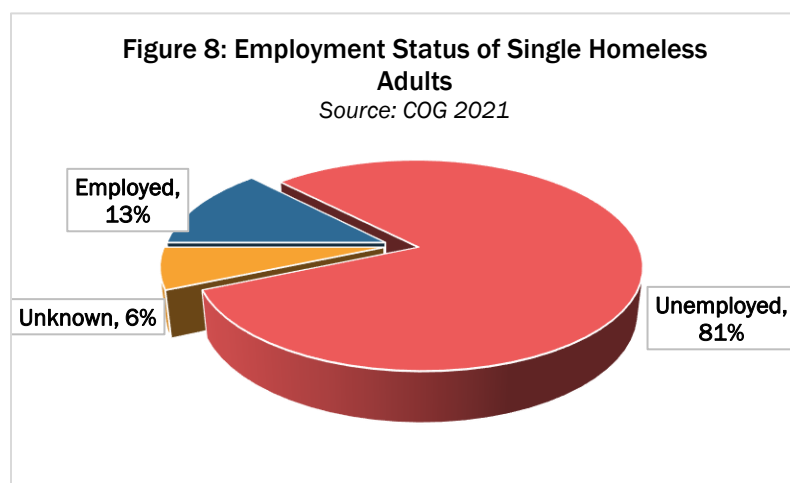
HOMELESSNESS AND THE WORKING POOR

Employment, or an adequate and reliable source of income, is crucial to a household's ability to either afford a place to live or move out of homelessness. According to the U.S. Department of Labor's Bureau of Labor Statistics, the metropolitan Washington region's preliminary unemployment rate for February 2021 was 5.7 percent, compared to 6.6 percent for the nation. The region's unemployment rate decreased slightly from six percent in February 2021.⁴³

The economic shock that began in mid-March 2020 due to the COVID-19 pandemic continues to negatively impact the regional economy, despite improvements seen during the past year in job growth. The deep and sudden economic crisis compounds pre-existing challenges for those without a high school diploma, bachelors or advanced degree who seek employment opportunities.

The data collected on employment in 2021 differs slightly from data gathered in previous years. Questions regarding employment and income below in Montgomery County exclude those individuals who were unsheltered. The survey instrument was shortened to limit the amount of time each PIT surveyor exposed themselves to persons experiencing unsheltered homelessness. Similarly, in Frederick City and County, surveyors did not gather information on employment or income, regardless of shelter status.

Among all adults experiencing homelessness who responded to this question on the night of January 27, 2021 – both single adults and adults in families – 14 percent were employed. The rates of employment vary by household type; Figures 8 through 10 illustrate the employment status (including full- and part-time employment) for homeless single adults and homeless adults in families throughout the region. Also included are percentages for people experiencing homelessness for whom employment status was unknown.



Similarly, approximately 13 percent of single adults experiencing homelessness were employed, which is a reduction from 19 percent since 2020 (Figure 8). Lower rates of employment were anticipated this year given the impacts from the COVID-19 pandemic. The lower rate of employment for homeless single adults (compared to adults in families) is attributed to higher incidences of conditions that make securing and maintaining employment difficult, such as

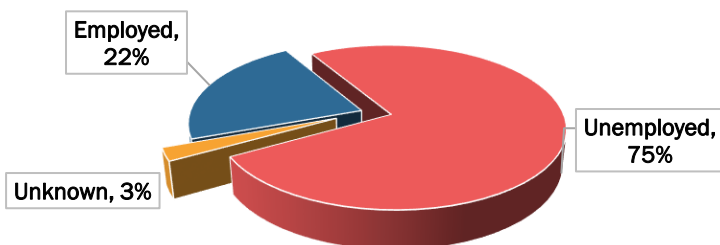
physical disabilities, and multiple behavioral and chronic health issues, including substance abuse and mental illness.

⁴³ <https://www.bls.gov/web/metro/laummtrk.htm>

Data from the 2021 enumeration suggests that 22 percent of all homeless adults in families with children who responded to the question were employed (Figure 9), but the picture varies significantly by jurisdiction.

Figure 9: Employment Status of Adults in Homeless Families

Source: COG 2021



In Loudoun County, for example, 60 percent of these adults were employed, compared to 20 percent in Arlington County (Figure 11, next page). Approximately 75 percent of adults in these families region-wide were unemployed and employment status is unknown for three percent. Again, these rates are higher than in 2020, presumably due to the recession caused by the pandemic.

Although the total number is small, two children in homeless families were employed on the night of the enumeration. None of the 11 unaccompanied minors in the region’s Households with Only Children were employed on the day of the PIT. This is attributed to the youths’ age, levels of employability, and housing status.

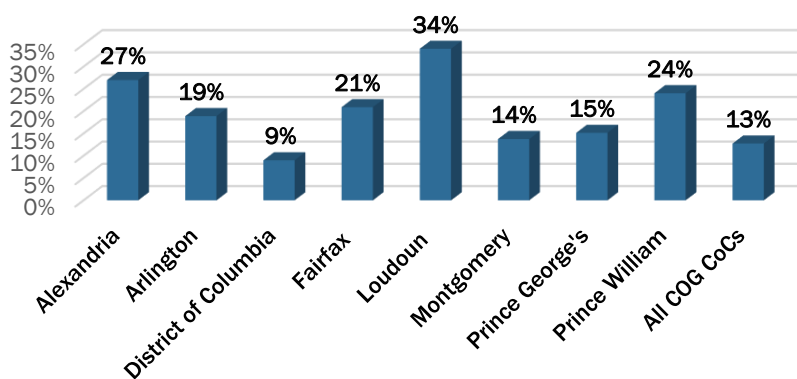
While metropolitan Washington has traditionally enjoyed a lower unemployment rate compared to other national metropolitan areas, it remains one of the country’s most expensive areas in which to live. In a region where housing prices are rising faster than wages, the lowest income workers face tremendous pressures. The reality is stark for the region’s homeless households as evidenced in the following charts.

Figure 10 shows that, in seven of eight of the region’s participating CoCs, less than 30 percent of single homeless adults were employed on the night of the annual enumeration. This trend remains essentially unchanged from the past five years, although rates have varied for individual jurisdictions. For example, Loudoun County was the only jurisdiction which reported a higher rate of employment in 2021

among single homeless adults than in 2020 (34 percent in 2021 compared to 21 percent in 2020). Prince George’s County was the only jurisdiction whose single adult homeless rate remained unchanged from 2020. The lower observed rates of employed single adults experiencing homelessness is in part due to the high rate (59

Figure 10: Employed Single Homeless Adults

Source: COG 2021

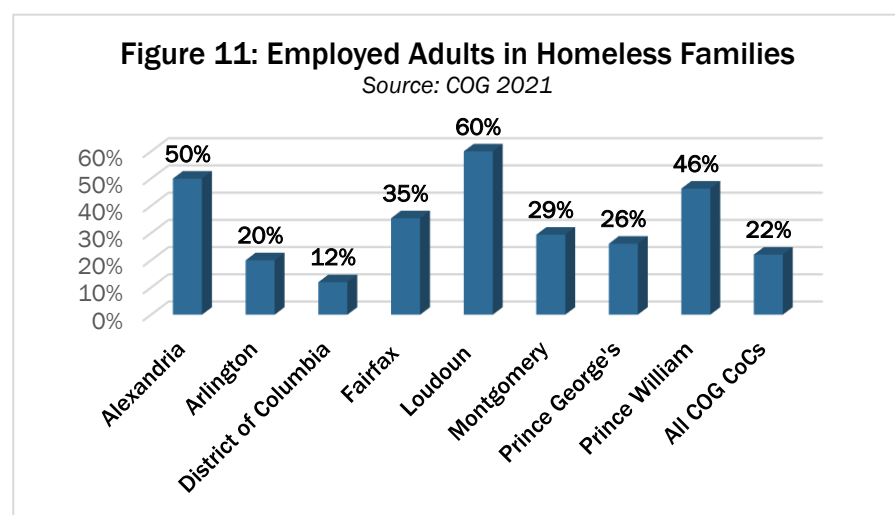


percent) of persons who reported having a disability, serious mental illness, or chronic health condition, which may prevent employment.

In contrast, in four of eight local jurisdictions, more than 30 percent of adults in family households were employed (Figure 11). Only one CoC's employment rate among adults in families remained the same: City of Alexandria. All others reported decreases in rates of employment from the 2020 count.

As a region, the percentage of employed adults in families decreased from 36 percent in 2020 to 22 percent in 2021. Although data from Frederick County were not available this year, this result is not unexpected given the high rates of unemployment recorded nationwide since March 2020.

Improving the employment picture for some of the region's most vulnerable residents remains



challenging, particularly given the regional economy during and post-pandemic, but CoCs will continue efforts to increase residents' earned income as a critical component for long-term housing stability. The availability and safety of living wage jobs remains a key obstacle to ending homelessness, even for those individuals who are already employed.

Income

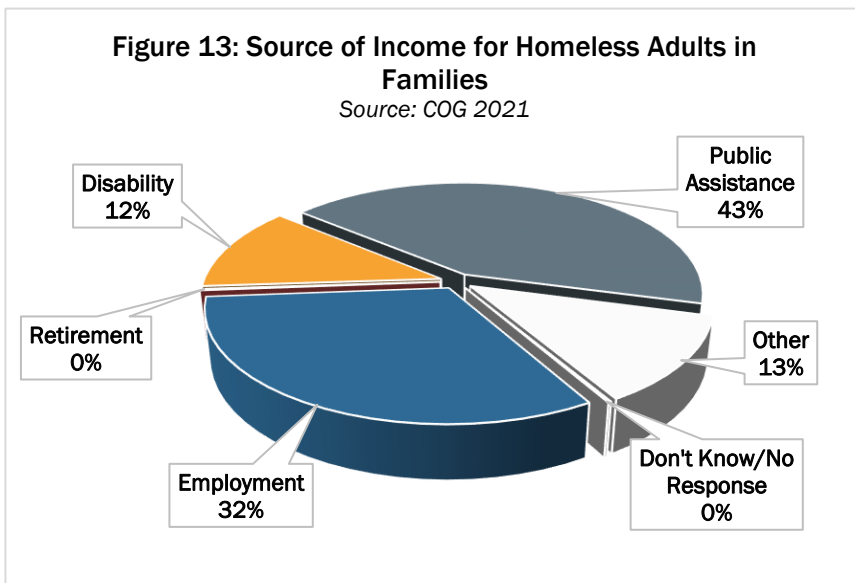
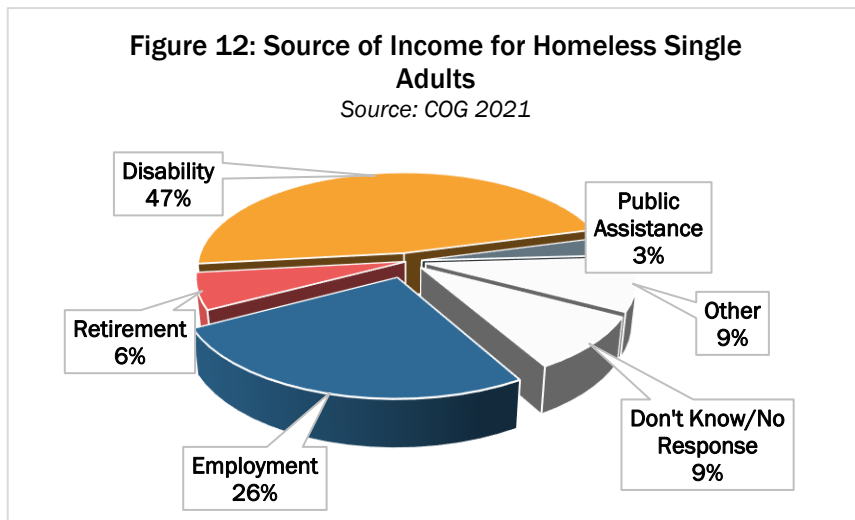
While a portion of the region's homeless population reports receiving monthly income, many people experiencing homelessness do not receive any monthly income. In 2021, 61 percent of adults in families reported having income, but only 40 percent of single adults reported income.

Over half (54 percent) of all homeless adults for whom this information was available report having some form of monthly income. Among single adults experiencing homelessness, 26 percent reported that employment wages and salaries were their primary source of income (see Figure 12, following page). The largest source of primary income was disability (such as Supplemental Security Income), followed by retirement (such as Social Security), public assistance, and last, other sources of income.

Among homeless adults in families who responded to this question, 32 percent reported the primary source of income being from employment. However, unlike in 2020, a larger proportion of families (47 percent) reported public assistance was their primary source of income. Public assistance supports a much larger number of families than single individuals experiencing homelessness. This need may have been exacerbated by the COVID-19 pandemic; for example, the number of SNAP (Supplemental Nutrition Assistance Program) recipients increased significantly nationwide during

2020.⁴⁴ In the metropolitan Washington region, COG found a 42 percent increase in household participation in SNAP between January 2020 and January 2021.⁴⁵

Figure 12 illustrates the primary source of income for the 2,617 single adults experiencing homelessness who provided this information; Figure 13 represents the responses from 576 adults in homeless families.



⁴⁴ Center on Budget and Policy Priorities Covid Hardship Watch, Accessed April 15, 2021 at <https://www.cbpp.org/research/poverty-and-inequality/tracking-the-covid-19-recessions-effects-on-food-housing-and>

⁴⁵ For more information, please see COG's Food and Agriculture Regional Member (FARM) Ad Hoc Advisory Committee: https://www.mwcog.org/events/2021/?F_committee=349

UNSHELTERED HOMELESSNESS

On January 27th, outreach workers and experienced volunteers for the region's CoCs surveyed their communities to count the area's unsheltered persons experiencing homelessness. Outreach workers counted people living on the streets, in alleys, under bridges, in local parks, in camp sites, and in other places frequented by people experiencing homelessness. In 2021, the unsheltered portion of the count looked very different than in years past, with masks, social distancing, and other related COVID-19 protocols in place, following Centers for Disease Control guidance. In some jurisdictions, teams were limited to those who were outreach workers or who had participated in previous unsheltered PIT count efforts. Where applicable, any differences in the data elements gathered are noted in the findings.

According to the 2021 count, 1,005 persons (approximately 12 percent of the region's 8,309 persons experiencing homelessness on the night of the PIT) were unsheltered. All were single adults. In 2021, none of the families or unaccompanied minors experiencing homelessness were counted unsheltered. The 1,005 unsheltered single persons counted is lower than the number of unsheltered adults in Households without Children counted in 2020 (178 fewer persons counted, or a 15 percent decrease). Overall, regional homelessness among unsheltered single adults decreased 32 percent (479 fewer persons) during the period between 2017 and 2021. This may be due in part to the use of hotels to isolate persons who became infected with COVID-19 or who were medically vulnerable and could suffer dire complications if infected with the novel coronavirus. In some CoCs, unsheltered homelessness decreased as sheltered homelessness increased.

The fluctuations in the unsheltered count may be attributed to a variety of factors. Typically, the number of individuals counted residing in areas unfit for human habitation can depend on weather conditions, the number of surveyors employed for the count, and methodology (complete coverage or sampling.) A number of CoCs in the region have been engaged in vigorous efforts to house chronically homeless individuals, which may have attributed to decreases recorded in some jurisdictions.

In some of the more rural areas of the region, such as western Loudoun County and eastern Prince William County, the unsheltered count results may have been affected by the pandemic.

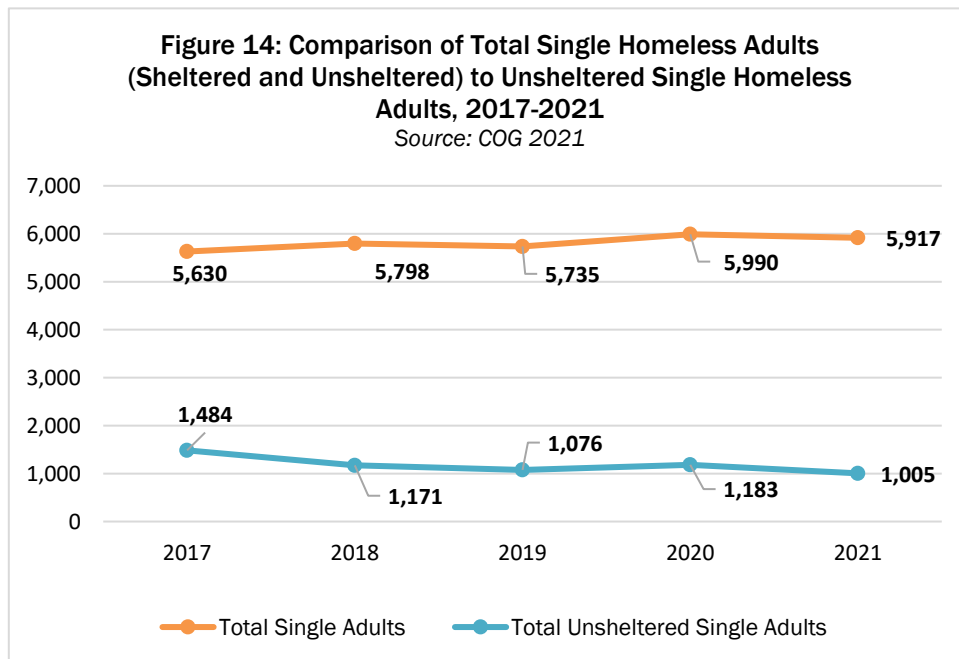


A surveyor interviews a person experiencing homelessness outside on the night of the Point-in-Time count on January 27, 2021.

In Loudoun County, the methodology changed from in-person, face-to-face interviews, to an observation-only count. In-person, face-to-face interviews often allow for communication regarding where other persons experiencing homelessness may be located throughout the county. Unsheltered outreach teams in Loudoun have reported an increase in persons sleeping in their vehicles since the start of the pandemic, which may be the result of people opting out of entering the shelter system to avoid close contact with others. This can also make identifying people who may be living unsheltered in a place unfit for human habitation harder to locate.

In Prince William County, land development patterns have left few areas for large camp sites available, making finding smaller campsites more challenging. Another challenge is the lack of year-round data from current street outreach providers. There is only one formal street outreach program in Prince William, and it only serves people with severe mental illness. Further, the pandemic forced providers to reduce street outreach activities, which limited the amount of up-to-date information available to the Prince William Area CoC on the night of the PIT further.

The variation in the unsheltered count by year makes discernment of a real trend difficult. This is represented graphically in Figure 14. While the prior four counts reflect a slight upward trend in the total number of homeless single adults, the count of single adults who were unsheltered on the night of the enumeration does not precisely correspond.

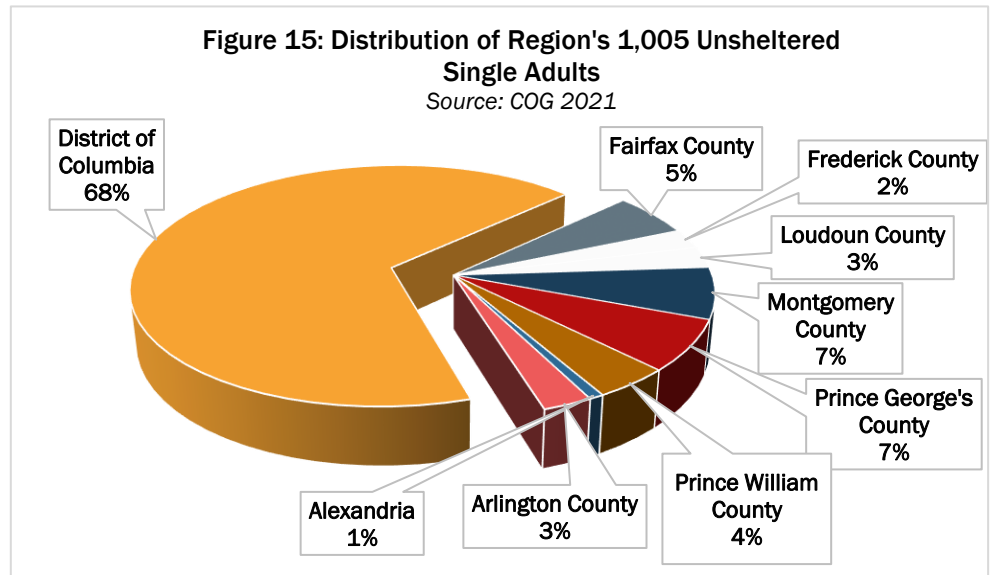


Distribution of the Region’s Unsheltered Homeless Single Adults

Where are people experiencing homelessness outside the shelter system in the metropolitan Washington region? Figure 15 indicates where survey volunteers interviewed persons experiencing homelessness in places not meant for human habitation, such as streets, parks, alleys, abandoned buildings, stairways, and rural campsites.

The District of Columbia accounts for 68 percent of the region's unsheltered homeless single adults in 2021. This figure represents an increase from 2020 when 55 percent of unsheltered single adults were counted in the District of Columbia.

Eight of nine CoCs recorded reductions in their unsheltered counts from 2020 to 2021. Overall, the region counted 15 percent fewer unsheltered single adults in 2021 than in 2020. The largest reduction during this one-year period was recorded in Prince William County (60 fewer persons); the only increase during the same period was in the District of Columbia (an increase of 29 unsheltered single adults counted). This may be due in part to a reluctance to enter congregate shelter settings during the pandemic.



Comparison of Unsheltered Homeless Single Adults by Jurisdiction

Reviewing the unsheltered count for a longer period than one year provides a different perspective of the PIT count results, although a pattern in the findings is less clear. During the counts from 2017 to 2021, eight of nine jurisdictions recorded reductions in their unsheltered counts.

Frederick County recorded the greatest decline in its rate (75 percent) or a difference of 77 fewer people counted in 2021 than in 2017. Prince William County experienced a 63 percent rate of reduction and counted 71 fewer unsheltered individuals in 2021 than in 2017. The City of Alexandria noted a similarly high rate of reduction (56 percent) and counted 10 fewer people in 2021 than in 2017. Loudoun County was the only CoC to record an increase in the number of unsheltered single adults experiencing homelessness during this period, but the total numbers are small (12 additional persons counted). Overall, the region's percentage of unsheltered homeless single adults decreased by 32 percent from 2017 to 2021. Table 8 (following page) presents the number and percentage of single adults experiencing homelessness by CoC from 2017 to 2021. Table 9 represents the percentage of each individual jurisdiction's literally homeless population that was unsheltered during the same period.

TABLE 8: Comparison of Unsheltered Single Adults By Jurisdiction, 2017 - 2021

Jurisdiction	2017	2018	2019	2020	2021	Change in Number of Persons 2017 - 2021	Percent Change 2017 - 2021
City of Alexandria	18	15	10	11	8	-10	-56%
Arlington County	33	35	36	34	27	-6	-18%
District of Columbia	897	599	607	652	681	-216	-24%
Fairfax County	105	86	89	88	57	-48	-46%
Frederick County	103	84	78	45	26	-77	-75%
Loudoun County	16	24	71	57	28	12	75%
Montgomery County	126	133	75	103	68	-58	-46%
Prince George's County	73	85	73	91	68	-5	-7%
Prince William County	113	110	37	102	42	-71	-63%
TOTAL	1,484	1,171	1,076	1,183	1,005	-479	-32%

Source: COG 2021

TABLE 9: Unsheltered Single Adults As A Percentage of Total Homeless By Jurisdiction, 2017 - 2021

Jurisdiction	2017	2018	2019	2020	2021
City of Alexandria	7%	7%	5%	4%	8%
Arlington County	16%	16%	17%	14%	16%
District of Columbia	9%	9%	9%	11%	13%
Fairfax County	9%	9%	9%	5%	5%
Frederick County	27%	27%	27%	8%	12%
Loudoun County	18%	18%	42%	0%	35%
Montgomery County	16%	16%	12%	10%	12%
Prince George's County	18%	18%	16%	15%	13%
Prince William County	29%	29%	13%	13%	15%
TOTAL	7%	13%	11%	12%	12%

Source: COG 2021

CHRONIC HOMELESSNESS

The nine CoCs in the region are working to reduce the number of residents who are considered chronically homeless. In 2015, HUD updated its definition of an individual experiencing chronic homelessness as an unaccompanied adult or youth head of household with a disabling condition who has either been continuously homeless for a year or more or has had at least four episodes of homelessness in the past three years; the episodes of homelessness must cumulatively equal at least 12 months. The definition of a chronically homeless family includes an adult member of a family who has a disabling condition and meets the same time period requirements as an unaccompanied adult. Persons who are not the head of the household under the age of 18 are not counted as chronically homeless individuals in this scenario, nor are other adults in the family who do not meet the HUD definition. However, all members of the family household are counted as persons in a chronically homeless family. Also, as of 2015, persons under the age of 18 who are heads of household, including unaccompanied youth and parenting youth, may be counted as chronically homeless.

Numerous studies⁴⁶ have found that housing chronically homeless individuals helps these individuals lead a more stable and independent life, can achieve significant reductions in the overall numbers of people experiencing homelessness and may help communities reduce public expenditures, particularly for the most frequent users of medical, judicial, and other emergency services. For example, one study, completed by the University of California Irvine in June 2017⁴⁷, found that the costs incurred by a chronically homeless person can be cut in half (from an average of \$35,500 per year) when a chronically homeless person is provided with permanent supportive housing. However, it is worth noting that the cost of homelessness declines when someone experiencing homelessness is housed, whether someone has experienced multiple episodes of homelessness or not.

The more important benefit to housing chronically homeless persons using a Housing First approach, however, may be in achieving an improved quality of life rather than basing the value of this approach solely from a cost savings perspective. This may have the unintended effect of implicitly devaluing the lives of people experiencing homelessness.⁴⁸

Chronically Homeless Single Adults

Twenty-six percent of the region's literally homeless population were chronically homeless single adults on the night of the PIT count in 2021. This percentage is an increase from 19 percent that was recorded in 2020 as well as 2019. It is important to note that in 2021, the number of chronically homeless persons (single adults as well as in families) was not collected in the City of Frederick or Frederick County. Therefore, the number of persons who would be considered chronically homeless in 2021 is likely slightly higher.

⁴⁶<http://www.endhomelessness.org/library/entry/supportive-housing-is-cost-effective> and <http://www.upenn.edu/pennnews/news/housing-homeless-mentally-ill-pays-itself-according-university-pennsylvania>

⁴⁷ <https://www.unitedwayoc.org/wp-content/uploads/2017/08/united-way-cost-study-homelessness-2017-report.pdf>

⁴⁸ Stefan G. Kertesz, M.D., Travis P. Baggett, M.D., M.P.H., James J. O'Connell, M.D., David S. Buck, M.D., M.P.H., and Margot B. Kushel, M.D., "Permanent Supportive Housing for Homeless People – Reframing the Debate", *New England Journal of Medicine* 2016; 375:2115-2117 December 1, 2016 DOI: 10.1056/NEJMp1608326. Accessed April 14, 2017 at <http://www.nejm.org/doi/full/10.1056/NEJMp1608326#t=article>

Among all single adults experiencing homelessness, however, the incidence of being chronically homeless is 10 percent higher than among all persons experiencing homelessness (36 percent of single adults in contrast to 26 percent of all persons considered literally homeless on the night of the enumeration).



An individual sleeping outside in the District of Columbia tries to keep warm on the night of January 27, 2021.

Only one of eight jurisdictions experienced a decrease in its chronically homeless single count since 2020 and four of eight noted reductions between 2017 and 2021. The only jurisdiction to record a reduction in total persons counted as chronically homeless single adults since 2020 was Prince William County (four fewer persons).

During the longer period between the 2017 and 2021 PIT counts, Montgomery County and Arlington County had the greatest reduction in the numbers of people counted as chronically homeless. Montgomery County counted 107 fewer chronically homeless persons and Arlington County counted 29 fewer individuals who were chronically homeless.

Seven of eight jurisdictions experienced an increase in the number of chronically homeless single adults from 2020; the District of Columbia had the largest increase with 281 additional persons counted, followed by Fairfax County (144 additional chronically homeless individuals counted).

The region's CoCs attribute the increase in the number of residents counted as chronically homeless from 2020 to 2021 to a variety of related factors. Several CoCs modified their housing prioritization process during the past year to focus on people facing the highest risks from becoming infected with COVID-19. Simultaneously, the change to online operations may have delayed housing placements such that there were chronically homeless individuals who had been matched to a resource but were still waiting to move into permanent housing on the night of the PIT. Further, an expansion of shelter availability across the region meant that more people were staying in shelter more consistently than they may have in the past. The increase in people in shelter combined with slowed housing placements may have contributed to lengthier shelter stays. Some individuals may have become chronically homeless as they waited for a permanent housing option to become available.

An ongoing contributing factor is the lack of affordable housing options, particularly permanent supportive housing, to enable more residents to exit homelessness and remain stably housed. This situation has been true for many years, and the situation did not improve during the pandemic.

It is important to note that PIT data is self-reported, and persons who may disclose being chronically homeless, upon further investigation, may not meet HUD's definition.

Overall, the region has worked tirelessly to decrease the number of chronically homeless single adults since 2017. The regional four percent increase reflects the challenge the region faces in a high-cost housing market to permanently house residents who may be among the most vulnerable

due to having a disabling condition and experiencing the trauma of multiple episodes of homelessness.

One resource that has proven successful in housing chronically homeless single adults is HUD-VASH vouchers (U.S. Department of Housing and Urban Development and Veterans Administration Supportive Housing). These vouchers provide rental support for veterans. An important region-wide strategy is the use of a coordinated entry system and a by-name list to prioritize housing for the most vulnerable residents. Several of the region’s CoCs also attribute success in reducing the number of persons experiencing chronic homelessness during the longer period between 2017 and 2021 to participation in several successive nation-wide campaigns, such as Community Solution’s Built for Zero.⁴⁹ Montgomery County, Fairfax County, and the District of Columbia participate in the Built for Zero effort. Montgomery County created its own campaign, called Inside/Not Outside in its efforts to end the experience of chronic homelessness in the county.⁵⁰ Those efforts continued since the campaign’s inception in 2018 and contributed to the County’s 68 percent reduction in the number of individuals counted as chronically homeless between the 2017 and 2021 enumerations.

TABLE 10: Chronically Homeless Single Adults By Jurisdiction, 2017 - 2021						
Jurisdiction	2017	2018	2019	2020	2021	Percent Change 2017 - 2021
City of Alexandria	43	57	38	15	21	-51%
Arlington County	63	57	74	20	34	-46%
District of Columbia	1,470	1,586	1,374	1,337	1,618	10%
Fairfax County	150	171	213	174	318	112%
Frederick County*	72	39	37	183	N/A	N/A
Loudoun County	15	22	37	21	23	53%
Montgomery County	158	124	11	10	51	-68%
Prince George's County	28	26	12	15	34	21%
Prince William County	76	31	19	53	49	-36%
All COG CoCs	2,075	2,113	1,815	1,828	2,148	4%

*Note: Frederick City and County did not gather data on chronic homelessness in 2021. Data from Montgomery County on chronic homelessness in 2021 excludes persons who were unsheltered.

Source: COG 2021

Table 11 (following page) provides the sheltered status breakdown of the chronically homeless single adults counted as part of the 2021 Point-In-Time Enumeration. Most chronically homeless residents suffer from severe physical health and mental health-related impediments. Health impediments may include physical disabilities and substance use disorders. The problem is more acute when individuals suffer from multiple challenges. To provide appropriate services for a person experiencing chronic homelessness, jurisdictions and service providers must ensure that individuals are adequately screened and diagnosed. Additionally, in many cases, people need medical assistance and/or other regimented methods of care and counseling. People may not immediately

⁴⁹<https://www.community.solutions/what-we-do/built-for-zero>

⁵⁰ <https://www.montgomerycountymd.gov/homelessness/InsideNotOutside.html>

respond to the care they receive, or their care may be required for the remainder of their lives. In such instances, proper case management services are essential.

TABLE 11: 2021 Shelter Status Of Chronically Homeless Single Adults				
Jurisdiction	Total Chronically Homeless Single Adults	Number of Sheltered* Chronically Homeless Single Adults	Number of Unsheltered Chronically Homeless Single Adults	Percentage of Chronically Homeless Single Adults Who Are Unsheltered
City of Alexandria	21	16	5	24%
Arlington County	34	20	14	41%
District of Columbia	1,618	1,159	459	28%
Fairfax County	318	282	36	11%
Frederick County	N/A	N/A	N/A	N/A
Loudoun County	23	9	14	61%
Montgomery County	51	51	0	0%
Prince George's County	34	1	33	97%
Prince William County	49	37	12	24%
All COG CoCs	2,148	1,575	573	27%

*Refers to chronically homeless persons residing in Emergency, Winter Shelters, and Safe Havens and excludes transitional housing.
 Note: Data from Montgomery County excludes persons who were unsheltered on January 27, 2021.
 Source: COG 2021

Chronically Homeless Families



Short-term family shelter facilities located throughout the District of Columbia, such as the one pictured above, have contributed to reductions in the number of families experiencing homelessness. (District of Columbia Department of Human Services.)

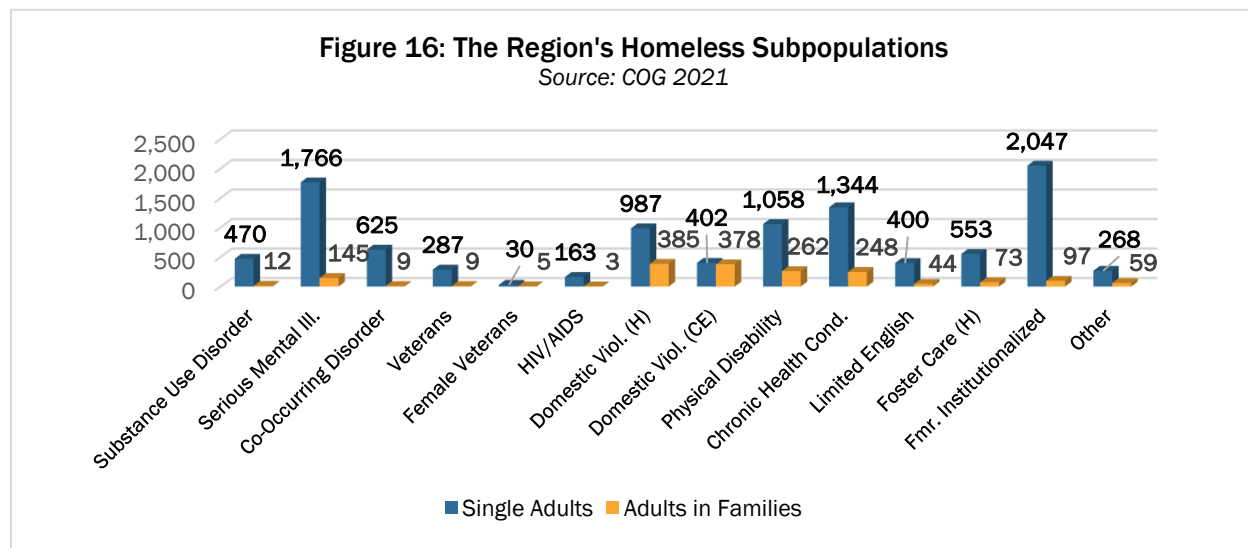
Most chronically homeless families across the region reside in emergency and/or winter shelters. There were 35 chronically homeless families (or 127 total persons in families) counted in the region in 2021, a decrease from the 47 families (149 adults and children) counted in chronically homeless families in 2020. In 2021, four CoCs (Arlington County, Loudoun County, Montgomery County, and Prince William County) did not count any chronically homeless families. As noted previously, Frederick County did not collect information on chronic homelessness in 2021. None of the chronically homeless families were unsheltered on January 27, 2021.

SUBPOPULATIONS

According to the 2021 enumeration, a number of the region’s residents experiencing homelessness suffer from chronic health conditions, physical disabilities, substance use disorders, severe mental illness, or were formerly institutionalized and discharged directly into homelessness. The high incidence of substance use disorders, severe mental illness, or co-occurring disorders among persons experiencing homelessness is similar among all CoCs in the region. Nationally, conservative estimates say 25 percent of people experiencing homelessness suffers from some form of severe mental illness⁵¹, compared to only four percent who suffer from serious mental illness in the general population overall.⁵²

While these conditions may contribute to housing instability, the experience of homelessness itself can be the cause of or exacerbate poor mental health—the stress of being without housing can contribute to anxiety, depression, sleeplessness, or lead to substance use disorders.⁵³ Media coverage can conflate these issues and contribute to an inaccurate picture of homelessness as an intractable problem or that is something caused by individual shortcomings.⁵⁴ Failings of multiple systems of care, including systemic racism as a root cause, result in the number of people who experience homelessness in metropolitan Washington.

In 2021, the most prevalent characteristic reported among Households without Children was having a history of being formerly institutionalized, followed by serious mental illness. The next most reported characteristics for single adults experiencing homelessness were having a chronic health problem or having a physical disability. Other past experiences that were shared were having a history of domestic violence trauma, followed by a co-occurring disorder (or having both a mental health and substance use disorder).



Note: These subgroups are not mutually exclusive. It is possible for homeless adults to be counted in more than one subgroup. Data for 2021 excludes Frederick County and unsheltered persons in Montgomery County.

⁵¹ <http://www.treatmentadvocacycenter.org/fixing-the-system/features-and-news/3965-research-weekly-homelessness-increases-among-individuals-with-serious-mental-illness->

⁵² http://www.nationalhomeless.org/publications/facts/Mental_Illness.pdf

⁵³ <http://homelesshub.ca/about-homelessness/topics/mental-health>

⁵⁴ Center for American Progress. “Lack of Housing and Mental Health Disabilities Exacerbate One Another.” November 20, 2018, Accessed April 16, 2021 at <https://www.americanprogress.org/issues/poverty/news/2018/11/20/461294/lack-housing-mental-health-disabilities-exacerbate-one-another/>

Among families, the most defining characteristic is an incidence of domestic violence, either as a contributing factor to the current episode of homelessness on the night of the enumeration, or having a history of domestic violence. Forty-one percent of the adults in families who responded in the subpopulation categories indicated having experienced domestic violence in the past, and nearly as many, 40 percent, reported their current episode of homelessness was related to domestic violence. This represents a ten percent increase recorded in 2020 for the number of adults in families who had experienced domestic violence in the past or whose current episode of homelessness was caused by domestic violence.

Beginning with the 2013 enumeration, HUD requested data on persons who had a *history* of domestic violence. In order to maintain base data for trend comparison, both elements are collected and are shown in the subpopulations for Figure 16 (previous page). Regionally, the number of single reporting adults who were homeless as a result of a current episode of domestic violence (DV-CE) increased in 2021 to 402 persons, 41 more people than in 2020. This may be due in part to increased capacity in some CoCs to serve victims fleeing domestic violence. However, the number of single adults (982) who were identified as having a history of domestic violence at any time (DV-H) is higher (59 percent) than the number of single adults whose current episode of homelessness was caused by domestic violence (7 percent).

Homeless Veterans



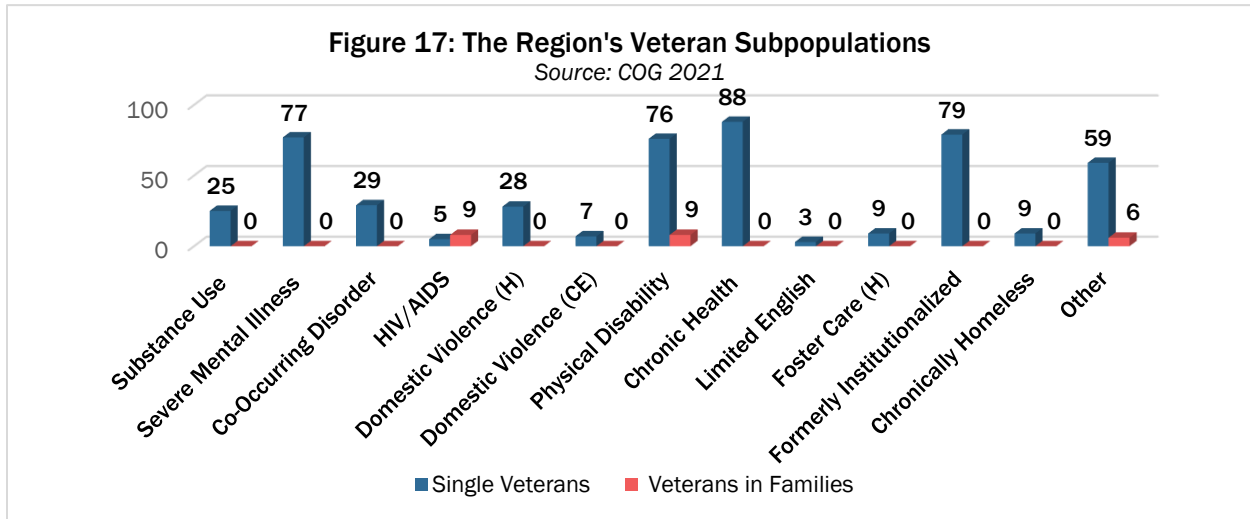
(JaxStrong / Flickr)

Veterans are another subset of the homeless population tracked by HUD and the U.S. Department of Veterans Affairs (VA). This is the eighth year that the region's CoCs collected separate data on single adult veterans experiencing homelessness as well as homeless veterans in families to better understand this subpopulation.

Nationally, as of 2020 (the year for which the most recent data are available), veterans represent six percent of the total number of persons experiencing homelessness.⁵⁵ In contrast, in the metropolitan Washington region, five

percent of veterans were experiencing homelessness as of the PIT count in 2021. Of the total self-reported veterans experiencing homelessness in the 2021 enumeration, 34 were women (eight percent). None of the veterans experiencing homelessness identified as transgender or gender non-conforming. Figure 17 (next page) graphically represents this homeless population; veterans are broken out separately as individuals in Households without Children as well as Households with Adults and Children. Female veterans are a subset of the "All Veterans" category. Homeless veterans, like other persons experiencing homelessness, have a high incidence of being formerly institutionalized, have substance use disorders and severe mental illness, or co-occurring disorders, as shown in Figure 17. However, veterans in Households without Children were more likely than others to have chronic health problems or a physical disability.

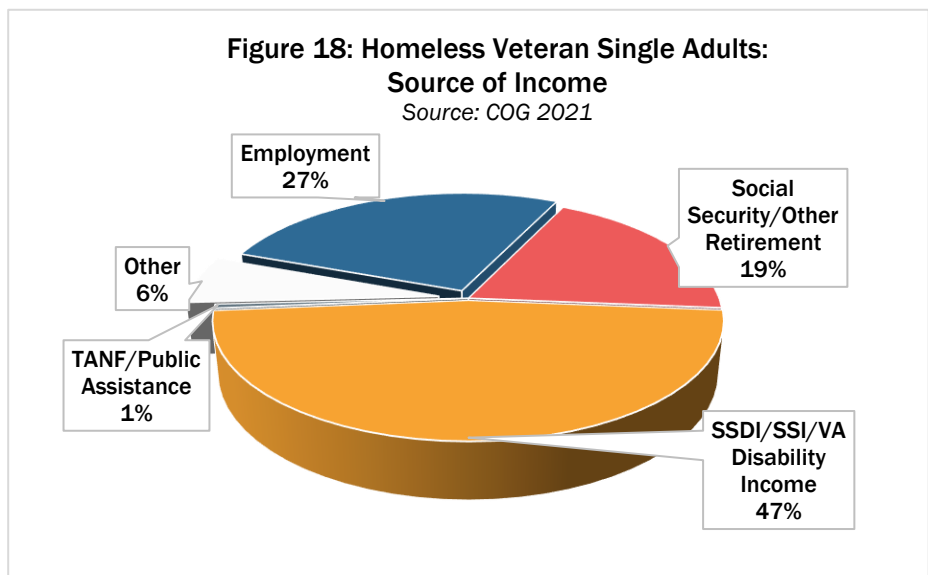
⁵⁵ As of the 2020 Point-in-Time Count. See <https://www.hudexchange.info/resource/3031/pit-and-hic-data-since-2007/>



Note: As described previously in Figure 16, these subgroups are not mutually exclusive. It is possible for homeless veterans to be counted in more than one subgroup. Data for 2021 excludes Frederick County and unsheltered persons in Montgomery County.

For those single veterans who reported having income in 2021, 27 percent reported that employment was the primary source of income. The likelihood of having a disability is reflected in the veteran populations' source of income; 47 percent of veterans with income noted SSVI/SSI/VA disability and retirement as their primary source of income, as shown in Figure 18.

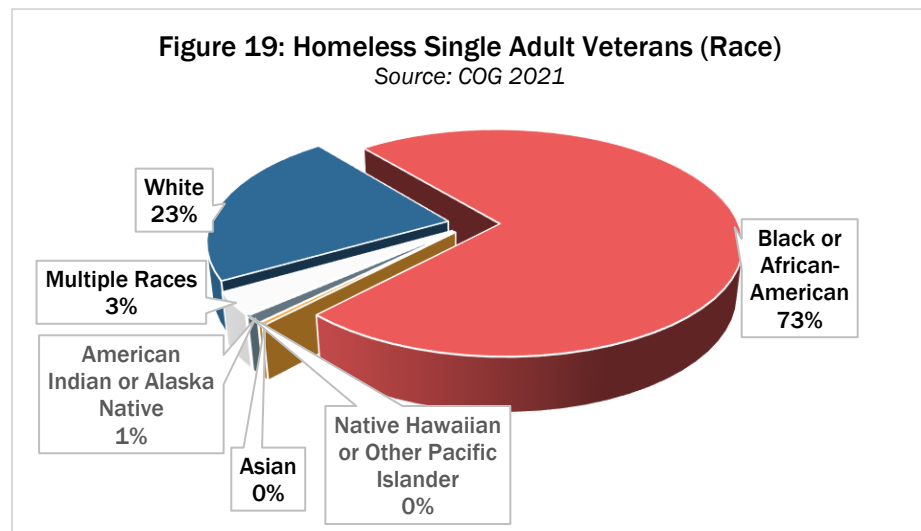
The majority of homeless veterans who reported their race selected Black or African American (73 percent of single adults and 100 percent of adults in families). It is important to note that the total numbers of adult veterans in families is small (eight persons) compared to the total number of single veterans (287) who reported their racial identity. White veterans made up the next largest group, with 23 percent. This remains essentially unchanged since 2018. See Figure 19 on the following page.



HUD and the VA, through the VA's Supportive Housing program (VASH), have focused efforts to increase the supply of housing choice vouchers to put more homeless veterans into permanent housing.

Key strategies used throughout the region in reducing the number of veterans experiencing homelessness include strong eviction prevention services, diversion services, street outreach and implementation of a Housing First approach.

Housing First, a successful and well-documented national best practice, focuses on placing residents experiencing homelessness in housing first and receiving wrap-around social services to maintain housing stability rather than requiring behavioral health changes to be eligible for housing assistance.



Five of eight CoCs reported small reductions in the number of veterans experiencing homelessness from 2020 to 2021. For example, Prince George’s County recorded nine fewer homeless veterans in 2021 than 2020, followed by the City of Alexandria with six fewer veterans. Only two of eight CoCs recorded increases, but both were small numbers in the single digits.

However, the longer-term trend as shown in Table 12 (following page) demonstrates that during the period of 2017 to 2021, five of eight CoCs reduced their incidence of veterans experiencing homelessness and the region reduced the number of veterans experiencing homelessness by 16 percent. Coordinated regional efforts from the local to state and federal level at the U.S. Departments of Housing and Urban Development (HUD) and Veterans Affairs (VA) have had a positive impact on reducing the number of veterans experiencing homelessness in our region since 2017. Key elements of this success include the increased availability of permanent housing resources (such as SSVF and VASH vouchers), tied to the use of coordinated entry to ensure that available resources are used efficiently. The CoCs in the metropolitan Washington region will continue to implement proven strategies to end the experience of homelessness for those who have served in the armed forces by placing veterans in permanent housing.

TABLE 12: Homeless Veterans By Jurisdiction, 2017 - 2021

Jurisdiction	2017	2018	2019	2020	2021	Change in Persons 2017 - 2021	Percent Change 2017 - 2021
City of Alexandria	6	8	7	9	3	-3	-50%
Arlington County	10	8	10	3	4	-6	-60%
District of Columbia	285	306	297	302	297	12	4%
Fairfax County	34	33	42	33	47	13	38%
Frederick County	10	9	4	6	N/A	N/A	N/A
Loudoun County	6	6	4	7	4	-2	-33%
Montgomery County	14	18	13	14	19	5	36%
Prince George's County	21	29	28	28	19	-2	-10%
Prince William County	22	24	10	16	12	-10	-45%
TOTAL	484	408	441	418	405	-79	-16%

Source: COG 2021

Transition Age Youth

Beginning in 2015, as required by HUD, the region’s CoCs collected demographic information on persons experiencing homelessness who are considered young adults, or Transition Age Youth (TAY). Transition Age Youth are between the ages of 18 and 24 and face a number of unique challenges on their path to a successful adulthood, including finding employment with health benefits, as they may have become ineligible for Medicaid or SCHIP (State Children’s Health Insurance Program). Youth who may be “aging out” of foster care (reaching age 18 without returning to their birth families or being adopted) or leaving juvenile detention facilities face significant challenges in finding affordable housing and employment as well.⁵⁶

At the national level, every year, approximately 25,000 to 30,000 youth age out of foster care and are expected to transition to independent living.⁵⁷ Of those youths aging out, approximately one in five will experience homelessness by age 26.⁵⁸

In 2021, the region counted 605 persons who were between the ages of 18 and 24, representing seven percent of the total literally homeless population and 15 percent of the total persons in homeless families. Similar to 2019 and 2020, persons who fit this age category were more likely to be single adults than adults in families; 73 percent of all homeless adults in TAY households were single young adults. Similar to other homeless families, 56 percent of persons in homeless TAY families were children.

⁵⁶ <http://youth.gov/youth-topics/transition-age-youth>

⁵⁷ <https://www.nfyi.org/51-useful-aging-out-of-foster-care-statistics-social-race-media/>

⁵⁸ “Homelessness During the Transition From Foster Care to Adulthood”. Amy Dworsky, PhD, Laura Napolitano, PhD, and Mark Courtney, PhD, Accessed April 17, 2021 at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3969135/>

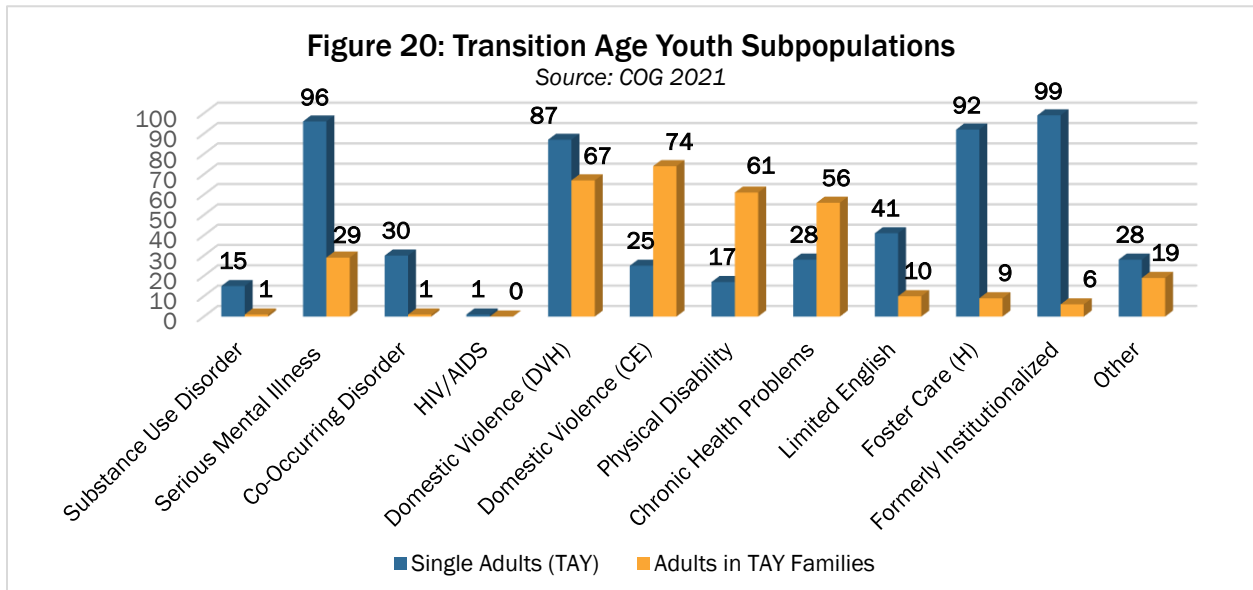
TABLE 13: Homeless Transition Age Youth (TAY) By Jurisdiction: 2021			
Jurisdiction	Single Adults (TAY)	Adults in TAY Families	Total
City of Alexandria	1	3	4
Arlington County	6	1	7
District of Columbia	325	123	448
Fairfax County	50	13	63
Frederick County	4	2	6
Loudoun County	9	3	12
Montgomery County	20	1	21
Prince George's County	26	15	41
Prince William County	12	0	12
TOTAL	453	161	614

Source: COG 2021

TABLE 14: Homeless Single Transition Age Youth (TAY) By Jurisdiction: 2017–2021						
Jurisdiction	2017	2018	2019	2020	2021	Change in Persons 2017 - 2021
City of Alexandria	4	7	9	8	4	0
Arlington County	3	2	10	7	7	4
District of Columbia	223	309	489	485	448	225
Fairfax County	46	51	70	79	63	17
Frederick County	21	19	20	12	6	-15
Loudoun County	10	7	20	22	12	2
Montgomery County	32	29	22	40	21	-11
Prince George's County	20	21	31	32	41	21
Prince William County	16	18	7	17	12	-4
TOTAL	375	463	678	702	614	239

Source: COG 2021

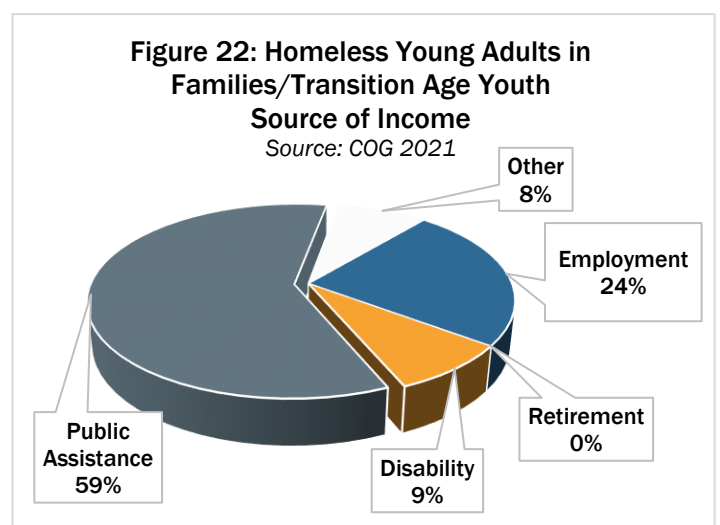
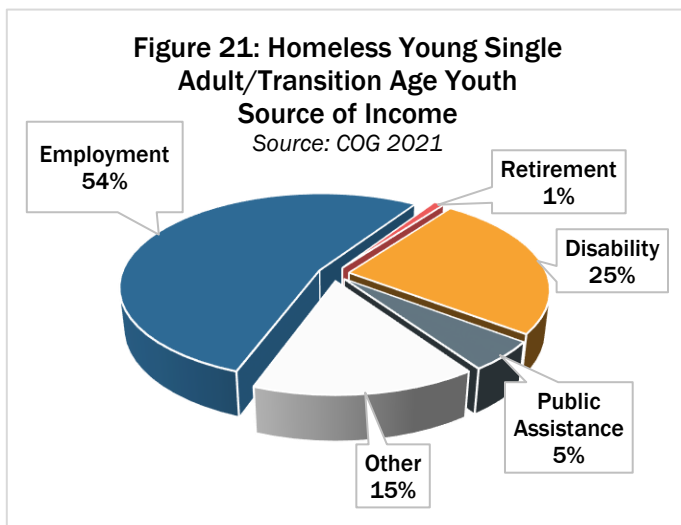
Single adult TAYs have one subpopulation characteristic that distinguishes them from the other single homeless adults: they are more likely to have a history of foster care involvement (see Figure 20). Like the larger adult single homeless population, they were also likely to have been formerly institutionalized and experienced serious mental illness.



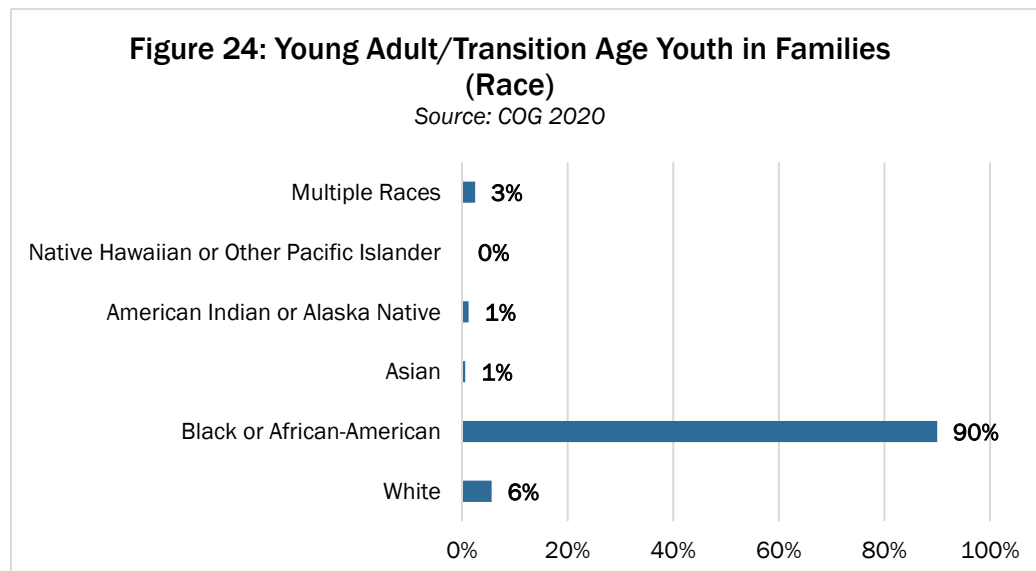
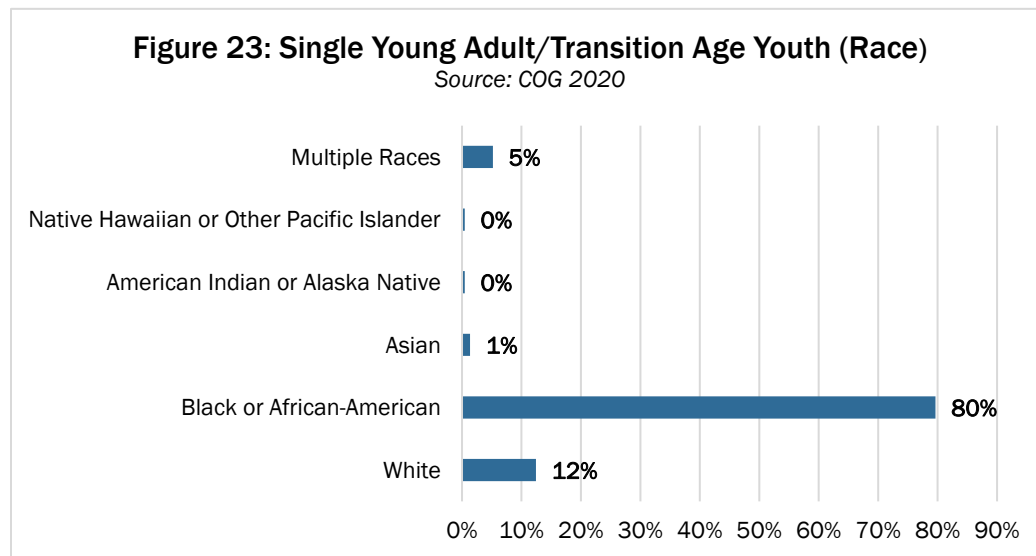
Note: These categories are not mutually exclusive; it is possible for TAYs to be counted in more than one subpopulation category. Data gathered in 2021 excludes Frederick County and unsheltered persons in Montgomery County.

Homeless adults in TAY families were most likely to have experienced domestic violence which led to their current experience of homelessness on the night of the count, followed by having experienced domestic violence in the past. This is shown in Figure 20 above.

Transition Age Youth, or young adults in Households without Children who report having income were most likely (54 percent) to report their primary source of income was from employment. This is a significant decrease from the 2020 enumeration of 74 percent. This is presumably a result of the economic impact of the COVID-19 pandemic. Adult TAYs in families who responded to these questions reported their primary source of income from public assistance (59 percent). For another 24 percent of adults in TAY families, the primary source of income was employment, and nine percent of adults in TAY families' primary form of income was from disability. The next largest category of income for single adult TAYs was from disability income (25 percent), followed by public assistance. See Figures 21 and 22.



Reflecting the same characteristics as the larger population experiencing homelessness, most single TAY adults who reported their race selected Black or African American (80 percent) as well as adults in TAY families (90 percent). White Transition Age Youth made up the next largest group, with 12 percent of single adult TAYs and six percent of adult TAYs in families. These percentages have remained essentially unchanged since the region began tracking Transition Age Youth more closely in 2016.



SHELTER FACILITIES AND PERMANENT HOUSING SOLUTIONS

The metropolitan Washington region's multi-faceted CoC model focuses heavily on providing permanent housing solutions while continuing to provide emergency shelter for those facing an immediate housing crisis. The model for assisting persons experiencing homelessness has evolved due to the recognition that it is difficult to adequately address the systemic and personal problems that many people without permanent housing have with the emergency shelter-based model. Emergency shelters cannot provide the intensive longer-term assistance people experiencing homelessness may need in order to become more self-sufficient. Housing models such as transitional, rapid re-housing, and permanent supportive housing programs can provide this assistance, based on each individual's needs and circumstances.

Table 15 provides the region's 2021 distribution of emergency, seasonal and overflow, transitional, safe haven, rapid re-housing, permanent supportive housing and other permanent housing beds for persons experiencing homelessness, unaccompanied minors, and families. These facilities were available in the winter months during the Point-In-Time Enumeration and during the year's warmer months from April to October.

It's important to note that the availability of beds for persons experiencing literal homelessness are also affected by weather conditions; during a hypothermia alert, the number of seasonal beds (shown in Table 15) increases to meet the demand for those beds.

During 2020 and 2021, shelter capacity in all of the region's CoCs had to adjust to meet public health guidelines from the CDC (Centers for Disease Control). Congregate shelters were forced to reduce bed capacity to maintain proper distancing and allow rooms for isolation and quarantine. CoCs used hotel rooms, and other public facilities (such as closed recreation centers), to accommodate the need for alternative shelter spaces and to prevent the spread of COVID-19. Capacity had to be modified not only to adjust to spatial requirements, but also operationally to include staggered mealtimes, daily screening protocols, and COVID testing. In addition to the factors which typically affect bed availability each year, the pandemic also impacted shelter options and permanent housing solutions for the 2021 PIT count.

Between 2017 and 2021, the region added 8,889 permanent supportive housing beds to its year-round facility inventory. This represents a significant 88 percent increase since 2017.

The region reflected 4,005 more rapid re-housing beds in use on the night of the PIT 2021 than in 2017, bringing the total inventory of permanent supportive housing and rapid re-housing beds to 28,421. Rapid re-housing beds, as reflected in the PIT count, however, are a more fluid intervention and are different than permanent supportive housing which typically has a designated number of beds. A better representation of rapid re-housing bed utilization would review the number of people served during a year.

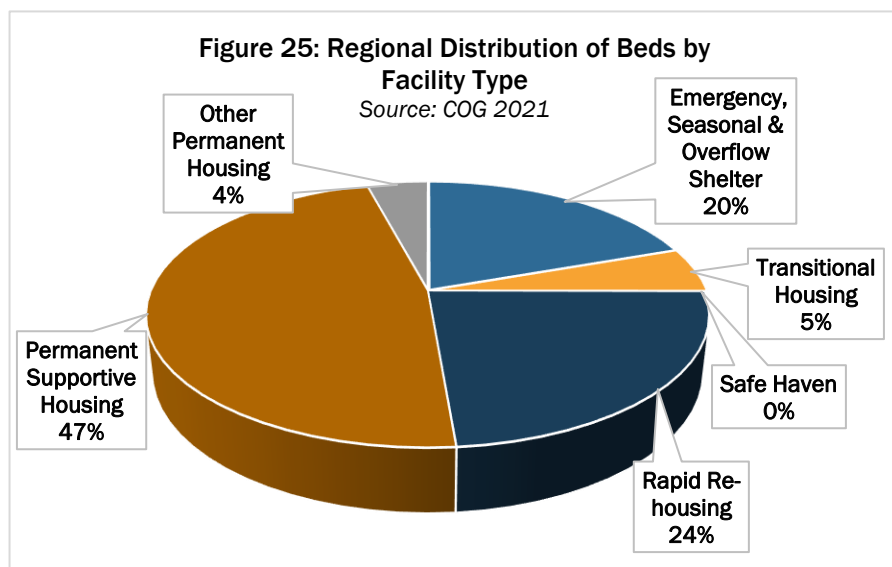
Beds categorized as "other permanent housing" also represent another source of permanent housing. The region's increased supply of permanent housing is consistent with the national initiative to use a Housing First⁵⁹ model. Persons in rapid re-housing, permanent supportive housing, or other

⁵⁹ Housing First is an approach to solving homelessness that emphasizes providing housing first and making use of clinical services optional. This strategy has proven successful in stabilizing persons experiencing homelessness, lowering returns to homelessness, and reducing the use of crisis services. For more

permanent housing are no longer considered homeless; they are counted as formerly homeless persons.

The region recorded 7,900 emergency, seasonal and overflow beds in 2021, representing an increase of 278 beds since 2020. However, this one-year increase is still below number of beds for persons experiencing literal homelessness counted in 2017 and represents a decrease of 14 percent for this shelter resource. The region continued to lose transitional beds from 2017 through 2021. The trend began prior to the COVID-19 pandemic. During this period, the region provided 1,376 fewer beds, or a 39 percent decrease. This decrease is consistent with reductions noted last year between 2016 and 2020.

The reduction in transitional housing beds is due to several factors. One main factor is a resource reallocation to focus on prevention and permanent supportive housing. As funding to support transitional housing declines, primarily due to changed policy and practice at HUD, the region’s jurisdictions are faced with the need to eliminate beds as a result. In several jurisdictions, some transitional housing units have been converted to better meet the identified individual CoC needs, such as providing more rapid re-housing or permanent supportive housing. Overall, the reduction in transitional housing beds reflects a change in approach that emphasizes permanent housing solutions, as transitional housing programs are inconsistent with a Housing First approach.



Permanent supportive housing beds in 2021 comprise 47 percent of the region’s inventory serving homeless and formerly homeless households. This represents an increase from 37 percent in 2020.

Other permanent housing was included in Table 15 for the first time in 2017. Other permanent housing is housing that is specifically targeted for persons experiencing

homelessness. Examples of other permanent housing in the metropolitan Washington region includes non-profit agency partners purchasing housing units and designating them for persons who are formerly homeless and using project-based Housing Choice Vouchers to provide a longer-term rental subsidy. The data on other permanent housing are also reported to HUD and reflect a more complete picture of the number of formerly homeless beds available in the metropolitan Washington region. Including other permanent housing in the bed count shows an additional 1,671 beds that would otherwise not be counted.

Transitional housing beds comprised five percent of the region’s literally homeless beds in winter in 2021, a one percent reduction from 2020. The distribution of emergency, seasonal and overflow shelter beds comprised 20 percent in 2021, a proportion that is essentially unchanged from the

information: http://usich.gov/usich_resources/fact_sheets/the_housing_first_checklist_a_practical_tool_for_assessing_housing_first_in and <http://www.endhomelessness.org/library/entry/what-is-housing-first>

previous year. The region currently has a total of 40,180 beds for its residents currently or formerly experiencing homelessness across each of the facility categories; this number has increased by 6,629 beds compared to 2017. Table 15 represents this regional resource for persons who were literally or formerly homeless on January 27, 2021.

TABLE 15: 2017 - 2021 Winter and Year-Round Inventory of Beds in Metropolitan Washington								
		Beds for Singles	Beds for Unaccompanied Youth	Beds for Persons in Families	All Beds: Winter	Percent Distribution in Winter	All Beds: Warm Months	Percent Distribution in Warm Months
<i>Beds for Literally Homeless</i>								
Emergency, Seasonal & Overflow Beds	2021	5,266	16	2,618	7,900	78%		
	2020	4,230	24	3,368	7,622	78%		
	2019	4,561	21	3,278	7,860	76%		
	2018	4,436	28	3,941	8,405	76%		
	2017	4,505	31	4,667	9,203	72%		
Transitional Housing Beds	2021	1,133	0	1,030	2,163	21%	2,163	21%
	2020	1,116	0	982	2,098	22%	2,098	22%
	2019	1,092	0	1,207	2,374	23%	2,374	23%
	2018	1,131	8	1,235	2,525	23%	2,525	23%
	2017	1,149	8	1,368	3,539	28%	3,539	28%
Safe Haven	2021	25	0	n/a	25	0%	25	0.2%
	2020	34	0	n/a	34	0%	34	0.3%
	2019	46	0	n/a	62	1%	62	0.6%
	2018	62	0	n/a	59	1%	59	0.5%
	2017	59	0	n/a	56	0%	56	0.4%
Subtotal: Beds for Literally Homeless	2021	6,424	16	3,648	10,008		10,008	
	2020	5,380	24	4,350	9,754		9,754	
	2019	5,613	36	5,176	10,296		10,296	
	2018	5,716	39	6,035	10,989		10,989	
	2017	5,669	39	7,007	12,715		12,715	
Percent Change Since 2017		13%	-59%	-48%	-21%		-21%	

Source: COG 2021

TABLE 15: 2017 - 2021 Winter and Year-Round Inventory of Beds in Metropolitan Washington (Continued)

<i>Permanent Housing Beds for Formerly Homeless Persons</i>								
		Beds for Singles	Beds for Unaccompanied Youth	Beds for Persons in Families	All Beds: Winter	Percent Distribution in Winter	All Beds: Warm Months	Percent Distribution in Warm Months
Permanent Supportive Housing Beds	2021	8,530	0	10,424	18,954	63%	18,954	63%
	2020	6,857	0	7,076	13,933	58%	13,933	58%
	2019	5,550	0	5,547	11,097	46%	11,097	46%
	2018	5,106	0	6,714	11,820	54%	11,820	54%
	2017	5,033	0	5,032	10,065	48%	10,065	48%
Rapid Re- Housing & RRH Demonstration Beds	2021	657	0	8,810	9,467	31%	9,467	31%
	2020	746	0	6,847	7,593	32%	7,593	32%
	2019	589	0	6,807	7,396	31%	7,396	31%
	2018	339	0	6,417	6,756	31%	6,756	31%
	2017	491	0	4,971	5,462	26%	5,462	26%
Other Permanent Housing	2021	774	0	897	1,671	6%	1,671	6%
	2020	1,274	0	4,982	6,256	26%	6,256	26%
	2019	1,885	0	3,637	5,522	23%	5,522	23%
	2018	230	0	3,242	3,472	16%	3,472	16%
	2017	1,998	0	3,228	5,226	25%	5,226	25%
Subtotal: Beds for Formerly Homeless	2021	9,961	0	20,131	30,092		30,092	
	2020	8,024	0	15,991	24,015		24,015	
	2019	8,024	0	15,991	24,015		24,015	
	2018	5,675	0	16,373	22,048		22,048	
	2017	7,522	0	13,231	20,753		20,753	
TOTAL - All beds (literally and formerly homeless)	2021	16,385	16	23,779	40,180		40,180	
	2020	13,711	21	20,476	37,536		33,769	
	2019	13,711	21	20,476	34,311		34,311	
	2018	11,161	39	19,166	29,565		33,037	
	2017	11,240	39	16,038	33,551		33,468	
Percent Change Since 2017	46%	-59%	48%	20%		20%		

Source: COG 2021

Between 2017 and 2021, the metropolitan Washington region’s supply of permanent housing beds increased by 45 percent or 9,339 beds. This in part reflects the addition of other permanent housing to the inventory count; however, it also reflects the priority the region’s CoCs continues to place on increasing resources for permanent housing solutions. The region currently has 30,092 permanent housing beds, representing 75 percent of the region’s total bed inventory. This is reflected in the second portion of Table 15.

According to Figure 25 (previous page), 20 percent of the region’s distribution of beds is for emergency, seasonal and overflow shelter. In 2014, the region added the number of rapid re-



Montgomery County staff (above) and Prince William County staff (below) prepare to head out to survey individuals residing in areas not meant for human habitation on the night of the PIT count on January 27, 2021. (Montgomery County Department of Health and Human Services and Prince William County Department of Social Services)

housing beds to the inventory it tracks. Rapid-rehousing beds accounted for 24 percent of the region’s inventory during the 2021 enumeration. Transitional housing comprises five percent of the region’s bed inventory, which is a decrease of one percent since 2020. Safe Haven beds were less than one percent of the regional inventory in the 2021 PIT count.

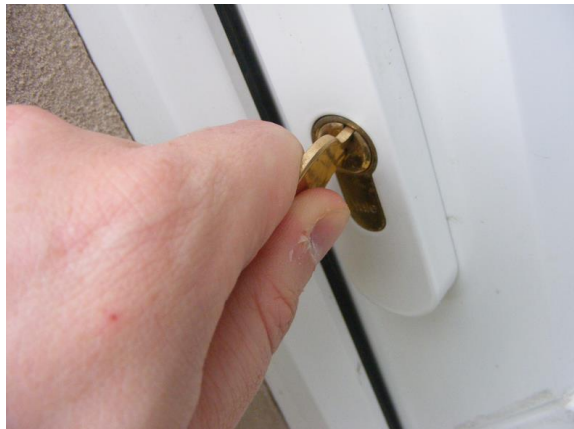
In addition to the resources represented in Table 15, the region also has a limited supply of medical beds to provide short-term recuperative care for people who are too ill or vulnerable to use emergency shelter services, but who are not sick enough to be admitted to a hospital. These facilities provide an important short-term safety net solution for persons with significant medical needs. Some hospital systems, such as Bon Secours, recognize housing as an important social determinant of health and have partnered with housing providers to create additional permanent housing for persons experiencing homelessness.

The District of Columbia’s 15,319 permanent supportive housing beds for single adults and families represent 81 percent of the region’s total number of permanent supportive housing beds.

Montgomery County has 12 percent of the region’s permanent supportive housing beds at 2,232 beds, and Fairfax County, the next largest system, had four percent or 668 permanent supportive housing beds in the region on the night of the 2021 annual enumeration.

PERMANENTLY HOUSED: THE FORMERLY HOMELESS

Homeless service providers and government housing officials are often asked, “How many people are now housed who were once homeless?” The question was harder to answer when governments followed the emergency shelter model of the 1980s. Under this model, persons who were considered chronically homeless comprised the majority of people experiencing homelessness and were less likely to receive permanent housing.



(Tim Parkinson/Flickr)

Housing First is an alternative model to the emergency shelter or transitional housing model. A core principle of the Housing First model is that the most vulnerable person experiencing homelessness is more responsive to interventions and social services support after they are in their own housing, rather than while living in temporary or transitional housing facilities. Under a Housing First model, homeless individuals can gain the stability necessary to better manage the challenges in their lives.

The ultimate goal of the metropolitan Washington region’s homeless CoCs is to move people out of homelessness into permanent housing in communities where they can thrive. Permanent supportive housing provides some formerly homeless residents with wrap-around services to assist them in their efforts to live as independently as possible. These services may include substance abuse counseling, life skills training, health care, mental health services, and job training. Many of these crucial supportive services and housing subsidies are provided by the region’s CoCs, comprised of local governments, nonprofits, and other human services agencies. Table 15 (previous section) provides information on the region’s formerly homeless residents living in different categories of permanent housing.

According to the 2021 enumeration, there were 25,028 people who were formerly experiencing homelessness currently residing in some form of permanent housing; this represents 2,734 more individuals in permanent housing than in 2020. Table 16 (following page) cites the region’s number of formerly homeless living in permanent supportive housing (PSH), rapid re-housing (RRH) and other permanent housing (OPH) by household category and reflects the evolving pattern of permanent housing solutions for persons experiencing homelessness in the metropolitan Washington region. The change in the number of permanently housed individuals from 2020 to 2021 may be a reflection on the availability and use of units affordable to persons exiting homelessness in the region as of the day of the annual enumeration, given the impact of the pandemic on the region’s housing market.

Figure 26 compares the literally homeless and formerly homeless populations from 2017 through 2021. The totals of literally and formerly homeless adults are mutually exclusive and should not be combined. The data for formerly homeless for 2017 through 2021 reflect not only persons in permanent supportive housing, but other forms of permanent housing such as rapid re-housing and other permanent housing. According to HUD, formerly homeless people living in permanent housing are not counted as part of the literally homeless that live on the streets, in emergency shelter, or in transitional programs. By definition, people who are formerly homeless includes people presently living in permanent housing following a period of living on the street or in emergency or transitional

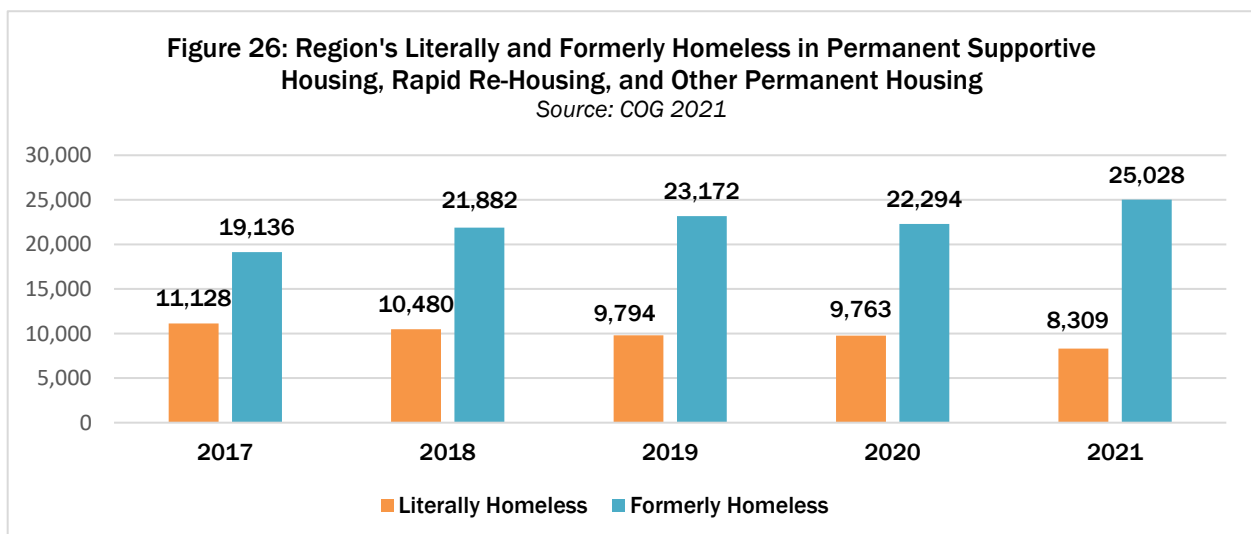
shelter. Beginning in 2014, the nine participating Continua of Care gathered data on permanent housing options in addition to permanent supportive housing. Other permanent housing options include rapid re-housing, which primarily serves homeless families in the metropolitan Washington region, and other supportive housing options.

TABLE 16: Formerly Homeless Persons In Permanent Housing

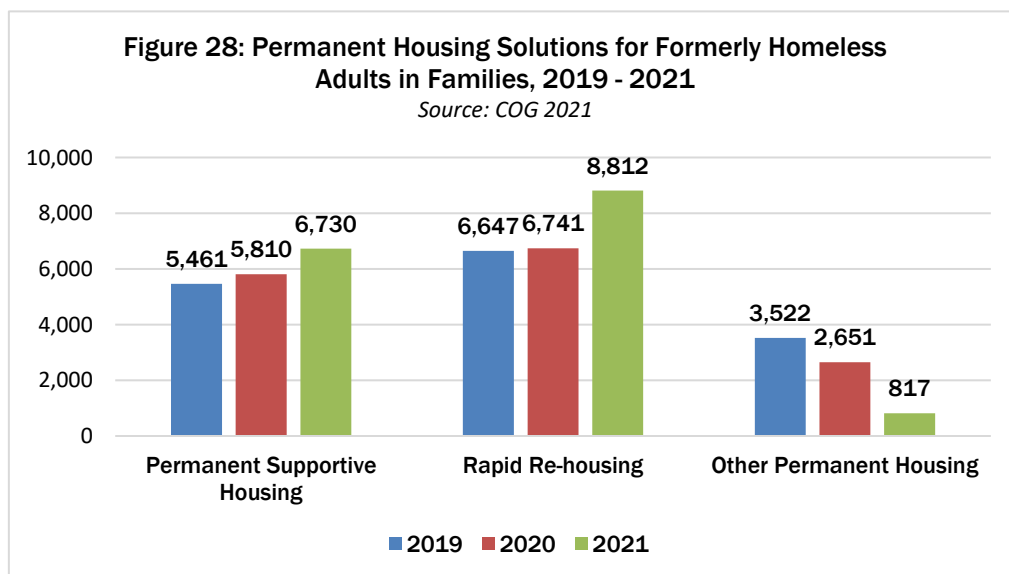
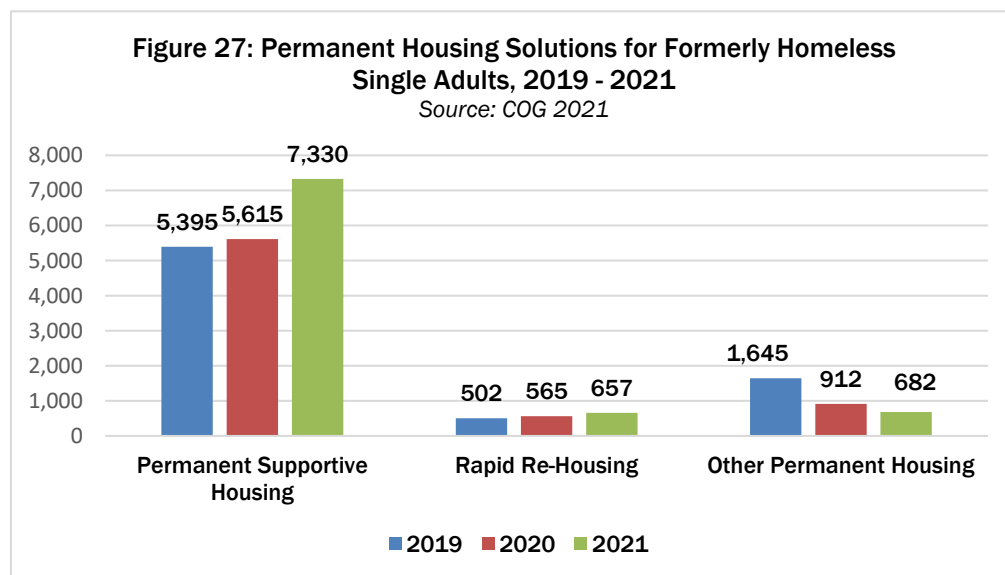
		Permanent Supportive Housing (PSH) Persons in Households Without Children	Permanent Supportive Housing (PSH) Persons in Households with Adults and Children	Rapid Re-Housing (RRH) Persons in Households Without Children	Rapid Re-Housing (RRH) Persons in Households with Adults and Children	Other Permanent Housing (OPH) Persons in Households Without Children	Other Permanent Housing (OPH) Persons in Households With Adults and Children	Total Permanently Housed
ALL COG CoCs	2021	7,330	6,730	657	8,812	682	817	25,028
	2020	5,615	5,810	565	6,741	912	2,651	22,294
	2019	5,395	5,461	502	6,647	1,645	3,522	23,172
	2018	4,954	6,088	326	6,034	1,501	2,979	21,882
	2017	4,552	4,663	497	4,980	1,798	2,646	19,136
Percent Change Since 2017		61%	44%	32%	77%	-62%	-69%	31%

Source: COG 2021

The differences in the rates of use of permanent supportive housing and other permanent housing strategies by household type are represented graphically by Figures 27 and 28 (next page) and help demonstrate the importance of having different options to solve each person’s unique housing needs.



As mentioned earlier in this report, it is important to note that the PIT count is only a one-day snapshot of people experiencing homelessness in the metropolitan Washington region. People become homeless every day and this number is fluid throughout the year. Growing pressures on the region's competitive housing market and high rents continue to negatively impact employable homeless households. The pandemic has placed new pressures on the housing market, and in a region where housing costs are rising faster than incomes, it creates additional challenges for residents with low-wage jobs and remains a critical obstacle to ending homelessness. The region's focus on preventing homelessness, rapidly re-housing those residents who do experience homelessness, and creating more permanent supportive housing has constrained the number of literally homeless and prevented it from growing unchecked.



CONCLUSIONS AND RECOMMENDATIONS

As of January 27, 2021, 8,309 people throughout metropolitan Washington were experiencing homelessness. This is the lowest recorded number of persons counted experiencing homelessness since the region began coordinating the annual Point-in-Time enumeration in 2001. This represents a significant 15 percent reduction from the previous year's enumeration and demonstrates steady progress in ensuring that the experience of homelessness in the metropolitan Washington region is rare, brief, and non-recurring.

The global COVID-19 pandemic has placed enormous stress on the region's homeless services system. While elected officials declared stay at home orders, those without a permanent place to call home were challenged to stay healthy and safe. The region's CoCs quickly responded to the changing conditions by reconfiguring shelters, operating hotel programs, and now, are working tirelessly to vaccinate residents experiencing homelessness to protect them from contracting COVID-19.



Progress Place in Montgomery County operates three primary programs to serve people experiencing homelessness: Shepherd's Table, Interfaith Works, and Mobile Med.

How did the region's CoCs achieve a decrease in the number of literally homeless under such demanding circumstances? The fact that seven of nine CoCs recorded a reduction on January 27, 2021 helps us understand the impact of key aspects of the regional system response, even if the PIT survey does not allow us to determine the impact of any one policy or program.

One important element of the decrease may be attributed in part to the ongoing use of proven best practices throughout the metropolitan Washington region, which have kept the numbers of people experiencing homelessness from growing unchecked during a time of rapid population growth and increasing housing prices. In fact, what may be more significant than the 15 percent decrease in the regional homeless count is the fact that

over 25,000 people who were formerly experiencing homelessness were residing in some form of permanent housing on the night of the count in 2021.

Several other conditions, unique to the pandemic, may have contributed to this year's decrease in literal homelessness as well. On the prevention side, strong local and federal eviction moratoriums, coupled with emergency rental and utility assistance, kept local residents from entering the homeless services system at high rates as initially feared during the spring and summer of 2020. Existing prevention programs, coupled with these strong additional resources, made a significant difference in reducing the number of people entering the homeless services system throughout the region. Federal funding from the CARES (Coronavirus Aid, Relief, and Economic Security) Act provided support to the region's CoCs to reconfigure shelters and shelter programs, provide personal protective equipment, and hire additional staff to increase capacity. Given the risks of virus transmission from spending time indoors in congregate settings, it's possible that some people experiencing homelessness chose not to enter the shelter system at all. Access to additional housing vouchers, supplemented in some jurisdictions with local housing grant programs, allowed those whose experience of homelessness could not be prevented to be rapidly rehoused. These strategies

help demonstrate that access to additional housing resources make a significant difference in reducing the number of people experiencing homelessness.

Our region faces significant challenges in its efforts to end homelessness. Several of these key challenges are not new: high rents that continue to rise every year and make it very difficult for extremely low-income households to find or maintain housing that they can afford,⁶⁰ and wages that have not increased to keep pace with the rising cost of housing, particularly for less-educated workers.⁶¹ In addition, the region's declining supply of permanently affordable housing continues to expand the gap between the options available for the lowest-income households and the increasing need.

The global pandemic caused by COVID-19 brings new urgency to the crisis of homelessness and the need to prioritize housing as part of the region's health care and economic recovery plans.

The regional perspective helps us not only understand what is working at scale to solve a person's housing crisis, but also provides insights into what makes each of our communities unique. With this view, we can amplify the impacts of our actions locally to quickly solve each person's unique experience of homelessness.

-Tom Barnett, Co-Chair, COG Homeless Services Committee

Working together as a region allows us to meet the needs of people experiencing homelessness where they are, in their own communities. With sufficient resources and collective, coordinated action, we can prevent and end homelessness in metropolitan Washington.

-Kristy Greenwalt, Co-Chair, COG Homeless Services Committee

During 2020, COG's Human Services Policy Committee created a Regional Compact to End Homelessness, which was adopted by resolution of the COG Board of Directors on January 13, 2021. This compact sets forth a vision for regional cooperation to create a client-centered approach to ending the experience of homelessness by identifying and breaking down barriers to get people the resources they need.

To address these significant challenges and to implement the vision of the 2021 Regional Compact to End Homelessness, **the COG Homeless Services Planning and Coordinating Committee recommends the following:**

- 1. Each jurisdiction should continue its efforts to reach out, assess, and house unsheltered persons experiencing homelessness.** The region's CoCs have in place, or are developing, systems to rapidly re-house people experiencing homelessness into appropriate permanent housing. This includes persons currently in COVID-19 quarantine hotels, who ideally should not have to return to an unsheltered living situation.

Emergency shelters are an important resource for an immediate housing emergency, but do not provide the long-term solution to ending homelessness.

- 2. The Committee recommends that each of the region's CoC jurisdictions continuously increase its permanent supportive housing, rapid re-housing and other permanent housing inventory to meet the need equitably throughout the region.** The provision of supportive wrap-around services, in conjunction with permanent housing, helps people experiencing

⁶⁰ http://www.urban.org/research/publication/housing-security-washington-region/view/full_report, p. 5

⁶¹ <http://www.thecommonwealthinstitute.org/2014/06/22/bursting-the-bubble/>

homelessness become more confident and independent once their challenges are diagnosed and addressed.

Permanent supportive housing is one solution to ending homelessness that is particularly effective for individuals who suffer from chronic homelessness. However, some individuals in emergency shelter do not require the high level of care associated with permanent supportive housing. There is no “one size fits all” solution to ending a person’s housing crisis.

The greatest need in the metropolitan Washington region is permanent housing that is affordable to the lowest-income households, combined with a subsidy to be able to support the housing costs in this region and remain independently housed for the long-term. Rapid re-housing is a newer approach in our region to ending homelessness for families and single adults facing a short-term economic crisis. However, without adequate affordable housing options, we will not be successful in assisting these families with achieving self-sufficiency and preventing a future return to homelessness.

- 3. As such, it is critical that housing affordable for all income levels, including subsidized housing targeted for extremely low-income households, must be available across the region for metropolitan Washington to realistically reduce and eliminate homelessness. Resources from the local, state, and federal level should be maximized with a sustained commitment to achieve an end to homelessness.**

While the provision of housing is one of the most important elements of the solution to ending homelessness, the importance of jobs that pay wages high enough to allow individuals and families to be financially stable and remain housed for the long-term cannot be overstated.

- 4. The committee further recommends that jurisdictions continue to provide job training opportunities and partner with employers to create ladders of opportunity to careers with higher-paying jobs.**

The economic crisis and unprecedented rise in unemployment beginning in April 2020 presents stark challenges for jurisdictions to support residents in COVID-impacted industries as well as those who were already unemployed or under-employed. Workforce development programs should be staffed appropriately to meet the rising need for more job seekers in the marketplace.

As noted earlier in this report, PIT data provides a limited, one-day perspective of the region’s progress in preventing and ending homelessness. Other data sources can also measure the extent of the number of people experiencing homelessness and help determine the best responses.

- 5. In addition to the data required by HUD, jurisdictions should continue to gather the best possible up-to-date information on persons experiencing homelessness using a by-name list and seek opportunities to share data within and across the region’s CoCs to strengthen local programs and improve outcomes for persons experiencing homelessness.**

A by-name list includes everyone in a jurisdiction experiencing homelessness, and access to housing resources is determined through a coordinated entry system and prioritized based on level of vulnerability. Jurisdictions’ use of a coordinated entry system is critical to ensure that housing resources are targeted and appropriate to ending a person’s unique experience of homelessness.

A guiding principle in all these efforts is to center racial equity in our solutions to ensure that the homeless services system does not compound existing structural inequities and contribute to the disproportionate representation of people of color experiencing poor housing outcomes.

- 6. The Committee recommends that each of the region’s CoC jurisdictions aim to close gaps in systems of care that lead to disproportionality and disparities. In order to understand the impacts of those gaps and identify appropriate and effective responses, communities should consult the people most impacted in their planning, design, and implementation.⁶²**

The nine jurisdictions comprising COG’s CoCs worked hard to decrease the region’s incidence of homelessness over the past year. However, funding challenges at all levels—local, state and federal—will have a direct impact on whether the region’s CoCs are able to prevent an increase in the number of people experiencing homelessness this year.

The influx of federal stimulus funds this year provides an opportunity for innovation at the local level to make additional progress towards the goal of reducing the number of residents who experience a housing crisis.

Despite the many complex and unique challenges the region faced during the past year, member local jurisdictions’ Housing First models and emergency rental assistance programs have proven successful and the region must continue these best practice efforts to realize the goal to provide permanent, affordable homes for all of its residents and end homelessness, rather than merely managing it through the provision of emergency shelter. As the current public health crisis has made abundantly clear, housing is the foundation for being able to live a safe and healthy life. No one should have to live without a place to call home.



(Roberta Stewart)

⁶² <https://endhomelessness.org/wp-content/uploads/2020/04/COVID-Fra>

TABLE 17: Literally Homeless by Jurisdiction, 2017- 2021

Jurisdiction/Year		Households Without Children	Unaccompanied Youth/ Households with Only Children	Households with Adults and Children	All Persons
City of Alexandria	2021	63	0	43	106
	2020	121	0	86	207
	2019	124	0	74	226
	2018	142	0	84	211
	2017	120	0	91	211
2017-2021 Percent Change		-47.5%	N/A	-52.7%	-49.8%
Arlington County	2021	127	0	44	171
	2020	139	0	60	199
	2019	149	0	66	215
	2018	144	0	77	221
	2017	149	0	83	232
2017-2021 Percent Change		-14.8%	N/A	-47.0%	-26.3%
District of Columbia	2021	3,865	11	1,235	5,111
	2020	3937	12	2431	6,380
	2019	3,862	13	2,646	6,521
	2018	3,761	9	3,134	6,904
	2017	3,578	5	3,890	7,473
2017-2021 Percent Change		8.0%	120.0%	-68.3%	-31.6%
Fairfax County	2021	737	5	480	1,222
	2020	513	0	528	1,041
	2019	507	1	526	1,034
	2018	497	2	488	987
	2017	489	3	472	964
2017-2021 Percent Change		50.7%	66.7%	1.7%	26.8%
Frederick County	2021	165	5	58	228
	2020	238	0	70	308
	2019	212	0	74	286
	2018	207	0	109	316
	2017	217	0	92	309
2017-2021 Percent Change		-24.0%	N/A	-37.0%	-26.2%

Source: COG 2021

TABLE 17: Literally Homeless by Jurisdiction, 2017- 2021

Jurisdiction/Year		Households Without Children	Unaccompanied Youth/ Households with Only Children	Households with Adults and Children	All Persons
Loudoun County	2021	50	0	30	80
	2020	129	0	50	179
	2019	124	0	45	169
	2018	86	0	48	134
	2017	71	0	42	113
2017-2021 Percent Change		-29.6%	N/A	-28.6%	-29.2%
Montgomery County	2021	480	0	97	577
	2020	487	0	183	670
	2019	441	0	206	647
	2018	568	0	272	840
	2017	616	0	278	894
2017-2021 Percent Change		-22.1%	N/A	-65.1%	-35.5%
Prince George's County	2021	251	0	286	537
	2020	212	1	240	453
	2019	199	1	247	447
	2018	203	2	273	478
	2017	193	1	338	532
2017-2021 Percent Change		30.1%	N/A	-15.4%	0.9%
Prince William County	2021	179	0	103	282
	2020	214	0	112	326
	2019	117	0	160	277
	2018	190	2	182	374
	2017	190	0	203	393
2017-2021 Percent Change		-5.8%	N/A	-49.3%	-28.2%
COG REGION	2021	5,917	16	2,376	8,309
	2020	5,990	13	3,760	9,763
	2019	5,735	15	4,044	9,794
	2018	5,798	15	4,667	10,480
	2017	5,623	9	5,489	11,121
2017-2021 Percent Change		5.2%	N/A	-56.7%	-25.3%

Source: COG 2021

APPENDICES

APPENDIX A: SHELTER HOTLINE RESOURCE NUMBERS

This section provides a regional overview of resources to call when a person is in need of shelter throughout the metropolitan Washington region.

APPENDIX B: HOMELESSNESS ENUMERATION JURISDICTIONAL NARRATIVE REPORTS

This section provides each of the nine participating Continua of Care the opportunity to provide additional details regarding the Point-in-Time count conducted in their jurisdiction as well as an overview of the activities of their respective CoCs during the past year.

APPENDIX C: COG HOMELESS SERVICES COMMITTEE MEMBERS

APPENDIX A: SHELTER HOTLINE RESOURCES

The information below is designed to assist a person experiencing a housing crisis with an emergency solution. Additional shelter resources may become available during the winter months (typically November through March each year) when a hypothermia alert is issued.

In addition to the information below, regional resources may be found online via the Interfaith Council of Metropolitan Washington's [Emergency Services Directory](https://ifcmw.org/resources/emergency-services-directory) at <https://ifcmw.org/resources/emergency-services-directory> . It does not include information for COG member jurisdiction Frederick County, MD, however.

Alexandria, VA

(703) 746-5700 Homeless Services Assessment Center (Monday through Friday, 8 A.M. to 5 P.M., except holidays). After hours, persons needing emergency overnight stay should contact the Alexandria Community Shelter (703-746-3660) or Carpenter's Shelter (703-548-7500 ext. 228).

Arlington, VA

(703) 228-1300 or (703) 228-1010 (24/7)

District of Columbia

(202) 399-7093 (24/7). Youth under the age of 18, call Sasha Bruce Youth Hotline: (202) 547-7777

Fairfax County, VA

(703) 222-0880 weekdays 8:00 AM—4:30 P.M. Fairfax Coordinated Services Planning (CSP)

Frederick, MD

(301) 600-1506 Frederick Community Action Agency

Loudoun County, VA

(703) 777-0420 weekdays 8:30 AM - 5 PM - Coordinated Entry Services

Montgomery County, MD

240-907-2688 or 240-777-4000 Montgomery County Crisis Center (24/7) (TTY 240-777-4815)

Prince George's County, MD

(888) 731-0999 (toll free in Maryland) or (301) 864-7095 (24/7)

Prince William County, VA

(703) 792-3366, Coordinated Entry System (CES), 7 days a week, 9 AM - 9PM

APPENDIX B: HOMELESS ENUMERATION JURISDICTIONAL NARRATIVE REPORTS

This section provides each of the nine participating Continua of Care the opportunity to provide additional details regarding the Point-in-Time count conducted in their jurisdiction as well as an overview of the activities of their respective CoCs during the past year.

City of Alexandria, Virginia

DESCRIPTION OF HOMELESS SERVICES

The Partnership to Prevent and End Homelessness in the City of Alexandria (The Partnership) made up of public and private non-profit homeless, housing, and mainstream service providers, faith-based and educational institutions, advocates, former homeless consumers, and other community stakeholders serves as the homeless services Continuum of Care (CoC). The Partnership develops and implements the Strategic Plan to End Homelessness in the City of Alexandria and coordinates and oversees the delivery of prevention and homeless services to residents experiencing or at-risk of homelessness.

The Housing Crisis Response System is the CoC’s centralized and coordinated approach to addressing the needs of persons experiencing or at-risk of homelessness in the City of Alexandria. The comprehensive screening and assessment process ensure that all households that present with a housing crisis are screened for diversion services first to ensure the most appropriate assistance is offered and unnecessary entries into shelter are avoided. Intended outcomes include 1) reductions in the number of first-time shelter entries; 2) shortened lengths of homelessness; and 3) the prevention of reoccurring episodes of homelessness.

CITY OF ALEXANDRIA HOUSING CRISIS RESPONSE SYSTEM SERVICE COMPONENTS

<u>COMPONENTS</u>	<u>DESCRIPTION</u>
<u>Projects for Assistance in Transition from Homelessness (PATH)</u>	Outreach and assistance provided to adults with serious mental illness who are experiencing homelessness or who are at risk of becoming homeless. Services include community-based outreach, mental health, substance abuse, case management and other supportive services, and a limited set of housing services.
<u>Substance Abuse Peer Support Outreach</u>	Outreach and assistance provided to adults with a Substance Abuse disorder who are experiencing homelessness or at risk of becoming homeless. Services include community-based outreach, referral to mental health, substance abuse, case management and other supportive services, and a limited set of housing services.
<u>Day Shelter</u>	Facility providing services to meet the basic needs of unsheltered homeless individuals including access to showers, laundry machines, lockers, phone, and voicemail services, mailing address, case management, outreach, and linkage and referral to community resources.
<u>Homeless Services Assessment Center</u>	Assistance for persons experiencing or at-risk of homelessness to determine the best immediate next step to effectively address the housing crisis. Services include screening for diversion services and emergency shelter as appropriate, basic needs assessment, and mainstream and community resource linkages and referrals.
<u>Diversion and Prevention Services</u>	Temporary support to persons at-risk of homelessness including housing location, case management, housing counseling, linkage to mainstream resources, landlord-tenant mediation, job search

	assistance and employment services, budgeting/ financial management and financial assistance.
<u>Emergency Shelter</u>	Temporary lodging and supportive services for homeless individuals and families.
<u>Domestic Violence Program</u>	Crisis intervention and supportive counseling services to victims of domestic and sexual violence. Services include temporary accommodations, 24-hour hotline, individual counseling, support groups, and court and medical facility accompaniment.
<u>Rapid Re-housing Assistance</u>	Temporary supportive services and limited financial assistance to aid persons experiencing homelessness to quickly return to and remain in permanent housing.
<u>Winter Shelter</u>	Seasonal shelter from November 1 to April 15 to protect persons experiencing homelessness from exposure-related conditions such as hypothermia and frostbite during cold weather months.
<u>Safe Haven</u>	Supportive housing for hard-to-reach homeless individuals with serious mental illness who have been unable or unwilling to participate in housing or supportive services.
<u>Transitional Housing</u>	Extended supportive housing targeting homeless individuals and families needing longer-term assistance to facilitate a move to permanent housing.
<u>Permanent Supportive Housing</u>	Permanent housing with supportive services including barrier-free units for individuals designed to allow formerly homeless adults with children and individuals with serious mental illness to live in the community as independently as possible.
<u>Other Permanent Housing Resources</u>	Public housing units with and without supportive services; private income-based apartment units; Housing Choice voucher-subsidies; as well as rent relief subsidy for seniors and the disabled.

Operating within COVID-19 Safety Guidelines and available emergency shelter facilities, the CoC provided a combined total of 73 year-round emergency shelter beds, 47 for households without children and 26 for households with adults and children during the 2021 Count. Combined, the transitional housing inventory consisted of 46 beds (11 for male households without children and 32 for households with adults and children). During the spring and summer of 2020, the CoC did utilize non-congregate shelter facilities at hotels and recreation centers within the City but did not require that additional space on the night of the count so they did not affect the overall numbers.

The Domestic Violence Program shelter provided 11 undesignated year-round beds to serve persons in imminent danger of domestic or sexual violence. From November 1 to April 15, the Winter Shelter Program provided an additional 35 undesignated seasonal beds to protect unsheltered persons experiencing homelessness from exposure-related conditions such as hypothermia and frostbite during cold weather months.

CITY OF ALEXANDRIA CONTINUUM OF CARE HOMELESS SERVICES UNIT & BED INVENTORY

<u>INVENTORY TYPE</u>	<u>Units for Households with Adults & Children</u>	<u>Beds for Households with Adults & Children</u>	<u>Beds for Households without Children</u>	<u>Year-Round Beds</u>
<u>Winter Shelter</u>	-		35	-
<u>Emergency Shelter</u>	-	26	47	73
<u>Domestic Violence Program Shelter</u>	-	9	2	11
<u>Transitional Housing</u>	7	24‡	11	36
<u>Safe Haven</u>	-	-	12	12
TOTAL				132

- Not Applicable

* These numbers represent a combined total of 35 undesignated cold weather seasonal beds to serve households without children and those with adults and children. Designations are made each year based upon average occupancy during the Winter Shelter season.

‡This number includes operating capacity, which is determined by family size for occupied units, as well as maximum capacity for vacant units.

SIGNIFICANT ACCOMPLISHMENTS SINCE THE 2020 WINTER ENUMERATION

The City of Alexandria Racial Equity Initiative

The CoC has been closely tracking the persistent racial inequity within its homeless assistance services over the past several years, and in that time, leadership has been challenged to take real action to reverse that course. In 2021 the CoC started its journey to confront racial inequity with policy, first sending 5 members of the CoC to Poverty Coach Training, so they can educate City service providers on the origins of poverty in Alexandria, the nuances of those experiences, and the spectrum of interventions and outcomes that then equate to success. Next, the CoC piloted using race as a tiebreaker in when referring residents for public housing vouchers, a policy that is being implemented in other Alexandria DCHS programs for an expanding inventory of subsidized housing. The CoC’s Governing Board also adopted the Government Alliance on Race and Equity (GARE) Racial Equity Tool to reflect on the racial and ethnic implications of their decisions and include a racial equity conversation on all Governing Board agendas. Currently, the CoC is vetting proposals to better assess residents for housing barriers related to their racial and ethnic identity and prioritize them accordingly.

Permanent Housing Referrals

Along with the influx of housing assistance resources, a positive outcome of the pandemic was the referral of a large portion of the CoC’s chronically homeless and unsheltered residents into permanent housing. The first set opportunities came via non-elderly and disabled (NED) vouchers prioritized for persons experiencing homelessness or coming out of HUD funded PSH, a the next from a locally fund PSH program. Strategizing placements into these units helped the CoC house all residents of a long-standing encampment in the City, move even more persons off the chronic homeless list, and greatly reduce utilization of winter shelter at a time it was desperately needed to maintain COVID-19 safety protocol in the facility. CoC housing prioritization processes are now being refined and expanded to meet requirements for all voucher set-asides and other local subsidy programs, giving residents access to more assistance.

HOMELESS POINT-IN-TIME COUNT

The Partnership conducted the 2021 Winter Point-in-Time count for those sheltered solely by collecting data through the Homeless Management Information System (HMIS). We feel this provides us more accurate, client-level specific data in our reporting. It also gives the CoC the ability to conduct a Point-in-Time count on an ad-hoc basis, leaving potential for comparable Summer PIT data in the future. A manual count of unsheltered homeless persons was conducted under the leadership of the Office of Community Services using one surveyor, the Homeless Services/PATH Coordinator, to mitigate risk of COVID-19 Spread. Reflected below are the demographic and sub-population comparisons from previous year enumerations.

HOMELESS COUNT BY HOUSEHOLD TYPE

PERSONS EXPERIENCING HOMELESSNESS	2011		2015		2016		2017		2018		2019		2020		2021		% Change 2020-2021
Total Persons	416		267		224		211		226		198		207		106		-49%
HOUSEHOLDS WITHOUT CHILDREN	121																
Men	198	75%	111	70%	97	75%	83	69%	99	70%	84	68%	85	45	73%	-46%	
Women	66	25%	48	30%	32	25%	36	30%	42	30%	40	32%	36	17	27%	-53%	
Transgender	0	0%	0	0%	0	0%	1	1%	1	1%	0	0%	0	0	0%	0%	
Total Households	264		159		129		120		142		124		121		63		-48%
HOUSEHOLDS WITH ADULTS & CHILDREN	32																
Total Households	52		34		28		30		29		21		32		14		-56%
Single Parent Households	46	88%	33	97%	26	93%	26	87%	27	93%	17	81%	28	12	86%	-57%	
Adults	58	34%	37	34%	31	33%	35	38%	31	37%	28	38%	36	16	37%	-56%	
Children	94	66%	71	66%	64	67%	56	62%	53	63%	46	62%	50	27	63%	-46%	
Total Persons in Households	152		108		95		91		84		74		86		43		-50%

A total of 106 persons experiencing homelessness were identified in this year's PIT Count, a 49% decrease from 2021. There were no households with only children identified in the 2021 Count. There were 63 households without children, a 48% decrease from 2020. There were 46 single men, and 17 single women identified, a 46% decrease for men and a 53% decrease for women from last year's count. The COVID-19 pandemic and federal policies that followed, specifically the eviction moratorium, had the greatest impact on Alexandria's 2021 PIT numbers, resulting in a significant decrease that is not representative of residents' general housing instability.

On the night of the count, 14 households with adults and children were counted, a 56% decrease from 2020 enumeration. Unsurprisingly, both the numbers of adults and children in those families decreased, adults decreased from 36 adults to 16, and children decreased from 50 to 27.

TOTAL COUNT AND BREAKOUT BY HOUSEHOLD TYPE

LOCATION ON THE NIGHT OF THE COUNT	2011		2015		2016		2017		2018		2019		2020		2021		% Change 2020-2021
Unsheltered	42	10%	23	9%	12	5%	18	9%	15	7%	10	5%	11	8	8%	-27%	
Sheltered	374	90%	244	91%	212	95%	193	91%	211	93%	188	95%	196	98	92%	-50%	
Total Persons	416		267		224		211		226		198		207		106		-49%

HOUSEHOLDS WITHOUT CHILDREN	2011		2015		2016		2017		2018		2019		2020		2021		% Change 2020-2021
Place Not Meant for Human Habitation	42	16%	23	14%	12	9%	18	15%	15	11%	10	8%	11	8	13%	-27%	
Winter Shelter	57	22%	35	22%	31	24%	39	33%	37	26%	27	22%	21	8	13%	-62%	
Emergency Shelter	102	39%	71	45%	60	47%	39	33%	63	44%	63	51%	65	30	48%	-54%	
Domestic Violence Program Shelter	*	*	3	2%	0	0%	3	3%	3	2%	0	0%	2	0	0%	-100%	
Transitional Housing	51	19%	15	9%	10	8%	10	8%	12	8%	13	10%	11	10	16%	-9%	
Safe Haven	12	5%	9	6%	12	9%	11	9%	12	8%	11	9%	11	7	11%	-36%	
Total Households	264		159		129		120		142		124		121		63		-48%
HOUSEHOLDS WITH ADULTS & CHILDREN	2011		2015		2016		2017		2018		2019		2020		2021		% Change 2020-2021
Number of Households																32	
Place Not Meant for Human Habitation	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0	0%	0%	
Winter Shelter	0	0%	0	0%	0	0%	2	7%	2	7%	1	5%	0	0	0%	0%	
Emergency Shelter	25	48%	15	44%	13	46%	15	50%	17	59%	11	52%	18	8	57%	-56%	
Domestic Violence Program Shelter	*	*	4	12%	3	11%	1	3%	3	10%	2	10%	6	0	0%	-100%	
Transitional Housing	27	52%	15	44%	12	43%	12	40%	7	24%	7	33%	8	6	43%	-25%	
Total Households	52		34		28		30		29		21		32		14		-56%
Number of Adults																36	
Place Not Meant for Human Habitation	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0	0%	0%	
Winter Shelter	0	0%	0	0%	0	0%	2	6%	2	6%	1	4%	0	0	0%	0%	
Emergency Shelter	27	47%	17	46%	16	52%	18	51%	19	61%	15	54%	22	10	63%	-55%	
Domestic Violence Program Shelter	*	*	4	11%	3	10%	1	3%	3	10%	2	7%	6	0	0%	-100%	
Transitional Housing	31	53%	16	43%	12	39%	14	40%	7	23%	10	36%	8	6	38%	-25%	
Total Adults	58		37		31		35		31		28		36		16		-56%
Number of Children																50	
Place Not Meant for Human Habitation	0	0%	0	0%	0	0%	0	0%	0	0	0	0	0	0	0	0%	
Winter Shelter	0	0%	0	0%	0	0%	3	5%	7	13%	1	2%	0	0	0%	0%	
Emergency Shelter	46	49%	30	42%	30	47%	24	43%	25	47%	28	61%	23	15	56%	-35%	
Domestic Violence Program Shelter	*	*	16	23%	9	14%	4	7%	5	9%	6	13%	11	0	0%	-100%	
Transitional Housing	48	51%	25	35%	25	39%	25	45%	16	30%	11	24%	16	12	44%	-25%	
Total Children	94		71		64		56		53		46		50		27		-46%

100% of households with adults and children were sheltered on the night of the count. Of households with adults and children, 57% were represented in Emergency Shelter, 43% in Transitional Housing and 0% in Domestic Violence Shelter. 13% of Households with adults only, were unsheltered, or in a place not meant for human habitation. The number of unsheltered households decreased by 3 or 27% since last year. 87% of households with adults only were sheltered.

HOMELESS COUNT BY SUBPOPULATION

CHRONIC HOMELESSNESS	2011		2015		2016		2017		2018		2019		2020		2021		% Change 2020-2021
	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%	
Households without Children	109	41%	48	30%	47	36%	43	36%	57	40%	38	31%	15	13	21%	-13%	
Households with Adults & Children	0	0%	3	9%	0	0%	0	0%	1	3%	0	0%	0	0	0%	0%	
SUBPOPULATIONS (ALL ADULTS)*	2011		2015		2016		2017		2018		2019		2020		2021		% Change 2020-2021
Veterans	27	14%	12	6%	5	3%	6	4%	8	5%	7	5%	9	3	4%	-67%	
Substance Use Disorder	91	46%	41	21%	27	17%	24	15%	31	18%	17	11%	13	4	5%	-69%	
Serious Mental Illness	54	28%	43	22%	42	26%	64	41%	36	21%	50	33%	17	22	28%	29%	
Co-Occurring	45	23%	29	15%	18	11%	12	8%	22	13%	20	13%	5	0	0%	-100%	
Physical Disability	28	14%	16	8%	13	8%	13	8%	16	9%	12	8%	4	6	8%	50%	
Chronic Health Conditions	78	40%	20	10%	15	9%	14	9%	22	13%	18	12%	12	6	8%	-50%	
HIV/AIDS	6	3%	1	1%	6	4%	4	3%	5	3%	4	3%	1	1	1%	0%	
Limited English Proficiency	26	13%	11	6%	10	6%	2	1%	4	2%	10	7%	7	8	10%	14%	
History of Foster Care	8	4%	7	4%	3	2%	12	8%	15	9%	12	8%	10	6	8%	-40%	
Institutional Discharge ^A	43	22%	16	8%	23	14%	14	9%	26	15%	18	12%	12	5	6%	-58%	
DOMESTIC VIOLENCE	2011		2015		2016		2017		2018		2019		2020		2021		% Change 2020-2021
Total Households	0	0%	12	6%	4	3%	9	6%	6	3%	2	1%	15	8	8%	-47%	
Single Women	0	0%	4	8%	1	3%	4	11%	3	7%	0	0%	5	4	24%	-20%	
Women w/Minor Children	0	0%	8	25%	3	12%	5	19%	3	11%	2	12%	9	3	25%	-67%	
Children	0	0%	20	28%	9	14%	14	25%	5	9%	6	13%	15	7	26%	-53%	
Total Persons	50	12%	32	12%	13	6%	23	11%	11	5%	8	4%	30	14	13%	-53%	

As reflected in the chart above, there were no chronically homeless households with adults and children in the 2021 count; As with last year, there was a 0% change from the 2020 count in which no chronically homeless families were identified. There was a 13% decrease in the amount of chronically homeless households with adults only.

Also reflected in the chart above, the 2021 enumeration yielded a decline in all subpopulation categories, except for a 14% increase in the number individuals with serious mental illness (SMI), those with a physical disability, and those with limited English proficiency. Each increase represented 5 people or fewer and cannot be attributed to any larger trend but is likely a result of the highly competitive rental market that blossomed as inventory dropped during the moratorium. The decrease in all other subpopulations is another effect of the overall decline in homelessness on the night of the PIT.

There was a notable decrease in the number of households that reported experiencing homelessness due fleeing due to domestic violence; 15 households in 2020, and 2 households in 2021. There were no households reported in the domestic violence shelter on the night of the PIT this year.

EMPLOYMENT & MONTHLY INCOME FOR HOUSEHOLDS WITHOUT CHILDREN

HOUSEHOLDS WITHOUT CHILDREN								
EMPLOYMENT	2018		2019		2020	2021		% Change 2020 - 2021
Not Reported	2	1%	3	2%	9	3	5%	-67%
No	100	70%	87	70%	67	43	68%	-36%
Yes	40	28%	34	27%	45	25	40%	-44%
GROSS MONTHLY HOUSEHOLD INCOME								
	2018		2019		2020	2021		% Change 2020 - 2021
Not Reported	3	2%	3	2%	6	3	5%	-50%
No	57	40%	52	42%	56	22	35%	-61%
Yes	82	58%	69	56%	59	38	60%	-36%
Income Amount								
\$1-150	0	0%	0	0%	3	1	3%	-67%
\$151-250	2	2%	2	3%	3	1	3%	-67%
\$251-500	5	6%	3	4%	3	1	3%	-67%
\$501-1,000	43	52%	38	55%	28	21	55%	-25%
\$1,001-1,500	18	22%	13	19%	11	7	18%	-36%
\$1,501-2,000	5	6%	6	9%	14	7	18%	-50%
More than \$2,000	8	10%	7	10%	7	3	8%	-57%
~Primary Source of Income								
Wages	44	54%	30	43%	27	11	29%	-59%
Retirement+	3	4%	6	9%	5	4	11%	-20%
Disability^	32	39%	27	39%	4	9	24%	125%
Public Assistance*	1	1%	5	7%	2	5	13%	150%
Other**	2	2%	1	1%	0	9	24%	#DIV/0!
No Reported	0	0%	0	0%	73	0	0%	-100%

40% of households without children were employed in 2021, and 3% decrease from last year. 55% of these households were not employed, a 23% decrease from last year. Of the 60% that reported having income, as with last year, majority reported having monthly income of \$501-\$1000. 18 clients, or 28% of households without children reported having income higher than \$1000. Earned wages was reported as the majority income source for this population.

Of those not employed and receiving income, most clients are compensated with retirement, by a very small margin.

EMPLOYMENT AND MONTHLY INCOME OF HOUSEHOLDS WITH ADULTS AND CHILDREN

HOUSEHOLDS WITH ADULTS & CHILDREN								
EMPLOYMENT (ADULTS)	2018		2019		2020	2021		% Change 2020 - 2021
Not Reported	0	0%	0	0%	0	0	0%	-
No	14	45%	8	26%	18	8	26%	-56%
Yes	17	55%	20	65%	18	8	26%	-56%
GROSS MONTHLY INCOME (ADULTS)	2018		2019		2020	2021		% Change 2020 - 2021
Not Reported	0	0%	0	0%	6	0	0%	-100%
No	10	32%	5	16%	14	6	19%	-57%
Yes	21	68%	23	74%	16	10	32%	-38%
Income Amount								
\$1-150	0	0%	0	0%	0	0	0%	0%
\$151-250	0	0%	0	0%	1	0	0%	-100%
\$251-500	4	19%	4	17%	4	1	10%	-75%
\$501-1,000	2	10%	4	17%	3	0	0%	-100%
\$1,001-1,500	5	24%	4	17%	2	3	30%	50%
\$1,501-2,000	5	24%	6	26%	6	2	20%	-67%
More than \$2,000	5	24%	5	22%	5	4	40%	-20%
~Primary Source of Income								
Wages	17	81%	20	87%	14	9	90%	-36%
Retirement+	1	5%	0	0%	0	0	0%	0%
Disability^	1	5%	1	4%	1	0	0%	-100%
Public Assistance*	1	5%	2	9%	1	1	10%	0%
Other**	2	10%	0	0%	0	0	0%	0%

50% of adults in households with adults and children were employed, the same proportion as in 2020, albeit with fewer adults overall. 10 adults reported monthly income, while 6 reported not having income. Of those receiving income, majority reported having income either in the \$1501-\$2000 or more than \$2,000 range monthly. With fewer families reported in this year's PIT count, no families did not report income metrics, which is a major improvement from last year's count.

HOMELESS POINT-IN-TIME RESULTS ANALYSIS

The data collected in this year PIT Count is primarily reflective of the COVID-19 pandemic and service changes that followed, so fitting it within Alexandria's long-term PIT data trends is inaccurate. While decreasing homelessness is the ultimate goal, the CoC recognizes the 2020 housing environment was unprecedented and unsustainable, and focused PIT analysis on proportional representation, program efficacy, and lessons learned rather than the 49% decrease overall.

Racial and ethnic identity, and their proportional representation in homeless services, is a metric the CoC monitors throughout the year in its commitment to furthering racial equity. Unfortunately, the 2021 PIT count illustrated that racial inequity is increasing in Alexandria's homeless services despite the overall decrease in the homeless population. About 65% of residents surveyed in Alexandria's 2020 PIT identified as Black or African American compared to 78% in 2021, a trend that has coincided with the pandemic and its adverse effects on communities of color. In response, the CoC is vetting proposals to better incorporate racial equity in housing assessment and prioritization processes and working on several training initiatives that will help further integrate it in service delivery.

A silver-lining from the pandemic has been increased housing resources for low-income residents and those experiencing homelessness, which has spotlighted some of the CoC's most effective housing interventions, Rapid Rehousing (RRH) and Permanent Supportive Housing (PSH). Using COVID Homeless Relief Program COVID Homeless Emergency Relief Program (CHERP) funds the CoC's RRH provider increased capacity of its program, which helped to move clients out of shelter and thus maintain services at those facilities within COVID-19 safety guidelines. The CoC also strategically employed its objective housing prioritization process to fill over 50 public housing vouchers and PSH units, largely with chronically homeless and unsheltered clients. Those efforts were directly responsible for the 27% decrease in unsheltered homelessness, 13% decrease in chronic homelessness, and 62% decrease in winter shelter utilization on the 2021 PIT.

With the federal eviction moratorium and all the policies, programs and resources that followed, the CoC did gain a greater understanding of its connection to upstream housing assistance resources, and the City began to embrace a more holistic approach to housing stabilization. Strategic resource allocation like prioritization of PSH and RRH, and focused collaboration like Alexandria's Eviction Prevention Taskforce, are lessons that can be applied when the moratorium ends, and hopefully keep residents in stable housing.

HOMELESSNESS, PREVENTION, SHELTER DIVERSION AND HOUSING PLACEMENT

PERMANENT SUPPORTIVE HOUSING FOR CHRONICALLY HOMELESS INDIVIDUALS

To assist formerly homeless persons, the CoC currently operates 45 Permanent Supportive Housing (PSH) beds for households without children and 3 PSH units totaling 8 beds for households with adults and children whose heads of household have a serious mental illness. On the night of the 2021 count, 96% of the beds were occupied. The HMIS team maintains a current list of chronic homeless clients which is prioritized using NAEH Assessment scores. When a vacancy becomes available in a PSH program, the team recommends clients in prioritization order.

HOMELESS PREVENTION, DIVERSION & RAPID RE-HOUSING

Since 2013 the City of Alexandria Housing Crisis Response System has enabled the CoC to more efficiently and effectively assess the needs of persons seeking shelter, best utilize community resources, quickly return households to permanent housing, and significantly reduce the number of households entering the shelter system.

Prevention and Diversion services have since the previous enumeration, with Prevention being the official program title, and Diversion, being a method that is attempted at each step in the case management, in the effort to prevent persons from experiencing a possible episode of homelessness.

- **Prevention** – homeless prevention specifically went largely unutilized in 2021 as a direct result of the federal moratorium on evictions. Many households that would have been served in this program were thus eligible for “eviction prevention” opportunities which multiplied prior to the PIT count, also in response the moratorium. Other residents were able to employ their own diversion strategies as non-traditional housing options were more accessible and congregate living environments presented greater risk of exposure to COVID-19. In the future, the CoC aims to improve coordination with local eviction prevention processes to parlay those lessons into sustainable progress.

- ***Rapid ReHousing*** – Similar to the past several years, this CoC saw another increase in rapidly rehoused families and singles, this year largely credited to increased resources available for the service. Alexandria increased its RRH capacity with funds from CHRP and the work of the CoC's committed RRH provider, Carpenter's Shelter. The performance of this program through the pandemic is another example of the CoC's effectiveness when it has the necessary resources.

It is clear that prevention and RRH programs have a direct impact on reducing homelessness in the City of Alexandria, but neither are without unique challenges: 1) Households still struggle to find affordable units for which they qualify; 2) The extent of need for rental assistance consistently exceeds original projections; 3) The assistance must be tailored to fit the household's budget and ability to sustain housing costs post-assistance, which often limits the household's ability to meet its housing need; and 4) Grantors' guidelines for rapid re-housing funding assistance dictate that rental subsidies not exceed fair market rents, which creates a barrier for households to access the limited permanent housing for which they qualify. This is a result of the City of Alexandria's high demand rental market where there is a huge gap between the fair market rents and the market rates.

FUTURE TRENDS IN HOMELESSNESS

The greatest barriers to preventing ending homelessness in our community are 1) persistent racial inequity among residents experiencing poverty and homelessness further amplified by the COVID-19 pandemic. 2.) eventual end to the federal eviction moratorium 3.) the lack of fixed affordable permanent housing opportunities for the lowest income households (i.e., those with an income 30% and below the area median of \$110,300)

- 1.) Racial inequity among residents experiencing homelessness in the City of Alexandria has consistently been the highest barrier in housing. At any given time over the past 5 years, at least 66% of Alexandria's literally homeless population has identified as Black or African American, while only 21% of the City's populations does, highlighting the huge disparity. As predicted, the COVID-19 pandemic and subsequent economic fallout had a greater impact on communities of color, amplifying the disparity in Alexandria's homeless services. 78% of residents on the 2021 PIT identified as Black or African American, compared to 65% in 2020.

The CoC is working to better understand racial equity and inequity within our service delivery, but has learned that addressing homelessness for Black residents, shelters' majority population, offers the best chance to decrease homelessness overall. New policies are being vetted to assess residents more accurately for housing barriers related to race and ethnicity, then better prioritize them for available housing opportunities. Following that, education and training initiatives for leadership and direct service staff will follow to align program guidelines and service delivery with the CoC's commitment to racial equity. While these strategies cannot create the intended change alone, and certainly not immediately, they can help the CoC stem the tide of increasing racial inequity as COVID-19 fallout persists and provide more information to policymakers and the public about the origins of housing instability in the Alexandria.

- 2.) The Center for Disease Control's (CDC) federal moratorium on evictions has had the largest impact on overall homeless numbers in the City of Alexandria, both directly and indirectly. Recognizing that the moratorium will eventually end, and many households will be evicted, preparing the homeless Continuum is crucial to keep services from being overwhelmed.

There have been some process improvements to housing stabilization in the City, also spurred by the moratorium, that can be permanently established to keep residents housed through the upcoming market transitions. Alexandria's Eviction Prevention Taskforce is one such collaboration that has proven effective during COVID and offers promise for continued application.

That work highlights the larger local need for more "upstream" housing crisis interventions and a better integration of homeless services with mainstream housing stabilization assistance. More than anything the sharp decline in the 2021 PIT illustrated that instances of homelessness, as defined by HUD, could be ended if adequate prevention policies and resources were in place all the time.

- 3.) The need for more fixed-affordable housing options in our community remains, including PSH and housing with limited supports services. 2021 PIT decreases in chronic homelessness, unsheltered homelessness, and winter shelter utilization were the direct result of new PSH units and public housing vouchers coming online. More options of this sort could functionally end chronic homelessness in the City or help address services gaps like housing for elderly or disabled residents who are experiencing homelessness and are typically less successful in RRH due to a fixed limited income.

For the larger shelter population RRH still proves invaluable for its ability to quickly return residents to market-rate housing. In 2021 the CoC received more than twice its typical RRH funding through CHERP, and its RRH provider, Carpenter's Shelter, increased program capacity as a result. Together these accomplishments show the CoC can be effective at preventing and ending homelessness even in our high-cost housing market if we have the resources to do so.

Arlington County, Virginia

Description of Homeless Services

The Arlington County Continuum of Care (CoC) has a well-developed and efficient crisis response system with an unchanged mission: to sustain an integrated, community-based support system which helps households at risk of homelessness keep their housing and assist any household that does become homeless in regaining stable housing. The mission is supported by a shared community responsibility, that includes collaborative planning, an alignment of stakeholders and resources essential to [Arlington County's Action Plan for Ending Homelessness](#).

The Arlington County CoC includes:

- **Centralized Access System (CAS):** Provides access to services across the entire Arlington CoC, matching households, as quickly as possible, with the interventions that will most effectively and efficiently prevent or end their homelessness and lead to stability.
- **Street Outreach and Engagement:** Outreach workers connect with individuals living on the street and other outdoor environments to help navigate them towards a path of stability and housing.
- **Targeted Prevention:** Efforts to provide services to at-risk households in order to prevent homelessness before it occurs are an integral part of the Arlington CoC.
- **Shelters:** Five Arlington County homeless shelters provide a safe, structured environment for singles and families who are experiencing homelessness as well as survivors of domestic violence.
- **Transitional Housing:** Transitional housing programs provide housing services to help Arlington families and individuals prepare for permanent housing.
- **Rapid Re-housing:** Rapid Re-housing programs move households quickly out of shelter into housing with rental support and services to help families maintain housing.
- **Permanent Supportive Housing:** Permanent supportive housing programs provide rental assistance and case management services for households who are homeless and have (or a family member has) a disabling condition.

While the pandemic of COVID-19 was a staggering blow to the lives of nearly every person across the globe, we also acknowledge that it impacted some more than others. People experiencing homelessness, Black, Indigenous, and other people of color (BIPOC) communities are hardest hit. Due to its legacy of successful and coordinated services, the Arlington County CoC met the crisis head on, responding to an unprecedented level of new challenges in 2020 and recommitted itself to the importance of enumerating the needs of people experiencing homelessness in our community.

- The Arlington County CoC received an **additional \$2.6 million** of State funding for efforts to respond to COVID-19.
- Like many communities, the Arlington County CoC quickly stood up 2 **Isolation and Quarantine hotels** to prevent the spread of COVID-19 among people experiencing homelessness who were either at higher risk of contracting COVID-19 or if quarantining and isolation were necessary to reduce the virus spread.
- Additional resources within the CoC increased **nursing capacity** in order to screen and test more clients and staff, and ultimately led to the CoC's ability to begin vaccinating people experiencing homelessness soon after vaccines were available.
- Homeless programs and services were completely revamped to incorporate **new protocols and procedures**, including efforts to de-intensify congregate shelters, screening procedures for COVID-19 among staff and clients, and providing services remotely.

- The **eviction moratorium** and additional eviction prevention resources accelerated diversion efforts to reduce the number of people who would otherwise have to enter emergency shelters.
- Pivoting to **re-housing strategies** early on in the pandemic created new housing opportunities for many single adults and families experiencing homelessness. These strategies reduced the overall number of people residing in or entering shelter.
- Arlington County’s [Housing Grants](#) program continues to annually increase its Maximum Allowable Rent subsidy to align with 60% of the Area Median Income (AMI). This alignment bridges the gap for extremely low-income renters resulting in greater access to committed affordable housing units in Arlington County.

This 2021 jurisdictional narrative report details Arlington County’s Point-in-Time survey results as of January 27, 2021.

Current Inventory of Beds for Homeless Persons

The table below illustrates the County’s current inventory of beds (emergency shelter and transitional housing) available within the continuum of care on the day of the count. There was an overall reduction of 30 beds from 2020 – a result of social distancing and de-intensifying measures in emergency shelters. In 2021, Arlington County stood up two **isolation and quarantine hotels** to prevent the spread of COVID-19 among people experiencing homelessness through use of direct FEMA funding. This was the first year when motel/hotel beds were included in Arlington County’s count for persons who were recovering from COVID-19.

Year-Round and Winter Inventory of Beds				
	Beds for Singles	Beds for Families	All Year-Round Beds	Winter Beds
<i>Motel/Hotel Beds</i>	2	0	0	0
<i>Hypothermia/Overflow/Other (Additional winter Capacity)</i>	0	0	0	25
<i>Emergency Shelter Beds</i>	88	7	162	0
<i>Transitional Housing Beds</i>	14	6	20	0
TOTAL	104	80	182	25

Point-in-Time Count

Arlington County’s Department of Human Services led the 2021 Point-in-Time (PIT) survey on January 27, 2021 in conjunction with the Metropolitan Washington Council of Governments (COG), local homeless non-profit partners and members of the community.

Arlington County experienced an overall decrease of 14% in the total number of persons experiencing homelessness counted. This is the lowest overall PIT count in 11 years.

Arlington County Point-in-Time Count							
	2016	2017	2018	2019	2020	2021	% Change 2020- 2021
<i>Singles</i>	124	147	144	146	135	127	-6%
<i>Families</i>	50	85	77	69	64	44	-31%
TOTAL	174	232	221	215	199	171	-14%

Arlington County Point-in-Time Count							
	2016	2017	2018	2019	2020	2021	% Change 2020- 2021
<i>Sheltered</i>	155	199	186	179	165	144	-13%
<i>Unsheltered</i>	19	33	35	36	34	27	-21%
TOTAL	174	232	221	215	199	171	-14%
<i>*Unsheltered: Singles or families experiencing homelessness in a place not meant for human habitation within and/or across jurisdictional boundaries.</i>							

Factors contributing to the continuing decline of homelessness include:

- **Shelter Diversion:** Emergency shelter continues to be an option of last resort for people experiencing homelessness and seeking housing assistance. Arlington County continues to have creative problem-solving conversations at each point of entry that help people quickly identify and access safe alternatives, connect with community resources and family supports, and housing options.
- **Eviction/Prevention Services:** While the Arlington County’s CoC maintains a robust menu of targeted prevention services to assist households faced with eviction, the eviction moratorium served to stave off evictions that would otherwise have impacted a growing number of renters with financial and employment barriers, including those impacted by COVID-19.
- **CARES Act Funding for Rapid Rehousing:** While CARES act funding supported changing and increasing costs in shelter, the Arlington County CoC made use of these funds to move people quickly out of shelter and into permanent housing.
- **Housing Grants:** Unique to Arlington County, the Housing Grants program provides on-going rental assistance to eligible low-income renters who are 65 years or older, totally and permanently disabled, working families with at least one child under age 18 or clients and patients of a County-operated behavioral health program. These grants cover a portion of monthly rent, depending on household income, household size and maximum rent allowances. Rapid rehousing serves as bridge to these long-term subsidies, such as a Housing Grant, for many people exiting homelessness.
- **Street Outreach:** Street outreach in Arlington County has expanded throughout the pandemic as service providers, emergency personnel, and behavioral health providers coordinate to connect with people sleeping outside. Connections to unsheltered individuals throughout the pandemic onset proved vital. Arlington launched a [homeless outreach coalition team](#) to help identify street homeless individuals at high risk for COVID-19 by connecting them to immediate services, distributing personal protective equipment (PPE) and food. On the night of the PIT count, most people sleeping outside were known to outreach workers who were also able to bring five people into shelter while conducting the count.

Factors contributing to the 31% decrease in family homelessness can be attributed to:

- Eviction prevention efforts, as well as the eviction moratorium reducing the number of families requesting emergency shelter;
- Deploying rapid re-housing to assist families in quickly regaining permanent housing and leaving emergency shelter; and
- Systematic coordination and focus on prevention, diversion and Housing First strategies.

Point-in-Time (PIT) Subpopulations Count

Chronically Homeless PIT Table							
	2016	2017	2018	2019	2020	2021	% Change 2020 to 2021
<i>Chronically Homeless - Sheltered Households without Children</i>	45	61	57	74	20	35	75%
<i>Chronically Homeless - Sheltered Households with Children</i>	0	2	0	0	0	0	0
TOTAL	45	63	57	74	20	35	75%

Chronically Homeless: While Arlington County has continued to prioritize chronically homeless individuals and families through use of a By-Name List for housing opportunities, the increase in chronic homelessness this year is evidence that more work is needed. The increase in this year's PIT count for chronic homeless individuals may also represent a methodology change from last year, using self-report to determine chronicity.

Veteran PIT Table							
	2016	2017	2018	2019	2020	2021	% Change 2020 to 2021
<i>Veteran - Sheltered Households without Children</i>	6	10	8	9	2	2	0
<i>Veteran - Sheltered Households with Children</i>	0	0	0	1	0	0	0
<i>Veteran - Unsheltered Households without Children</i>	-	-	-	-	1	2	33%
TOTAL	6	10	8	10	3	4	33%

Veterans: Arlington has reached and maintained [functional zero](#) for veterans since December 2015. While a thirty-three percent increase represents 1 additional Veteran identified during the PIT count, a close partnership with local Supportive Services for Veterans Families (SSVF) providers and the Department of Veterans Affairs' outreach team has enabled Arlington to use a rapid identification and

housing placement approach to veterans experiencing homelessness. HUD - Veterans Affairs Supportive Housing (VASH) vouchers continue to play a critical role in ensuring eligible veterans have appropriate supports that create long-term housing stability.

Domestic Violence PIT Table							
	2016	2017	2018	2019	2020	2021	% Change 2020 to 2021
<i>Domestic Violence Current (DVC) Sheltered Households without Children</i>	5	6	3	6	8	9	13%
<i>Domestic Violence Current (DVC) - Sheltered Households with Children</i>	17	20	25	21	8	25	213%
TOTAL	22	26	28	27	16	34	113%

Domestic Violence (DV) Survivors: DVC households represent those whose current episode of homelessness is a direct result of fleeing domestic violence. The total number of homeless DVC households marked a considerable increase compared to years prior. Domestic violence can be considered one of the leading causes of homelessness among women and families. Local Domestic Violence partners attribute the affects of COVID-19 leading to the increased number of survivors served. Our local Domestic Violence hotline reports an increase in lethality and risk among survivors who call seeking services.

Transition-Aged Youth (TAY) PIT Table							
	2016	2017	2018	2019	2020	2021	% Change 2020 to 2021
<i>People in TAY Households without Children</i>	6	3	2	6	5	6	20%
<i>People in TAY Households with Children</i>	15	24	13	8	5	2	-60%
TOTAL	21	27	15	14	10	8	-20%

Transitioned-Aged Youth (TAY): The Arlington County CoC continues to see a decline among transition-aged youth with a 20% decrease from 2020 to 2021. While the CoC previously conducted targeted outreach to identify youth during the Point-in-Time Count, we elected not do so in 2020 and 2021 based on lessons learned from 2018 and 2019. Youth experiencing homelessness remain a challenge to quantify in Arlington, but Arlington continues its strides to enhance existing shelter and housing programs to better meet the needs of transition-aged youth. This include attention to providing trauma-informed care and developmentally targeted services.

Arlington County Permanent Housing Inventory Chart

The chart below enumerates permanent housing options for homeless persons as of the day of the 2021 PIT count.

Arlington County Permanent Housing Inventory Chart				
Rapid Re-Housing Chart				
Singles			Families	
Number of Programs	of	Beds Utilized	Number of Programs	of Beds Utilized
2		61	4	186
Permanent Supportive Housing Chart				
Singles			Families	
Number of Programs	of	Beds Utilized	Number of Programs	of Beds Utilized
8		226	1	51
Other Permanent Housing Chart				
Singles			Families	
Number of Programs	of	Beds Utilized	Number of Programs	of Beds Utilized
0		0	1	15
TOTAL Number of Programs	of	TOTAL Number of Beds Utilized	TOTAL Number of Programs	of TOTAL Number of Beds Utilized
Singles			Families	
10		287	6	252

Individuals Exiting Shelter Connected to Permanent/Stable Housing Chart

Individuals Exiting Shelter Connected to Permanent/Stable Housing Chart										
	FY 2016		FY 2017		FY 2018		FY 2019		FY 2020	
	# Exited	% Realize Housin g	# Exited	% Realize Housin g	# Exited	% Realize Housin g	# Exited	% Realize Housin g	# Exited	% Realize Housin g
<i>Family Shelters</i>	138	82%	122	86%	145	86%	167	88%	120	90%
<i>Domestic Violence Shelter</i>	68	53%	62	45%	47	51%	70	71%	50	30%
<i>Individual Shelters</i>	200	36%	201	43%	183	45%	193	48%	170	31%

Conclusion

Arlington continued to see a decline in homelessness during its 2021 Point-in-Time count, despite the seemingly insurmountable and unprecedented pandemic. Recommitting ourselves to the Point in Time Count, surveys were completed in full and resources were deployed to people sleeping outside. That said, adjustments to our PIT methodology included:

- Surveys were conducted only by existing street outreach personnel (Non-profits, Arlington County Behavioral Health and Arlington County Police Officers) as opposed to community volunteers.
- COVID-19 screening and social distancing protocols were utilized for the night of the count.
- Outreach providers conducted hot spot mapping during the week leading up to the count.
- Resource bags came equipped with personal protective equipment (PPE) equipment for people sleeping outside.

An overall decrease in homelessness during a pandemic, which left many communities wondering how homelessness would change as a result of it, is remarkable. It is also a testament and early evidence of what it will take to end homelessness in our community. Through an influx of targeted Federal, State and Local resources, and concerted efforts to prevent and quickly rehouse people experiencing homelessness, Arlington County was able make considerable progress on a foundation of evidence-based, Housing First strategies.

Yet this year’s Point in Time Count, as with the pandemic in which it occurred, points to the hardest felt impacts of certain groups. A coordinated system that includes Prevention, Diversion, Rapid Rehousing and targeted Permanent Supportive Housing are the building blocks to a well-functioning homeless response system. The success of a homeless system also largely depends on availability of affordable housing options and addressing the root causes of homelessness through targeted resources to Black, Indigenous, and other Communities of Color historically marginalized. The Arlington County Continuum of Care, with the County’s recent adoption of a County-wide commitment of racial equity and a CoC Strategic Plan that names racial equity as a key strategy and goal area, is ready to do the work of leading with racial equity in preventing and responding to homelessness in the region.

The District of Columbia

System Overview

Homeless services in the District of Columbia are administered by the Department of Human Services (DHS) and The Community Partnership for the Prevention of Homelessness (TCP), DHS's prime contractor for locally funded homeless services and the Continuum of Care (CoC) Collaborative Applicant for federal dollars awarded by the U.S. Department of Housing and Urban Development (HUD). TCP also administers the District's Homeless Management Information System (HMIS) and conducts the Point-In-Time Count on behalf of the District.

The District of Columbia Interagency Council on Homelessness (ICH) serves as the CoC's Board and leads the District's strategic work of addressing homelessness. The ICH includes cabinet-level officials, providers of homeless services, advocates, and individuals who have or are currently experiencing homelessness. The District's strategic plan to end homelessness, *Homeward DC*¹, was adopted in 2015. An updated plan was approved by the ICH in December 2020; *Homeward DC 2.0* incorporates lessons learned since the initial plan and builds on the strong foundation created by our community's work to date.

The CoC's provider community includes more than 200 agencies that offer winter- and year-round emergency shelter, meal services, daytime services, street outreach, emergency rental assistance, targeted prevention assistance, transitional housing, rapid rehousing, targeted affordable housing,² and permanent supportive housing. These services are available for unaccompanied adults, persons in families, unaccompanied youth, and pregnant and parenting youth. The CoC focuses many of its services on specific subpopulations such as veterans, people identifying as LGBTQIA+³, seniors, and survivors of domestic violence to better meet their unique service needs.

System Access

DHS's Virginia Williams Family Resource Center is the District's central access point for families in need of housing supports or homeless services. Families seeking services from Virginia Williams are connected to homelessness prevention or emergency shelter, based on their presenting needs. All families placed in shelter from Virginia Williams ultimately have access to rapid rehousing (RRH) resources to assist with shelter exit, while a smaller subset will be eligible for a longer, more intensive level of service.

Unaccompanied adults experiencing homelessness may access any of the District's low barrier emergency shelters for overnight accommodations and meals. The District is one of just a few jurisdictions nationally (and the only jurisdiction in Metropolitan Washington) that is legally required to provide shelter to all residents who need it. Permanent housing resources for individuals, including permanent supportive housing (PSH) and RRH, are allocated through the CoC's Coordinated Assessment and Housing Placement (CAHP)⁴ system for individuals (I-CAHP) and Youth CAHP (CAHP for youth between the ages of 18 to 24) systems. Placements for Veterans, both unaccompanied and in family households, are made through the District's Veterans CAHP system, including placements into The U.S. Department of Veterans Affairs (VA) funded resources like Supportive Services for Veteran Families (SSVF) and the Grant Per Diem

¹ https://ich.dc.gov/sites/default/files/dc/sites/ich/page_content/attachments/ICH-StratPlan2.11%20web.pdf

² Targeted affordable housing is a permanent subsidy earmarked for use by the homeless services system that provides with light-touch services, targeted to those living with a disabling condition, who do not require the level of services associated with permanent supportive housing.

³ People who identify as lesbian, gay, bisexual, transgender, queer (or those questioning their gender identity or sexual orientation), intersex, and asexual (or their allies).

⁴ CAHP provides standardized access and coordinated referrals to the housing placement process that ensures that persons experiencing homelessness receive appropriate assistance with both immediate and long-term housing and service needs.

(GPD) programs.

*Response to the COVID-19 Pandemic*⁵

At the onset of the public health emergency, DHS modified operations in partnership with the District's provider network and implemented strategies based on CDC guidelines and guidance from the DC Department of Health (DC Health) to prevent the introduction and spread of COVID-19 in low barrier shelters. These modifications to low barrier shelter operations included: extending shelter hours from overnight to 24-hour access seven days a week, adding shelter sites in order to reduce the number of beds to 65 percent at each site to allow for social distancing while still maintaining overall capacity, staggering mealtimes and providing grab-and-go meals, and introducing enhanced cleaning protocols of all dorms and shared spaces. Further, a daily screening protocol was established for all shelter residents and staff working in shelters to quickly identify anyone exhibiting symptoms and implement a rapid response of isolation and quarantine. To prevent spread, DHS conducts mass testing for residents and staff at all congregate shelter sites following new cases of COVID-19. DHS also partnered with the Deputy Mayor for Health and Human Services and street-based outreach teams to install handwashing stations and portable bathrooms in areas where unsheltered individuals frequent or have a significant presence. The District initially closed its day centers; however, recognizing the need for available services outside of shelter sites, the Downtown Day Services Center was able to re-open in late April 2020 with services such as showers, laundry, charging stations, and emergency clothing, by appointment.

In addition to modified operations at low barrier shelters, the District established two programs in local hotels: Isolation and Quarantine (ISAQ) and Pandemic Emergency Programs for Vulnerable Individuals (PEP-V). ISAQ serves clients who need to isolate after testing positive for COVID-19, have COVID symptoms and are awaiting test results, or have been in close contact with someone who has tested positive for COVID-19. PEP-V provides non-congregate shelter for people experiencing homelessness with underlying health conditions that put them at risk of severe health outcomes and/or death from COVID-19. The program includes private and shared rooms, onsite medical support, and daytime programming. Although not a program within the CoC, PEP-V sites have allowed the District to provide access to greater protect those at heightened risk while allowing for greater social distancing in low barrier shelters.

In preparation for the start of the virtual 2020-2021 school year, DHS worked with the District of Columbia Public Schools (DCPS) and the DC Equity Fund to ensure that school-aged children in the District's family shelters had access to computers for distance learning. DHS also worked with each family to ensure school-aged children were enrolled in school and knew how to use computers to access their virtual classrooms. Additionally, DHS worked with DCPS and others to offer school supplies to families and began the process of updating the District's shelter WiFi networks to ensure adequate bandwidth for dozens of students to be online concurrently.

As vaccines became available in early February 2021, DHS and TCP began working with Unity Healthcare to set up vaccine clinics at PEP-V sites and low barrier shelters. Additionally, DHS and TCP partnered with providers within the CoC to bring the vaccine to sites frequented by unsheltered residents in order to ensure access to the vaccine for all persons experiencing homelessness in the District. Unity Healthcare, in collaboration with other health professionals, held town halls at shelters and distributed materials to clients with information about the vaccine to help shelter residents feel confident in its safety and efficacy. The COVID-19 Peer Educator Program, a group of 26 currently or formerly homeless District residents, made additional efforts to encourage vaccination participation by sharing information and resources on COVID-19 protective measures to shelter residents. As of mid-April 2021, over 2,400 staff and clients served at the above sites have been vaccinated through the program.

⁵ For more information on the District's COVID-19 strategy, visit:
<https://storymaps.arcgis.com/stories/b8c0374078644c5298ad2b6b8dfbf751>

Recent System Achievements

Despite the COVID-19 pandemic, the CoC reached some important milestones in the family homeless services system over the past year. At the beginning of 2021, the District completed its eight-ward strategy to replace the DC General Family Shelter, with smaller, community-based facilities, known as Short-Term Family Housing (STFH) programs that provide the services that families need to get back on their feet and rapidly move into permanent housing. Reducing length of stay through improved services at these sites, in addition to reducing inflow via prevention and accelerating outflow with RRH and PSH, has helped the District achieve an astounding reduction of families in emergency shelter over the past five years. This was done while simultaneously providing access to shelter for families year-round and reducing the time in which families stay in any type of shelter program; the current average length of stay in shelter is 71 days. Further, in August 2020, the District was able to end its use of hotels as overflow shelter, instead focusing new placements into STFH.

After the public health emergency was declared, The Virginia Williams Family Resource Center (VWFRC) adapted operations and was able to complete intake for homeless services over the phone. The rapid transition to phone-based intake ensured a continuation of services for families at risk of homelessness through the Homeless Prevention Program (HPP). HPP aims to help families resolve a housing crisis before they experience homelessness and connect them to shelter when there are no other safe options. Since its launch in 2015, HPP has prevented over 8,000 families from experiencing homelessness, including nearly 1,000 in 2020.

Throughout 2020, progress was made on major capital improvements in the District's low barrier shelter system for unaccompanied individuals. Construction began on the new 801 East Men's Shelter on the campus of St. Elizabeths East, and funding has been allocated and significant improvements have been made to the New York Avenue Men's Shelter and Harriet Tubman Women's Shelter. With these three projects, the District's re-envisioned emergency shelter system is beginning to take shape: a system for unaccompanied individuals that is tailored to specific needs and centered on services that aim to swiftly move people from shelter to permanent housing.

Work towards increasing the supply of permanent housing resources and improving access to the system for unaccompanied individuals has also continued over the past year. The ICH, in collaboration with providers participating in the District's CAHP system, has been working toward streamlining entry into the single adult system which may improve the effectiveness of prevention services for this population and better match individuals to available resources before they enter shelter. DHS and the ICH have continued work with partner agencies to modify the District's State Medicaid Plan and prepare PSH providers to transition to a Medicaid billing model for their case management services. The District has also been working with partners to design a "PSH Intensive" model: a new model of site-based PSH that would braid a number of funding sources and Medicaid authorities to allow for a wider variety of onsite health, behavioral health, and supportive services for individuals with very complex health and age-related conditions. Lastly, the District has been working with the Greater Washington Community Foundation through the Partnership to End Homelessness⁶ on ways the philanthropic and private sector partners can support capacity building needs.

⁶ <https://www.thecommunityfoundation.org/partnership-to-end-homelessness>

2021 Continuum of Care (CoC) Inventory

The following table shows the number of units for unaccompanied individuals and families (as well as beds within the family units) in the District’s CoC. This inventory includes all programs dedicated to serving households who currently are experiencing or who have formerly experienced homelessness. Programs in the District’s CoC are funded locally through DHS, with additional federal funding coming from the U.S. Departments of Housing and Urban Development (HUD), Health and Human Services (HHS) and Veterans Affairs (VA) as well as from other private funding sources.

DISTRICT OF COLUMBIA 2021 SHELTER & HOUSING INVENTORY		
Category	Units for Individuals	Units for Families
Winter Shelter	581	-
Emergency Shelter⁷	3,391	444
Safe Haven	20	-
Transitional Housing	972	200
Rapid Rehousing	334	2,702
Permanent Supportive Housing	6,518	2,836
Other Permanent Housing	684	174

To ensure that every person in need of a shelter bed has access to one during the cold winter months, 581 beds for unaccompanied individuals were added to the District’s shelter capacity during this year’s Hypothermia Season, which runs from November through March.⁸ The CoC’s low barrier shelter model means shelter staff do not ask individuals for identification or documentation upon entry, with the goal of ensuring protection from cold weather injury or death for anyone who does not have a safe place to sleep. The District does not have specific winter shelter units for families because families have year-round access to shelter and remain until they are supported to exit to permanent housing, and there was excess capacity for families this winter in our permanent shelter stock due to the increased capacity of the STFH programs, in addition to the District’s ongoing work to expand homelessness prevention assistance and scale RRH programming for families.

2021 Point-in-Time Count: Methodology

Data Collection

The 2021 PIT Count was conducted on Wednesday, January 27th, 2021. Data on nearly 90 percent of the individuals and families counted at PIT are from the District’s Homeless Management Information System (HMIS), as the District has relatively few homeless services programs that do not use the HMIS. TCP

⁷ Although they are not CoC programs, ISAQ and PEP-V are included in Emergency Shelter bed and unit numbers, as they primarily serve people experiencing homelessness. The majority of the costs for these programs are reimbursed by Federal Emergency Management Agency (FEMA).

⁸ Defined in the *Homeless Services Reform Act* (HSRA).

conducted trainings and provided technical assistance to providers who use HMIS to ensure accurate and up-to-date information on clients staying in programs on the night of PIT.

For the second year, TCP utilized the Survey123 for ArcGIS mobile application for the PIT Count survey to collect PIT data and location information for people sleeping in an unsheltered location on the night of PIT. New for 2021, use of the Survey123 mobile application was also implemented in programs that do not use the HMIS in order to streamline data collection from non-HMIS sources. TCP also coordinates with meal programs and day centers on the morning following PIT to complete surveys with individuals in order to ensure people experiencing unsheltered homelessness are not missed.

The Survey123 mobile application is a smart survey that uses skip logic, prompts surveyors with hints on how to best ask a question, and requires certain questions be answered so the data collected is accurate and high quality. TCP provided all users with a unique username and password to access the survey and to ensure that the data was submitted securely. Surveys were automatically removed from the individual device upon successful upload. The Survey123 application also collects GIS information on each engagement, providing the District with accurate information on encampment locations and the opportunity to conduct geo-spatial analyses with the information collected at PIT.

The survey instrument included all of the HUD-required PIT data elements with a few locally-specific questions, namely a question used for respondents to express interest in receiving the COVID-19 vaccine and, if interested, to provide their contact information so that they could be followed up with to schedule an appointment for the vaccine at one of the District's vaccinations sites.

Planning and Conducting the Unsheltered PIT Count

The realities of the pandemic meant that TCP needed to modify its standard plan for the unsheltered portion of the PIT Count to ensure the safety and health of all participants. TCP held early planning meetings with the District's street-based outreach teams and CoC leadership to assess the feasibility of implementing a street-based count within the constricts presented by the public health emergency. Several changes were made to minimize risk to participants and ensure compliance with guidelines set by the CDC and the District government. These modifications were also implemented by TCP in efforts similar to PIT in 2020 as the CoC completed its annual Homeless Youth Census (HYC)⁹ and when the CoC assisted the U.S. Census Bureau with its unsheltered count in September of that year.

Surveyor recruitment was scaled back significantly, with TCP relying primarily on the District's street-based homeless outreach teams to make up the bulk of surveyors in the 2021 count. Outreach teams were assigned neighborhood areas where they are assigned to work, which meant that more ground could be covered with fewer people, as their expertise would be useful in quickly engaging individuals with whom they may have already been familiar. A smaller number of volunteers were recruited from a pool of long-time volunteers, DHS, and a few community members who reached out directly requesting to assist. The sign-up form allowed volunteer surveyors to request to be placed in a pair with someone in their household or COVID-19 "bubble" and these pairs were assigned to neighborhood teams led by street-based outreach teams that were in need of additional support for coverage. Each team was comprised of 25 or fewer surveyors in compliance with the District's mandate on outdoor meeting size.

Leading up to the count, TCP worked one-on-one with the neighborhood team leaders through virtual meetings, and made all of the necessary planning materials available on the PIT Count website¹⁰, including team-specific pages which provided detailed instructions for conducting the count on the night

⁹ The HYC is an annual count and survey of youth ages 24 who are homeless or unstably-housed during one week in September. <https://community-partnership.org/homelessness-in-dc/facts-and-figures/>

¹⁰ www.dcpit.org

of PIT, as well as maps of their coverage area with hotspot areas and locations of engagements in the previous year. Trainings were held virtually for team leaders and surveyors and included how to use the survey application, safety techniques, COVID-19 protocols, and the donning and doffing of personal protective equipment (PPE). Neighborhood team leaders identified an outdoor meeting location for their survey team and all participants were required to complete a web-based COVID-19 screening prior to meeting with their team. Those who were not cleared were unable to participate in the count. TCP provided a PPE kit to all who participated, which included a KN-95 mask, face shield, hand sanitizer, gloves, and anti-septic wipes for mobile devices. Surveyors were equipped with multiple masks to offer to survey respondents, in case they did not have one, to ensure both surveyor and respondent were protected. Incentives were provided to all respondents, and, in the case that a person refused the survey or was unable to be surveyed, surveyors were instructed to complete an observational survey in order to ensure a thorough count.

Analysis

Information collected through the Survey123 application was aggregated with HMIS information and deduplicated to produce the final, District-wide count and survey results. Where data was missing, either from non-entry into the HMIS or in non-response through the PIT count survey, information was extrapolated to create an estimate for the whole population. A multiplier was applied to tents where surveys could not be completed that was based on the average number of persons in tents on the night of PIT. This methodology ensures the PIT count is thorough, unduplicated, and accurately reflects the size and scope of the population of persons experiencing homelessness on a given night.

COVID-19 Considerations

Some important factors should be considered in reviewing the 2021 PIT Count results, particularly changes in operations in the District's homeless services system due to COVID-19 that may have impacted both inflow and outflow throughout the year, and accordingly the results of this year's count. While working to modify protocols to engage, provide services to, and house clients virtually, some drop-in centers, day programs, meal sites, outreach teams, and housing providers offered reduced hours or moved to appointment-based services temporarily. During this time, fewer system entry points were operating for individuals, youth, and Veterans, which could have impacted system inflow throughout the year in 2020. Additionally, the District also enacted one of the strongest eviction moratoriums in the country, which almost certainly helped to slow inflow over the past year. With regard to outflow, at the onset of the pandemic, the system was forced to temporarily shift focus to build out new programs and procedures to reduce the risk of illness among residents experiencing homelessness and ensure the homeless services system could continue operating safely and efficiently, which no doubt had an impact on the pace of housing placements. The transition to virtual/remote case management may have also slowed housing placements, particularly for our most vulnerable residents that lack phones and personal computers and are more dependent on public facilities (like libraries and drop-in programs) and face-to-face engagement.

2021 Point-in-Time Count: Totals

The number of people experiencing homelessness in the District of Columbia on the night of PIT decreased by 19.9 percent from the 2020 count and is down by 38.8 percent from 2016, the first full year of Homeward DC implementation. This substantial decrease in the total number of people experiencing homelessness is driven by a nearly fifty (50) percent decrease in the number of persons in families who were counted in this year's PIT. Homelessness among unaccompanied individuals decreased just under two (2) percent since the 2020 count. This decrease is likely the result of reduced levels of inflow during the public health emergency. Overall, the number of individuals in the system has

actually *increased* by 5.1 percent since the launch of the Homeward DC plan, despite significant investments in PSH – signaling a need to double down on prevention efforts and expand RRH at the same time we continue to scale PSH.

POINT-IN-TIME COUNT, UNACCOMPANIED INDIVIDUALS AND PERSONS IN FAMILIES BY YEAR								
	2016	2017	2018	2019	2020	2021	% Change 2020-2021	% Change 2016-2021
Unaccompanied Individuals ¹¹	3,683	3,583	3,770	3,875	3,947	3,871	-1.9%	5.1%
Persons in Families ¹²	4,667	3,890	3,134	2,646	2,433	1,240	-49.0%	-73.4%
Total Persons Experiencing Homelessness	8,350	7,473	6,904	6,521	6,380	5,111	-19.9%	-38.8%

Families

Just as the number of persons in families decreased substantially between the 2020 and 2021 PIT counts, it follows that the number of families (as distinct from *persons in families*) counted at PIT also saw a steep 47.3 percent decrease.

POINT-IN-TIME COUNT, FAMILIES & PERSONS IN FAMILIES BY YEAR								
	2016	2017	2018	2019	2020	2021	% Change 2020-2021	% Change 2016-2021
Families ¹³	1,491	1,166	924	815	768	405	-47.3%	-72.8%
Persons in Families	4,667	3,890	3,134	2,646	2,433	1,240	-49.0%	-73.4%

The decrease over the past year – as well as the steady downward trend over the previous five years – is the result of deep investments made by the District government, which guarantee a housing resource for every family that enters shelter, and the diligent work of the family system in connecting families in shelter to those housing resources. As part of the strategy to close DC General in 2019 and end the use of hotels as overflow family shelter in the fall of 2020, most families exited shelter with the support of the Family Rehousing and Stabilization Program (FRSP), also known as rapid rehousing.

¹¹ Unaccompanied minors (17-years-old and under, without a parent or guardian) are included in totals. Six (6) unaccompanied minors were counted in 2021.

¹² Includes households where the head of household is a minor (17-years-old and under, with a child of their own). Three (3) households comprised of five (5) persons were counted in 2021.

¹³ Includes family households with a minor head of household (17-years-old and younger, with a child of their own). There were three (3) minor-headed households in 2021.

Between the 2020 and 2021 PIT counts, 750 families exited the emergency shelter system for permanent destinations. The CoC’s HMIS data continues to show that 85 percent of rapid rehousing recipients retain their housing for at least two years after the subsidy ends, which is similar to rates of housing retention for families receiving permanent subsidies like PSH or targeted affordable housing. Once in a rapid rehousing program, families can connect with more intensive service interventions through CAHP if households need deeper levels of service. This system ensures the CoC can reserve placements into PSH subsidies for families who are the most vulnerable and are at the greatest risk of returning to shelter without long-term supports.

Further, the new community-based STFH program model has demonstrated that the right environment and service model has a meaningful impact on the outcomes of families. Prior to shifting to these smaller community-based programs, average lengths of stay in the family shelter system exceeded 200 days, whereas lengths of stay in STFH average less than 90 days.

Unaccompanied Individuals

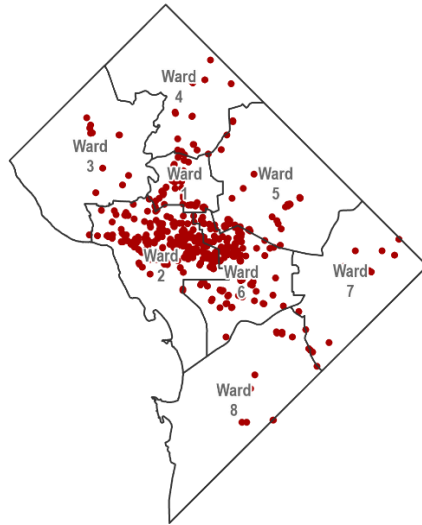
For the first time in five years, the District saw a modest decrease in the number of unaccompanied individuals counted at PIT, with a difference of -1.9 percent between the 2020 and 2021 counts. The decrease, however, is only seen in shelter and transitional housing programs, as 4.3 percent more unaccompanied individuals were counted in an unsheltered location compared to the previous year.

POINT-IN-TIME COUNT, UNACCOMPANIED INDIVIDUALS			
	2020	2021	% Change 2020-2021
Emergency Shelter	2,580	2,547	-1.3%
Transitional Housing	714	640	-10.4%
Safe Haven ¹⁴	-	3	-
Unsheltered	653	681	4.3%
Total Persons	3,947	3,871	-1.9%

It is difficult to assess the future impacts of an ongoing public health emergency on the count of individuals experiencing homelessness in the District, but it is probable that the District’s eviction moratorium and, perhaps, fear of congregate settings, may have stalled inflow into the shelter system. With the District’s eviction moratorium in place, a loss of housing is not as likely when families and individuals are confronted with an economic crisis. Additionally, friends and family members may be more inclined to take people close to them into their homes to help safeguard their health and wellbeing.

¹⁴ The District did not have a Safe Haven program in operation during the 2020 count.

Map: Unsheltered Engagements at PIT (January 27, 2021)



In 2020, there were an average of 75 monthly placements into a permanent housing resource totaling 900 for the year. The I-CAHP system matches individuals to rapid rehousing, targeted affordable housing, and permanent supportive housing based on their service needs and level of vulnerability. The CoC's HMIS data shows housing retention rates among individuals placed in these programs – 86 percent for time limited subsidy recipients and 95 percent for permanent subsidy recipients – continues to be better than those seen in the family subsystem.¹⁵ The numbers for new inflow¹⁶ in 2020 may be impacted by the public health emergency, as the singles subsystem saw 435 fewer persons enter the CoC for the first time in 2020 than it did in 2019.

2021 Point-in-Time Count: Population Characteristics and Service Needs

Surveys conducted with adults – both unaccompanied and in families – during the PIT, update and inform the CoC on the demographic make-up, service needs, barriers to housing, and economic indicators of persons experiencing homelessness. Publicly-funded programs in the District that use the HMIS collect the same self-reported information year-round from program participants, while providers that do not use the HMIS (domestic violence programs, privately funded providers, etc.) send this information to TCP for the purposes of having similar information on the entire population to complete the PIT dataset.¹⁷

Demographics

In the District, African Americans make up only 46 percent, or almost half, of the general population¹⁸, but 88 percent of all persons counted at PIT (96 percent of persons in families and 85 percent of unaccompanied persons).

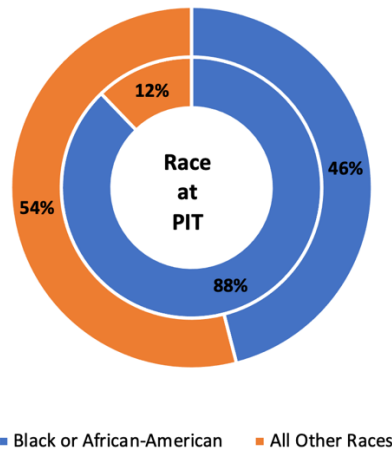
¹⁵ Per the System Performance Metrics as reported to HUD annually via the Homelessness Data Exchange.

¹⁶ "Inflow" refers to individuals accessing homeless services in the District for the first time in a given year.

¹⁷ Information from domestic violence programs does not include the program participants' names or program locations.

¹⁸ <https://www.census.gov/quickfacts/DC>

Race in the District of Columbia



The disproportionate rate at which African Americans experience homelessness in the District is not a new trend and is in line with higher rates of homelessness among people of color nationally.¹⁹ Research from the Center for Social Innovation’s “Supporting Partnerships for Anti-Racist Communities”²⁰ shows that an end to homelessness cannot be achieved without addressing structural racism across our system. The systemic issues of ongoing discrimination in housing, employment, health care, and education not only contribute to higher rates of homelessness among people of color, but also create roadblocks to their pathways out of homelessness. Additionally, the criminal justice system has left many people of color with criminal records that impact their ability to access the resources necessary to exit homelessness.

In order to address the effects of systemic discrimination, the ICH launched the Racial Equity & Inclusion Work Group (REI WG) in mid-2020 to support its work in creating a racial equity framework that will assist the ICH in developing and implementing targeted strategies to identify and address racial disparities within the District’s agencies, programs, and the system as a whole.

Disabling Conditions and Life Experiences

The following tables detail the rates at which adults reported living with various disabling conditions or their affiliation with various subpopulation categories. The CoC uses this information to develop programming that addresses the disability – or subpopulation specific-related service needs seen among the persons counted at PIT.

Characteristics and service needs reported during PIT are typically consistent from year to year, in that disabling conditions and subpopulation affiliation are much more prevalent (in most categories) among unaccompanied persons as compared to adults in families. A notable change between the 2020 and 2021 PIT counts is increased rates of mental health conditions, for both adults in families and unaccompanied adults, and a slight decrease in reported substance use.

¹⁹ https://endhomelessness.org/resource/racial-inequalities-homelessness-numbers/?gclid=Cj0KCQjwsLWDBhCmARIsAPSL3_3zUCxAYrNX8tdFanEqfJyzz2EOS9J6-NUjrhkeQzOnofRuh1wrYSgaAtlyEALw_wcB

²⁰ <https://c4innovates.com/training-technical-assistance/sparc/>

REPORTED DISABLING CONDITIONS AMONG ALL ADULTS				
	Unaccompanied Adults 2020	Unaccompanied Adults 2021	Adults in Families 2020	Adults in Families 2021
Substance Abuse (SA) History (Only)	9.3%	5.2%	0.6%	0.8%
History of Mental Illness (MI) (Only)	22.5%	31.7%	11.5%	19.4%
Dual Diagnosis (SA & MI) (Only)	13.3%	11.4%	1.4%	1.0%
Chronic Health Problem	22.4%	23.5%	1.9%	6.9%
Developmental Disability	5.6%	6.1%	1.0%	3.8%
Living with HIV/AIDS	2.3%	3.7%	0.1%	0.0%
Physical Disability	20.3%	18.3%	3.1%	3.8%

Differences in certain life experiences are also seen between adults in families and unaccompanied adults. One significant difference, which has been noted in previous PIT Count reports, is that rates of past experiences of domestic violence are typically much higher among adults in families than among unaccompanied adults. The difference is even greater in 2021, with a nearly 14 percent increase in the number of adults in families who reported a past history of domestic violence, whereas the rate remained flat between years for unaccompanied adults. The increase between years is attributable to the significant decrease in families residing in emergency shelter, with a relatively steady number of families in transitional housing programs between years. Since a large share of the family transitional housing programs operating in the District are specifically for families fleeing a domestic violence situation and with the proportion of families in transitional housing programs much closer to that of those in emergency shelter programs, the result is increasing the percentage of domestic violence experience overall.

REPORTED SUBPOPULATION AFFILIATION AMONG ALL ADULTS				
	Unaccompanied Adults 2020	Unaccompanied Adults 2021	Adults in Families 2020	Adults in Families 2021
Domestic Violence	19.8%	19.8%	30.3%	44.1%
Limited or No English Proficiency	5.1%	5.0%	4.0%	2.2%
U.S. Military Veteran	7.5%	4.8%	1.5%	0.6%
Formerly in Foster Care	9.9%	11.7%	11.1%	9.3%
Resided in an Institutional Setting	47.1%	48.0%	14.0%	10.3%

Income & Employment

The tables below provide income information for unaccompanied individuals and adults in families, including whether they receive income, whether they are employed, and the primary income source for those with some type of income.

INCOME & EMPLOYMENT				
	Unaccompanied Adults 2020	Unaccompanied Adults 2021	Adults in Families 2020	Adults in Families 2021
Receives Income	55.1%	38.6%	75.9%	61.9%
Employed	16.7%	9.0%	26.0%	11.9%
PRIMARY INCOME SOURCE				
From Employment	30.5%	21.8%	31.2%	15.0%
Social Security / Retirement	4.6%	3.7%	0.3%	0.3%
SSI / SSDI / Disability	46.4%	60.8%	13.8%	14.4%
TANF / Public Assistance²¹	11.1%	3.4%	51.0%	63.4%
Other Income Source	7.4%	10.3%	3.8%	6.9%

It is likely that the economic impacts of the public health emergency are being felt among people experiencing homelessness in the District, as income and employment are down for both adults in family households and unaccompanied adults. Just under ten (10) percent of adults counted at PIT indicated they were currently employed, whereas at PIT 2020, the rate of employment among adults was 18.6 percent. Since unemployment is much higher this year, the rate of employment being a household's source of primary income is much lower. This shift has resulted in increases in TANF, for families, and SSI/SSDI, for unaccompanied adults as a primary income source.

2021 Point-in-Time Count: Permanent Housing

As a part of the PIT count, TCP also counts formerly homeless persons – unaccompanied individuals and persons in families whose experience of homelessness ended upon entry into a dedicated housing resource. Most of these households would still be in emergency shelters, transitional housing, or living in unsheltered situations if not for these resources. At PIT 2021, 6,363 formerly homeless unaccompanied individuals and 3,579 formerly homeless families were in PSH, RRH, or other permanent housing programs (such as targeted affordable housing).

	Number of Unaccompanied Individuals	Number of Family Households
Other Permanent Housing (e.g., Targeted Affordable Housing)	594	152
Permanent Supportive Housing	5,435	1,689
Rapid Rehousing	334	7,558
Total	6,363	4,772

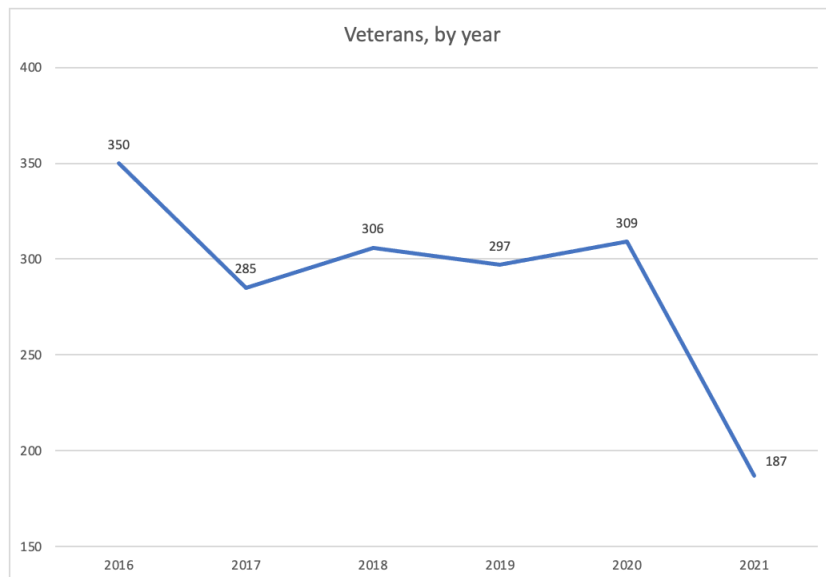
²¹ SNAP benefits were included in 2020 and not in 2021

Funding for these units comes primarily from the District, but also from HUD, the VA, and private sources. The resources have increased the number of permanent housing solutions the CoC is able to offer to persons experiencing homelessness, and the array of services provided at each have led to better matching of individuals and families to programs that meet their needs. While there is still work to do, the CoC recognizes resources like these are the key to achieving *Homeward DC's* overarching goal of quickly connecting residents to permanent housing with the supports needed to maintain that housing over time.

2021 Point-in-Time Count: Subpopulation Detail

Veterans

The District's count of Veterans experiencing homeless decreased by 49 percent between the 2020 and 2021 PIT counts, with 122 fewer Veterans counted in 2021 compared to last year. Of the 187 counted, 184 were unaccompanied individuals and 3 were persons in families. The total number of Veterans experiencing homelessness is down by 61 percent since 2016. This decrease could be attributed to changes in system outflow and inflow over the course of the year, like the singles system at large was impacted by the ongoing public health emergency.



Between the 2020 and 2021 PIT counts, community service providers helped house 295 Veterans through PSH, SSVF, and other resources. Although this represents slightly fewer housing placements than previous years, total inflow has also decreased. In 2019, an average of 82 Veterans were identified as newly experiencing homelessness or returning to homelessness each month, compared to an average of 58 Veterans each month in 2020. The decrease in Veteran homelessness is consistent with decreases among all unaccompanied individuals experiencing homelessness.

In 2020, the Veterans system in DC implemented several improvement projects to help reduce Veteran homelessness, including work to create a more racially equitable homeless response system and furthering coordination with surrounding CoCs. A preliminary analysis of the Veterans CAHP system was conducted to understand the demographics of the population served and identify if certain groups of Veterans disproportionately became or re-experienced homelessness, were matched to housing, moved into housing, discharged from a housing program, or experienced a lengthy move in process. DC Veteran leadership also participated in the Built for Zero learning collaborative for technical assistance related to

racial equity work and committed to understanding current system decision making processes, incorporating people of color and people with lived experience in these processes, achieving quality data, and continuing to track progress towards equitable outcomes. During the second half of 2020, the Council of Governments (COG) continued efforts to increase coordination among the CoCs in the region by establishing case coordination and data systems workgroups and by adopting a regional compact to prevent and end homelessness. Participation in these workgroups has helped the District’s Veteran team to continue to improve coordination with surrounding jurisdictions. Since the summer of 2019, DC has helped more than 120 Veterans reconnect with other homeless services systems in the area, based on clients history of housing and homelessness and client preferences.

Though the Veterans system continued efforts to reduce Veteran homelessness in 2020, contributing to building out the District’s COVID-19 response to ensure the safety of clients and staff during the public health emergency became a top priority. In addition to DHS’s response to help our most vulnerable clients move into the PEP-V sites, SSVF providers worked to move the remaining Veterans out of congregate settings and unsheltered locations and into hotels and Veteran specific transitional housing providers worked on reducing capacity, increasing social distancing measures, and implementing other safety precautions.

Chronic Homelessness

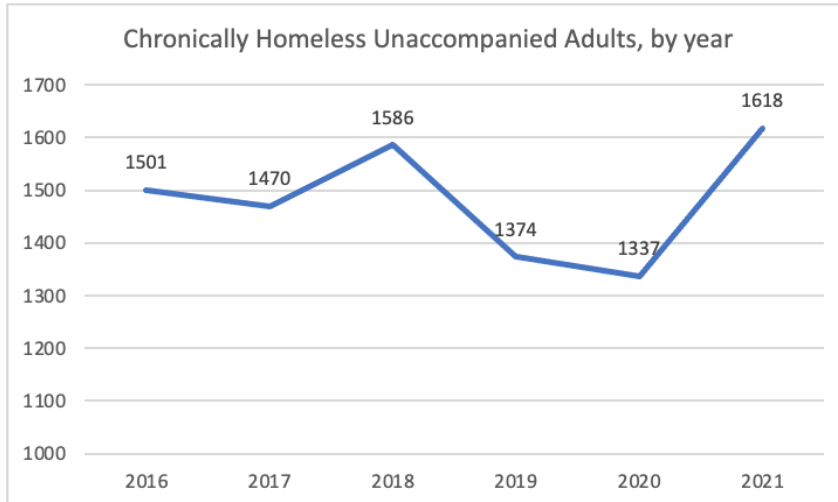
Chronic homelessness is defined by HUD as persons who have experienced homelessness for a year or more, or who have had four or more episodes of homelessness in three years (which total at least 12 months), and who are living with a disabling condition. Families are considered to be experiencing chronic homelessness if at least one adult person in the household meets the definition of chronic homelessness. The table below shows a comparison between 2020 and 2021 of the rates of chronicity among unaccompanied adults and family households in the 2021 and 2020 PIT counts.

CHRONIC HOMELESSNESS				
	Unaccompanied Adults 2020	Unaccompanied Adults 2021	Family Households 2020	Family Households 2021
Experiencing Chronic Homelessness²²	41.5%	50.2%	5.7%	9.8%

Chronicity has increased for both unaccompanied adults and family households between the 2020 and 2021 PIT counts. Though the rate of chronic homelessness among families has increased, the actual number of chronically homeless families is lower than in 2020 (33 in 2020, compared to 23 in 2021), this is due to the nearly fifty (50) percent decrease in the number of families counted between years.

As mentioned in previous sections, there are indications that inflow into the system has slowed during the public health emergency and, at least for unaccompanied adults, housing placements have also been impacted. Factors such as these may have affected the rate of chronicity at PIT, as some individuals may be “timing-in” to chronicity.

²² Percentages of chronically homeless individuals and persons in families are out of those counted in an emergency shelter, safe haven, or unsheltered location on the night of PIT (families: n=805, unaccompanied individuals: n=3255). Persons staying in a transitional housing program cannot be considered as experiencing chronic homelessness, regardless of the presence of a disability and length of time without permanent housing.



Despite this change, over the last five years, the District has assisted approximately 7,000 individuals to exit the street or shelter to permanent housing – half of whom have exited to PSH. Over that time, inventory of PSH in the community has nearly doubled, and the District’s coordinated entry protocols have helped to successfully target those resources to the most vulnerable neighbors.

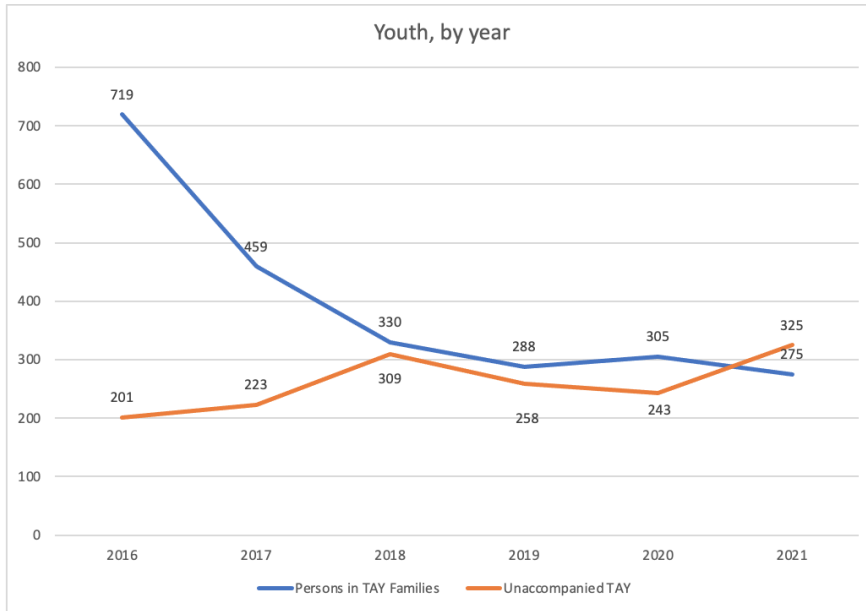
Shortly after the public health emergency was called, the I-CAHP system for matching unaccompanied adults over the age of 24 was directed to work in concert with DHS and ICH to use PEP-V as the primary avenue for identifying appropriate matches. This meant shifting operations from targeting all eligible chronically homeless individuals to a system of triage, focused on medical vulnerabilities with life-threatening implications in the context of the public health emergency. Though the process for developing the PEP-V program was extensive, it has proven essential in the District’s response to COVID-19 and the ability of the CAHP systems to evaluate prioritization of limited housing resources. CAHP leadership teams thus updated CAHP matching processes to prioritize individuals who were most vulnerable for COVID-19 for connection to PSH resources. Given overlap in PSH eligibility and PEP-V eligibility, the majority of people who exited PEP-V have exited to PSH. Despite the crucial time needed for housing providers to adjust operations and shift to virtual processes, housing referrals continued throughout 2020. As of mid-April 2021, 166 of those currently in the hotels for medically vulnerable residents were matched to permanent housing resources, and since March 2020, 222 people had moved to permanent housing.

With the expansion of Unity Healthcare as an evaluative presence in identifying medical vulnerability within the targeted population, it has allowed for a much broader understanding and accounting of medical vulnerability than the CAHP community would otherwise have had. However, a foreseeable challenge is that there are now more individuals meeting the threshold for exceptional medical vulnerabilities confirmed as chronically homeless than currently known interventions available across all forms of PSH, including project and tenant-based resources. This will require ongoing prioritization among these high-vulnerability groups already identified as being eligible for PSH and additional resources to accommodate the well-documented need.

Youth

Transitional Age Youth (TAY) are young people between the ages of 18 and 24. In the 2021 PIT count, there were 116 households, comprised of 275 persons, where the head of household was a TAY – a 43 percent decrease from the 202 households counted in 2020. The reduction in youth-headed family households is tied to the overall reduction in the number of families counted in the 2021 PIT count. However, counter to trends among unaccompanied individuals overall, the count of unaccompanied TAY increased by 34 percent, from 243 in 2020 to 325 in 2021. The increase in unaccompanied TAY might

be driven by additional new singles programs brought online in 2020. Though this increase is counter trends seen in the 2021 PIT count overall, it mirrors the results of the 2020 Homeless Youth Census (HYC)²³ showing decreases among youth-headed family households and increases among unaccompanied TAY.



Since the launch of *Solid Foundations DC*²⁴ in 2016, the landscape in the District around homeless services for unaccompanied youth looks very different. Building on the work of prior years, resources allocated in the FY20 and FY21 budgets allowed for the creation of additional shelter beds needed to ensure a more immediate connection for youth seeking a safe place to sleep. New investments also allowed the District to expand transitional housing and extended transitional housing capacity for young adults experiencing homelessness, increase housing options for LGBTQIA+ identifying young adults, and launch a new transitional housing program for youth survivors of domestic violence.

TCP and DHS have continued to work closely on the grant rollout of federal funding from the Youth Homelessness Demonstration Project grant awarded to District by the U.S. Department of Housing and Urban Development (HUD) in 2019. Most recently, two RFPs were released to support the coordinated community plan for a site-based Youth PSH program and a transitional/RRH program to fill gaps in services available in the youth system. TCP plans to make awards in the summer of 2021.

Lastly, the District’s work on youth homelessness was recognized by True Colors United and the National Law Center on Homelessness and Poverty, who issued their 2020 State Index Report²⁵ ranking all 50 states and the District on their efforts to end youth homelessness. The District came in at the number one spot and acquired the distinction of being the only jurisdiction to receive the equivalent of an A grade in the history of the report.

²³ The Homeless Youth Census is an annual count and demographic survey of youth experiencing homelessness and housing insecurity in the District that takes place at the end of the summer. The HYC counts both, families where the head of household is a TAY or minor, as well as unaccompanied minors and unaccompanied TAY.

²⁴ Solid Foundation is the District’s plan to prevent and end homelessness among unaccompanied youth. The plan can be viewed online at https://ich.dc.gov/sites/default/files/dc/sites/ich/page_content/attachments/Solid%20Foundations%20DC%20_web%201.5.pdf

²⁵ <https://www.youthstateindex.com/>

Fairfax County, Virginia

DESCRIPTION OF HOMELESS SERVICES

The Fairfax-Falls Church Community Partnership to Prevent and End Homelessness, the community's Continuum of Care (CoC), is comprised of non-profit and governmental partners, faith-based communities, advocates, those with lived experience of homelessness, and other community stakeholders. The Fairfax County CoC has been guided by the 10 Year Plan to Prevent and End Homelessness, which established the community-wide vision that every person in the community can access and maintain safe and affordable housing.

The homeless services system is comprised of a spectrum of homeless service interventions, all of which are designed to achieve the goal of ensuring homelessness is brief, rare, and one time. This includes the following project types:

- **OUTREACH:** Outreach services include engagement, case management, community linkages, and supportive services to individuals experiencing unsheltered homelessness.
- **HOMELESSNESS PREVENTION:** Homelessness Prevention is designed to stabilize households in their current housing or help them move into new housing through the provision of services and / or rental assistance.
- **EMERGENCY SHELTER:** Emergency Shelter is a short-term, temporary solution while housing-focused case management services are provided to quickly resolve the immediate housing crisis. Fairfax County's CoC operates with a total of eleven shelters serving single individuals, households with children, victims of domestic violence, and youth (ages 13-17).
- **HYPOTHERMIA PREVENTION PROGRAM:** The Hypothermia Prevention Program is an expansion of emergency shelter capacity through existing shelters as well as auxiliary sites based in government buildings and houses of worship during the winter months for single individuals to prevent death and injury due to hypothermia.
- **TRANSITIONAL HOUSING:** Transitional Housing includes the provision of case management and services meant to bridge the gap from homelessness to permanent housing and is primarily used in Fairfax County for special populations, including victims of domestic violence and transition aged youth (ages 18-24).
- **RAPID REHOUSING:** Rapid Rehousing programs are designed to help households experiencing homelessness move quickly into permanent housing through the provision of housing location support, ongoing case management services, and / or rental assistance.
- **PERMANENT SUPPORTIVE HOUSING:** Permanent Supportive Housing is non time-limited, affordable housing with wrap around intensive support services for people experiencing homelessness where a member of the household has a long-term disability that is not expected to resolve, and the disability significantly interferes with their activities of daily living.
- **OTHER PERMANENT HOUSING:** Other Permanent Housing programs provide non-time-limited housing options for people experiencing homelessness. These programs have specific eligibility and prioritization criteria determined by the project's funding source.

The project types are all connected to the continuum's Coordinated Entry system, which was developed to standardize the access, assessment, and referral process across the Fairfax County CoC to make rapid, effective, and consistent client-to-housing and service matches.

SIGNIFICANT INITIATIVES BETWEEN THE 2020 AND 2021 PIT ENUMERATIONS

MERGING OF FAIRFAX COUNTY'S HOUSING ORGANIZATIONS

Fairfax County's two housing organizations, the Department of Housing and Community Development and the Office to Prevent and End Homelessness (the Fairfax County CoC Lead Agency), were combined in July 2020 as one agency to further support the community's efforts and strong outcomes in both preventing and ending homelessness and in promoting the preservation and development of affordable housing. The merger was also designed to promote expanded housing opportunities, greater effectiveness for clients and nonprofit programs, and more clarity in the county's communitywide housing efforts for vulnerable residents. The merger aligns with the county's Health and Human Services System's integrated approach to providing services.

RESPONSE TO COVID-19

The COVID-19 pandemic has brought unprecedented challenges to Fairfax County's homeless services system over the past year. The response has required providers to adjust all aspect of operations – from developing new eligibility criteria to swiftly implementing a myriad of pandemic-related funding streams. Attaining and using personal protective equipment, navigating unforeseen staffing issues, and serving as vaccine ambassadors have become part of the new normal. The response to the COVID-19 pandemic includes the following core initiatives aimed to provide safe shelter options and housing solutions:

- **QUARANTINE, PROTECTION, ISOLATION, DECOMPRESSION (QPID) HOTELS:** Fairfax County began using Quarantine, Protection, Isolation, Decompression (QPID) hotels in April 2020 to serve persons experiencing homelessness who had tested positive for COVID-19, exposed to someone who had tested positive, or were at high risk of severe COVID-19 illness. In May 2020, Fairfax County activated the Emergency Support Function 6 (ESF-6), an interdepartmental team under the “Mass Care, Emergency Assistance, Housing, and Human Services” of the County's larger Emergency Operations Plan to coordinate the QPID hotel operations. The use of the QPID hotels was expanded to include households served in congregate emergency shelter as well as any persons within the community who had tested positive for COVID-19 or were under investigation for COVID-19 and were living in overcrowded situations and unable to isolate. By June 2020, capacity was increased to 450 rooms within 7 different hotels across the county. Referrals were coordinated through a central intake, which was operated by Northern Virginia Family Service and established to exclusively triage referrals to the QPID hotels. The day-to-day operations of the QPID hotels were managed by several non-profit partners, including Cornerstones, FACETS, New Hope Housing, and Shelter House. As a result of extraordinary collaboration between non-profit and governmental partners, more than 1,500 persons experiencing homelessness have been served in the QPID hotels.
- **CARES RAPID REHOUSING PILOT:** In collaboration with the Built for Zero (BFZ) team with Community Solutions, Fairfax County's CoC implemented a Rapid Rehousing Pilot focused on identifying housing opportunities for those served within the QPID hotels as well as households assessed to be at high risk of severe COVID-19 illness. The Pilot included defining rapid rehousing goals, eligibility and prioritization criteria, and established benchmarks – through targeting and enrollment to housing and stabilization. By using Homeless Management Information System (HMIS) data, the Office to Prevent and End Homelessness developed a Priority List, which is regularly maintained, to identify and prioritize all eligible households. The non-profit providers participating in the Pilot use the Priority List to identify the households that meet the eligibility criteria and begin engagement. A new Rapid Rehousing Assessment was also developed, which includes a housing history, identification of strengths, budget, and a projected length of time that services and financial assistance may be needed. Approximately 120 households have transitioned to permanent housing since the CARES Rapid Rehousing Pilot was implemented.

POINT IN TIME COUNT RESULTS

EMERGENCY SHELTER AND TRANSITIONAL HOUSING: CAPACITY

- **EMERGENCY SHELTER:** There are eleven shelters in the Fairfax County CoC that are operated by non-profit partner organizations year-round. Shelter composition in Fairfax County includes the following:
 - Households without Children (single adults), 3 shelters
 - Households with Children (families), 3 shelters
 - Households with and without Children (single adults and families), 1 shelter
 - Domestic Violence Survivors, 3 shelters
 - Youth shelter (ages 13 – 17 years), 1 shelter

The shelters also provide limited overflow beds throughout the year. A hypothermia prevention program serving single individuals operates in several locations throughout the county between December 1 – March 31 in collaboration with non-profit partners and faith-based communities.

Emergency shelter capacity (including winter seasonal and overflow capacity) increased by 33% between the 2020 and 2021 Housing Inventory Counts due to the addition of temporary non-congregate shelters established as part of the response to COVID-19. The increased shelter capacity is the most significant contributing factor to the overall increase in people identified as experiencing homelessness between the 2020 and 2021 Point-in-Time Counts in Fairfax County.

- **TRANSITIONAL HOUSING:** There are two transitional housing programs that serve single adults and four transitional housing programs for households with children. These programs are operated by non-profit agencies with various combinations of private, county, and federal funding. The transitional housing programs primarily serve special populations, including victims of domestic violence and transition aged youth (18-24).

FAIRFAX COUNTY HOUSING INVENTORY COUNT (2021)				
Beds for Persons Experiencing Literal Homelessness BY PROJECT & POPULATION	HOUSEHOLDS WITH CHILDREN	HOUSEHOLDS WITHOUT CHILDREN	CHILDREN ONLY HOUSEHOLDS	TOTAL
	BEDS UNITS	BEDS	BEDS	
Emergency Shelter	334 146	472	8	814
Winter Seasonal/Overflow	9 N/A	283	N/A	292
Transitional Housing	228 72	27	0	255
Total # of Beds	571 218	782	8	1361

FAIRFAX COUNTY HOUSING INVENTORY COUNT (2017 - 2021)							
Beds for Persons Experiencing Literal Homelessness BY PROJECT TYPE	2021	2020	2019	2018	2017	% Change to 2021	
Emergency Shelter	814	507	483	494	504	+61%	
Winter Seasonal/Overflow	292	322	340	282	244	-9%	
Transitional Housing	255	247	249	274	256	3%	
Total # of Beds	1361	1076	1072	1050	1004	26%	

POINT IN TIME COUNT: TOTAL ENUMERATION

The 2021 Point-in-Time Count was conducted on **January 27, 2021** in coordination with the Metro DC region. This annual count, organized in accordance with U.S. Department of Housing and Urban Development guidelines, included people who were literally homeless – those in shelters, in time-limited transitional housing programs, as well as those who were unsheltered and living on the street. Conducting the enumeration required extensive efforts by a wide range of community partners, involving dozens of staff from public and private nonprofit organizations that work with people experiencing homelessness in

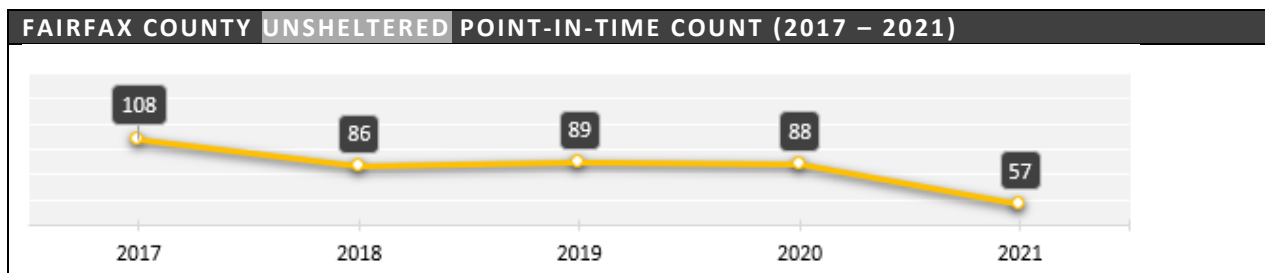
the Fairfax-Falls Church community.

The 2021 Point-in-Time Count shows that the number of people who were experiencing sheltered and unsheltered homelessness in the Fairfax-Falls Church community increased by 17% (181 people) compared to the 2020 Point-in-Time Count. There were 1,222 people experiencing homelessness during the 2021 Point-in-Time Count and 1,041 experiencing homelessness during the 2020 Point-in-Time Count.

FAIRFAX COUNTY POINT-IN-TIME COUNT (2017 – 2021)									
COUNT OF PERSONS EXPERIENCING HOMELESSNESS BY POPULATION	2021	2020	2019	2018	2017	% Change 2020 to 2021			
Total # of Singles	737	513	507	497	489	44%			
Total # of Families	140	161	150	151	142	-13%			
Total # of Persons in Families	480	528	526	488	472	-9%			
Total # of Adults in Families	189	210	197	190	186	-10%			
Total # of Children in Families	291	318	329	298	286	-8%			
Total # of Children Only Households	5	0	1	2	3	-----			
Total # of Persons Experiencing Homelessness	1222	1041	1034	987	964	17%			

FAIRFAX COUNTY POINT-IN-TIME COUNT (2017 – 2021)									
COUNT OF PERSONS EXPERIENCING HOMELESSNESS BY PROJECT TYPE	2021	2020	2019	2018	2017	% Change 2020 to 2021			
Unsheltered	57	88	89	86	108	-35%			
Emergency Shelter	1,004	763	774	686	637	32%			
Transitional Housing	161	190	171	215	219	-15%			
Total # of Persons Experiencing Homelessness	1222	1041	1034	987	964	17%			

The addition of temporary non-congregate shelters established as part of the response to COVID-19 that caused an increase in sheltered homelessness also contributed to a **decrease of persons experiencing unsheltered homelessness**. There were 57 people experiencing unsheltered homelessness during the 2021 Point-in-Time Count (5% of the total 2021 PIT Count) compared to 88 persons experiencing unsheltered homelessness during the 2020 Point-in-Time Count (8% of the total 2020 PIT Count).



POINT IN TIME COUNT: DEMOGRAPHICS

The most significant disparity in the demographics of those experiencing homelessness on the night of the 2021 Point-in-Time Count is the disproportionate representation of people identifying as Black or African American. Although only 10% of the general population in Fairfax County identifies as Black or African American²⁶, 51% of people experiencing homelessness on the night of the 2021 Point-in-Time Count identified as Black or African American. This imbalance has not improved over time.

Fairfax County established a community-wide commitment in 2017 known as ‘One Fairfax’ to consider equity in decision-making and in the development and delivery of future policies, program and services. The Fairfax County CoC recognizes that addressing systemic and institutionalized racism is central to ending homelessness.

FAIRFAX COUNTY POINT IN TIME COUNT DEMOGRAPHICS			
CATEGORY	DESCRIPTION	TOTAL NUMBER	PERCENT
Age	Number of Persons (under age 18)	296	24%
	Number of Persons (18 - 24)	91	7%
	Number of Persons (over age 24)	835	68%
Gender	Female	488	40%
	Male	728	60%
	Transgender	3	<1%
	Gender Non-Conforming	3	<1%
Ethnicity	Non-Hispanic/Non-Latino	990	81%
	Hispanic/Latino	232	19%
Race	White	456	37%
	Black or African-American	621	51%
	Asian	70	6%
	American Indian or Alaska Native	12	1%
	Native Hawaiian or Other Pacific Islander	5	<1%
	Multiple Races	58	5%

POINT IN TIME COUNT: SUBPOPULATIONS

FAIRFAX COUNTY POINT IN TIME COUNT SUBPOPULATIONS			
CATEGORY	HOUSEHOLDS WITH CHILDREN (TOTALS FOR ADULTS ONLY)	HOUSEHOLDS WITHOUT CHILDREN	TOTAL
Chronic Homelessness	9	318	327
Substance Use Disorder	5	169	174
Serious Mental Illness	27	257	284
Physical Disability	9	140	149
Chronic Health Problems	18	248	266
Domestic Violence--History	96	87	183
Domestic Violence--Current	60	37	97
Limited English Proficiency	50	94	144
U.S. Military Veteran	1	47	48

- **CHRONIC HOMELESSNESS:** The number of households experiencing chronic homelessness increased significantly between the 2021 and 2020 Point-in-Time Counts, even when accounting for

²⁶ [U.S. Census Bureau QuickFacts: Fairfax County, Virginia](#)

the overall increase in total number of people identified as experiencing homelessness in the 2021 Point-in-Time Count. There were 180 people that were assessed to be experiencing chronic homelessness during the 2020 Point-in-Time Count (25% of total adults counted) and 327 people assessed to be experiencing chronic homelessness during the 2021 Point-in-Time Count (35% of the total adults counted). The increase is also reflected in increases in people experiencing substance use disorders, serious mental illness, physical disabilities, and/or chronic health problems.

- **VETERANS:** There were 33 people that identified as veterans identified during the 2020 Point-in-Time Count (5% of total adults counted) and 48 people that identified as veterans identified during the 2021 Point-in-Time Count (also 5% of the total adults counted).
- **TRANSITION AGED YOUTH (18-24):** There were 95 transition aged youth (persons between the ages of 18 and 24) identified during the 2020 Point-in-Time Count (13% of total adults counted) and 91 transition aged youth identified during the 2021 Point-in-Time Count (10% of the total adults counted).
- **SURVIVORS OF DOMESTIC VIOLENCE:** There were 95 households identified as currently fleeing domestic violence and 191 households that reported a history of domestic violence during the 2020 Point-in-Time Count (14% and 28% of total households counted). There were 97 households identified as currently fleeing domestic violence and 183 households that reported a history of domestic violence during the 2021 Point-in-Time Count (11% and 21% of total households counted).

The remaining totals for the subpopulations in the 2021 Point-in-Time Count were similar to the percentages represented in the 2020 Point-in-Time Count.

PERMANENT HOUSING: CAPACITY

Increasing permanent housing capacity, including rapid rehousing, permanent supportive housing, and other permanent housing, remains as a critical strategy in ending homelessness in Fairfax County. Access to permanent, affordable housing that matches the individualized needs of those experiencing homelessness influences the overall homeless services system performance. Housing is critical to ending homelessness.

- **RAPID REHOUSING:** In 2020, the Fairfax County CoC was able to increase its rapid rehousing efforts as a result of the Emergency Solutions Grants Program (ESG) under the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) funding. More than 60% of the total ESG CARES award was designated to rapid rehousing rental assistance. The Fairfax County CoC also received pandemic relief funding through the Virginia COVID Homelessness Emergency Response Program (CHERP), which was positioned to primarily support prevention and rapid rehousing. A range of funding sources, including the regular, annual allocation of federal Emergency Solutions Grant (ESG) program, federal Continuum of Care funding, the Commonwealth of Virginia's Homeless Solutions Program (VHSP), along with funding from the County of Fairfax and private donations, is regularly utilized to operate rapid rehousing projects within the Continuum.
- **PERMANENT SUPPORTIVE HOUSING:** Majority of the permanent supportive housing in the Fairfax County CoC is funded through the Department of Housing and Urban Development (HUD) Continuum of Care Program. The remaining projects are funded through HUD-VASH, state, and local county funding. In 2016, a public finance bond was passed that includes \$48 million over the next several years to renovate the 30-year-old shelters. The first facility, Bailey's Shelter and Supportive Housing, was designed to include co-located emergency shelter and permanent supportive housing. This model supported the addition of 18 new units of permanent supportive housing, which became available in 2019. Planning is underway for the other shelters included in the bond.
- **OTHER PERMANENT HOUSING:** An existing 'other permanent housing' project decreased capacity over the past six months with the close of a multi-year contract. A new 'other permanent housing project,' Rental Subsidy and Services Program (RSSP), is positioned to launch in July 2021. The new project is expected to increase capacity beyond the existing project.

FAIRFAX COUNTY PERMANENT HOUSING INVENTORY (2017 – 2021)							
BEDS BY PERMANENT HOUSING PROJECT TYPE		2021	2020	2019	2018	2017	% Change 2020 to 2021
PERMANENT HOUSING FORMERLY HOMELESS	Rapid Rehousing	455	366	269	465	210	24%
	Permanent Supportive Housing	668	627	639	683	693	7%
	Other Permanent Housing	323	482	306	220	308	-33%
Total # of Beds		1446	1475	1214	1368	1211	-2%



Frederick City and Frederick County, Maryland

Description of Homeless Services:

Frederick County, MD is fortunate to have a wide-range of governmental, private non-profit, and faith-based organizations that together have established an almost seamless service delivery system targeted to addressing the needs of homeless individuals and families. Major providers of homeless services and those that participated in the 2021 PIT Count include Advocates for Homeless Families, Frederick Community Action Agency, Frederick Rescue Mission, Heartly House, Religious Coalition for Emergency Human Needs, Mental Health Management Agency of Frederick County, and the Salvation Army. All these organizations are also active members of the Frederick County Coalition for the Homeless.

Established in 1983, the Frederick County Coalition for the Homeless (FCCH) is the oldest local coalition working to end homelessness in Maryland. The FCCH is a coalition comprised of governmental and non-profit human service and community development organizations, religious institutions, for-profit businesses such as banks, local government officials, interested citizens, and homeless and formerly homeless persons. The FCCH meets monthly to coordinate the planning of local homeless services, discuss local needs, approve new projects, and advocate for additional resources to address homelessness.

Homeless Point-In-Time Results:

The most recent Point-in-Time Survey for both sheltered and unsheltered homeless populations was conducted on January 27, 2021. All emergency shelter, transitional housing, permanent supportive housing, and motel placement providers were instructed on how to use the survey instrument and when to conduct the Point-in-Time Survey. Whenever possible, surveys were to be completed directly by people experiencing homelessness. A total of 339 persons either currently experiencing homelessness or formerly homeless completed the point-in-time survey; and as in the past, the largest household type was single-individuals.

The Point-in-Time Survey instrument normally contains specific questions regarding all HUD-defined homeless subpopulations and contains specific questions regarding homelessness. However, for the 2021 PIT count, due to the current COVID pandemic, Frederick County requested and was approved an exception to collect only baseline demographic information *for the 2021 count only*. This was due to several factors which included limited persons/staff available to assist with the count because of COVID restrictions. Also, all community participators were asked to use their own in-house staff to complete a survey for all clients in their programs to remain compliant with all COVID restrictions/ protocol at that time.

Category	2021	2020	2019
Total Number Counted	339	308	286
Total Number of Single Individuals	169	238	212
Total Number of Families	25	25	27
Total of Persons in Families	62	70	74
Total Adults in Families	25	28	28
Total Children in Families	37	42	46

According to the 2021 Point-In-Time data, homelessness in Frederick County increased by a total of 31 persons from 2020. It is important to keep in mind that the Point-in-Time survey is a “one-day snapshot” of homelessness and may not be reflective of all trends experienced in a local jurisdiction. Numbers may have also increased due to multiple motel placements put in place by emergency shelter to be able to comply with COVID restrictions in shelters due to the pandemic. This allows emergency shelters to provide shelter to a slightly increased number of persons. It is also possible that some slight duplication occurred across agencies due to the way the count was needed to be done in 2021. In addition, during the Street Count that was conducted, 3 persons indicated being part of a household with children but did not want to complete a survey for any children.

It should also be noted that the 2021 PIT Count included numbers provided from the Salvation Army since they are now currently providing day shelter services in Frederick City. This is a day shelter service only and there is not a bed count attached to this program.

As of the previous PIT Count in 2020, Veteran homelessness had decreased significantly in Frederick County and local providers and advocates submitted an application to the U.S. Interagency Council on Homelessness (USICH) on December 6, 2017 in order to declare that Frederick County has “effectively ended veteran homelessness”. However, Veteran information was not collected during the 2021 PIT Count as part of the requested and approved exception.

Permanent Supportive Housing:

There are two programs that offer Permanent Supportive Housing (PSH) for people experiencing homelessness in Frederick County. The Continuum of Care (CoC) Housing Program is operated by the Mental Health Management Agency of Frederick County in partnership with the Maryland Department of Health, Behavioral Health Administration. The CoC Housing Program serves primarily individuals experiencing homelessness and diagnosed with a serious behavioral health issue.

The second program is the Housing First and FCAA PSH Programs that are operated by the Frederick Community Action Agency. As the program names imply, these programs serve chronically homeless individuals that have one or more disabling conditions. The Housing First and PSH Programs have a total of 35 units with a total of 40 beds (several of the units are 2-bedroom apartments shared by roommates who are separate households). The FCAA PSH Program is an in-house facility that is currently in the process of being turned over from a transitional shelter to a permanent supportive housing facility. At the present time, capacity of rooms is 14 but this is expected to increase to 15 once reconstruction has been

completed. Since the program is still in the beginning stages of reconstruction, it is not at full capacity and is currently only housing 5 adult individuals. At present, the Frederick Community Action Agency is also partnering with the Housing Authority of the City of Frederick to apply for HUD Housing Choice Vouchers specifically designated for people with disabilities who are homeless.

During the 2021 PIT Street Count, 14 individuals self-reported as being in “permanent supportive housing” and were included in that count. Since PIT information is obtained by self-reporting, it is possible that many of these 14 individuals may have misreported their housing status in accidental error which causes a discrepancy in available PSH beds/units versus count of participants. It is likely that many of those reported were either actually engaged with shelter, transitional housing, or are formerly homeless that obtained housing thru the Section 8 or public housing programs.

Loudoun County, Virginia

Description of Homeless Services in Loudoun County, Virginia

The Loudoun County Continuum of Care (CoC) provides a broad range of services to the community to assist residents that experience a housing crisis. The Continuum of Care is a network of county and community partners that work together to provide quality services to assist households that are homeless or at-risk of becoming homeless. A description of the Homeless Services and programs provided by the Loudoun County Continuum of Care are listed below:

Hypothermia Shelter

Hypothermia Shelter is a seasonal (November 15 – March 31) emergency shelter that provides residents a warm place to sleep during winter months. Transportation is provided and services include access to showers, laundry facilities and meals (dinner and breakfast).

Coordinated Entry System Intake Line

Coordinated Entry is a streamlined system developed to ensure that all people experiencing a housing crisis have fair and equal access and are quickly identified, assessed, referred, and connected to housing and supportive services based on their strengths and presenting need. The Coordinated Entry System operates as the single point-of-entry for all homeless services.

Domestic Violence Emergency Shelter

The Loudoun Abused Women's Shelter (LAWS) provides a full array of comprehensive services to adult and child survivors of domestic and sexual violence. In addition to providing emergency shelter, LAWS also delivers assistance to survivors at its Community Services Center where counseling, legal services, support groups, advocacy and community outreach is provided.

Drop-In Services

Drop-In services provide a place for individuals experiencing homelessness to go during the day to take care of everyday needs and access services and supports. Access to showers, laundry facilities and other on-site services are provided.

Emergency Shelter

Emergency Shelter is designed to provide short-term emergency shelter for residents in the County that are homeless. The program provides households with housing-focused case management services as well as employment, housing location assistance, transportation and other critical service to assist with housing stabilization.

Homeless Management Information System (HMIS) Database

The Homeless Management Information System is an information technology database used to collect client-level and program-level data on the provision of housing and services to individuals and families. The system reports aggregate data to assist with program monitoring and evaluation, benchmarkings, outcome measurements, and fiscal management.

Outreach and Engagement

The Continuum of Care partners with the Project Assistance to Transition from Homelessness (PATH) Program in through the Department of Mental Health, Substance Abuse and Developmental Services. PATH provides outreach and support to adults with serious mental illness that are homeless. The goal is to connect residents with primary behavioral healthcare, substance abuse services and other supports that enhance stability and functioning in the community.

Permanent Supportive Housing (PSH)

Permanent Supportive Housing is permanent housing with indefinite leasing or rental assistance paired with supportive services. The program assists persons (or families) that have an adult or child with a documented disability, and individuals with a history of chronic homelessness. The PSH program differs from other supportive housing programs due to the federally mandated eligibility criteria, such as individuals and families who meet HUD's definition of chronic homelessness, have the longest length of homelessness, and have been identified as having severe service needs such as serious mental illness, chronic physical disability and / or mental health diagnosis.

Homeless Prevention & Diversion Services

Prevention and Diversion Services are designed to assist individuals and families at risk of losing their housing. The program provides short-term financial assistance based on eligibility criteria along with case management services to stabilize housing, prevent rental evictions and divert households from entering the Emergency Shelter. The goal of the Homeless Prevention and Diversion program is to assist households by stabilizing their housing to minimize the likelihood of emergency shelter entry.

Rapid Re-Housing (RRH)

Rapid Re-Housing is an intervention, informed by a Housing First approach that is a critical part of our community's Coordinated Entry System. The Rapid Re-Housing program quickly connects families and individuals to permanent housing through a tailored package of assistance that may include the use of time-limited financial assistance and targeted supportive services.

Transitional Housing (TH)

Transitional Housing is designed to provide individuals and families who are homeless, or at-risk of becoming homeless with time-limited interim stability and support to successfully move to and maintain permanent housing.

Youth Support and Crisis Services

A local non-profit operates a Crisis Care Program that provides youth ages 18-24 with access to a variety of housing resources and supportive services.

Point-in-Time Count

The Loudoun County Continuum of Care (CoC) along with CoC's across the nation conducted the annual HUD Point-in-Time (PIT) Count on the night of Wednesday, January 27, 2021. The methodology used included administering online surveys that were completed by staff at partnering organizations and various county departments. This is the first time the Continuum of Care has implemented an online survey portal for the Point-in-Time Count data collection. This new methodology allowed for reduced touch points and provided an opportunity for households to be included in the count, without the need for close contact. There was a coordinated effort between county staff and local nonprofit organizations to complete the PIT Count with strict safety measures in place to ensure compliance with CDC guidelines in response to the COVID-19 pandemic.

While unsheltered outreach efforts were conducted, the methodology changed to an observational-only count. In response to the COVID-19 pandemic and concerns regarding safety and social distancing, outreach teams were provided masks, hand sanitizers, and gloves and teams were limited to those who had participated in previous outreach efforts.

Rural/Western Loudoun Outreach

As in previous years, Outreach Teams conducted outreach through rural Western Loudoun including small towns and incorporated villages. The vast geography of rural areas can make homelessness easy to miss and often harder to quantify during a PIT Count. Poverty and intergenerational trauma can often be precursors to homelessness in these areas, as is the potential stigma associated with asking for help.

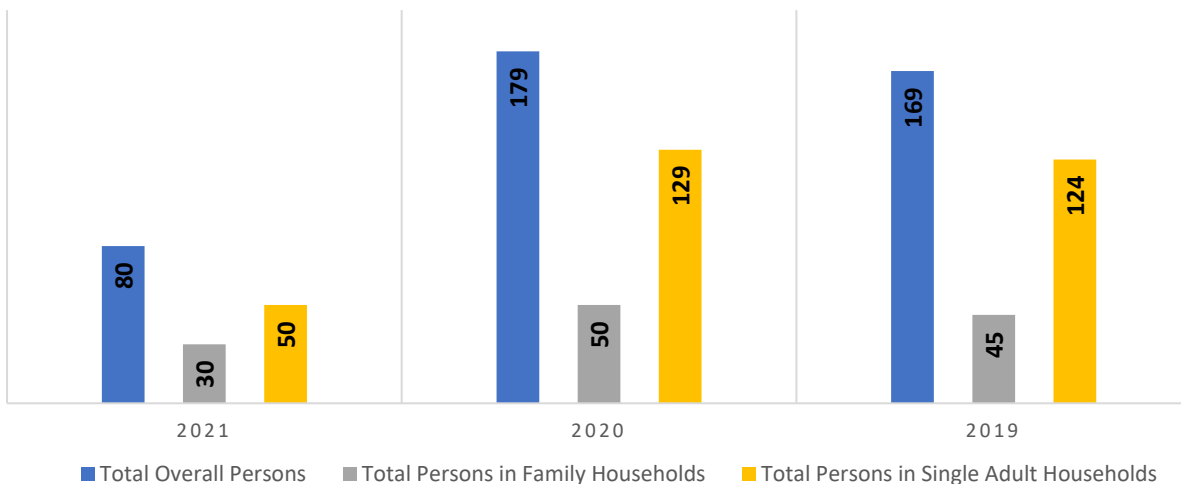
Often, people camping in the woods or more rural landscapes, may not self-identify as homeless, even though the place where they stay could be identified as “unfit for human habitation” in an urban environment. Outreach efforts are an ongoing component of homeless services and a vital component of our Point-in-Time Count. The Loudoun CoC along with community partners work collectively to document and address the needs of households living in rural areas that may be experiencing or are at-risk of homelessness.

Point-in-Time Count Survey Analysis

The efforts of the Point-in-Time Count focus on two categories of households experiencing homelessness. The first category is households that are sheltered, yet still meet the criteria of homelessness per the HUD definition (e.g. residing in an emergency shelter, transitional housing program or hotel/motel being paid for by a third party). Loudoun County has two homeless emergency shelters and one shelter for survivors of domestic violence. The second category included in the PIT Count, are households that are unsheltered and residing in places not intended for human habitation (e.g. tents, vehicles, parking garages, etc.).

The chart below reflects comparison totals for the PIT Count over the past three (3) years:

TOTAL PERSONS EXPERIENCING HOMELESSNESS



The overall number of persons experiencing homelessness on the night of the Point-in-Time Count has decreased. A total of 80 persons were experiencing homelessness in Loudoun County during the 2021 Point-in-Time Count. Of those, 50 were single adult households and 11 were identified as family households. There were 19 children and 11 adults representing the 30 persons in family households experiencing homelessness on that night. These numbers represent a 55.3% decrease in the number of households that were homeless compared to the 2020 PIT Count.

While many variables impacted the overall totals for the PIT Count, the overall decrease in totals has a direct correlation with the COVID-19 pandemic. With CDC guidance encouraging distance to promote safety and help mitigate the spread, individuals experiencing homelessness may be less visible than in previous years. Unsheltered outreach teams encountered an increase in persons sleeping in their vehicles, which may be the result of people opting out of entering the shelter system to avoid close contact with others.

Modifying the unsheltered methodology from in-person, face-to-face interviews, to an observational-only methodology for unsheltered persons may have contributed to the decrease, in that in-person interviews often allow for communication regarding where other persons experiencing homelessness may be located throughout the county. Point-in-Time Count surveys are completed by homeless services providers and other nonprofit professionals, to help decrease the likelihood of duplication.

It is widely understood that due to the challenges created by COVID-19, the unsheltered count will not resemble unsheltered PIT counts of the past. Although HUD did allow for CoC's to opt out of the 2021 unsheltered PIT Count, one of the main goals for the unsheltered count is to have information about how the COVID-19 pandemic has impacted the unsheltered homeless. This will be valuable for Continuums of Care (CoC's) and community partners to understand how homelessness has changed and what additional efforts or resources may be needed.

Table 1

Yearly Totals by Household and Individuals			
	2021	2020	2019
Overall Total	80	179	169
Total Family <u>Households</u>	11	15	15
Total Single Adult <u>Households</u>	49	129	120
Total Number of persons in Families	30	50	45
Total Number of Adults in families	11	19	21
Total Number of children in families	19	31	24
Total Number of single adult persons	49	129	124

Subpopulations

The most reported subpopulation among households (including both single and family households) for the 2021 PIT Report is the chronically homeless, with a total of 29 individuals. This is a slight increase from 2020 in which 23 individuals were identified as being chronically homeless. The second highest reported subpopulation is households where the Head of Household has a Serious Mental Illness (SMI), with a total of 24 individuals. This number doubled from 12, resulting in a 100% increase from 2020.

The subpopulations reflected in Table 2 represent all adults in each household, including both single adults and families. Children in family households are not reflected in the total count of subpopulation results. The total percentage of individuals with a history of domestic violence increased from eight (8) individuals in 2020 to fifteen (15) individuals, accounting for an 87.5% increase in 2021. Many of the households identified as having a history of domestic violence were enrolled in a Transitional Housing program on the night of the PIT Count. Additionally, there was a slight increase in individuals with limited English proficiency; four (4) persons in 2020 compared to nine (9) persons in 2021, accounting for a 125% increase.

Table 2

Subpopulation Comparisons			
Category	2021	2020	Percent Change
Chronic Health Condition	21	0	∞
Chronically Homeless (1)	29	23	26% ↑

Co-Occurring Disorder	7	4	75%	↑
Domestic Violence – Current	11	7	57%	↑
Domestic Violence – History	15	8	87.5%	↑
Formerly Institutionalized	10	2	400%	↑
Foster Care	0	2	-100%	↓
HIV/AIDS	0	0	-	
Limited English	9	4	125%	↑
None of the Above (3)	23	89	-74%	↓
Other	0	0	-	
Physical Disability	6	2	200%	↑
Serious Mental Illness (2)	24	12	100%	↑
Substance Use Disorder	11	8	37.5%	↑

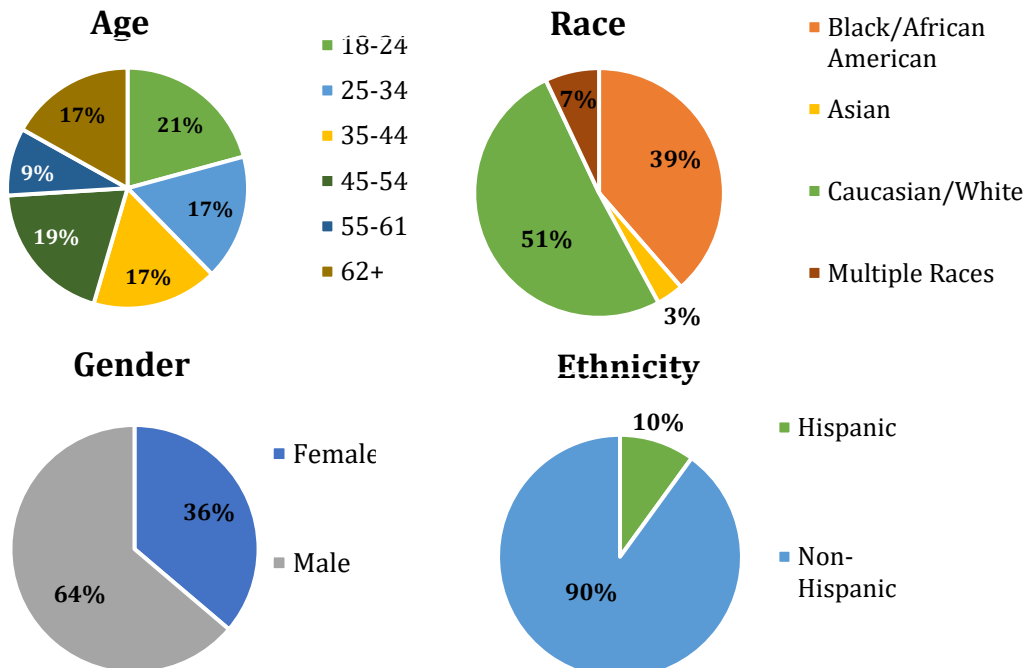
Demographics

The Point-in-Time Count gathers demographic data to assess the diversity of households experiencing homelessness on the night of the count. The following charts indicate some categories included in the PIT Count. These data points are required by HUD and reflect only those persons who were included in the 2021 PIT Count.

The PIT Count provides extensive data on household characteristics and demographics. While the 2021 Count is unique in that modifications had to be made to accommodate for CDC guidance, the overall totals of subpopulations categories increased in all but two (2) areas. For example, this is the first time in three years, that no individuals included in the Count had any history of experiencing Foster Care.

For the 2021 PIT Count, there was an increase in the number of residents that identify as Asian and Multi-Racial. There was an increase in each of the race categories except for Caucasian/White, which decreased by 16.39%. The age range for individuals experiencing homelessness on the night of the Count indicates slight variations from last year’s results in that several groups including 62+ and those ages 35-44 increased. There was a decrease in the overall total percentage of females that were literally homeless on the night of the PIT Count, while the number of persons that identified as Hispanic or Non-Hispanic remains unchanged.

Chart 2



Employment

Of the 49 single adult households that were counted, 15 of those individuals were employed or 30.6%. Some single adult households are working two or three part-time jobs to make ends meet. With limited housing options and few single resident occupancy (SRO) units, many single adults are faced with minimal housing options.

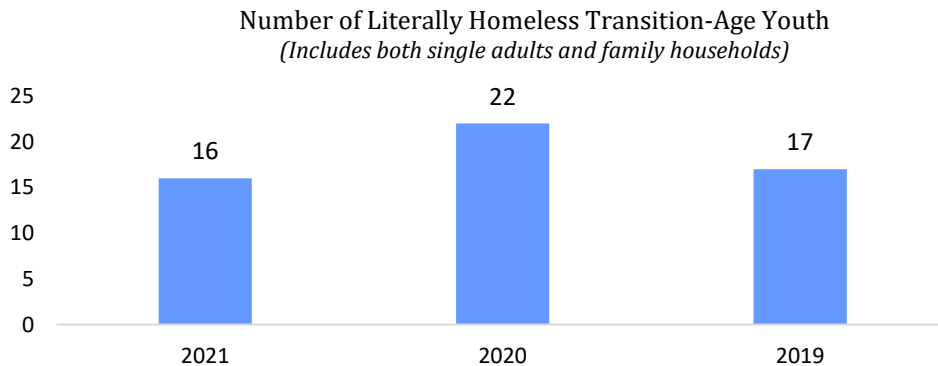
Of the 11 households with children (families), 6 Heads of Households indicated the main source of income as employment. Several families and single adults receive mainstream benefits to help with household needs because employment income alone is not sufficient to support household costs. Supplemental services such as Social Security Disability Income (SSDI), Temporary Assistance for Needy Families (TANF), Supplemental Nutritional Assistance Program (SNAP) and other programs often contribute to the overall household income.

Transition-Age Youth (ages 18 - 24)

For the 2021 PIT Count, there were 16 individuals identified as Transition-Age Youth. This represents an 37.5% decrease since 2020 as indicated in this chart below. The overall total for Transition-Age Youth includes both family and single adult households. The Continuum of Care uses the HUD definition of Transition-Age Youth which includes persons that are between the ages of 18 to 24.

While Transition-Age Youth households are often expected to be independent, few have acquired the skills or ability to earn the income needed to live on their own. The needs of this population differ from other households experiencing homelessness in that they are often trying to navigate the complexities of education, employment, increasing responsibilities and securing independent and stable housing for the very first time. As the pandemic forced many businesses to move to a remote work environment and most public transportation services were reduced, many young adults were not able to experience the preparatory opportunities typically provided as they transition into adulthood.

Chart 3



Older Adults

For the 2021 PIT Count, 13 individuals were included that were 62 or older, with the oldest person being 83 years of age. With less income for other necessities such as food, medicine, and health care, this population is particularly vulnerable to homelessness. Overall economic growth will not alleviate the income and housing needs of poor older adults, as returning to work or gaining income through employment are often unlikely. Increased homelessness among older adults can be attributed to many causes such as behavioral and physical health, substance abuse, and Post Traumatic Stress Disorder (PTSD), in addition to the lack of affordable housing. The Continuum of Care partners with service organizations within the community and throughout the region to serve older adults who are on brink of homelessness or have become homeless due to a variety of circumstances. Continuum of Care programs

work closely with the County’s Adult and Aging Program to provide comprehensive wrap-around services for those 62 and older.

Housing needs can vary based on unique household needs; however, one consistency in both demographics, transition aged youth and older adults, is the need for stable income to assist with housing costs. While Transition-Age Youth are often just launching in terms of establishing credit, exploring a career path and navigating the process of starting to live independently, some Older Adults may be limited in terms of increasing their income due to physical limitations or health issues.

Housing Inventory

The Housing Inventory Count (HIC) is an inventory of homeless services programs within the Continuum of Care that provides beds and units dedicated to serve people experiencing homelessness. The Housing Inventory reflected below indicates the number of beds and units that were available on the night of the 2021 Point-in-Time Count.

Table 3

Housing Inventory Count (based on bed capacity on the night of January 27, 2021)						
Year-Round Beds <i>Emergency Shelter</i>	Year-Round Beds <i>Transitional Housing</i>	Hypothermia Shelter Beds <i>November - March</i>	Permanent Supportive Beds	Housing	Domestic <i>Emergency Shelter Beds</i>	Violence
58	28	26	21		12	

Pandemic Impact on PIT Count

The 2021 Point-in-Time (PIT) Count included a host of new challenges. Due to the COVID-19 pandemic, normal procedures had to be adjusted to account for social distancing and safeguard the safety of all involved. While the count would normally include multiple volunteers and more face-to-face interaction, this year’s effort involved no large gatherings and a significant reduction in the number of volunteers.

The Department of Family Services (DFS), provided masks, hand sanitizers and gloves both for the outreach teams and to distribute to unsheltered individuals. The only volunteers who were able to participate in the count were outreach workers or individuals who had participated in the count in the past, since the outreach practices were modified in order to minimize large group gatherings and adhere to CDC guidelines.

The COVID-19 pandemic has produced a unique set of public health challenges. The economic consequences of the pandemic have put more Americans at risk of entering homelessness. Nowhere is this more evident than in the pandemic’s impact on homelessness and affordable housing. COVID-19 has posed, and continues to pose, unique risks for people experiencing homelessness.

New Funding

The Loudoun County Continuum of Care was the recipient of new funding sources, such as the COVID Homelessness Emergency Response Program (CHERP). This federal funding was designed to prevent, prepare for, and respond to the coronavirus pandemic (COVID-19) among individuals and families who are experiencing homelessness or receiving homeless assistance. The funds also support additional homeless assistance and homelessness prevention activities to mitigate the impacts of COVID-19. It made it possible to support programming’s capacity to implement CDC social distancing practices and to help place individuals experiencing homelessness in non-congregate locations like hotels.

Federal Emergency Management Agency (FEMA) funding was used to cover costs associated with emergency, non-congregate shelter placement and supplies for single adults and families who met certain

eligibility criteria, such as older adults and those with existing medical conditions that made them particularly vulnerable to complications due to COVID-19.

Local funding used to assist residents on the brink of becoming homeless with rental assistance to help alleviate some of the financial challenges brought on by reduced hours, loss of income and other economic factors impacted by the pandemic. The Limited Rental Assistance (LRA) program is available to eligible households that meet specific criteria and can provide documentation, such as a current lease and paperwork that shows a job loss or reduced income due to COVID-19.

Vaccination and other Efforts

While the vaccination process continues to evolve, homeless services providers in Loudoun County work closely with the local Health Department to register and coordinate the enrollment process for both staff and program participants. Throughout the pandemic, emergency shelter operations continue to provide meals and lodging for families and singles adults experiencing homelessness. Several components of service delivery have been modified to meet social distancing guidelines and CDC best practices, including temperatures checks for everyone entering the facility, face mask distribution to all program participants, suspension of in-person case management meetings, increased sanitization of the facility and additional measures as referenced in HUD waivers and in compliance with CDC guidelines.

Unmet Housing Needs Strategic Plan

Loudoun County's Office of Housing is developing an Unmet Housing Needs Strategic Plan (UNHSP) whose purpose is to define how the county will address unmet housing needs in a systematic and comprehensive way with integrated programs. The plan will also aim to identify housing targets over the short term (the next five years) and the long term. The vision of the plan will drive the solutions to address the county's unmet housing needs developed through a strategic planning process. The issue of unmet housing needs is complex and will require the community to participate fully to solve it.

The UNHSP has five objectives with specific strategies and key actions that will help the county address housing needs:

1. Establish a coordinated, collaborative and integrated housing network.
2. Secure land resources needed to address unmet housing needs.
3. Obtain viable funding sources.
4. Provide incentives, establish priorities and increase access to affordable housing.
5. Implement policy changes to support affordable housing production and preservation.

These five objectives and their associated key actions provide a comprehensive approach, based on research, best practice, and Loudoun County's specific housing needs and housing market, to start addressing the affordability gaps that exist in the county.

The UNHSP is the culmination of an eighteen-month effort that includes input and consultations with County department and agencies, advisory bodies, stakeholder groups, organizations and the public. The results of the process underscore the extent of community interest and commitment to addressing unmet housing needs from a broad cross-section of the community including business leaders, builders and housing developers, nonprofits, healthcare, faith-based and citizens.

Loudoun County has high median income and quality of life, however many of its residents have extremely low or very low income and struggle to find affordable, good quality housing. The market is not producing enough housing to meet current and future demand and is not producing enough housing at diverse price points to meet the needs of many residents. A few data points provide examples of the current housing need in Loudoun County:

- As of 2019, more than 35,000 County households pay more than 30 percent of their income for housing and are considered cost-burdened.
- Among low-income households that are cost-burdened, over 1 in 3, or 36 percent, are severely cost-burdened, paying more than 50 percent of their income for housing.⁹
- The County has a deficit of approximately 2,000 rental units for households with incomes up to 30 percent Area Median Income (AMI) (extremely low-income households).

A significant number of Loudoun County residents are employed in sectors that provide lower wages, which means they cannot afford housing in Loudoun County due to lack of affordable housing opportunities. Low-income workers must either pay more than they can afford, double up, or commute long distances which can affect the stability of this labor force.

The goal of the Unmet Housing Needs Strategic Plan aims to identify strategies and tools, as well as housing targets, to address housing needs at each level of Area Median Income up to 100% (or \$126,000 for a family of 4 in 2020). The plan will identify housing targets over the short term, which is considered to be the next five years, and the long term. In Loudoun, renters are more likely to be housing cost-burdened than homeowners. Housing cost-burden or the unaffordability of housing, is a significant housing problem exacerbated by insufficient supply that unfortunately has the greatest impact on vulnerable populations.

A significant number of Loudoun County residents are employed in sectors that provider lower wages, which means that they cannot afford housing in Loudoun County due to lack of affordable housing opportunities in the County. Low-income earners must either pay more in housing than what they can afford, live in doubled-up or overcrowding situations or commute long distances which can affect the stability of this labor force.

Montgomery County, Maryland

DESCRIPTION OF HOMELESS SERVICES

The Montgomery County Homeless Continuum of Care (CoC) is a public-private partnership that includes state and local government agencies, non-profit service providers, landlords, and other stakeholders who have a role in preventing and ending homelessness. The Interagency Commission on Homelessness (ICH) serves as the CoC's governing board and the Services to End and Prevent Homelessness division of the Montgomery County Department of Health and Human Services is the Collaborative Applicant/ CoC Lead.

The purpose of the CoC is to coordinate the implementation of a housing and service system within the Montgomery County CoC geographic area that meets the needs of individuals and families experiencing or at risk of homelessness. The Montgomery County CoC provides a full continuum of housing services to homeless persons including:

- outreach and engagement,
- emergency and transitional shelter,
- rapid re-housing,
- permanent supportive housing; and
- prevention and diversion strategies.

CoC RESPONSE TO COVID-19

In March 2020, Maryland Governor Larry Hogan declared a state of emergency in response to COVID-19. As of April 2021, more than 426,000 people have tested positive for COVID-19 in the state of Maryland with more than 68,000 positive cases within Montgomery County. COVID-19 is a novel respiratory virus that has resulted in millions of human infections, causing illness and death worldwide.

Montgomery County has made permanent changes to the homeless continuum of care as a direct result of the pandemic. The most significant changes are listed below:

- Expanded the number of year-round emergency shelter beds for single adults from 140 to 300 with a surge capacity of an additional 100 beds. Previously, seasonal overflow shelters only operated from November to March.
- An analysis of the data demonstrated that 40% of single adults reported staying with friends or family immediately prior to entering homelessness. Montgomery County implemented a centralized shelter intake and diversion program for single adults seeking emergency shelter. The goal of the centralized intake is to divert at least 25% of individuals from homelessness.
- Utilized federal, state, and local resources to create two new programs aimed at reducing the length of stay in emergency shelter. The Exit Bonus program provides \$5000 in direct cash assistance to newly homeless individuals exiting shelter. The COVID Rent Relief – Rapid Resolution Program provides a 6-month housing subsidy without case management to households exiting homelessness.

Protecting People in Shelters

The Montgomery County CoC responded immediately to address the health and safety of people residing in our homeless emergency shelters by:

- Keeping seasonal overflow shelters open through the duration of the pandemic.
- Repurposing two closed recreational centers to serve as additional emergency shelter facilities. This move allowed us to meet the CDC social distancing recommendations.

- Placing individuals over age 62 and those with complex medical conditions in hotels with daily meal delivery, laundry services, and case management services.
- Securing hotel rooms for isolation of individuals who have tested positive for COVID-19 or were exposed and advised to isolate.
- Providing regular screening for COVID-19 symptoms at the shelters and hotels and universal testing of all people in shelter and other congregate settings on a weekly schedule. As of April 2021, the test positivity rate in emergency shelter remains under 2%.
- Remaining open to new intakes and established quarantine locations within the shelters.

Protecting People Sleeping Outside

Despite the increase in available shelter beds, a significant number of people chose to remain outdoors for a variety of reasons including fears about their safety in a congregate facility. At the beginning of the pandemic when many businesses, libraries and other public facilities were closed to the public, the CoC raised concerns about the lack of access to respite from the cold and an inability to secure food. The following steps were taken to mitigate these issues and protect individuals sleeping outside:

- Placed individuals at high risk for COVID complications in hotels with daily meal delivery, laundry, and case management services.
- Offered daily meal pick up in partnership with the City of Gaithersburg where there is no day program.
- Expanded medical services in partnership with outreach teams to screen individuals for COVID-19 symptoms and testing.

Preventing People from Becoming Homeless

Services to End and Prevent Homelessness has partnered with the Department of Housing and Community Affairs (DHCA) to develop a progressive engagement approach to eviction/ homeless prevention. The first step in preventing eviction is offering housing counseling services and landlord mediation. Several nonprofit partners received funding through DHCA to conduct outreach and engagement to tenants with rent delinquency and facilitate repayment plan agreements. Despite our best efforts, some tenants will inevitably have court action taken against them for nonpayment of rent. For these tenants, legal assistance has been provided. Finally, for households most at risk of homelessness as a result of eviction, financial assistance is provided to tenants.

The pandemic has had a disproportionately impact on people of color with higher rates of COVID-19 infection and deaths as well as related job loss which exacerbates housing instability and risk of homelessness. Research from [Eviction Lab](#) at Princeton University shows that low-income women, especially poor women of color and families with children, have a high risk of eviction. In response to these inequities, DHHS used local data to create a [Homeless Prevention Index](#) to identify communities most at risk. The tool combines data on social determinants (rates of poverty, residents of color, and single parent households), COVID impact (positive cases and job loss), and housing stress (rates of low-income renters, turnover, and overcrowding) to determine the census tracts within the county with the highest composite score. SEPH used this data to target outreach efforts to specific neighborhoods. For more information on the Homeless Prevention Index and CoC's efforts on eviction prevention, see [presentation](#) to HUD's Office of Special Needs Assistance Programs (SNAPS).

Protecting People Through Housing

The best way to keep people experiencing homelessness safe during a pandemic is to quickly connect them to permanent housing. Homelessness was a crisis before COVID-19 and the CoC continues to respond with a sense of urgency. Notably, the average housing placement rate doubled between 2019 and 2020. The following actions has been taken to increase the number of people placed in housing and reduce the length of time homeless:

- Prioritized housing resources for those most at risk of COVID-19 complications
- Added Housing Location staff
- Dedicated the majority of new HUD Emergency Solutions Grant funding for Rapid Rehousing and employment services
- Provided first month's rent and security deposit for any household exiting homelessness
- Used CARES Act Coronavirus Relief Funds to rapidly exit more than 50 households by providing a short-term rental subsidy
- Developed a direct cash assistance program for adults exiting emergency shelter
- Suspended all terminations from CoC funded permanent housing programs

Supporting Our Partners

The effects of COVID-19 are widespread and have put a strain on homeless service providers in how they respond to the health and wellbeing of both the people they serve and their employees. The CoC took the following actions to better support our nonprofit partners:

- Provided cleaning supplies and PPE for shelter, outreach, and housing staff
- Provided technical assistance from Health Care for the Homeless to implement CDC guidelines on emergency shelter protocols
- Approved incentive/ hazard pay for shelter staff
- Maintained frequent communication with all partners to give updates, answer questions and collaboratively problem solve
- Shared resources for private funding

EMERGENCY SHELTER

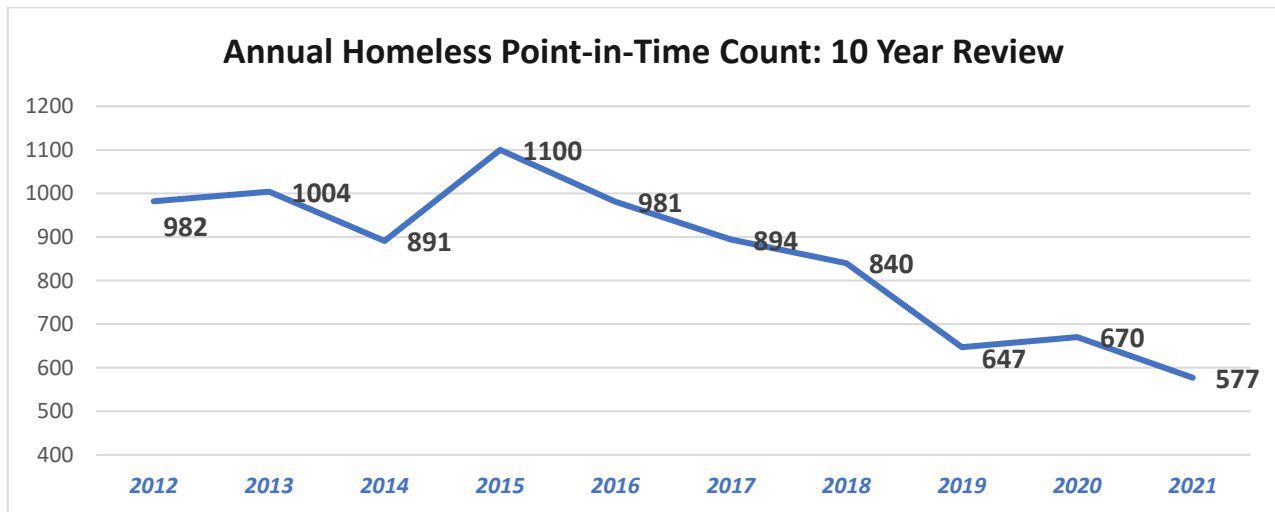
The CoC continues to provide emergency shelter to households with minor children through three year-round family shelters, one domestic violence shelter, and limited hotel subsidies used as overflow. During hypothermia, additional overflow shelter is provided via a non-profit organization. During this year's enumeration, a total of 29 households with minor children were residing in emergency, overflow shelter, or DV shelter which is a decrease of 52% from 2020.

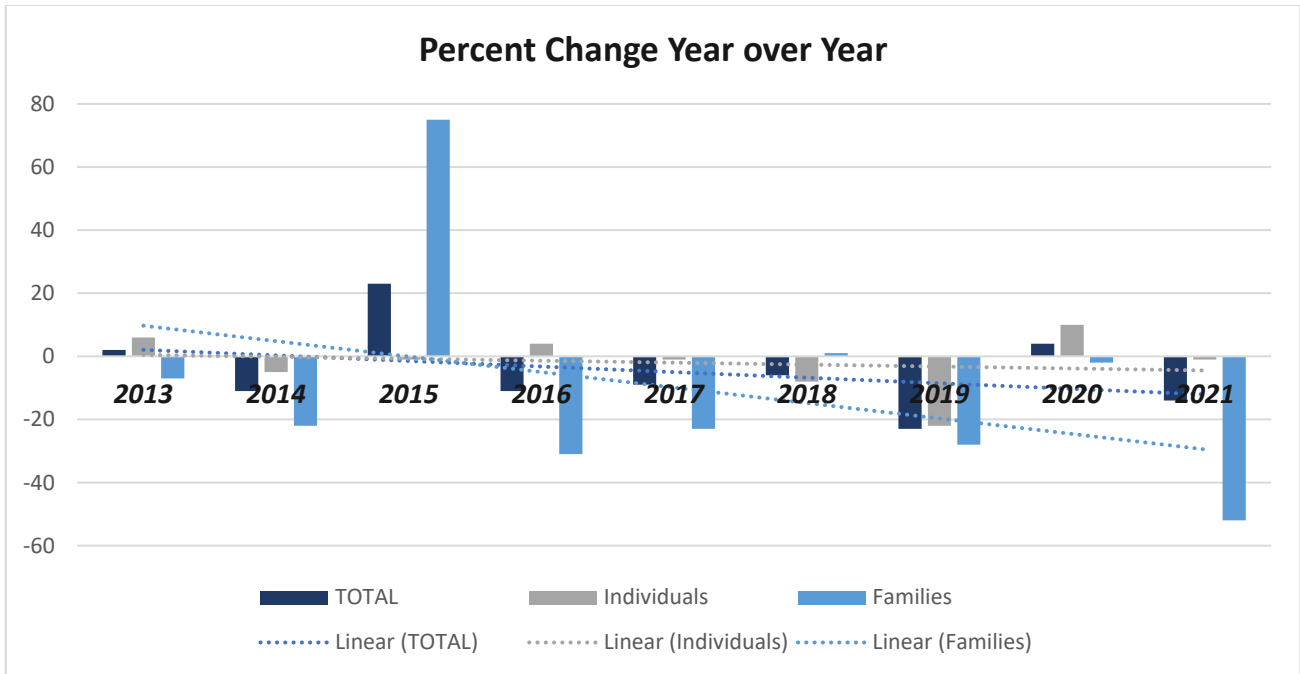
Emergency shelter capacity for adults without children has increased to 300 for year-round capacity. This includes the DV shelter with 5 beds designated for this household type, 3 designated as medical beds, and 2 designated for older adults or people with disabilities. Due to the pandemic, the CoC has changed the shelter strategy to increase the number of year-round beds. Additionally, rented hotel space has been used to create 100 non-congregate shelter beds for vulnerable adults. On the day of the 2021 enumeration, there were 375 emergency shelter and overflow beds occupied; an increase of 14% from 2020.

MONTGOMERY COUNTY'S YEAR-ROUND AND WINTER INVENTORY OF BEDS				
	Beds for Households w/o Children	Beds/Units for Households w/children	Total Year-Round Beds as of April 2020	Total Beds
COVID19 Social Distancing Expansion of shelters (hotels & Recreation Centers)	406	51/17	457	457
Emergency Shelter Beds	74	126/43	196	196
Transitional / Safe Haven Beds	53	36/7	89	89
TOTALS	553	213/67	742	742

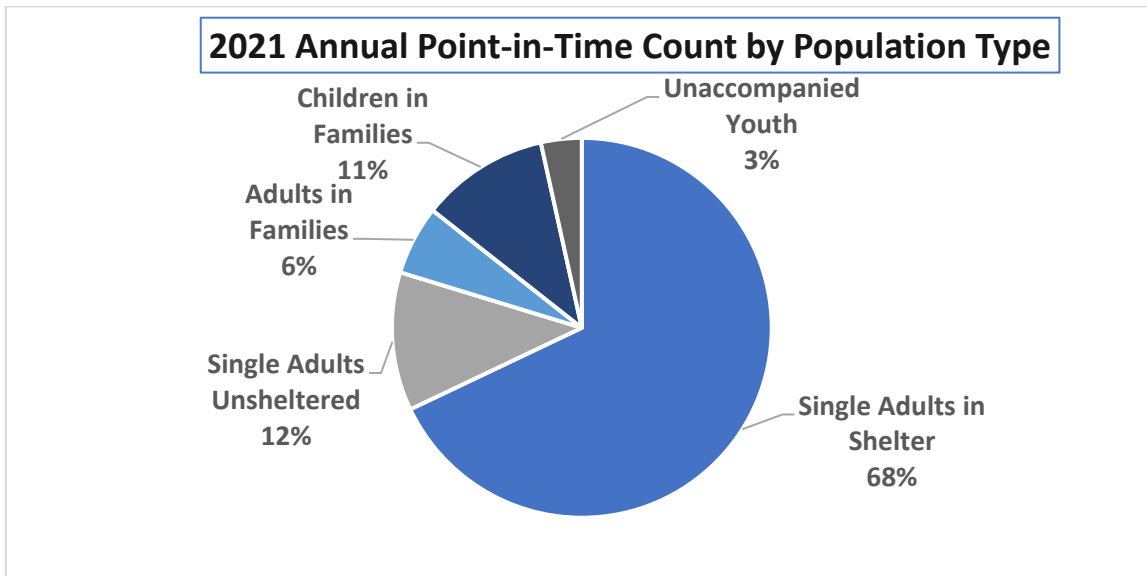
HOMELESS POINT-IN-TIME RESULTS

Montgomery County's homeless point in time survey was conducted on January 27, 2021. A total of 577 homeless persons were counted that day, a decrease of 14% from 2020 and a decrease of 41% from 2012 count. The greatest one-year decrease occurred between 2018 and 2019 of 22%. The declining trend in homelessness over the last several years can be attributed to a population specific approach that seeks to connect households who become homeless to the most appropriate housing intervention, targeting prevention resources to those most likely to become homeless and engaging in homeless diversion or rapid exit from shelter for those households newly entering the system.





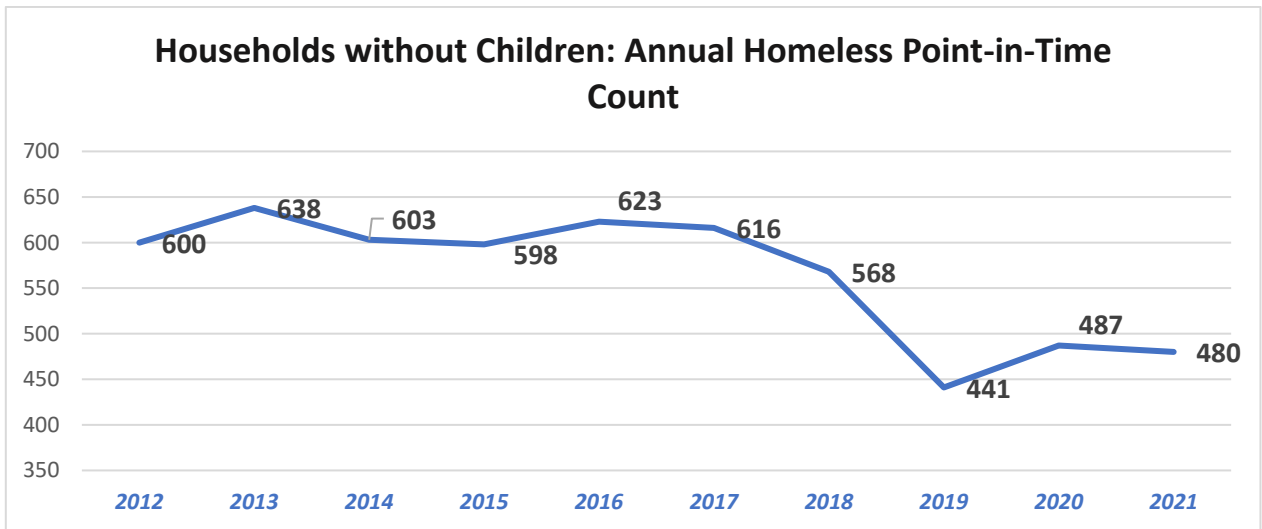
The charts below describe the 2021 enumeration by population type.



HOUSEHOLDS WITHOUT CHILDREN

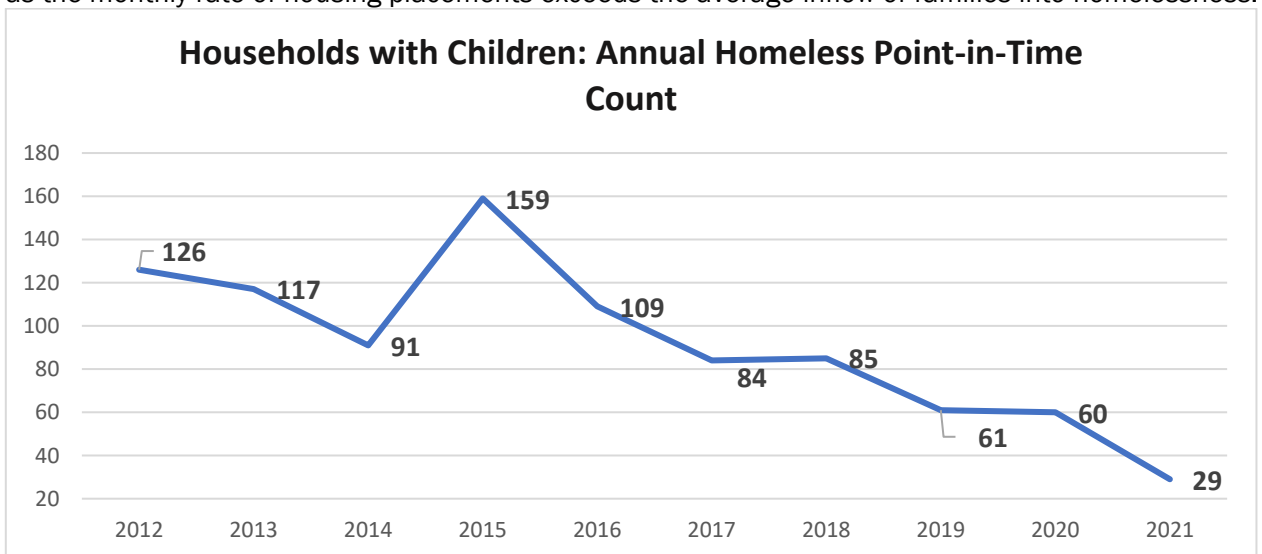
Households without children experienced a 1% decrease in 2021 from 487 in 2020 to 480 in 2021. In the last five years, the number of individuals experiencing homelessness has declined by 22%. Although the 2021 enumeration only shows a modest decline in households without children, the CoC has increased the housing placement rate by nearly 50%. If not for the concerted effort to house people, the number of individuals experiencing homelessness would have increased significantly. There was a

decrease of 34% in the number of unsheltered population, 103 in 2020 compared to 68 in 2021. The decrease in unsheltered homeless can be attributed to better access to emergency shelter and non-congregate hotel rooms. In addition to the annual enumeration Montgomery County plans to conduct quarterly “head counts” of unsheltered persons to identify, engage, and track those experiencing street homelessness. The number of unsheltered individuals is trending upwards specifically in the more urban centers in the county.



HOUSEHOLDS WITH CHILDREN

The number of households with children decreased by 52% between 2020 and 2021. This is the largest one-year decline in the history of the Point-in-Time count. The CoC attributes the decrease directly to an influx of federal, state, and local resources for homeless prevention and rapid rehousing; enhanced tenant protections including moratoriums on evictions; and the robust shelter diversion program implemented in 2018. If this trend continues, the CoC will have effectively ended family homelessness as the monthly rate of housing placements exceeds the average inflow of families into homelessness.



MONTHLY INCOME AND EMPLOYMENT

Among all household types without children including those who are unsheltered, veterans, and transition age youth, 174 or 36% reported some type of monthly income. This is a decrease from 41% in 2020 and 51% in 2019. Of those reporting monthly income, 37% reported income from employment compared to 49% percent in 2020. The CoC has recognized the need to support homeless persons in obtaining eligible benefits. A total of 61% percent reported income from Social Security Retirement, Social Security or Veteran Disability, and/or Temporary Disability Assistance Program as their primary source of income. Montgomery County supports a Housing First philosophy, and though income is not required to be for permanent supportive housing or rapid rehousing, the CoC has made a concerted effort to connect homeless persons with vocational and employment supportive services. This year, the CoC utilized federal Emergency Solutions Grant- CV to contract with a local workforce development agency to specific serve people experiencing homelessness. Additionally, emergency shelter staff are more focused on addressing the immediate barriers to housing such as income in their efforts to help individuals rapidly exit.

Among households with children including veterans and transition age youth, the number of adults reporting monthly income was 25 (74%) which increased from 26% in 2020. In addition, 10 (40%) reported income from employment, which is a decrease over the 2020 which was 55%. The decline in employment rates of families is likely attributed to high rates of unemployment due to the public health emergency. Work force development has been identified as a gap in the CoC, particularly for families, and must continue to be a priority for all household types. Employment specialist and vocational services are incorporated into Rapid Re-housing and permanent supportive housing contracts. The other primary source of income for households with families included Temporary Aide to Needy Families, Social Security Retirement, Social Security Disability / Survivor benefits which accounted for the income of 44% of this cohort.

SUBPOPULATIONS

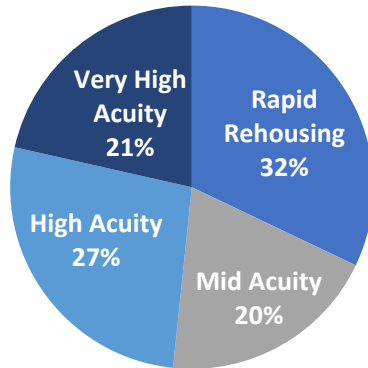
Montgomery County saw increases in every subpopulation with two exceptions, those living with HIV/AIDS and those reporting chronic substance use. The greatest increases were with chronically homeless adults and adults with limited English, 410% and 445% respectively. COVID-19 has led to decreased access to mainstream services including behavioral health and medical care. These barriers to support services likely attributed to the rise of people reporting significant challenges. Increases in people reporting a history of domestic violence and those with limited English proficiency may be explained by the CoC's efforts to provide more cultural appropriate services and break down barriers including language access.

	Adults Only in all Households 2020	Adults Only in all Households 2021	Percent Change 2020-2021
Chronic Substance Abuse (CSA)	71	33	-53%
Severe Mental Illness (SMI)	123	156	+27%
Dual Diagnosis (CSA&SMI)	0	61	x
Chronic Health Problem	26	77	+196%
Living with HIV/AIDS	15	5	-67%
Physical Disability	61	118	+93%
Domestic Violence Victim History	35	82	+134%
Limited English	11	60	+445%
U.S. Veterans	12	18	+50%
Chronically Homeless	10	51	+410%

CHRONIC HOMELESSNESS

Since July 2016, the CoC has housed more than 425 chronically homeless individuals through the Inside (Not Outside) Initiative, reducing chronic homelessness by 65%. While this is considered a great success, the initiative led to some unintended consequences, namely extremely vulnerable households who did not meet the federal definition of chronic homelessness were being passed over for placements in permanent supportive housing. Chronically homeless individuals with less significant needs were always prioritized for permanent supportive housing even when their assessment suggested rapid rehousing would be the appropriate housing intervention. The chart below shows the level of acuity of people housed through the Inside (Not Outside) Initiative. Despite 32% of chronically homeless individuals assessed as needing rapid rehousing, only 3% actually received this intervention. Over the last year, the CoC has shifted the prioritization for permanent supportive housing from chronic only to other vulnerable populations. This shift was driven by the community and was a way of address the consequences of focusing solely on length of time homeless. By focusing on vulnerability, the CoC sought to better align resources and match households with housing that best meets their needs.

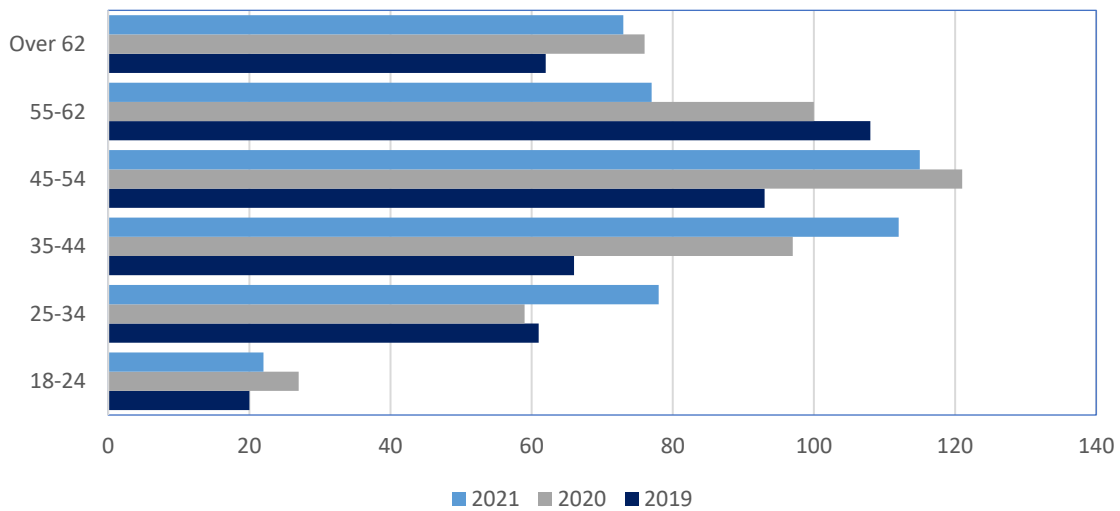
Acuity of All Chronically Homeless Individuals: January 2016- December 2019



OLDER ADULTS

There continues to be a large number of older adults entering the homeless system. More than half (56%) of all adults without children are over 45 years old, 31% are over 55, and 15% are 62 years or older. Although there was an 11% decrease between 2020 and 2021, the growing number of older adults in the homeless continuum is concerning. Research states that people experiencing homelessness die an average of 30 years younger than the average person in the United States. This means that individuals with a history of homelessness age at an increased rate, so those 45 years old may have similar health issues as someone in their 70s.

Age Distribution of Households without Children: Year to Year Comparison



SURVIVORS OF DOMESTIC VIOLENCE

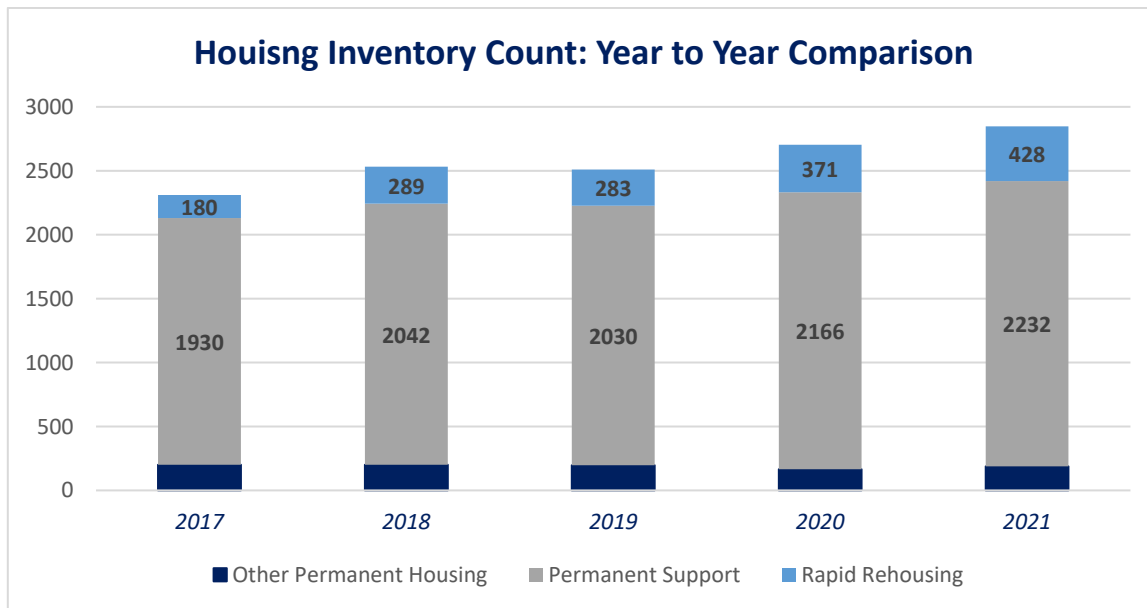
Over the past two years, the number of persons reporting a history of domestic violence has decreased by 21%. This year there was a 134% increase in the 2021 enumeration from 35 in 2020 to 82 adults in 2021. The percent of adults fleeing domestic violence decreased by 8% between 2020 and 2021. The CoC cannot attribute the changes to any specific reasons. The CoC continues to prioritize the limited scattered site transitional housing for DV households with minor children and undocumented households.

VETERANS

Though Montgomery County achieved the goal of ending Veteran Homelessness in December 2015, sustaining functional zero requires continual monitoring and tracking. During the 2021 enumeration, 18 homeless veterans were counted. This is an increase of 50% from the 2020 enumeration. To maintain functional zero, the CoC should average no more than 6 Veterans experiencing homelessness at any given time. As of April 2021, 9 veterans are identified as homeless awaiting housing placement.

PERMANENT HOUSING

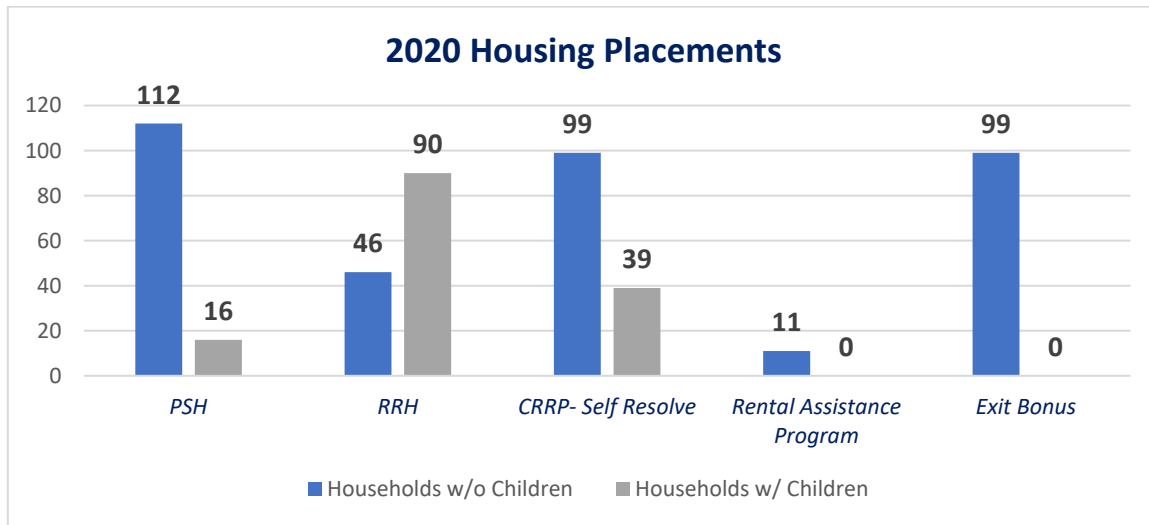
From 2017 to 2021, the number of units of permanent housing in Montgomery County increased by 23% from 2311 to 2848. Most significantly, the supply of rapid rehousing beds has increased 138% and a 16% increase in permanent supportive housing beds. The CoC adopted the goal of increasing rapid housing by 350 units as a result of the [2017 Gap Analysis](#). Due to the increase in funding from the Emergency Solutions Grant- CV, the CoC was able to increase the number of rapid rehousing units in 2020-21 by 300 units, although it should be noted this funding is temporary. The CoC also increased the number of permanent supportive housing units by 34 this year. Since 2018, Montgomery County has participated in the state Department of Health Assistance in Community Integration Services (ACIS) pilot that uses the 1115 Medicaid Waiver to pay for supportive services. This year, the CoC added 20 additional ACIS slots for individuals with significant behavioral health challenges. Another 14 units of intensive permanent supportive housing were added to the housing capacity. This program is designed to serve unsheltered individuals with a history of poor engagement with services by master leasing units.



County officials remain committed to investing new local resources for permanent supportive housing, rapid rehousing, and shallow subsidies. As stated earlier, the CoC seeks to provide access to housing to all people experiencing homelessness. This requires creativity and an ability to leverage federal and state

resources. As an example, the County Executive has recommended increased funding in the FY22 budget for the Rental Assistance Program (RAP). RAP provides a permanent shallow subsidy for older adults or people with disabilities exiting homelessness or at imminent risk of losing their home. This year the County Council approved changes to the program that increases the subsidy amount from \$200 to \$400 per month. RAP is currently used as a way to sustain households when their rapid rehousing subsidy ends.

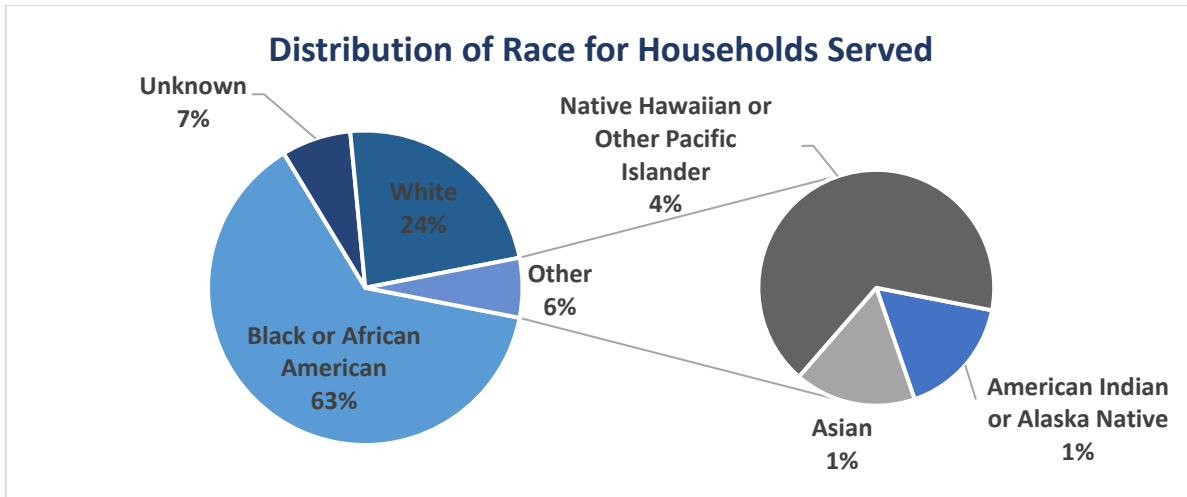
COVID-19 has created a unique opportunity to implement new and innovative housing interventions. Montgomery County has leveraged federal Coronavirus Relief Funds to develop two new housing programs described below. These programs have allowed the CoC to quickly exit people from homelessness, particularly for people of color. In 2020, 430 households were housed through the continuum.



Covid Rent Relief Program – Rapid Resolution

COVID Rent Relief Program provides financial assistance to households exiting homelessness. This includes first month’s rent, security deposit, and an additional five-month rental credit. No case management or supportive services are provided. All participants must have a minimum six-month lease. Eligibility is open to anyone in the CoC interested in participating but income cannot exceed 50% AMI.

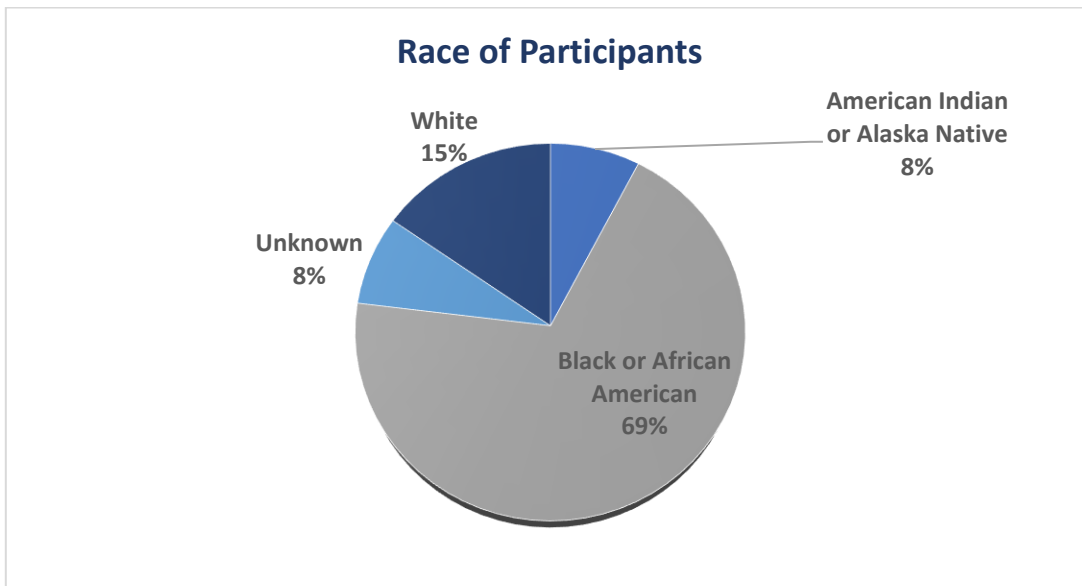
The chart below shows the racial distribution of program participants.



Exit Bonus Program

Exit Bonus Program offers \$5000 as a onetime direct cash assistance payment to households exiting emergency shelter. Participants must agree not to return to shelter for at least twelve months and complete a monthly survey. This program is designed for newly homeless individuals, less than 6 months, with no known substance or mental health challenges. The CoC intends to follow the program participants for twelve months and conduct regular surveys to assess their housing stability, food security, income, and other quality of life indicators including general wellbeing, use of substances, and feelings about the future.

The chart below shows the racial distribution of program participants.



Prince George's County, Maryland

DESCRIPTION OF HOMELESS SERVICES

The Prince George's County Continuum of Care (CoC) for homeless persons is coordinated through the County's Homeless Services Partnership (HSP), the local Homeless Advisory Board for the County Executive. The mission of the HSP is to ensure that episodes of homelessness are rare, brief and non-reoccurring and to that end, the HSP is responsible for needs assessments, gap analysis, service coordination, resource development, drafting and adoption of policy, and system performance evaluation of all homeless services. Membership includes over 100 public and private organizations, consumers and concerned citizens with expertise in relevant impact areas including homelessness, education, employment, mental health, substance use, behavioral health services, aging and vulnerable adult services, public safety, street outreach, benefit assistance, youth services, and domestic violence and trafficking which meet monthly and work collaboratively to establish strategic priorities, assess progress, and oversee full implementation of the County's efforts to end homelessness. The Prince George's County Department of Social Services is the lead administering agency for the County's CoC, and serves as the Homeless Management Information System (HMIS) administrator; the Collaborative Applicant (CA) for the annual HUD Homeless Assistance grant application process; and Co-Chair of the HSP.

The County has a comprehensive network of programs designed to provide a coordinated and systemic response to persons identified as at risk of, and/or, literally homeless as well as a coordinated entry system that ensures prioritization of those who are most vulnerable. All CoC services are coordinated through a central call center allowing persons in need to gain services and shelter without having to navigate multiple systems. The system includes:

- Street Outreach, Mobile Crisis and SOAR;
- 24/7/365 access through the "Homeless Hotline" and Coordinated Entry;
- Integrated Diversion and Homeless Prevention Services;
- Emergency and hypothermic overflow shelters including beds specifically for veterans, DV / trafficking survivors, and unaccompanied youth and young adults;
- Transitional Housing - Rapid Re-Housing combination programs;
- Rapid Re-Housing programs; and
- Permanent Supportive Housing programs.

The County's strategic plan focuses on six (6) key strategies that have proven to be effective in reducing homelessness: 1. coordinated entry, 2. prevention assistance, 3. shelter diversion, 4. rapid re-housing, rapid exit and "moving on", 5. permanent housing, and 6. improved data collection and performance measures. In addition, the County has prioritized six subpopulations to systemically target the unique barriers to housing experienced by these groups: 1. Vulnerable elderly and aging; 2. Unaccompanied youth/young adults; 3. Survivors of domestic violence, sexual assault, human trafficking and other violent crimes; 4. Returning Citizens, 5. Veterans; and 6. Chronic homeless and other homeless with severe somatic and behavioral health challenges (SMI, SUD and COD). These strategies have been carefully designed to achieve purposeful and intentional reduction in the incidents of homelessness and collectively they form a plan that enhances system accountability, builds on current success, and provides continued flexibility to quickly shift resources to meet newly emerging needs. System success is measured by positive movement in several key indicator areas including but not limited to: Change in income, Recidivism, Length of Stay in Homelessness, Exits to Permanent Housing, and Reduction in new entry of first time homeless.

	Beds for Individuals*	Beds for Families	Undesignated Beds	Year-Round Beds
COVID-19 NCS	Needs based response		169	169
Emergency Shelter	69	127	0	196
TH-RRH	38	127	0	165
TOTAL	107	254	169	530

*includes beds for unaccompanied youth and young adults ages 13-24

HOMELESS POINT-IN-TIME RESULTS

The Prince George’s County homeless point-in-time count was conducted on Wednesday, January 27, 2021. The survey counted and interviewed unsheltered homeless persons living on the streets and sheltered individuals and families in overnight COVID-19 NCS response shelters, 24-hour emergency shelters and joint transitional housing rapid re-housing programs. Due to the safety implications of COVID-19, this year’s count relied heavily on the support of providers and other professional homeless services teams to plan and develop revised strategies for conducting the count. Virtual sessions were conducted to ensure staff could be universally trained regardless of location and availability and ensured consistency of survey application on the day of the actual PIT count.

The County’s homeless management information system (HMIS) was used to conduct the sheltered count and to minimize safety risks, the unsheltered count was conducted this year entirely by professional street outreach teams and paid provider staff targeting 6 County zones. The County’s recent investment in the build out of a comprehensive street outreach team allowed for real time identification of “hot spot” locations within each County zone which included known encampments, shopping malls, metro stations, libraries, soup kitchens and other areas where homeless have been known to gather. Teams were disbursed from 6:00 am until midnight and included teams from Police, Fire/EMS mobile integrated health, community health workers, CoC Lead agency personnel, and CoC Street Outreach and PATH teams. In addition, a 3 day pre and 3 day post canvassing by the street teams allowed for comprehensive coverage and counting of known unsheltered homeless in this year’s PIT to minimize impacts of COVID-19 on jurisdictional reporting.

The unsheltered count included an interview component to gather pertinent demographic, subpopulation, employment and other relevant data used to generate comparable data for this report and a command center was established as a point of contact for team leaders to call with any questions, emergencies, supply needs or assistance during the count. The County’s Continuum of Care Point-in-Time Survey (PIT) Committee in collaboration with the County’s Homeless Management Information System (HMIS) Administrator used iPads, iPhones, tablets and Survey Monkey to conduct the 2021 unsheltered count. Training sessions not only prepared PIT staff to effectively use the electronic devices but enabled them to review and provide feedback about the survey questions in advance of the count. IT Specialists were assigned on the day of the count to assist with user questions and overflow survey input to ensure accountability.

On January 27, 2021 a total of 537 homeless adults and children were counted in Prince George’s County, Maryland; (251 single adults, 115 adults in families and 171 children in families) reflecting a 15.6% increase from 2020. Of this number, 469 (87.3%) were sheltered and 68 (12.7%) were unsheltered and living on the streets and public places not meant for human habitation. The following charts provide a comparison of the 2019, 2020, and 2021 counts. In spite of having the highest number of cost burdened households amongst neighboring jurisdictions, the overall number of unsheltered homeless continues to decline.

PRINCE GEORGE'S COUNTY HOMELESS COUNT BY CATEGORY				
Category	2021	2020	2019	% Change - 2020 to 2021
Total Number Counted	537	453	447	+15.6%
Total Number of Singles	251	212	199	+15.5%
Total Transition Age Youth (TAY) ages 18-24	26	18	18	+19.4%
Total Veterans	17	23	23	-26.1%
Total Number of Families	90	77	81	+14.5%
Total Number Persons in Families	286	240	247	+16.1%
Total Adults in Families	115	85	86	+26.1%
Total Number of Children in Families	171	155	161	+9.3%
Total TAY – Head of Household	15	10	12	+33.3%
Total TAY – Children in Household	10	12	17	-20%
Total Veterans – Head of Household	5	1	5	+500%
Total Veterans – Children in Household	6	3	13	+100%
Total Children w/ONLY Children (under 18)	0	1	1	-100%

The following chart provides a summary of those surveyed by income type. As in prior years, the largest source of income remains employment for the sheltered population however this is closely followed by SSI / SSDI (the growth in the elderly and disabled population in one year was statistically significant at 60% and continues to be the largest sub-population growth area in the homeless system in the last five years). SSI / SSDI now eclipse all other sources as the largest source of income for the unsheltered followed closely by “Other sources”:

HOMELESS COUNT BY INCOME TYPE – ADULTS ONLY				
Category	Sheltered		Unsheltered	
	Individuals	%	Individuals	%
Total Number of Adults	298		68	
Income	165	60%	16	40.6%
Employment	67	57.3%	1	5.4%
Social Security /Retirement	3	26.6%	3	10.8%
SSI / SSDI	55	10.5%	7	24.3%
TANF / Public Assistance	10	3.2%	0	10.8%
Other Sources *	30	2.4%	5	48.7%
Don't know / refused / no income	133	40%	52	59.4%

*other sources include unemployment, child support, and panhandling.

This following chart provides a summary of barriers impacting sheltered and unsheltered adults surveyed on the night of the count. Of those that reported barriers, single adults reported severe behavioral (43.6%) and significant somatic (27.8%) health challenges as presenting the greatest barriers to permanent housing and independence while for adults in families, the highest barrier remained domestic violence (48.1%) followed by severe behavioral (25.9%) and significant somatic (18.5%) health challenges.

PRINCE GEORGE'S COUNTY SUB-POPULATIONS - SINGLE ADULTS AND ADULTS IN FAMILIES					
Category	Adults in Families		Single Adults		Total
Population	Sheltered	Unsheltered	Sheltered	Unsheltered	ALL
Number of Adults (includes TAY)	115	0	183	68	366
Chronic Homeless *	0	0	1	33	34
Veteran	5	0	12	5	22
TAY	15	0	25	1	41
Substance Use Disorder	1	0	7	18	26
Severe Mental Illness	6	0	23	8	37
Co-occurring Disorder	0	0	1	4	5
HIV/AIDS	1	0	0	0	1
DV History (<i>any time in the past</i>)	10	0	3	0	13
Domestic Violence (<i>this episode</i>)	3	0	3	0	6
Physical Disability	4	0	26	1	31
Chronic Health Condition	1	0	6	6	13
Limited English	0	0	0	0	0
Foster Care**	0	0	0	0	0
Former Institutionalized***	0	0	0	0	0
Other Barriers	1	0	3	0	4
None of the above	88	0	111	0	199

*Adults meeting the HUD definition

**Adults who have been in foster care at any time.

*** Adults who were discharged directly into homelessness from prison or jail, hospitals, psychiatric facilities or other care facilities.

PERMANENT AND PERMANENT SUPPORTIVE HOUSING

While the County has experienced significant success with unsubsidized and non-traditional permanency efforts, there remain individuals and families who require a more structured and supportive housing plan; the greatest of which is the need for expanded rapid re-housing and new supportive housing beds for high-risk singles which represent the largest population of the County's known chronic homeless unsheltered population. In addition, there is a significantly growing sub-population of people newly experiencing homelessness who are aging/elderly or have a disabling condition and for whom social security, SSI and / or SSDI benefits are insufficient to secure or maintain market rent housing in the region. In 2021, the bed count remained constant however, the Continuum of Care continues to maintain focus on strategies to increase long term stable housing opportunities for these and other priority sub-populations; including partnerships with the local Housing Authority, local landlords, provider partners, and health/human services agencies to maximize rental concessions, prioritize access to public housing and vouchers, explore property ownership/project conversion for *deeply* affordable housing, and apply for new funding opportunities as they become available.

	2021	2020	2019	2018	2017	% Change
Permanent Supportive Housing (PSH) Beds	310	310	286	276	242	+28%
Rapid Rehousing (RRH) Beds	179	179	179	68	46	+289%
Other Permanent Housing (OPH) Beds	197	197	197	197	185	+6.4%
TOTAL	686	686	662	541	473	+45%

COVID-19 RESPONSE

The COVID -19 pandemic presented many challenges to the County's homeless response system but it also brought opportunities to retool and re-imagine our programs and services including but not limited to:

1. New shelter screening forms, temperature control stations, and operational protocols to ensure continued safety of all residents and to facilitate an immediate isolation/quarantine response as needed.
2. Facility modifications within a large dormitory based emergency shelter to meet CDC distancing guidelines while maintaining critical bed capacity.
3. 169 new units of non-congregate emergency shelter for unsheltered homeless, persons with high risk vulnerabilities and persons under investigation or positive for COVID-19. Since inception, 622 homeless/high risk residents (465 adults and 157 children) have been sheltered and 324 residents who were Persons Under Investigation (PUI) or COVID-19 Positive (POS) have received temporary quarantine or isolation support.
4. Expansion of tier 1 coordinated entry policies and procedures to immediately link street outreach team members to expanded shelter beds for real time placement of unsheltered persons.
5. Launch of learning pods for children in shelter to ensure unrestricted access to education and to support virtual learning.
6. Pilot partnership with local landlords and the Landlord Tenant Section of the Office of the Sheriff to defer and/or permanently dispose of 1,753 Warrants of Restitution keeping vulnerable residents in their homes during the pandemic.
7. Issuance of \$4.69M in emergency rental assistance, \$8.16M in direct utility and arrearage assistance, and \$155K in rapid rehousing assistance to persons experiencing or at risk of experiencing homelessness.

8. Onsite COVID-19 testing and coordination of off-site vaccinations for all CoC staff and residents who want it.

OTHER NOTEWORTHY CONTINUUM OF CARE ACTIVITIES

The County identified six (6) homeless sub-populations for targeted program development and has made significant progress as a result of that intentional focus:

1. *Survivors of Domestic Violence, Human Trafficking, and Sexual Assault*
2. *Unaccompanied Youth and Young Adult ages 13-24*
3. *Chronically homeless and other homeless persons experiencing severe behavioral and somatic health challenges*
4. *Veterans*
5. *Returning Citizens*
6. *Vulnerable elderly and aging*

County 2021 highlights include but are not limited to:

1. Expanded housing opportunities for unaccompanied youth experiencing homelessness with prior child welfare involvement through the new Foster Youth to Independence (FYI) program in collaboration with the local Housing Authority.
2. Selected as a HUD Youth Homelessness Demonstration Program site (cohort 3) and secured \$3.48M in funding that will expand local resources for unaccompanied youth and young adults, including a drop-in center, street outreach, Joint Transitional Rapid Rehousing beds, Transitional Crisis beds, and Permanent Supportive Housing beds.
3. Developed and published a Coordinated Community Plan in partnership with more than 120 stakeholders, youth with lived experience and County government agencies aimed at preventing and ending the experience of homelessness among youth and young adults.
4. Helped draft legislation to expand and improve Maryland's homeless youth tuition waiver which passed in the 2021 legislative session and now working with the higher education advocacy team on recommendations for statewide implementation in July of 2021.
5. Implemented a large scale move on strategy in all CoC Permanent Supportive Housing projects freeing up 45 units for new high acuity customers on the coordinated entry priority list.
6. Fully staffed and launched a comprehensive CoC street outreach team.
7. Began the implementation phase of the Pay for Success project which will add 100 beds of permanent housing online for high system utilizers with a prior criminal history.

Prince William County, Virginia

The Prince William Area Continuum of Care (PWA CoC) is comprised of nonprofit, faith-based, and government agencies throughout Prince William County and the cities of Manassas and Manassas Park. The PWA CoC provides operational policies and makes funding decisions for HUD and State funding. The PWA CoC meets monthly with a strong committee structure who reviews policies for consistency and best practices. Non-funded group members serve to make funding recommendations to the Governance Committee and then to the CoC. This group also reviews provider performance and holds them accountable for excellent service and strong internal controls.

Members of the CoC operate services to include prevention, diversion, street outreach, drop-in center, emergency shelter, transitional housing, rapid re-housing, permanent supportive housing, housing location and housing development. Providers collaborate to increase access to, and coordination of, services such as those related to housing, employment, benefits, education, health, and wellness.

A CoC member operates the Coordinated Entry System (CES) for the entire CoC with local funding. All people experiencing homelessness in need of services come through the CES. Certified Information and Referral staff operate this “front door” of the local homeless service system to assess barriers and connect persons experiencing a housing crisis to services. CES assists persons actively experiencing homelessness as well as those who may be at risk of homelessness. The CoC’s Service Continuum Committee updates the CES operational manual and makes recommendations for changes to the CoC.

Prince William County is 350 square miles, and the cities of Manassas and Manassas Park are independent jurisdictions located just west of mid-county. The population of people experiencing homelessness has grown in the west. In response, multiple western homeless advocates have come together to meet monthly and discuss how to serve. One such group, Serving Our Neighbors, became incorporated and developed a mobile Drop-In Center serving unsheltered adults one afternoon a week. This start is an impetus to grow a service continuum in the west that will be like the east, whose services have been in place for over twenty-five years.

PIT Count Outcomes

Overview

The PWA CoC conducted its annual count the night of January 27, 2021, as well as an additional “Service-Based Count” the following day. The “Service-Based Count” is a supplemental count that attempts to count anyone volunteers may have missed the night before. Volunteers visit places persons experiencing homelessness are known to congregate during the day such as public libraries, parks, and fast-food restaurants. Volunteers also survey persons seen panhandling to determine if they are actively experiencing homelessness.



Members of PWC DSS leadership and the Homeless Services Team the night of the 2021 PIT

PIT Count methodology was largely unchanged from last year; however, additional safety measures and training were put in place due to the COVID-19 pandemic.

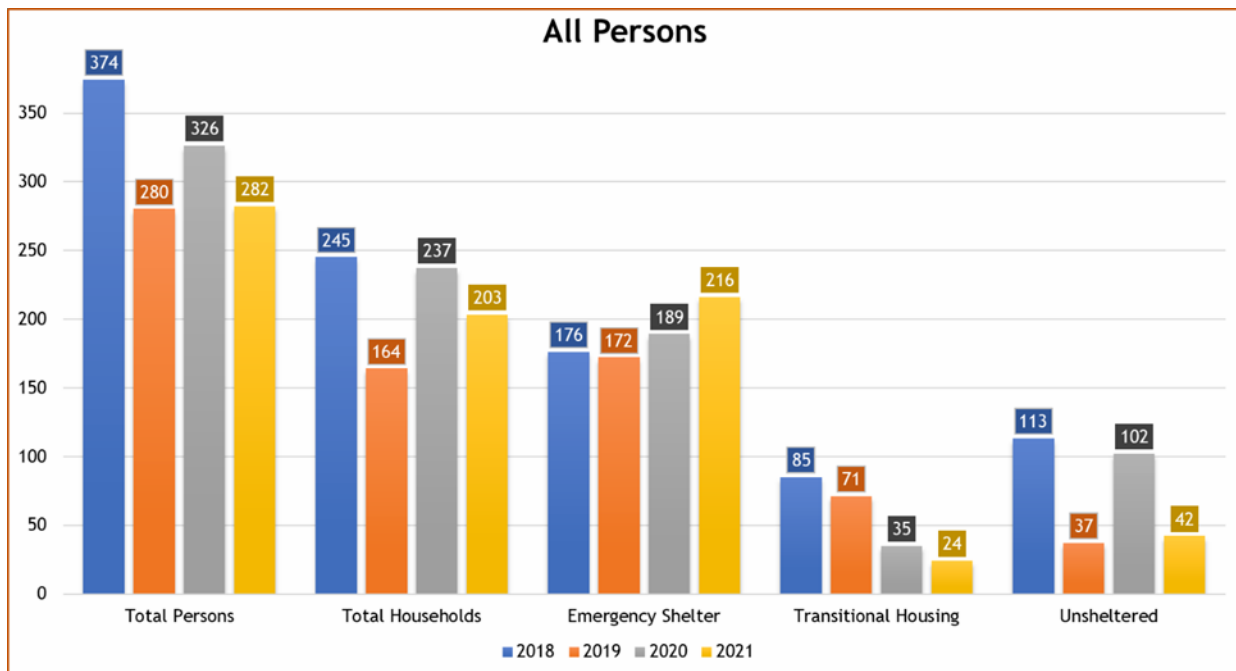
The following changes were made to our 2021 PIT Count Plan:

- The PIT Committee conducted direct outreach with entities that may have information on where unsheltered persons are sleeping.
- Recruitment of volunteers was focused on human service agencies, homeless services providers, and those with previous experience.
- A local government CoC member purchased PPE for all staff and volunteers as well as those being surveyed.
- Volunteer training included a review of COVID-19 safety measures such as proper mask usage and hand sanitation. Safety measures were reviewed by a medical professional with the George Mason University Mason and Partners Clinic.
- A “drive-thru” volunteer registration process at PIT headquarters which included a health screening and temperature check was developed.
- Volunteers could conduct “observation surveys” in situations where approaching someone was not a feasible option.
- Gift cards were used as incentives.

Persons Served

The literally homeless count decreased by 14% from the 2020 count to the 2021 count. The decrease in persons served can be attributed to increased funding for “prevention” services as well as the standing eviction moratorium. Local providers received targeted funding to serve persons at risk of losing their housing without having to meet current homeless eligibility criteria. This is important because most current programs require persons to meet the definition of “literal homelessness” to receive services. This means that households at-risk of homelessness or that are precariously housed and/or “doubled-up” do not qualify for housing assistance.

Counts of persons served decreased across the board except for Emergency Shelter - which saw a 14% increase. This growth is most likely due to improved services and increased capacity for hypothermia sheltering. In 2020, a CoC member provided 40 hypothermia beds but only served 19 persons in those beds the night of PIT. For 2021, the count of persons served increased by more than 237% with a total of 64 persons served. A CoC member provided local funding to provide hotel/motel shelter to persons sleeping outside during the winter months and coordinated access to services with local churches. Another CoC member provided funding for transportation services.



Unsheltered Homelessness

Increased hypothermia sheltering using hotels was a contributing factor to the decrease in the unsheltered count which is down by 59% from last year. Although this decrease is an indicator of success due to improved coordination and increased housing resources – it may also be an area of concern as the network enters the post-COVID period.

Challenges in obtaining information on “encampments” (i.e., places unsheltered persons are sleeping) were faced. Land development has left few areas for large camp sites making finding smaller camps harder. Another challenge is the lack of year-round data from current street outreach providers. There is only one formal street outreach program, and it just serves people with severe mental illness.

Informal street outreach programs are active in the Homeless Advocates-West group. Using HMIS for informal groups will be an active effort in the coming year.

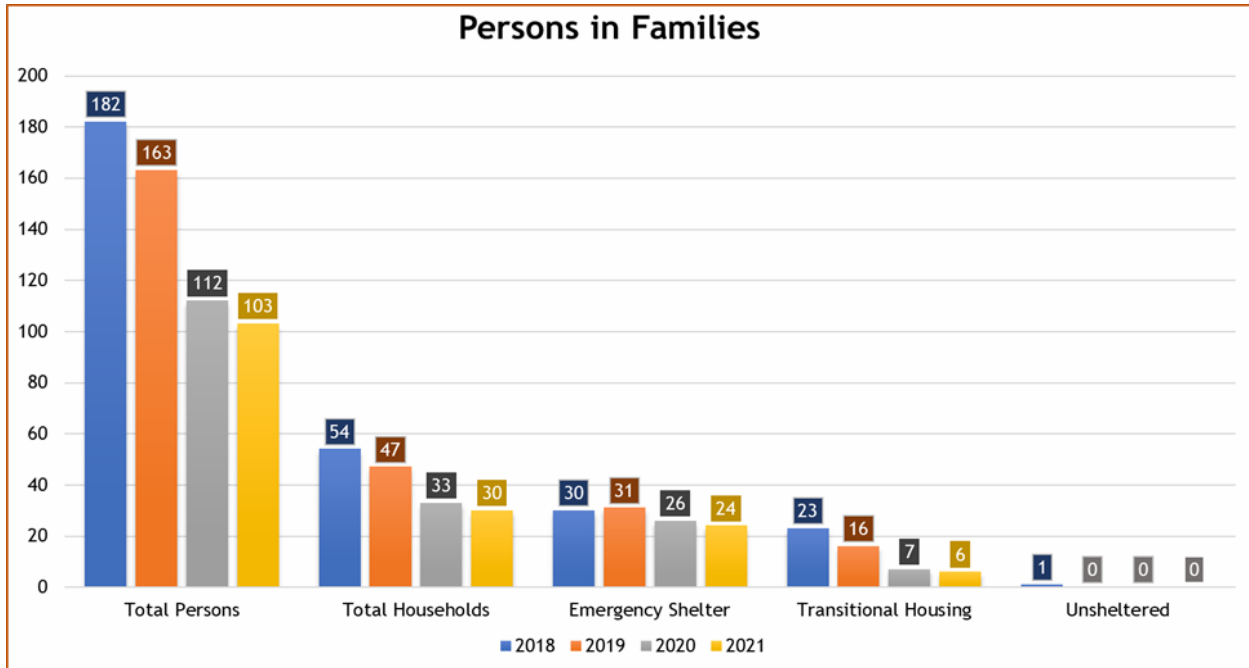
The effects of COVID-19 only compounded the above challenges as providers were forced to reduce street outreach activities due to the pandemic. Despite direct outreach and regular follow-ups with formal and informal providers, they were unable to share reliable data on encampments. The CoC largely relied on 2020 encampment data to map out their survey area. Many of the encampments volunteer teams visited the night of the count were visibly clean and well-kept but no one was physically there at the time. It is possible many of these persons were either in the hypothermia shelter or in other hotel/motel locations based on anecdotal information received from the community. The CoC has recognized the need for a more robust street outreach program and is actively working toward accomplishing that goal in FY2022.



Photo of one of the encampments surveyed the night of the 2021 PIT

Households with Children

The number of persons in households with children decreased by 8% from the 2020 count to the 2021 count. However, the household count remains close to last year which indicates services are being provided to smaller families rather than fewer families. The CoC's providers have been successful in reducing the number of families experiencing homelessness overall as seen in the chart below. There has been a 44% reduction in family homelessness since 2018. It is important to note part of this decrease is due to improved reporting and data quality.

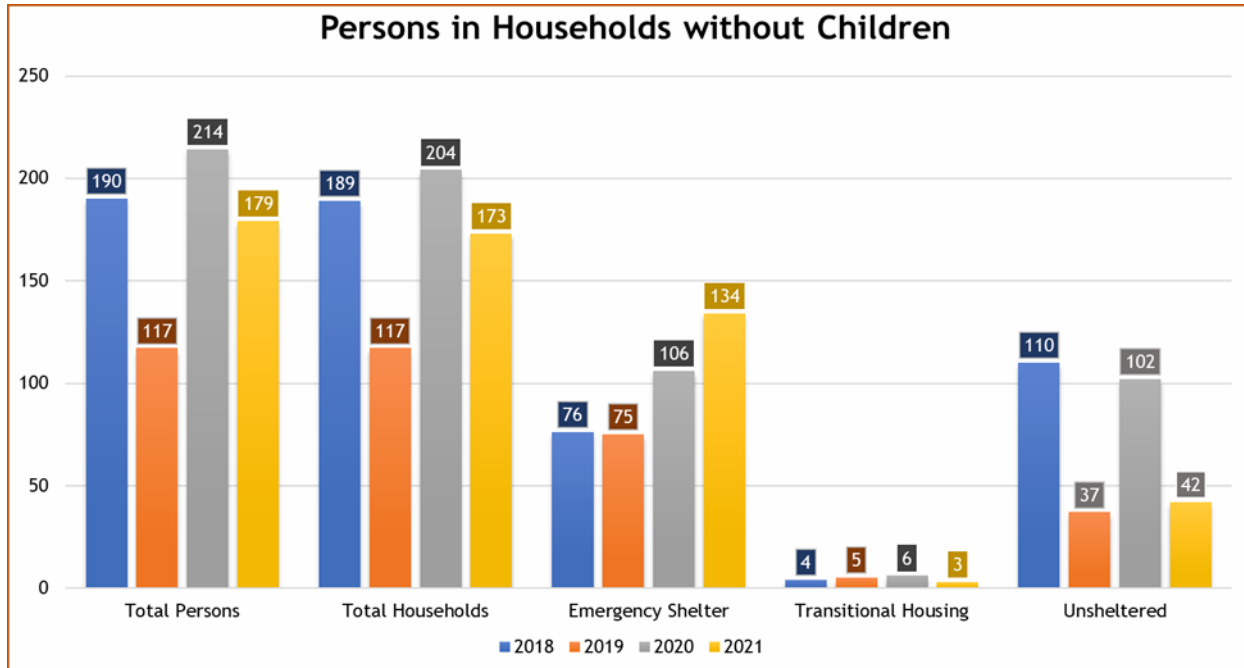


Adult-Only Households

The number of persons in adult-only households decreased by 16% from the 2020 count to the 2021 count which is largely due to the 59% decrease in the unsheltered count. We saw a 26% increase in persons in emergency shelter which is attributed to the improved winter plan for the hypothermia season. Adult-only households continue to be a vulnerable population in the PWA and represent 100% of the unsheltered population and 64% of the total population counted the night of PIT.

In October 2020, a CoC member began the process of transitioning a 48-bed overnight shelter to a full-time, year-round, shelter. This means adults experiencing homelessness will have more stability and access to services. Previously, case management services were limited and typically reserved for the most vulnerable residents. The shelter is fully staffed and has been in full operation since February.

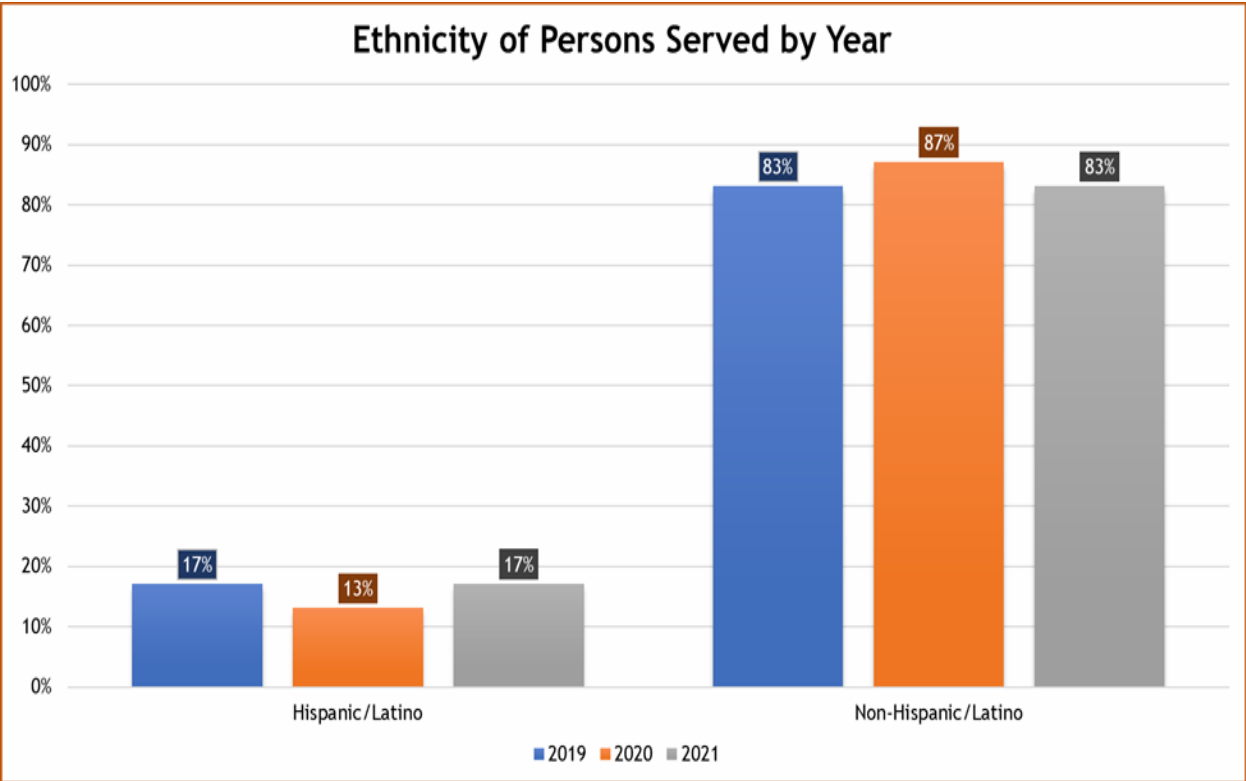
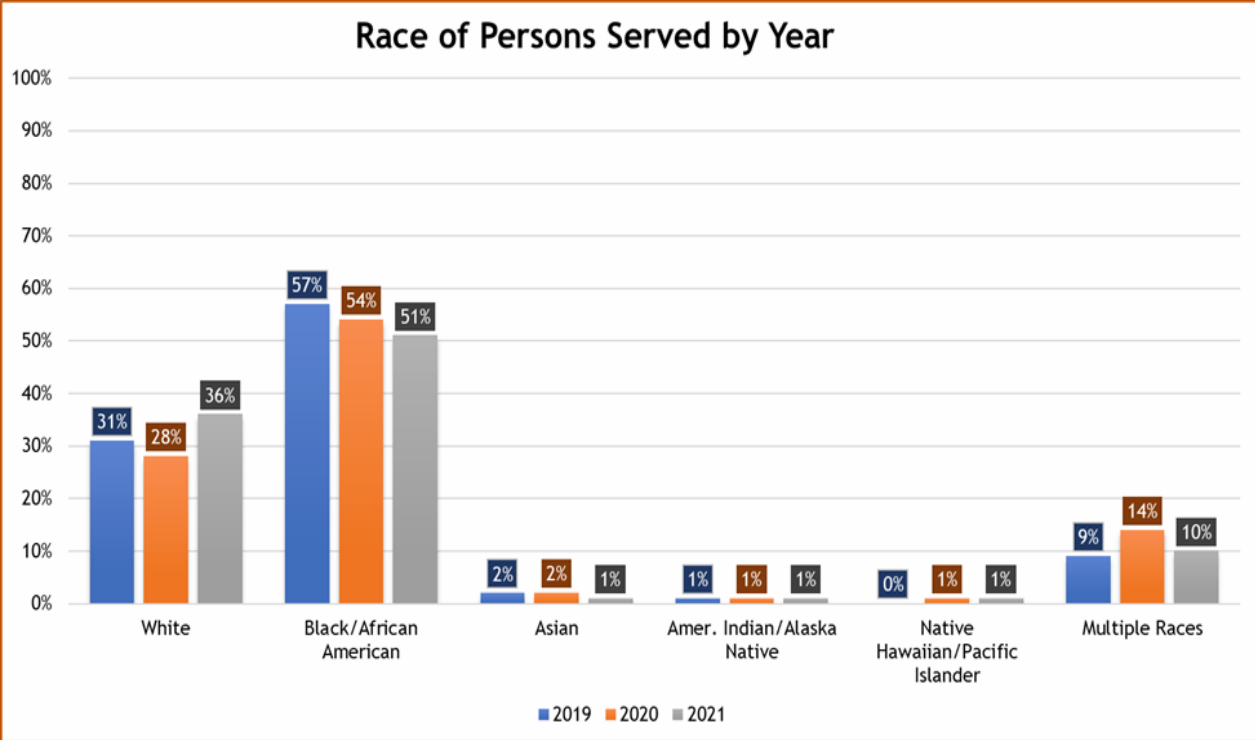
Another success is the development of the new Emergency Supportive Shelter which offers eight beds for single adults with high barriers to housing. Persons reporting disabling conditions and other medical problems that inhibit their ability to live independently are at a high number. The new Emergency Supportive Shelter will provide needed stability for these persons and allow adequate time to overcome their barriers and obtain permanent housing.



Race & Ethnicity of Persons Served

The PWA CoC strives to provide services in a manner that is equitable and free of discrimination and has conducted extensive work over the past three years to address systemic racial inequity. There has been a decrease in the number of persons identifying as Black/African American since 2019, however, they still represent more than 50% of the homeless population. This is especially concerning when compared to the most recent U.S. Census data from 2019 as persons identifying as Black/African American only represent 20% of the PWA’s general population.

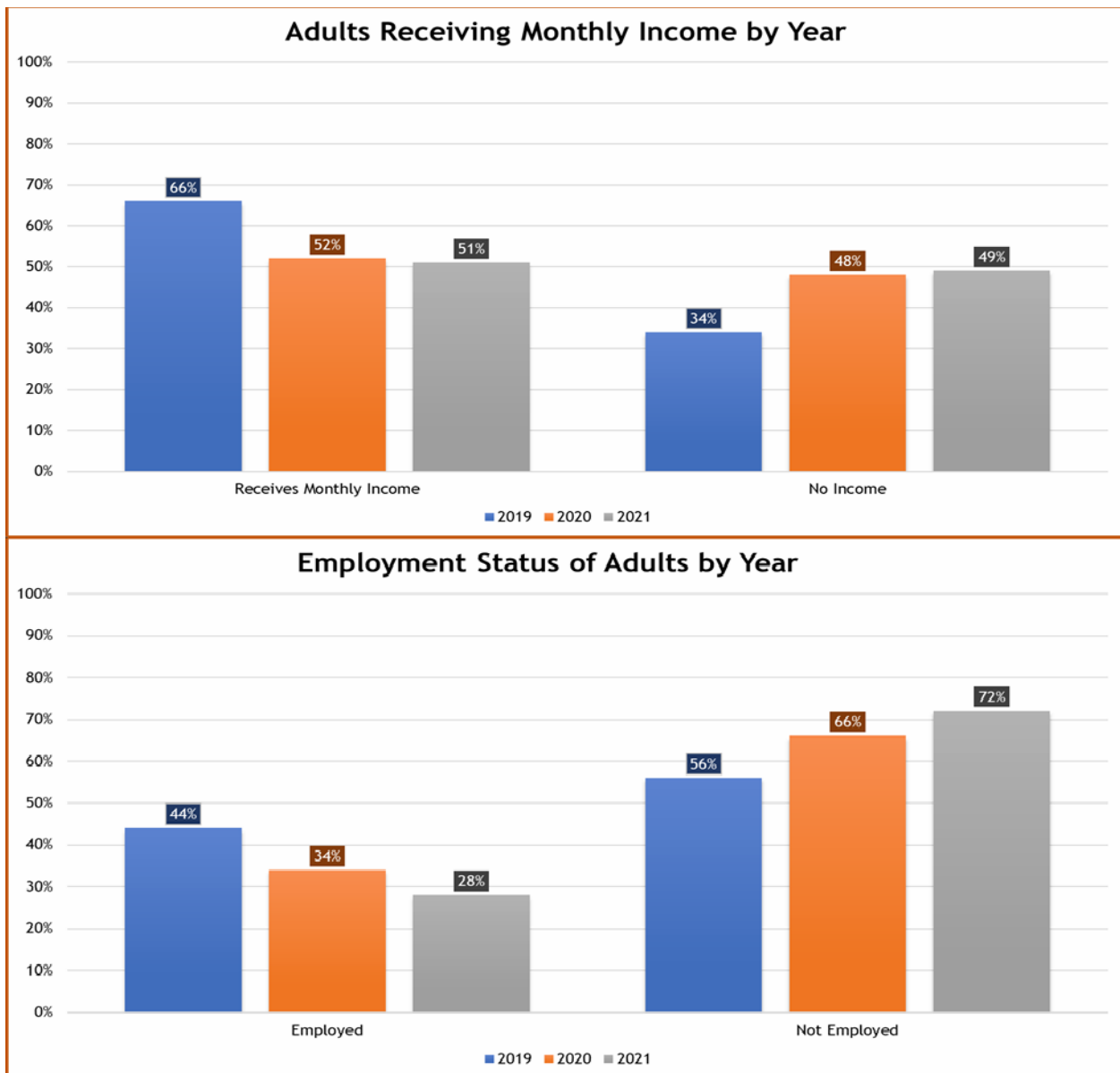
The data on the ethnicity of persons served since 2019 has remained consistent with a slight increase (3%) in the number of persons identifying as Hispanic/Latino from the 2020 count. It should be noted there is a data quality concern when it comes to collecting data on race and ethnicity. This is due to how HUD defines race for persons identifying as Hispanic/Latino as their primary race is “white” unless they report otherwise. Often persons identifying as Hispanic/Latino will report they are “multi-racial” as they do not feel comfortable being reported as “white”. For 2020, data quality improved with better alignment with the HUD standards which could account for some of the decrease in the count for “multiple races” and the increase seen for persons reporting as “white”.



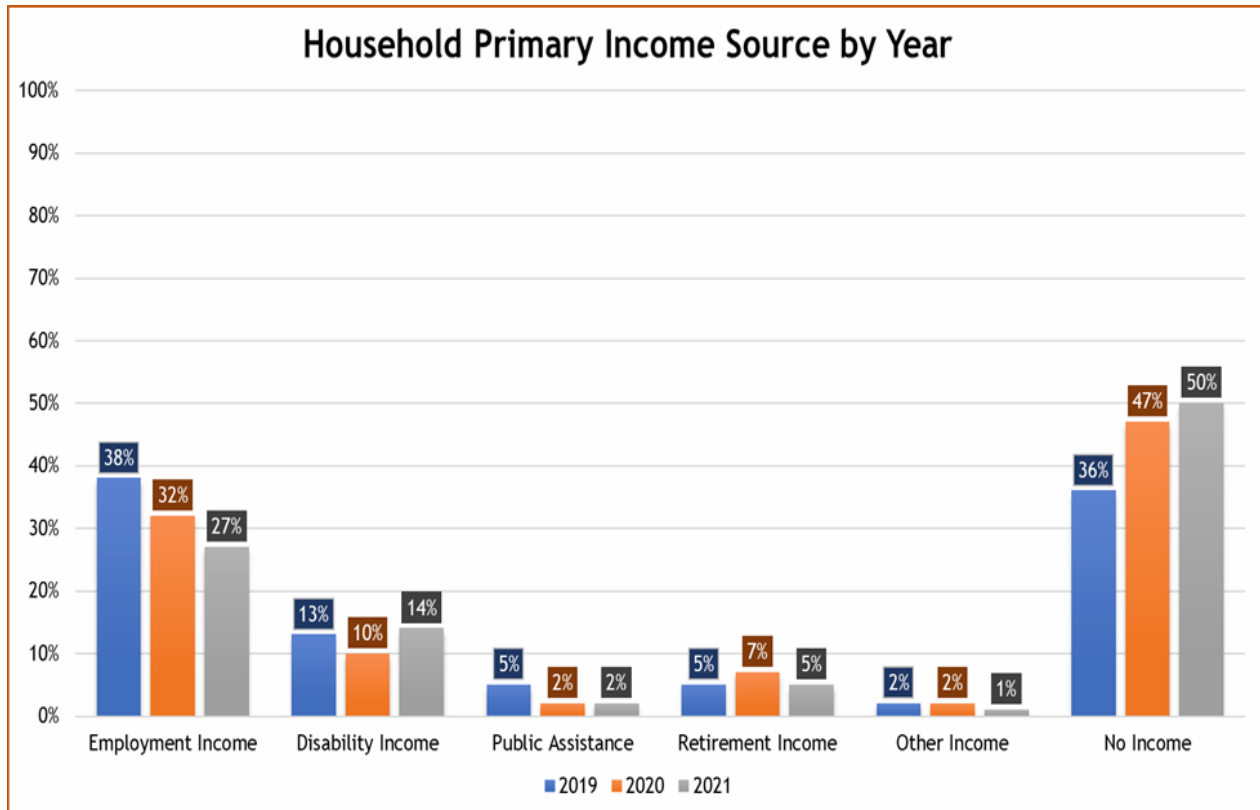
Income & Employment

Data on income and employment is provided for all adults (18+) counted in households the night of the PIT Count. There was not a significant change in the number of persons receiving income since last year; however, there has been a 23% decrease in the number of adults receiving income since 2019.

The number of adults who are employed decreased by 18% from the 2020 count to the 2021 count. There was a decrease in this number from the 2019 count to the 2020 count (23%). Gaining employment continues to be a challenge for many persons experiencing homelessness in the PWA CoC and the impact COVID-19 had on the economy further added to these challenges. Employment-based resources and partnerships with agencies providing these services has increased. A CoC provided started a new program that offers employment-focused case management to households enrolled in rapid re-housing. The program covers expenses related to job training and education to help persons expand their employable skills.



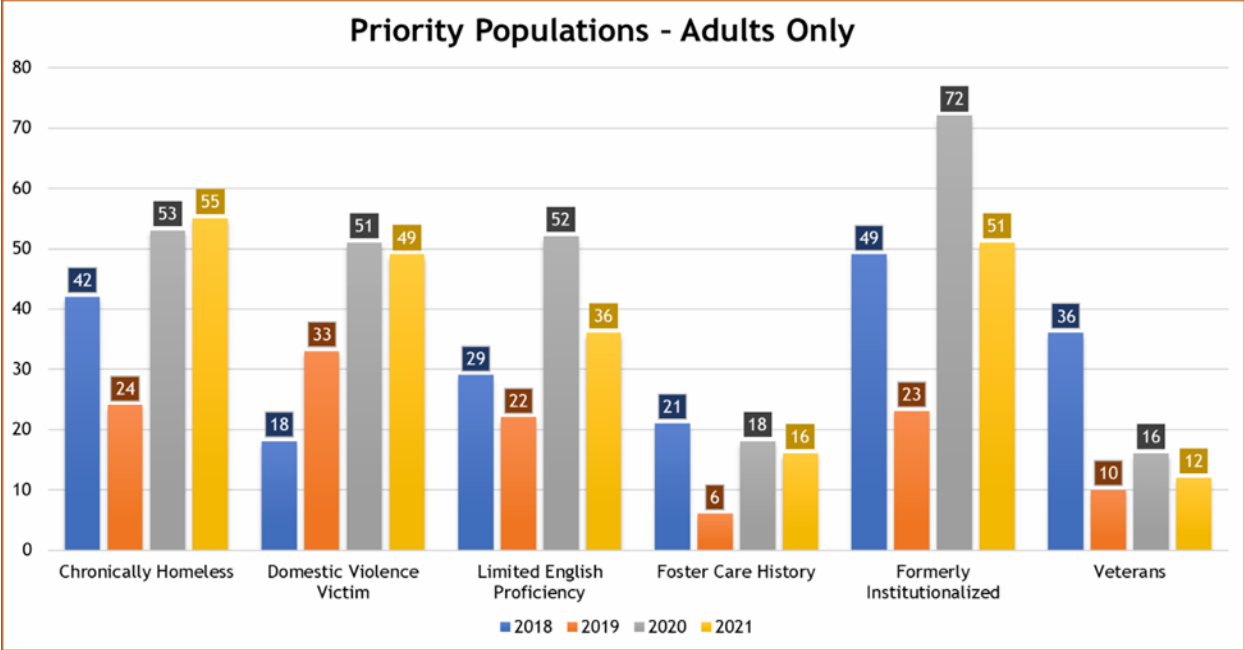
The table below shows the primary source of income by household rather than persons served. There has been a 16% decrease in the number of households whose primary source is employment income since 2020. There has been a 40% increase in the number of households whose primary source is some form of monthly disability income. Even though there was an increase of 6% in the number of households without income since 2020, it should be noted this is much lower than the increase of 31% from 2019 to 2020. This gives confidence that efforts to improve income retention for homeless households was effective.



Priority Populations

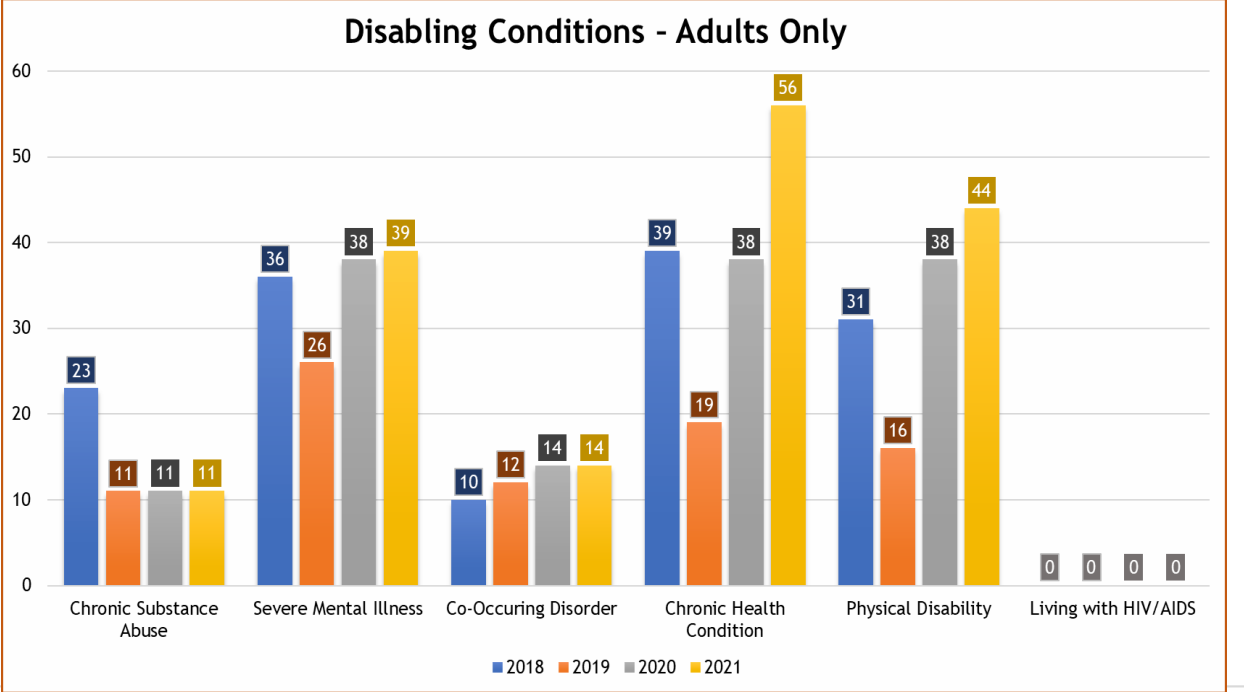
The PWA CoC prioritizes households for services based upon their identified barriers as well as by “priority populations” such as households with children and persons who are chronically homeless. There is a significant need for permanent supportive housing based on the data for persons reporting as chronically homeless. Since 2019, two new PSH projects have begun and increasing this service is a continual effort.

There was a significant decrease in the number of persons reporting their current episode of homelessness being due to a release from an institution. The number of “formerly institutionalized” persons decreased by 29% from 2020 to 2021. Collaborating with area hospitals and the adult detention center has been successful by developing multidisciplinary teams for discharge planning protocols to reduce homelessness for persons at-risk of being released to homelessness. The data shows efforts to reduce veteran homelessness continue to be successful with a 67% reduction in persons counted since 2018.



Disabling Conditions

Many persons experiencing homelessness report living with a disabling condition that significantly impacts their day-to-day life. In 2021, 50% of adults surveyed reported living with one or more disabling conditions. The data for substance abuse, mental illness, and co-occurring disorders remains consistent, however, there was a 47% increase in reported chronic health conditions and a 16% increase in reported physical disabilities. This increase could explain the 40% increase seen in households whose primary income source is some form of disability income.



Shelter Inventory

The PWA had a total of 310 sheltered beds (emergency shelter and transitional housing) available the night of the 2021 PIT. This results in a utilization rate of 77% based on the 240 persons served in sheltered projects. The COVID-19 pandemic has affected utilization in shelter projects due to social distancing requirements. Additionally, providers have had to utilize family rooms to quarantine single persons who have been exposed to and/or diagnosed with COVID.

Category	2019	2020	2021	Change in Beds 2020 - 2021	Percent Change 2020 - 2021
EMERGENCY SHELTER (ES)					
Total Beds	204	270	277	7	3%
Beds for AO HH	78	120	148	28	23%
Beds for AC HH	126	150	129	-21	-14%
DOMESTIC VIOLENCE (DV) SHELTER					
Total Beds	21	21	23	2	10%
Beds for AO HH	3	3	5	2	67%
Beds for AC HH	18	18	18	0	0%
ES BEDS BY AVAILABILITY					
Year-Round Beds	204	230	211	-19	-8%
Overflow Beds	0	0	2	2	100%
Seasonal Beds	0	40	64	24	60%
TRANSITIONAL HOUSING (TH)					
Total Beds	78	41	33	-8	-20%
Beds for AO HH	6	6	3	-3	-50%
Beds for AC HH	72	35	30	-5	-14%
TOTAL BEDS	282	311	310	-1	0%

Permanent Housing Outcomes

Permanent Housing

Members of the PWA CoC currently operate six Permanent Supportive Housing (PSH) projects and 13 Rapid Rehousing (RRH) projects. There was a 13% increase in PSH beds and a 17% increase in RRH beds since 2020. One positive to come out of the pandemic has been the increased funding received for RRH services. The CoC has begun three new RRH projects, which all receive HUD ESG CV (CARES) funding. A new PSH project started on 10/1/2020 which brought 11 new beds for single individuals to the PWA. The CoC served 46 persons in PSH the night of the 2021 PIT which is a 12% increase from 2021. All PSH beds remain dedicated to chronically homeless persons and their families.

RRH providers continue to successfully move households into their new homes quickly and effectively. Since the beginning of the fiscal year (7/1/2020), 88% of persons enrolled in RRH moved into a permanent housing unit. Of those persons, 81% moved from homelessness into housing in less than thirty (30) days. Further success in RRH projects saw the point of exit as 73% of those exiting “transitioned in place” meaning they no longer require services and have assumed full responsibility of their rental unit.

Category	2020	2021	Change in Beds 2020 - 2021	Percent Change 2020 - 2021
OTHER PERMANENT HOUSING (OPH)				
Total Beds	9	9	0	0%
Beds for AO HH	9	9	0	0%
Beds for AC HH	0	0	0	0%
PERMANENT SUPPORTIVE HOUSING (PSH)				
Total Beds	46	52	6	13%
Beds for AO HH	36	45	9	25%
Beds for AC HH	10	7	-3	-30%
RAPID RE-HOUSING (RRH)				
Total Beds	133	156	23	17%
Beds for AO HH	39	50	11	28%
Beds for AC HH	94	106	12	13%

Positive Exit Destinations

Since the beginning of the fiscal year (7/1/2020) through the night of the 2021 PIT, 76 persons exited to permanent housing destinations other than PSH and RRH. This information is determined using HMIS data for emergency shelter, transitional housing, and street outreach projects. This is important as it supports efforts to provide diversion services beyond coordinated entry and therefore reserve limited housing resources for households with higher barriers.

Other Permanent Housing

CoC members also operate two “other” permanent housing projects that are privately funded but still utilize the HMIS and participate in reporting. These projects offer permanent housing to single individuals with or without a disability as well as supportive services. Both projects remain at 100% capacity, as in 2020, serving a total of 9 individuals.

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