

**HOMELESS ENUMERATION
FOR THE
WASHINGTON METROPOLITAN REGION
2008**

Prepared by:

**The Homeless Services Planning and
Coordinating Committee**

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Introduction

Since 2001, the Homeless Services Planning and Coordinating Committee of the Metropolitan Washington Council of Governments (COG) has conducted a regional enumeration of the homeless population.

On January 24, 2008, the eighth annual regional count of the homeless was conducted. This report tracks the number of people found on the streets, in emergency shelters, in transitional and permanent supportive housing, or otherwise homeless and in need of a safe shelter. These data represent persons locally served by a Continuum of Care (CoC), as defined by the U. S. Department of Housing and Urban Development (HUD) under the McKinney-Vento Homeless Assistance Act, Continuum of Care Homeless Assistance Program. The enumeration is a one day point-in-time snap shot of persons served by the nine jurisdictions in the Washington, D.C. metropolitan region that have received funding under the HUD Continuum of Care Homeless Assistance Program.

The jurisdictions that participated in the survey in Virginia: Alexandria, Arlington, Fairfax County (includes Falls Church and the City of Fairfax), Loudoun County and Prince William County (includes the cities of Manassas and Manassas Park); in Maryland: Frederick County, Montgomery County and Prince George's County (includes the City of Bowie); and the District of Columbia. The homeless enumeration report contains brief reports prepared by each of the participating jurisdictions. These jurisdictional reports provide brief descriptions of each jurisdiction's homeless CoC and more detailed explanations of their respective survey results (see pages 22-57)

The report includes a count of people who are:

- Residing in transitional housing where they receive supportive services designed to help them move into some form of permanent housing;
- Living in an emergency shelter, where many go back to the streets during the day;
- Visibly homeless living on the streets all the time including parks, alleys and camp sites;
- Formerly homeless persons now living in permanent supportive housing and receiving supportive social services.

The Count **does not** include persons who are living doubled and tripled up in housing or persons who may be considered at-risk of becoming homeless.

Some of the region's jurisdictions used a Homeless Management Information System (HMIS) to count the homeless persons. An HMIS is an electronic data collection system that stores person-level information about homeless people who access the homeless service system. These systems can be used to produce an accurate "unduplicated" count of homeless persons, improve program operations, measure program performance, and coordinate services community-wide.¹

Definition of Homeless

For the purpose of the enumeration the region’s jurisdictions used the HUD definition of “homeless,” which is defined as persons who reside in some form of emergency or transitional shelters, domestic violence shelters, runaway youth shelters, and places not meant for human habitation, which include streets, parks, alleys, abandoned buildings, and stairways.² The HUD requirements for conducting the point-in-time count can be found in their "Standard and Methods for Point-in-Time Counts of Homeless Persons and Annual Housing Inventory Updates" at www.hud.gov.

How Many Homeless?

Table 1 compares the baseline data from 2005 through 2008. The reported regional count of 11,752 individuals and persons in families for 2008 compared to 11,762 in 2007 is virtually unchanged (see Tables 1 and 2). In 2007, the region reported the first decline in the homeless count since 2004. The reported count in 2004 was 11,109. It is noted that since 2005 the region has experienced an overall 2.9 percent increase in homelessness. This overall increase for 2005 – 2008 is attributed to homeless individuals. The number of persons in families who were homeless for the same period decreased by –11.7 percent.

Table 1: Individuals and Persons in Families Who Are Homeless				
		Individuals	Persons in Families	Total
MWCOG REGION	2008	7,186	4,566	11,752
	2007	6,911	4,851	11,762
	2006	7,137	4,948	12,085
	2005	6,321	5,098	11,419
2005-2008 Percent Change		13.7%	-11.7%	2.9%

Overall, five of the participating jurisdictions had some reduction in homelessness since 2007: Alexandria, Arlington County, Loudoun County, Prince William County and Prince George’s County. Four jurisdictions had some increases in their homeless count. Increases were reflected for Fairfax County/Cities of Fairfax and Fall Church, Montgomery County, Frederick County and the District. Please read the jurisdictional narratives beginning on page 22 for more detail information about each jurisdiction's homeless services and their count. (At the end of this report is “Table 1A, Homeless by Jurisdiction” and Table 7A, “Formerly Homeless Living in Permanent Housing by Jurisdiction,” which provides these same data broken out by each of the nine Continua.)

Table 2 compares the overall change in homelessness by jurisdiction by aggregating homeless individuals and persons in families over the past three years. Since 2005, the Table reflects a 2.9 percent overall increase in homelessness for the region. Frederick County did not participate in the point-in-time count until 2005.

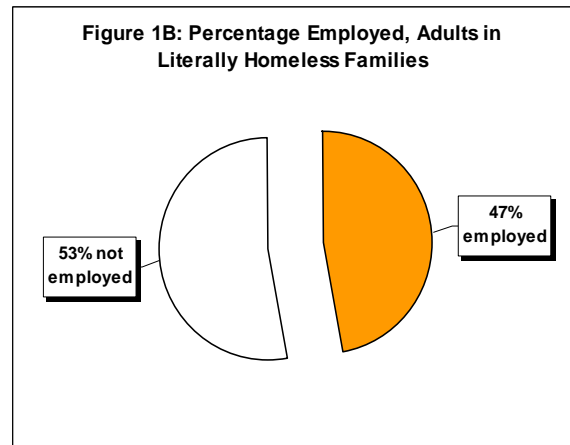
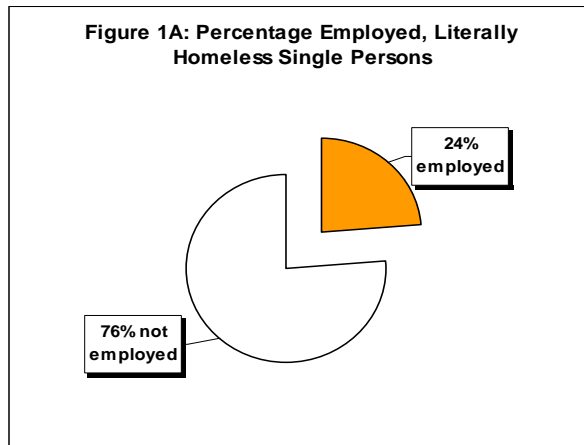
Table 2: Literally Homeless by Jurisdiction, 2005-2008					
Jurisdiction	Persons Counted				% Change
	2005	2006	2007	2008	2005-2008
District of Columbia	6,026	6,157	5,757	6,044	0.3%
Alexandria	433	377	375	348	-19.6%
Arlington County	410	477	462	410	0.0%
Fairfax County/City/Falls Church	1,675	1,766	1,813	1,835	9.6%
Frederick County	271	212	223	302	11.4%
Loudoun County	93	184	211	170	82.8%
Montgomery County	1,068	1,164	1,139	1,150	7.7%
Prince Georges County	939	12,91	1,168	943	0.4%
Prince William County	504	498	614	550	9.1%
Total Homeless Persons	11,419	12,126	11,762	11,752	2.9%

Table 3 – Persons in Families is a break down of the number of adults and children in families counted in this year’s survey. It is important to note in the case of families, children are more adversely affected by the experience of homelessness. Often the children are dislocated from familiar surroundings, family, friends, and neighborhood schools. Children must contend with the stigma associated with being homeless. This year’s homeless enumeration reported 1,403 families composed of 4,566 adults and children. Children represented 2,879, or 63 percent of total of all persons in families counted as being homeless, and 24.5 percent of 11,752 total of all persons counted as homeless in the enumeration.

Table 3: Persons in Families by Jurisdiction				
	Number of Families	Adults in Families	Children in Families	Persons in Families
District of Columbia	587	687	1149	1836
Alexandria	42	46	81	127
Arlington County	41	45	81	126
Fairfax County/City/Falls Church	311	418	673	1091
Frederick County	47	51	85	136
Loudoun County	35	43	78	121
Montgomery County	130	138	272	410
Prince Georges County	104	125	245	370
Prince William County	106	134	215	349
All COG CoCs	1403	1687	2879	4566

Homelessness and the Working Poor

Figures 1A and 1B, respectively, highlight the employment percentages (both full and part-time) for homeless individuals and families in the region. Employment, or an adequate and reliable source of income, is crucial to individuals' and families' ability to move out of homelessness into permanent housing. Overall, 24 percent of the individuals and 47 percent of adults in families were employed. Figure 1D on the following page indicates that 26.5 to 65.6 percent of the adults in homeless families with children in the suburban jurisdictions were homeless despite being employed. In general, the lower rate of employment for single adults (24 percent) may be attributed to the higher incidence of substance abuse, mental illness and chronic health problems for this population than adults in families. See Figure 8: Subpopulations & Disability Identification Among Literally Homeless Single Adults & Adults in Families for the details.



Not all of the Continua participating in the point-in-time count collect data on income of homeless persons. However, those that do collect this data report that high percentages of persons, both for single individuals and families, have household income at or below the federal poverty level. For example, Montgomery County reported that more than 86 percent of the adults in families (literally and formerly homeless) had monthly incomes below the poverty level. Fairfax-Falls Church also reported similar income levels in their report.

In 2008, the U.S. poverty guideline is \$10,400 for individuals and \$21,200 for a family of four³. According to HUD, the Fair Market Rents (FMR) for a two-bedroom apartment in the Washington Metropolitan area in 2008 is \$1,324 monthly or \$15,888 annually.⁴ Based upon the 2008 poverty level, a family of four would have paid 74.9 percent of its household income on rent. The generally accepted HUD standard for housing cost is 30 percent of household income. It is clear that households with incomes at or below the U.S. poverty level cannot afford the high cost of housing in the region, even though they may be employed. Some form of subsidy is needed to provide housing support for these households.

Figures 1C and 1D on the following page highlight the employment percentages for homeless single individuals and adults in families by jurisdiction. The highest levels of employment were reported in Fairfax County/City and Fall Church and Montgomery County, where 65.6 percent and 64.5 percent, respectively, of adults in families were employed. The District had the lowest percentage of employed adults in families at 26.5 percent. This was an increase from 19.7 percent reported in 2007.

Figure 1C: Percentage Employed, Literally Homeless Single Persons, by Jurisdiction

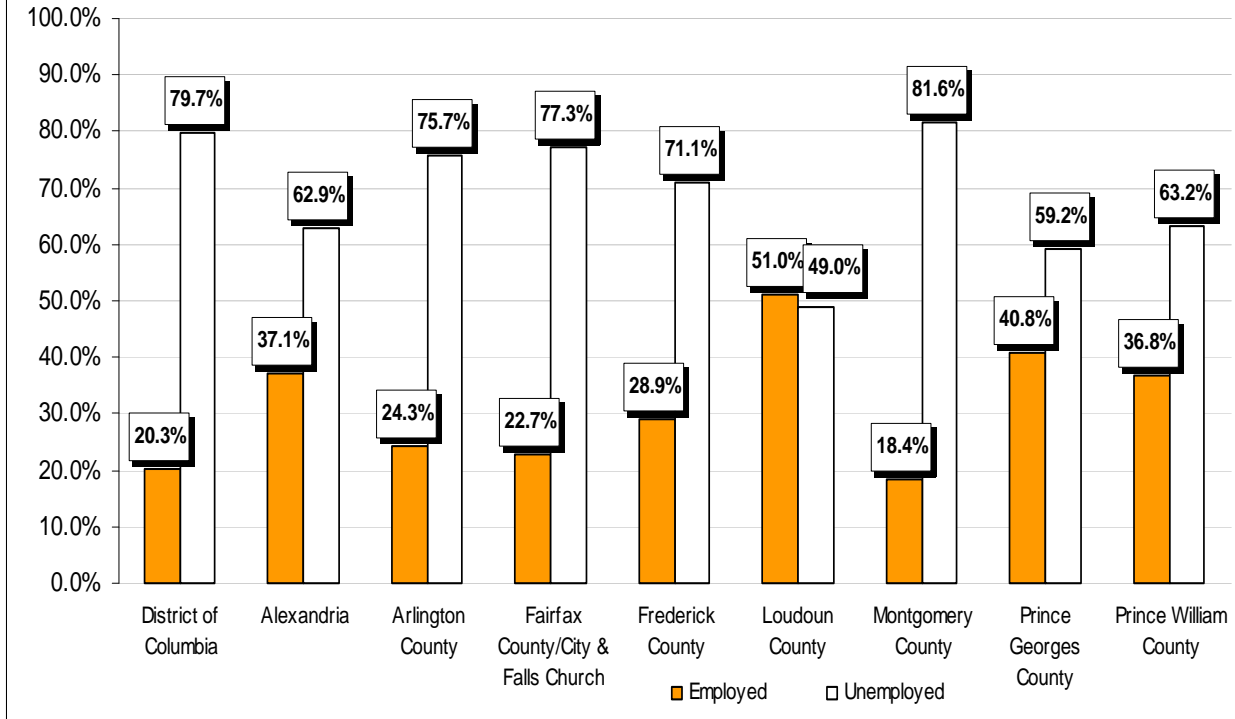
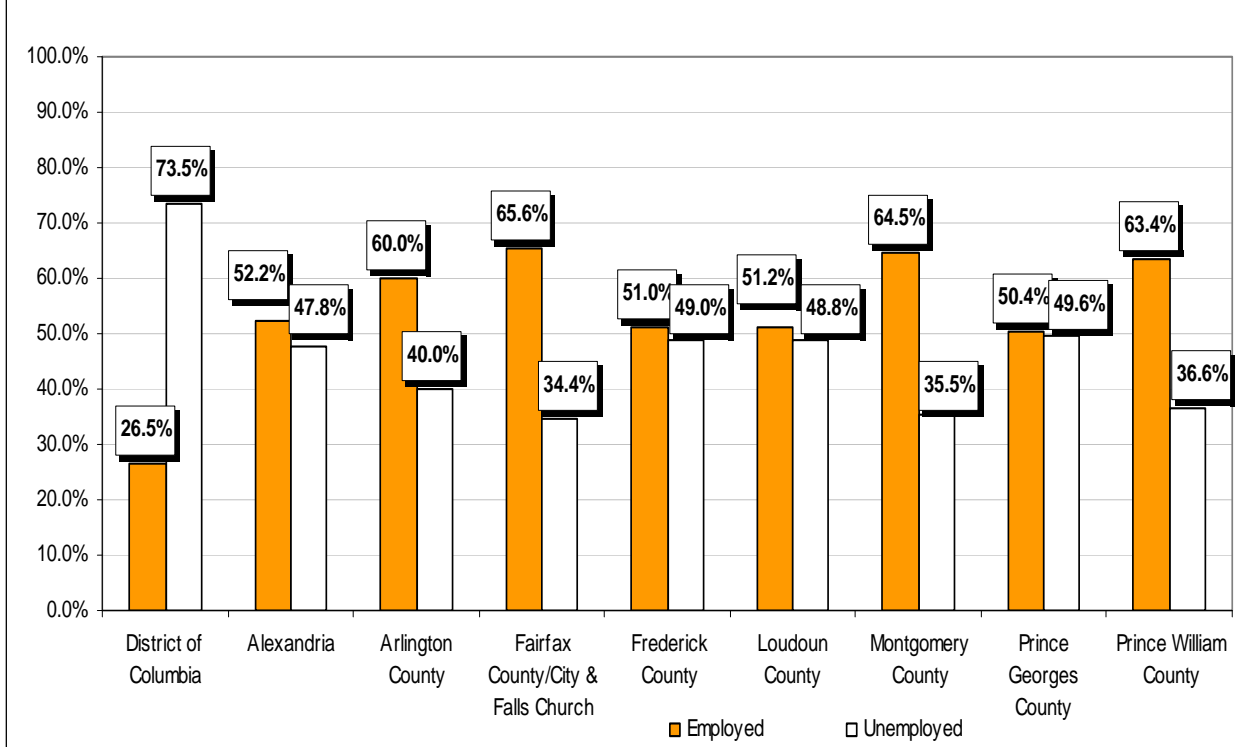
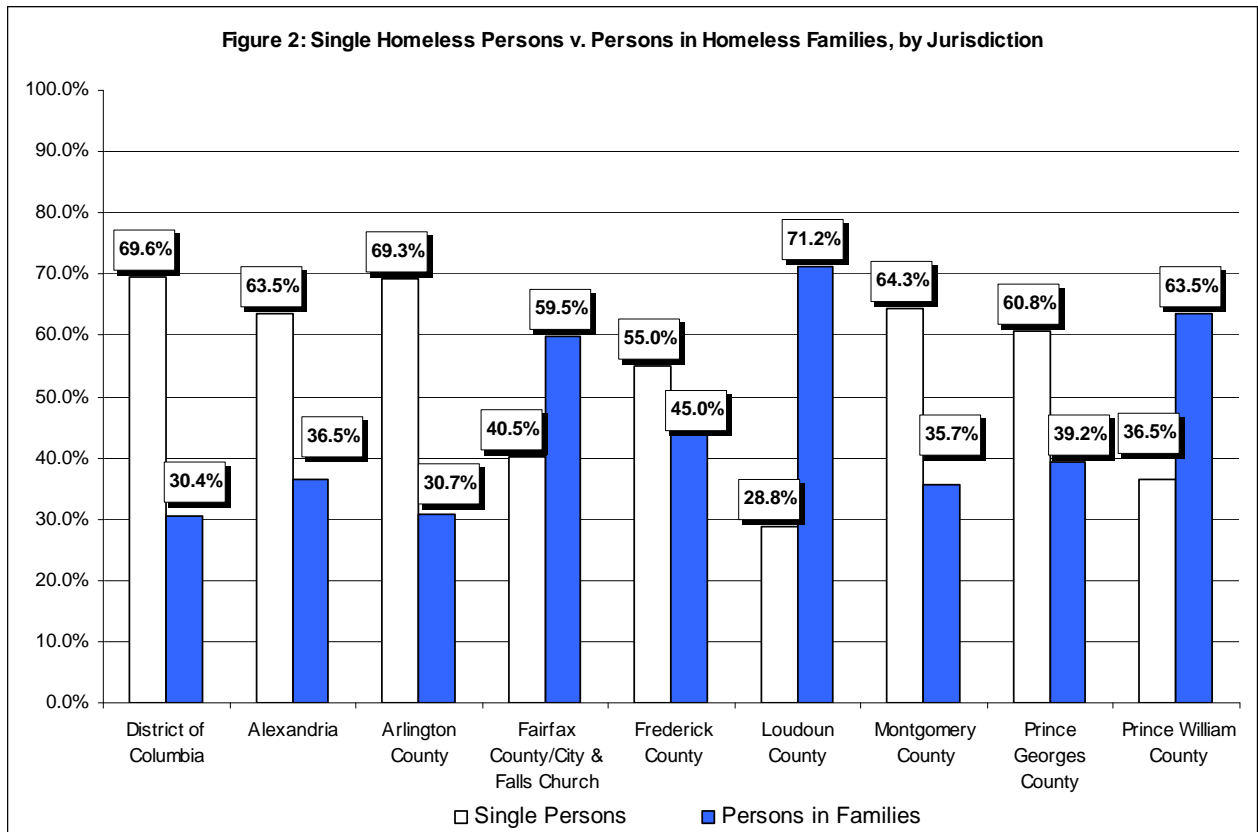


Figure 1D: Percentage Employed, Adults in Literally Homeless Families, by Jurisdiction



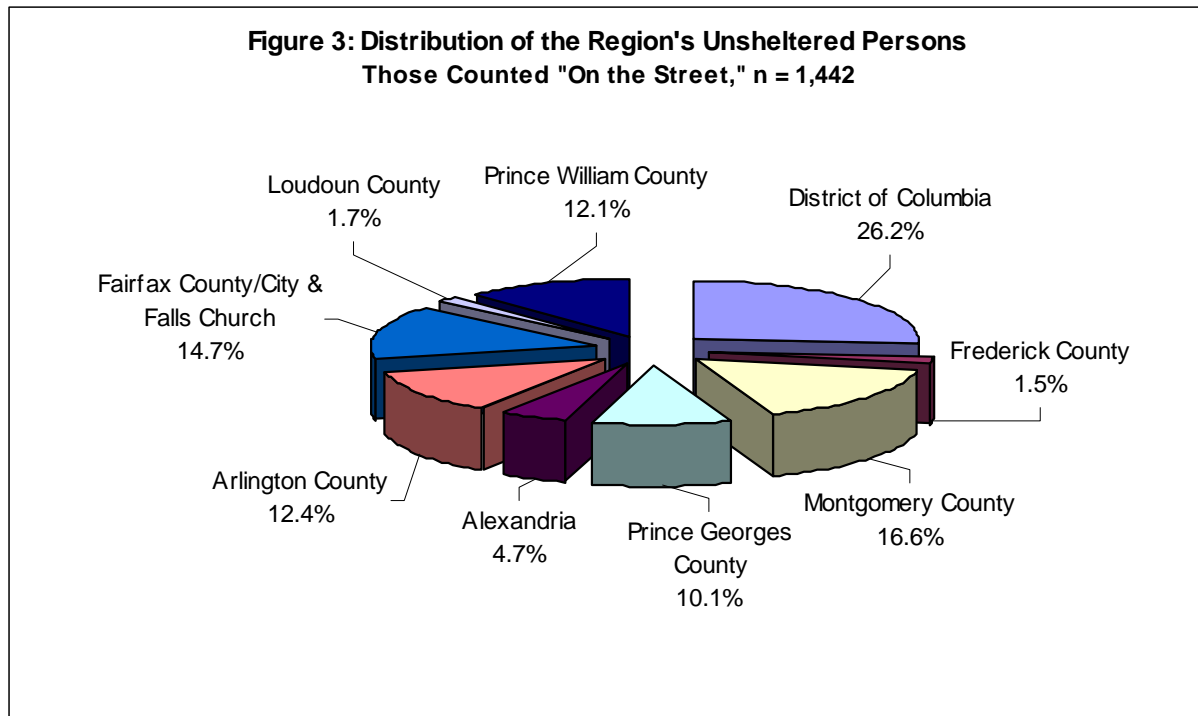
Individual v. Family Homelessness

Figure 2 compares the percentages of the region’s homeless who are individuals versus in persons in families by jurisdiction (this sentence is confusing). Overall, 61.1 percent of the homeless in the region are individuals. The percentage varies for each jurisdiction, for example, Loudoun County (71.2), Prince William County (63.5) and Fairfax County/City & Falls Church (59.5) served more homeless persons in families than individuals. This difference in the composition of the homeless in the jurisdictions requires a CoC strategy that is tailored to the unique set of circumstances for each jurisdiction.



Unsheltered Homeless

Figure 3 highlights the unsheltered homeless count for the region. These are individuals who live on the streets for various reasons. In 2008, 1,442 persons were counted as unsheltered, or 12.3 percent of the total count. It should be noted that counting persons living on the streets is difficult. On the day of the count, outreach workers go into the community and attempt to count the visibly homeless who live on the streets, alleys, parks, camp sites, under bridges and other areas known to be frequented by persons who are homeless.



Chronic Homelessness

In keeping with national policy, the nine COG jurisdictions that received Continuum of Care grants from HUD are working to reduce the number of “chronically homeless” persons. HUD defines a chronically homeless person as *An unaccompanied homeless disabled individual who has either been continuously homeless for a year or more or has had at least four (4) episodes of homelessness in the past three (3) years.* In many CoC plans that focus on ending all homelessness – an especially important objective in areas where families make up most of the homeless population – ending chronic homelessness is a current priority in obtaining competitive HUD funding.

Table 4 highlights that the number of chronically homeless persons counted in the COG region appears to have risen over the past three years. 3,375 were chronically homeless in 2008 compared to 3,063 in 2007. Given the inexact means used to measure this population the numerical change needs to be interpreted with caution⁵. With that caveat in mind, Table 4 compares the number of single persons counted as chronically homeless in 2008 with the numbers counted in 2005-2007.

Table 4 indicates that 47 percent of all homeless single adults in the region were counted as chronically homeless, which is down from 55 percent reported in 2007. This is similar to the results in HUD’s 2005 homeless report, which estimated that 57 percent of homeless individuals were chronically homeless. Chronically homeless persons are a relatively static population of people who tend to remain homeless over several years. Providing this population permanent supportive housing could relieve the burden on emergency shelters, reduce the human tragedy of people living in the streets and reduce public cost.

Table 4: Chronically Homeless								
Jurisdiction	Chronically Homeless Counted as Unsheltered	Chronically Homeless Counted in Emergency and Winter Shelters	Total Chronically Homeless 2008	% Chronic of All Single Homeless Adults	% Chronic of All Literally Homeless Persons	Total Chronically Homeless 2005	Total Chronically Homeless 2006	Total Chronically Homeless 2007
District of Columbia	344	1,840	2,184	52%	36%	1,773	1,891	1,760
Alexandria	46	29	75	34%	22%	91	76	114
Arlington County	129	27	156	55%	38%	100	182	220
Fairfax County/City/Falls Church	176	226	402	54%	22%	258	401	335
Frederick County	13	42	55	33%	18%	77	39	23
Loudoun County	13	8	21	43%	12%	23	16	52
Montgomery County	89	119	208	28%	18%	144	206	231
Prince Georges County	145	71	216	38%	23%	194	239	264
Prince William County	41	17	58	29%	11%	34	27	64
All COG CoCs	996	2,379	3,375	47%	29%	2,694	3,077	3,063

The Region's Homeless by Total Population

Table 5 highlights the number of homeless people counted in the region as a percentage of the total population with and without the District of Columbia. Including the District, the Table indicates the incidence of homelessness in the region is 0.26 percent of the total metropolitan population. Exclusive of the District, the incidence of homelessness is 0.14 percent of the suburban metropolitan population. It is noted in the 2008 enumeration that the District had 51.4 percent of the region's homeless. (See Figure 5 on page 19.)

In February 2007, HUD released its first national count of the homeless based upon 2005 homeless data from 65 communities that participated in the study. HUD reported nationally there were 754,147 homeless persons in the country. According to HUD, this represented less than 0.3 percent of the nation's general population⁶. COG's regional comparison of homelessness as a percentage of the total population yielded similar results; the homeless were 0.26 percent of the total population.

Table 5: Percent of Total Population Who Are Homeless				
Jurisdiction	2007 U.S. Census Population Estimate	Homeless Count in 2008	Homeless as % of Total Population	Homeless Persons per 1,000 People
District of Columbia	588,292	6,044	1.03%	10.3
Alexandria	136,974	348	0.25%	2.5
Arlington County	204,568	410	0.20%	2.0
Fairfax County/City/Falls Church	1,044,538	1,835	0.18%	1.8
Frederick County	224,705	302	0.13%	1.3
Loudoun County	278,797	170	0.06%	0.6
Montgomery County	930,813	1,150	0.12%	1.2
Prince George's County	828,770	943	0.11%	1.1
Prince William County	360,411	550	0.15%	1.5
Region with D.C.	4,597,868	11,752	0.26%	2.6
Region without D.C.	4,009,576	5,708	0.14%	1.4

The Washington Region’s Continuum of Care

The region’s inventory of facilities to shelter the homeless and house the formerly homeless has moved well beyond the 1980’s focus on “emergency” shelters to provide a multi-faceted Continuum of Care. The current system has more transitional and permanent supportive housing beds/units.

Table 6 illustrates the 2008 distribution of emergency, transitional and permanent supportive housing beds for individuals and persons in families, both in the winter months when the point-in-time enumeration is done and during the warmer months (April-October). The table compares the distribution of beds in 2008 to the distribution of beds in 2005-2007. The data in Table 6 indicates that while the percentage distribution of beds in the three year-round categories (emergency shelter, transitional housing and permanent supportive housing) has remained fairly constant since 2005, there has been growth in the total number of beds for each component in the region’s Continuum of Care. Overall, the region’s response to homelessness has increased, with 12.3% more year-round beds available in 2008 than in 2005.

Table 6: Continuum of Care: Winter and Year-Round Inventory of Beds in the Washington Region							
		Beds for Individuals	Beds for Persons in Families	All Beds: Winter	% Distribution in Winter	All Beds: Warm Months (year-round beds)	Percent Distribution in Warm Months (year-round beds)
Winter Beds	2008	1,193	297	1,490	9%		
	2007	1,198	160	1,358	9%		
	2006	1,074	159	1233	8%		
	2005	1,525	186	1,711	11%		
Emergency Shelter Beds	2008	3,383	1,439	4,822	29%	4,822	32%
	2007	2,934	1,668	4,602	29%	4,602	32%
	2006	3,569	1,715	5,284	33%	5,284	36%
	2005	2,945	1,551	4,496	29%	4,496	33%
Transitional Housing Beds	2008	1,967	3,787	5,754	34%	5,754	38%
	2007	1,944	3,089	5,033	32%	5,033	35%
	2006	1,874	3,015	4,889	31%	4,889	33%
	2005	1,876	3,015	4,891	32%	4,891	36%
Permanent Supportive Housing Beds	2008	2,806	1,893	4,699	28%	4,699	31%
	2007	2,629	2,307	4,936	31%	4,936	34%
	2006	2,440	2,125	4,565	29%	4,565	31%
	2005	2,418	1,794	4,212	28%	4,212	31%
TOTALS	2008	9,349	7,416	16,765		15,275	
	2007	8,705	7,224	15,929		14,571	
	2006	8,957	7,014	15,971		14,738	
	2005	8,764	6,546	15,310		13,599	
Percent Change Since 2005		6.7%	13.3%	9.5%		12.3%	

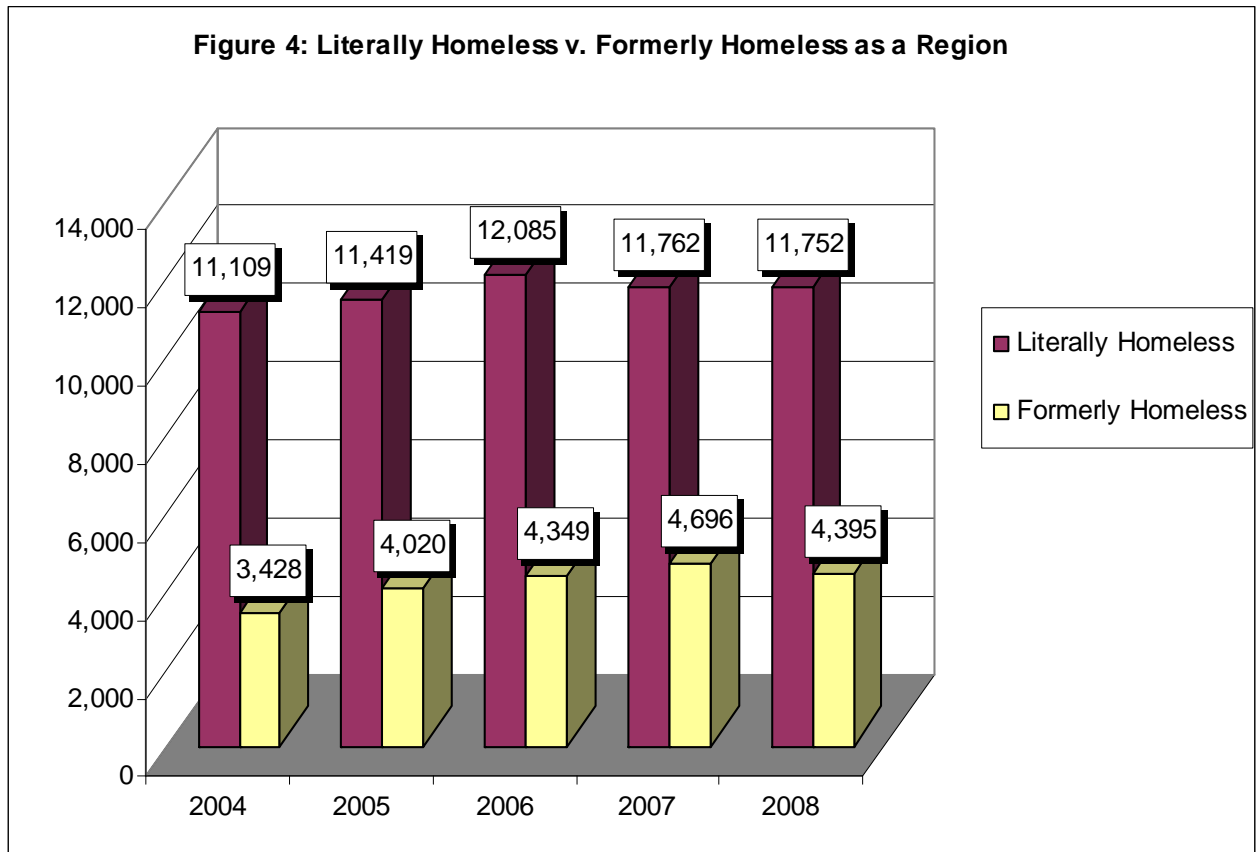
Permanent Supportive Housing (Formerly Homeless)

Table 7 partly addresses the all important question of “**How many people are now housed who once were homeless?**” Many formerly homeless people are in mainstream programs such as Housing Choice Vouchers. Permanent supportive housing for homeless persons with disabilities is one component of the Continuum of Care managed within local jurisdictions. The ultimate goal of the homeless continuum of care is to move people out of homelessness into some level of independent living. Permanent supportive housing provides housing with wraparound services primarily to persons with disabilities, either short or long-term, to assist them in their efforts to live as independently as possible. Some of 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 local governments, nonprofits and other human services agencies. Without some assistance, many of the formerly homeless persons residing in permanent support housing may be at risk of becoming homeless again. (At the end of this report is “Table 7A, Formerly Homeless Living in Permanent Supportive Housing by Jurisdiction”, which provides these same data broken out by each of the nine Continua for the period 2005 – 2008)

In 2008, 4,395 individuals and persons in families were counted in permanent supportive housing compared to 4,696 in 2007. Since the 2004 report, there has been a 24.8 percent increase in the number of persons in families in permanent supportive housing and a 30.5 percent increase for individual adults. The overall change in permanent supportive housing since 2004 is 28.2 percent.

		Individuals	Persons in Families	Total
MWCOG REGION	2008	2,650	1,745	4,395
	2007	2,484	2,212	4,696
	2006	2,320	2,029	4,349
	2005	2,345	1,675	4,020
	2004	2,030	1,398	3,428
2004-2008 Percent Change		30.5%	24.8%	28.2%

Figure 4 compares the literally homeless with the formerly homeless who are now living in permanent supportive housing from 2004-2008. It should be noted that the totals for the literally homeless and the formerly homeless are mutually exclusive and should not be combined. Under the HUD guidelines, formerly homeless persons living in permanent supportive housing are not counted as a part of the literally homeless who live on the streets, in emergency shelters or transitional programs. In general, since 2004 there has been an annual increase in the number of persons living in permanent supportive housing.



Conclusion and Recommendations

Homelessness in the region as reflected in the January 24, 2008, point-in-time count was stable compared to 2007. While encouraged by the point-in-time count this year we are mindful of the current economic climate. Will homelessness increase in the coming months? For the moment, this remains an open question. The effects of recent mortgage foreclosures, the increased cost of living as reflected in food and fuel prices and other economic factors on homelessness cannot be determined at this time. Families most directly affected by the mortgage foreclosure crisis are homeowners, not renters, but anecdotally, some renters are being displaced from investment properties being foreclosed. The families surveyed in the enumeration would more likely be renters if they could afford the high cost of rental housing in the region. The slowing economy will certainly make it more difficult for most people in the region to pay for high housing costs and other necessities of life. Additionally, the slowed economy negatively impacts state and local government budgets with potentially reduced resources needed to assist homeless persons. This precarious economic situation may make it even more challenging for local governments and nonprofits to provide needed services.

The percentage of adults in families who are employed full or part-time overall in the region increased to 47 percent this year compared to 43 percent in 2007. The issue of the working poor is particularly acute in the suburban jurisdictions where the level of employed adults in families was as high as 65.6 percent in Fairfax-Falls Church. The rate of employment for adults in families is high, but they are challenged to afford housing even though they are working. The high cost of housing for these families may be the greatest barrier to reducing homelessness in the region for this category. Low income families will require more deep and medium housing subsidy programs in order to move out of homelessness.

Since the 2007 report, area jurisdictions continue to allocate more resources to combat the problems of homelessness and poverty. Reducing homelessness will require the consolidated efforts of all local governments and the community. This includes employment, housing, primary health care, mental health and substance abuse services, school systems, and correctional institutions. With this in mind, more than one strategy must be employed throughout the region in order to reduce homelessness. Some of these strategies include:

Prevention of homelessness by using emergency rental assistance programs and other subsidies. For example, the District's Emergency Rental Assistance Program (ERAP), which spent more than \$8 million to help low-income renters avoid eviction during the past year. Through February 2008, the District prevented 3,464 households from becoming homeless by paying rental arrears and assisted 874 households in obtaining housing by paying first month's rent security deposits. Both Maryland and Virginia have similar rental assistance programs to prevent households from becoming homeless.

Permanent Supportive Housing for homeless persons who have special needs. This also includes the Housing First model. Using Housing First, individuals and families are placed into permanent housing first instead of emergency shelters or transitional housing. Once in permanent housing, wraparound supportive services, which may include mental health, substance abuse employment and case management services, are provided to help

the client to successfully live as independently as possible. Housing First has been endorsed as a “best practice” by the United States Interagency Council on Homelessness for governments and social services agencies to use as a tool to end homelessness in America. Montgomery County assisted 44 formerly homeless families and individuals in obtaining permanent housing with supports through the County’s new Supportive Housing Rental Assistance Program, which began operating in 2007.

Preservation of existing affordable housing by local governments and partnerships with nonprofit agencies.

Provide more housing subsidies for persons with low incomes, especially families with children.

Production of new housing units should include set asides for people at ALL income levels.

In closing, we are encouraged by local jurisdictions' responses to the challenge of reducing homelessness in our community. For example, emergency rental assistance to prevent homelessness and more Housing First models are being used and developed in the region. There are now stronger indicators that – with appropriate and sustained commitment of resources and services – the region can reduce or even end homelessness in the coming years. Shelter is no substitute for permanent housing. A home for everyone should be a shared goal throughout the region.

Table 1A: Unsheltered or Living in Emergency or Transitional Housing, 2005 - 2008

Table 1A is a breakout of homeless persons by jurisdiction for the data presented in Table 1.		<i>Unsheltered or Living in Emergency Shelter or Transitional Housing</i>		
		Single Persons	Persons in Families	All Persons
District of Columbia	2008	4,208	1,836	6,044
	2007	3,717	2,040	5,757
	2006	4,112	2,045	6,157
	2005	3,794	2,232	6,026
2005-2008 % Change		10.9%	-17.7%	0.3%
Alexandria	2008	221	127	348
	2007	230	145	375
	2006	238	139	377
	2005	240	193	433
2005-2008 % Change		-7.9%	-34.2%	-19.6%
Arlington County	2008	284	126	410
	2007	325	137	462
	2006	329	148	477
	2005	289	121	410
2005-2008 % Change		-1.7%	4.1%	0.0%
Fairfax County/City & Falls Church	2008	744	1,091	1,835
	2007	730	1,083	1,813
	2006	667	1,099	1,766
	2005	564	1,111	1,675
2005-2008 % Change		31.9%	-1.8%	9.6%
Frederick County	2008	166	136	302
	2007	142	81	223
	2006	150	62	212
	2005	164	107	271
2005-2008 % Change		1.2%	27.1%	11.4%
Loudon County	2008	49	121	170
	2007	81	130	211
	2006	72	112	184
	2005	40	53	93
2005-2008 % Change		22.5%	128.3%	82.8%

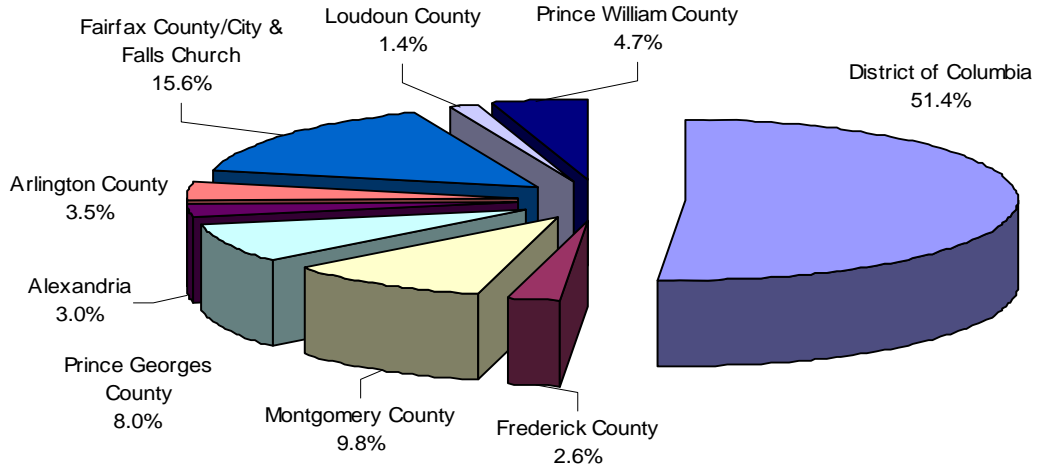
Montgomery County	2008	740	410	1,150
	2007	640	499	1,139
	2006	693	471	1,164
	2005	616	452	1,068
2005-2008 % Change		20.1%	-9.3%	7.7%
Prince Georges County	2008	573	370	943
	2007	806	362	1,168
	2006	801	490	1,291
	2005	462	477	939
2005-2008 % Change		24.0%	-22.4%	0.4%
Prince William County	2008	201	349	550
	2007	240	374	614
	2006	118	380	498
	2005	152	352	504
2005-2008 % Change		32.2%	-0.9%	9.1%
Metropolitan Washington COG REGION	2008	7,186	4,566	11,752
	2007	6,911	4,851	11,762
	2006	7,137	4,948	12,085
	2005	6,321	5,098	11,419
2005-2008 % Change		13.7%	-10.4%	2.9%

Table 7A - Formerly Homeless Living in Permanent Supportive Housing, 2005 - 2008

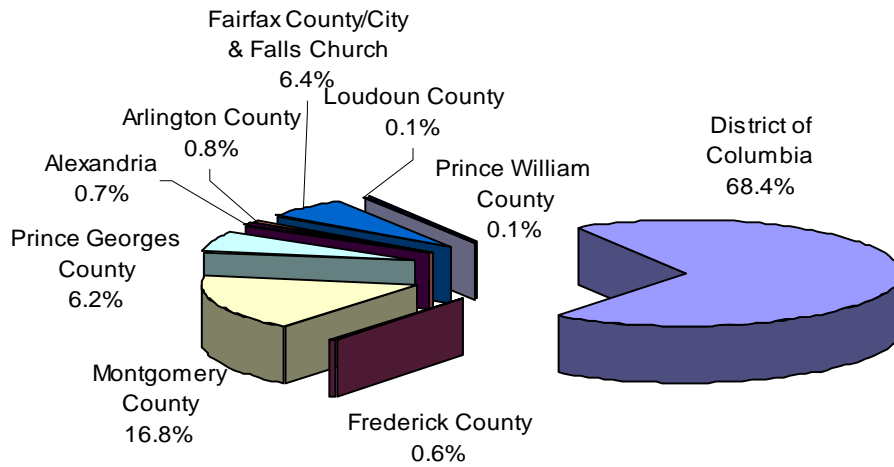
Table 7A is a breakout of formerly homeless persons by jurisdiction for the data presented in Table 7.		<i>Formerly Homeless Living in Permanent Supportive Housing</i>		
		Single Persons	Persons in Families	All Persons
District of Columbia	2008	1,963	1,043	3,006
	2007	1,937	1,605	3,542
	2006	1,772	1,440	3,212
	2005	1,826	1,125	2,951
2005-2008 % Change		7.5%	-7.3%	1.9%
Alexandria	2008	25	5	30
	2007	21	9	30
	2006	24	8	32
	2005	22	10	32
2005-2008 % Change		13.6%	-50.0%	-6.3%

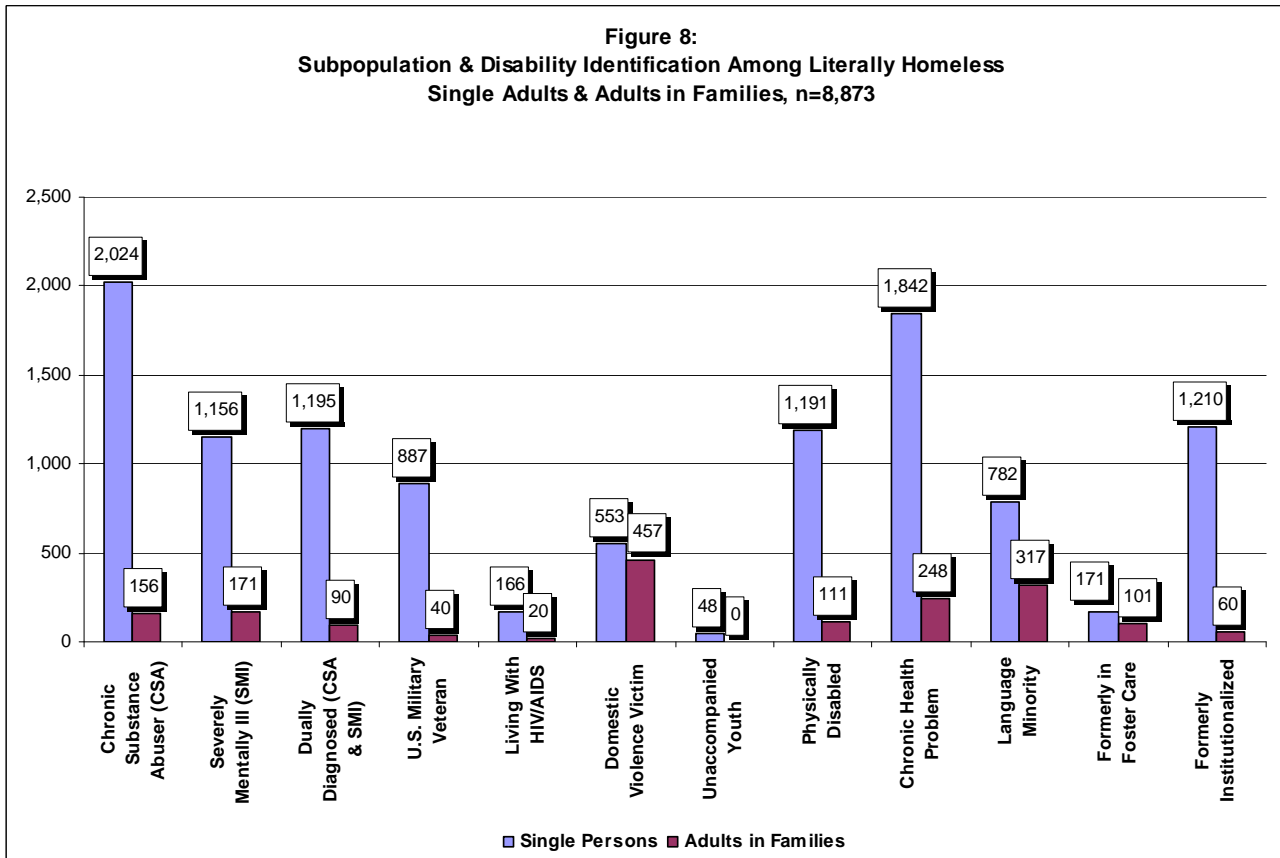
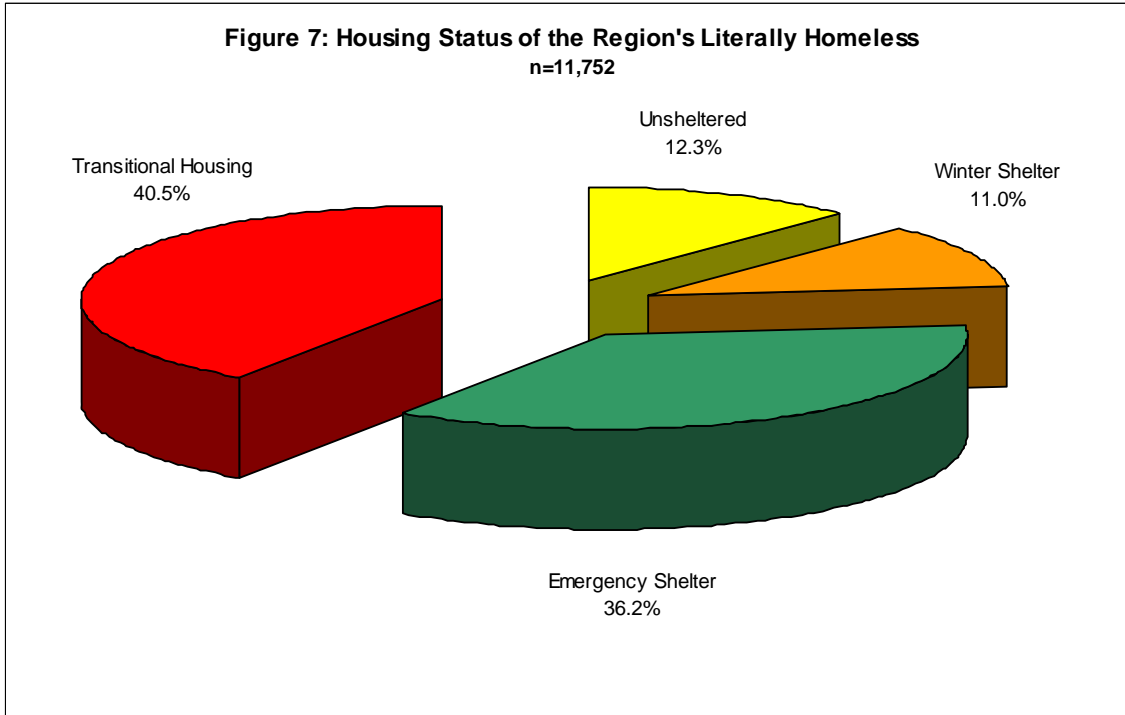
Arlington County	2008	30	4	34
	2007	15	2	17
	2006	10	0	10
	2005	8	2	10
2005-2008 % Change		275.0%	100.0%	240.0%
Fairfax County/City & Falls Church	2008	250	32	282
	2007	242	31	273
	2006	267	44	311
	2005	236	38	274
2005-2008 % Change		5.9%	-15.8%	2.9%
Frederick County	2008	16	11	27
	2007	4	9	13
	2006	15	9	24
	2005	12	13	25
2005-2008 % Change		33.3%	-15.4%	8.0%
Loudon County	2008	3	0	3
	2007	14	0	14
	2006	10	0	10
	2005	10	0	10
2005-2008 % Change		-70.0%	0.0%	-70.0%
Montgomery County	2008	268	469	737
	2007	218	358	576
	2006	190	391	581
	2005	199	363	562
2005-2008 % Change		34.7%	29.2%	31.1%
Prince Georges County	2008	91	181	272
	2007	28	181	209
	2006	22	137	159
	2005	24	124	148
2005-2008 % Change		279.2%	46.0%	83.8%
Prince William County	2008	4	0	4
	2007	5	17	22
	2006	10	0	10
	2005	8	0	8
2005-2008 % Change		-50.0%	0.0%	-50.0%
Metropolitan Washington COG REGION	2008	2,650	1,745	4,395
	2007	2,484	2,212	4,696
	2006	2,320	2,029	4,349
	2005	2,345	1,675	4,020
2005-2008 % Change		13.0%	4.2%	9.3%

**Figure 5: Distribution of the Region's Literally Homeless
The Unsheltered and Those in Emergency Shelter & Transitional Housing,
n = 11,752**



**Figure 6: Distribution of the Region's Formerly Homeless
Those Living in Permanent Supportive Housing, n=4,395**





HOMELESS ENUMERATION JURISDICTIONAL REPORTS

DISTRICT OF COLUMBIA

MARYLAND

Frederick County
Montgomery County
Prince George's County

VIRGINIA

City of Alexandria
Arlington County
Fairfax County/Cities of Fairfax & Falls Church
Loudoun County
Prince William County

District of Columbia 2008 Homeless Enumeration Report

Description of Homeless Services

The Continuum of Care (CoC) in the District of Columbia provides outreach services, prevention programs, supportive services, emergency shelter and transitional and permanent supportive housing to homeless persons in the city. The District’s CoC attempts to relieve the immediate suffering of people without shelter and help them obtain and maintain permanent housing in the most integrated setting possible.

D.C.’s CoC is operated by the Community Partnership for the Prevention of Homelessness, which manages a publicly funded portfolio that blends both local and federal dollars. During the annual Point in Time process, the Community Partnership engages the District’s public and privately funded homeless services continuum to ensure a complete and accurate enumeration.

Washington, D.C.’s continuum includes 2,265 beds of emergency shelter for single persons that are open year-round. During the coldest months of the year, 803 additional emergency shelter beds are opened each night and another 130 health and safety shelter beds open on nights when the temperature drops below 32 degrees. In addition to emergency shelter beds, there are also 1,130 transitional housing beds available to single persons that are open year-round.

The District’s emergency shelter inventory also includes 140 year-round, apartment-style units for families. Historically, additional resources for families have been made available during the winter months. This year, 75 units for families were made available; the District is one of the few jurisdictions in the region to dedicate sizable additional resources for families during the winter.

The landscape of homeless services for families in the District changed drastically in October 2007 when the D.C. Village shelter for families was closed. Upon its closing, families were placed in scattered-site transitional housing through the District’s System Transformation Initiative (STI). As a result, the transitional housing inventory for families has grown from 342 to 520 housing units city-wide. STI grew out of the goals identified in *Homeless No More*, Mayor Adrian Fenty’s ten year plan to end homelessness. This plan is changing what has been an emergency shelter-centered continuum in to one with a growing permanent housing inventory. Additional changes coming to the District’s continuum over the course of 2008 include more plans to provide additional Permanent Supportive Housing to meet ten year plan goals.

Year-Round and Winter Inventory of Beds				
	Beds for Individuals	Beds\Units for Persons in Families	All Year- Round Beds	Winter Beds
Hypothermia/Overflow/Other (Additional winter Capacity)	933	175\ (75 units)		1,108
Emergency Shelter Beds	2,265	478\ (140 units)	3,312	0
Transitional Housing Beds	1,130	1,665\ (520 units)	2,795	0

Homeless Point-in-Time Results

The 2008 Point in Time count of literally homeless persons in the District of Columbia was 6,044. This is a five percent increase from the 2007 count, but is lower than the count recorded for 2006. The 2007 count recorded the first ever decrease in the number of literally homeless persons living in the District of Columbia.

In the 2008 count, the largest area of growth within D.C.'s continuum was at the Emergency Shelter level among single persons. This is can be most likely attributed to an increase in the number of beds available for this population, the highly transient nature of men and women who regularly use emergency shelters, growth in the number of persons entering shelter from institutional settings, and the regional need for shelter and housing.

As noted, the District increases the number of emergency shelter beds available during the winter months. The additional inventory increased the number of beds available on the night of Point in Time 2008 by 12 percent from the previous year. Not only were there more beds available in the District this year, but these beds were occupied at a greater rate than last year.

Point in Time data also showed that eight (8) percent of men and women in the District's emergency shelters had sought shelter outside of the District within the last year, and 20 percent stated that they lived outside of Washington, D.C. before becoming homeless.

The District is also seeing a greater number of persons entering the shelter system from institutional settings. While Point in Time data collected asks if respondents have *ever* been in foster care or in institutional settings such a prison or psychiatric or substance abuse treatment facilities, analysis of data collected on persons served throughout winter 2008 revealed that exits from these sites to shelter are up by 13 percent.

HOMELESS COUNT BY CATEGORY				
Category	2008	2007	2006	% Change 2007 to 2008
Total Number Counted	6,044	5,757	6,157	+5.1%
Total Number of Singles	4,207	3,717	4,122	+13.5%
Total Number of Families	587	681	640	-13.8%
Total of Persons in Families	1,836	2,040	2,045	-10.0%
Total Adults in Families	687	796	753	-13.7%
Total Children in Families	1,149	1,244	1,292	-7.6%

Disabling conditions continue to be highly prevalent among homeless persons in the District. Thirty-eight (38) percent of homeless persons (excluding children in homeless family households) report a chronic substance abuse problem. Twenty-two (22) percent of these persons report a severe mental illness, 23 percent have a chronic health problem and nearly 17 percent

are physically disabled. Homelessness may worsen these conditions; dedicated housing and supportive service resources are needed to help provide stability.

Housing resources are also needed for persons who belong to other homelessness subpopulations. One in five adults in homeless family households is reported being a domestic violence victim. Among single homeless persons, 15 percent are U.S. Military Veterans. The number of veterans counted among the literally homeless has increased by 32 percent from 2007.

HOMELESS SUBPOPULATIONS				
	Individual Adults	Adults in Families	Children in Families	TOTAL
Chronic Substance Abuser (CSA)	1,163	99	2	1,264
Severe Mental Illness (SMI)	457	59	5	521
Dually Diagnosed (CSA & SMI)	537	36	2	575
Chronic Health Problem				
Chronic Health Problem	1,050	98	44	1,192
Living With HIV/AIDS	111	12	10	133
Physical Disability	781	35	25	841
Domestic Violence Victim	316	142	124	582
Language Minority	336	12	20	368
U.S. Veterans	649	18	0	667

Permanent and Permanent Supportive Housing

A total of 3,006 formerly homeless persons were counted on January 24th in Permanent Supportive Housing throughout the District. This includes 1,963 single persons and 401 adults and 642 children in 356 formerly homeless families. Clients in Permanent Supportive Housing account for one third of the persons counted during Point in Time. Permanent Supportive Housing resources continue to make up one of the largest shares of the District’s continuum.

The District of Columbia recognizes Permanent Supportive Housing as the solution to homelessness, and *Homeless No More* identifies the need for increased permanent supportive housing dedicated to housing homeless individuals and families. To that end, the District continues to change the nature homeless services offered here in order to end and prevent further homelessness in the city.

Affordable Housing

According to the D.C. Fiscal Policy Institute, nearly one in five District residents live in poverty and income inequality between high- and low-income households is wider in D.C. than all but

two of the largest U.S. cities. For individuals and families that are economically vulnerable, affordable housing resources can help keep these residents from becoming homeless.

In addition to Mayor Fenty's new Permanent Supportive Housing initiatives, *Homeless No More* also calls for the creation of more affordable housing for both single persons and families in the District of Columbia. The District has also committed to preserving the affordability of existing housing throughout the city.

Frederick (City) and Frederick County 2008 Homeless Enumeration Report

Description of Homeless Services:

Frederick County, Maryland is fortunate to have a wide-range of governmental, private nonprofit, and faith-based organizations that together have established an almost seamless service delivery system targeted to addressing the needs of homeless individuals and families, but major gaps in homeless services include year-round emergency shelter for single adults (currently an existing emergency shelter for adults is only open during the winter season); emergency shelter for families (currently sheltered through motel placements or in transitional housing); and more diverse permanent supportive housing options for both individuals and families. Major providers of homeless services include the Frederick Community Action Agency, Advocates for Homeless Families, Heartly House, Frederick Rescue Mission, Religious Coalition for Emergency Human Needs, Gale Houses, Hope Alive, Mental Health Management Agency of Frederick County, and Frederick County Department of Social Services; all of these agencies are 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 nonprofit 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 in order to coordinate the planning of local homeless services, discuss local needs and approve new projects and advocate for additional resources to address homelessness.

Year-Round and Winter Inventory of Beds				
	Beds for Individuals	Beds\Units for Persons in Families	All Year- Round Beds	Winter Beds
Hypothermia/Overflow/Other (Additional winter Capacity)	64	0/0		64
Emergency Shelter Beds	17	22\7	39	0
Transitional Housing Beds	81	138\45	219	0

Homeless Point-In-Time Results:

The most recent Point-in-Time Survey for both sheltered and unsheltered homeless populations was conducted on January 24, 2008. Survey tools were distributed and thoroughly discussed at a regular monthly meeting of the Frederick County Coalition for the Homeless (FCCH). All 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 homeless persons; however, the shelter staff could utilize administrative data if a person was unable to directly complete the survey. A total of 302 homeless persons, comprised of 217 adults and 85 children, completed the point-in-time survey. The largest family or household type was 166 single-individuals; single-parent families accounted for the second largest type or family group.

The Point-in-Time Survey instrument contains specific questions regarding all HUD-defined homeless subpopulations (e.g., veteran, alcohol abuse problem, drug abuse problem) and contains specific questions about the length of time that a respondent has been homeless. With regard to disabling conditions, the following data was reported: 82 adults reported a substance abuse problem/addiction; 60 adults and children reported chronic health problems; 28 adults reported severe mental health problems; 34 adults reported substance abuse problems and co-occurring mental health problems; 54 adults and children reported that they are survivors of domestic violence; 12 adults reported that they are veterans; and 4 adults reported a diagnosis of HIV or AIDS.

HOMELESS COUNT BY CATEGORY				
Category	2008	2007	2006	% Change 2007 to 2008
Total Number Counted	302	236	236	39%
Total of Singles	166	146	165	25%
Total Number of Families	47	32	26	59%
Total of Persons in Families	136	90	71	63%
Total Adults in Families	51	40	32	43%
Total Children in Families	85	50	39	80%

HOMELESS SUBPOPULATIONS				
	Individual Adults	Adults in Families	Children in Families	TOTAL
Chronic Substance Abuser (CSA)	74	8	0	74
Severe Mental Illness (SMI)	20	8	0	28
Dually Diagnosed (CSA & SMI)	29	5	0	34
Chronic Health Problem	48	8	4	60
Living With HIV/AIDS	4	0	0	4
Physical Disability	29	1	1	31
Domestic Violence Victim	8	17	29	54
Language Minority	0	5	9	14
U.S. Veterans	12	0	0	12

Permanent and Permanent Supportive Housing Placements:

Subsidized permanent housing is provided by the Housing Authority of the City of Frederick (public housing and Section 8), Frederick County Department of Housing and Community Development (Section 8), Frederick Community Action Agency (Project-Based Section 8), Interfaith Housing Development Partnership, and by private landlords under contract with the U.S. Department of Housing and Urban Development. The Housing Authority of the City of Frederick is currently amidst an ambitious \$16,000,000 HOPE VI project that is committed to provide one-for-one replacement housing for all subsidized rental housing being demolished for redevelopment.

The Frederick County Government recently enacted a Moderately Priced Dwelling Unit (MPDU) ordinance, but most of the housing units being developed are targeted for homeownership and remain out-of-reach for homeless families. The City of Frederick is currently developing its own version of an MPDU ordinance that stands to provide additional affordable rental housing units. Special needs housing providers include the Way Station, Family Services Foundation, and Community Living. The Maryland Mental Hygiene Administration administers 19 HUD Shelter Plus Care vouchers in Frederick County and the Frederick Community Action Agency administers 4 units of HUD permanent supportive housing for individuals who are disabled and chronically homeless.

Montgomery County 2008 Homeless Enumeration Report

Description of Homeless Services

The Montgomery County Continuum of Care is a public-private partnership between County Government and nonprofit and faith based organizations. A full continuum of services is provided including outreach services to emergency and transitional programs and permanent supportive housing. Case management is provided at all levels to link homeless persons with housing, employment, disability entitlements and other services with an emphasis on achieving housing solutions.

There are 111 year-round emergency shelter beds for individuals and an additional 220 hypothermia and seasonal shelter beds from November through March. The number of beds for families with children is flexible according to need. The County's emphasis is on creating more permanent supportive housing while keeping the homeless safe during the winter season. Accordingly, 18 transitional units for families with children were converted to permanent supportive housing. There was no change in the transitional inventory for individuals.

Montgomery County continues to increase the availability of permanent support housing. During 2007, four new permanent supportive housing programs were implemented that added 39 housing units for families with children and 42 units/beds for individuals. In addition, 44 formerly homeless families and individuals obtained permanent housing with supports through the County's new Supportive Housing Rental Assistance Program that began operating in 2007.

In 2008, six new permanent supportive housing programs will or have begun operating that will add 6 units for families with children and 47 units/beds for individuals.

The total number of beds specifically targeted to the "chronically homeless" individuals is 41.

Ten Year Plan for Ending Homelessness

In 2002, Montgomery County adopted a ten year plan to end homelessness developed by the Montgomery County Coalition for the Homeless titled "Homelessness in Montgomery County: Beginning to End." This plan can be accessed at <http://mcch.net/endhomelessness/fullplan.htm>.

The Montgomery County Coalition for the Homeless commissioned a study from Abt Associates, Inc. to determine the costs of ending homelessness and ways of changing the current homeless services model to a "Housing First" approach. It is anticipated that aspects of this plan will begin implementation in 2008.

Year-Round and Winter Inventory of Beds				
	Beds for Individuals	Beds\Units for Persons in Families	All Year- Round Beds	Winter Beds
Hypothermia/Overflow/Other (Additional winter Capacity)	220	20\flexible		220
Emergency Shelter Beds	111	47 units\147 maximum beds	258	0
Transitional Housing Beds	220	79 units\340 maximum beds	560	0

Homeless Point-in-Time Results

Individuals

There was an increase of 15.6% in the literally homeless in 2008 (740) compared to 2007 (640). All of the increase is attributable to a doubling of the unsheltered street count. More aggressive street counts were conducted by outreach staff who identified homeless campsites and other congregate homeless sites.

Transitional shelters (185) showed a decrease of 10% from the prior year (207) which is attributable to vacancies in the process of being filled. There has been little change in the transitional census since 2005 (197) since the inventory of beds has remained static.

Emergency shelter is virtually unchanged year to year reflecting all available beds in use.

Families with Children

There was a decrease of 13.9% in the numbers of families with children (130 families) compared to 2007 (151 families) in emergency and transitional categories. However, the decrease from 2005 is only 11 families.

Much of the decrease in transitional housing is attributable to the conversion of transitional units to permanent supportive housing.

Employment and Primary Sources of Income

Each adult in the PIT is recorded as being employed or not employed. Twenty two percent of all individuals were employed full or part time. Individuals in permanent supportive housing had the highest rate of employment (31%) followed by transitional shelter residents (25%) with the lowest percentages in emergency shelters (15%) and the unsheltered (17%).

The percentage of employed adults in families with children was 54% for the total count. The highest rates of employment were in transitional housing programs (76%) followed by emergency shelter (48%) and permanent supportive housing (48%).

Primary Income Source

Primary income source is recorded for each adult in the PIT. The person may have two or more income sources such as disability income and employment. The primary income source records where the person receives the majority of their income.

Of 1,008 single individuals counted (includes literally and formerly homeless), 33% derive their primary income from permanent disability income such as VA, SSI, SSDI, and TDAP (a Maryland cash assistance program for disabled individuals who must apply for SSI); 39% reported no source of income, and 19% have employment income listed as their primary income source (vs. 22% of all individuals reporting employment).

Of unsheltered individuals or those in emergency shelters, 18% have permanent disability income and 56% report no income. It is likely that a high percentage of these individuals qualify for disability income programs. Of the 208 chronically homeless individuals, 26% receive a disability income, 14% are employed and 51% report no income.

Individuals in permanent supportive housing show that 65% have disability income as their primary income source which is to be expected since these programs require a documented disability for participation. All participants come from emergency, transitional, or were street homeless. *Only 6% of individuals have no income and 24% are employed.* This demonstrates that formerly homeless persons with disabilities can raise their income through employment and can obtain disability income given stable housing.

Of 320 adults in families, 54% have employment income, 12.5% have a disability income, 10.5% receive TANF benefits, and 15% have no income source.

Adults in families in permanent supportive housing shows that 45% have employment as their primary income source, 19% have no income, 21% disability income, and 7% TANF benefits.

Levels of Monthly Income

The chart below shows the percentage of monthly income ranges by individuals and families for both literally and formerly homeless (total count):

	\$0	<\$500	\$501-\$1000	\$1001-\$1500	\$1501-\$2000	\$2001-\$2500	>\$2500
Individuals	40%	15%	33%	8%	2%	1%	1%
Adults in Families	16%	13%	36%	21%	8%	4%	2%

Higher monthly income is highly correlated with employment as the primary source of income.

Permanent Supportive Housing

There were 268 individuals living in permanent supportive housing in 2008 compared to 218 in 2007 (22.9% increase) and 190 in 2006 (41% increase since 2006).

There were 145 families living in permanent supportive housing in 2008 compared to 109 in 2007 (33% increase) and 116 in 2006 (25% increase since 2006).

Trends

It is difficult to project the future trends of homelessness since there are multiple factors leading families and individuals into homelessness. The point-in-time data by itself does not demonstrate a significant trend since 2005. Demand for shelter by individuals has increased while demand for families with children decreased every year since 2006 but increased from 2005 to 2006.

The increased number of permanent supportive housing participants since 2005 has probably helped to mitigate the number of literally homeless families and individuals since these participants are disabled and many were “high end users” of the homeless system (especially in emergency shelter). It is noteworthy that these participants now have relatively high percentages of employment and an income source.

For families with children, the high rate of employment (54%) may point to the high cost of housing as presenting the greatest barrier to resolving homelessness for this category. Not all of these families qualify for permanent supportive housing since not all heads of household are disabled; therefore, deep and medium housing subsidy programs are an appropriate solution for many of these families.

HOMELESS COUNT BY CATEGORY				
Category	2008	2007	2006	% Change 2007 to 2008
Total Number Counted	1150	1139	1164	1.0
Total of Singles	740	640	693	14.7
Total Number of Families	130	151	149	-13.9
Total of Persons in Families	410	499	471	-17.8
Total Adults in Families	138	170	158	-18.8
Total Children in Families	272	329	313	-17.3

HOMELESS SUBPOPULATIONS				
	Individual Adults	Adults in Families	Children in Families	TOTAL
Chronic Substance Abuser (CSA)	113	13	N/A	126
Severe Mental Illness (SMI)	320	65	N/A	385
Dually Diagnosed (CSA & SMI)	258	26	N/A	284
Chronic Health Problem	222	46	N/A	268
Living With HIV/AIDS	16	1	N/A	17
Physical Disability	146	32	N/A	178
Domestic Violence Victim	89	102	N/A	191
Language Minority	255	101	N/A	356
U.S. Veterans	63	0	N/A	63

Housing Affordability

According to the Montgomery County Department of Housing and Community Affairs, the Housing Opportunities Commission has 14,967 households on the Housing Choice Voucher waiting list and 5,280 households on the public housing waiting list. In 2006, a family with two adults, one pre-schooler and one school aged child required an annual income of \$67,042 to rent a two bedroom apartment.

Prince George's County 2008 Homeless Enumeration Report

Description of Homeless Services

Prince George's County Continuum of Care is coordinated through the Homeless Services Partnership (HSP). The HSP is an umbrella organization designed to foster an inclusive strategy to effectively address issues of homelessness, through on-going coordination, collaboration, planning, development and evaluation. Membership includes public/private nonprofit agencies, faith-based organizations, service providers, mainstream programs, consumers and concerned citizens. The HSP sets all strategic priorities, approves decisions by vote, oversees the development and implementation of strategic goals, and serves as the Homeless Advisory Board to the County Executive and the County Council. The Prince George's County Department of Social Services facilitates the County's Continuum of Care, homeless services and the annual grant application process.

The County's Continuum of Care is implemented outreach, prevention, emergency shelter, transitional housing, permanent housing and permanent supportive housing:

Outreach, intake and assessment services are provided to assist special needs and chronic homeless persons living on the streets or persons experiencing mental health crisis. *Prevention* services assist individuals and families who are at-risk of homelessness to maintain their housing. These efforts are carried out through community outreach, mediation, eviction prevention, rental or mortgage assistance and linkage to available supportive services.

Emergency shelters are accessed through the Homeless Hotline by calling a toll-free number 24/7 throughout the year. The single point of entry allows homeless individuals and families to access shelter without having to navigate several shelter systems. Using the County's Homeless Management Information System (HMIS) database, the residents are screened, assessed and linked to either the Shelter Diversion Counselor or to appropriate emergency shelters based on gender, family composition and need. In the winter, *hypothermia shelters* are provided through local government grants and partnerships with a network of faith-based organizations. Based on the 2008 point in time survey, the County's homeless services network has approximately 246 emergency shelter beds of which 113 seasonal beds for individuals.

Transitional housing programs provide housing, case management and support services for very low income homeless families and individuals for up to 24 months, while addressing underlining causes of homelessness. Follow-up services are provided for up to 12 months after the families move into permanent housing. This helps to promote community re-integration, housing retention and prevent the families from becoming homeless again. Based on the 2008 point in time survey, the County's homeless services network has approximately 603 transitional housing beds, of which 285 are for individuals and 318 are for families. Based on the most recent Annual Progress Reports, almost 80 percent of vulnerable families and individuals exiting transitional housing programs moved into permanent affordable housing.

Year-Round and Winter Inventory of Beds				
	Beds for Individuals	Beds\Units for Persons in Families	All Year- Round Beds	Winter Beds
Hypothermia/Overflow/Other (Additional winter Capacity)	113	0\0		113
Emergency Shelter Beds	67	179	246	0
Transitional Housing Beds	285	318\77	603	0

Homeless Point-in-Time Results

The Prince George’s County point in time survey was conducted on January 24, 2008. The survey covered unsheltered homeless people living on the streets and sheltered individuals and families residing at overnight hypothermia shelters, emergency shelters and transitional housing. A diverse group of volunteers including formerly homeless residents residing in permanent supportive housing met weekly to plan and develop strategies for conducting the survey. For the street count, volunteers were divided into teams, each targeting specific locations in the County. Sheltered residents were counted using the homeless management information system. Providers and volunteers donated and assembled “goodie bags” that were distributed to unsheltered homeless people.

The 2008 survey counted 943 literally homeless persons. For the past two years, the number of literally homeless people counted during the one-day point in time survey has decreased. The decrease may be attributed to several factors including the opening of two hypothermia shelters for men and women in the northern section of the county, better methodology and adherence to established HUD definition of persons considered to be homeless. Of the total number of literally homeless people counted, 145 (fifteen percent) were unsheltered; and 798 people (eighty percent) were sheltered. This number reflects a decrease of 225 people (twenty-four percent) from the 2007 count of 1,168; and a decrease of 328 people (thirty-seven percent) from the 2006 count of 1,291.

HOMELESS COUNT BY CATEGORY				
Category	2008	2007	2006	% Change 2007 to 2008
Total Number Counted	943	1,168	1,291	-23.9%
Total number of Singles	573	806	801	-40.7%
Total Number of Families	104	111	140	-6.7%
Total of Persons in Families	370	362	490	2.2%
Total Adults in Families	125	122	163	2.4%
Total Children in Families	245	240	327	2.0%

Subpopulations

Chronic substance abuse problems, varying degrees of mental illness, serious health problems, physical disabilities, lack of income and a myriad of other impairments continue to create extreme barriers for chronically homeless individuals. A total of 313 people reported that they have chronic substance abuse problems; 80 reported severe mental illness and 199 reported chronic health problems.

Working in collaboration with the Maryland State Department of Human Resources, the County's Continuum of Care sponsored a three-day *SSI/SSDI Outreach, Access and Recovery (SOAR)* SOAR training for approximately 40 case managers from all sectors of the county including representatives from mainstream programs. The goal of the interagency training is to remove barriers and increase access to SSI and SSDI benefits for the homeless.

HOMELESS SUBPOPULATIONS				
	Individual Adults	Adults in Families	Children in Families	TOTAL
Chronic Substance Abuser (CSA)	302	11	n/a	313
Severe Mental Illness (SMI)	69	11	n/a	80
Dually Diagnosed (CSA & SMI)	32	4	n/a	36
Chronic Health Problem	169	30	n/a	199
Living With HIV/AIDS	10	0	n/a	10
Physical Disability	62	15	n/a	77
Domestic Violence Victim	31	34	n/a	65
Language Minority	26	7	n/a	33
U.S. Veterans	11	3	n/a	14

Permanent and Permanent Supportive Housing

According to the 2008 point in time survey, the County's Continuum of Care system has approximately 333 permanent supportive housing beds. In 2007, we were awarded a new Samaritan bonus project for 7 chronically homeless individuals. We now have a total of 19 Samaritan bonus units for chronically homeless individuals.

Housing First: The Department of Family Services/Mental Health and Disability Program implemented a "Housing First" permanent supportive housing for severely mentally ill homeless individuals in 2006. The program is implemented through People Encouraging People (PEP) Inc. PEP provides an evidenced based practice for support services called Assertive Community Treatment (ACT). The program works to engage the homeless participant, and to provide needed services as accepted by the individual. These services include street outreach and engagement, encouragement to accept services, provide access to housing, psychiatric evaluation, medication management, independent living skills assessment, health promotion and training, psychotherapy and supportive counseling, substance abuse treatment, vocational counseling, 24-hour crisis intervention, case management and advocacy. Services occur wherever it is necessary to advance the engagement process and treatment outcomes. The program has a capacity to serve 88 chronically homeless individuals.

Veterans Rental Assistance Program - Through a collaborative partnership with the Department of Social Services, the Veterans Affairs and the Department of Housing & Community Development, the County's Continuum of Care has implemented a Project-based Rental Assistance Program for approximately 25 homeless veterans.

City of Alexandria 2008 Homeless Enumeration Report

Description of Homeless Services

The City of Alexandria's Continuum of Care, developed and updated by the Homeless Services Coordinating Committee (HSCC), approved by the City Council, and submitted to HUD, includes the following components: outreach, prevention, emergency shelter, transitional housing, permanent supportive housing, and permanent housing. Outreach includes: intake and assessment, service linkage and coordination, eviction storage, day shelter, meal programs, information and referral. Prevention includes: financial assistance, landlord-tenant intervention, housing counseling. Emergency Shelter includes housing and case management services for single men, single women, families and victims of domestic violence. Transitional Housing includes housing and case management services for singles and families, and specifically targeted populations (female ex-offenders and single persons with substance abuse and/or mental health issues who would otherwise be homeless). Permanent Supportive Housing includes housing and case management services for single persons and head of households with substance abuse and/or mental health issues who would otherwise be homeless. Permanent Housing includes publicly-assisted housing, "affordable" housing units, and financial assistance and services. The HSCC, our continuum of care body, consists of 31 member agencies (public, private no-profit, faith-based organizations, education and advocacy organizations), as well as, "formerly homeless" consumers.

Emergency Shelters (Alexandria Community Shelter, ALIVE! House, Christ House, Carpenter's Shelter, Domestic Violence Shelter) provide 198 emergency shelter beds for singles, couples without children, and families with children. In the winter months, a hypothermia shelter provides an additional 65 beds. On the night of the count, transitional housing administrators (Alexandria Community Services Board, the Alexandria Salvation Army, Arlington-Alexandria Coalition for the Homeless, Carpenter's Shelter, Community Lodgings, Guest House, and Northern Virginia Family Service) provided 69 beds for singles and 80 beds for families. In FY 2008, the number of transitional housing beds decreased. The City did not provide funding to Northern Virginia Family Services to accept new households into their transitional housing program, The Alexandria Transitional Housing Program. Permanent supportive housing programs, operated by the Alexandria Community Services Board (ACSB), provide 25 beds for singles and 8 beds for families.

In March 2005, the City Council adopted the *Ten Plan to End Homelessness*, as developed by the HSCC. This plan contains 14 goals under 4 key areas (data collection and analysis, prevention, creation of permanent housing, and maximization of mainstream resources). In the near future, the ACSB will open a safe haven to house chronically homeless individuals with substance abuse and/or mental health issues as part of the goal of creating permanent housing.

Year-Round and Winter Inventory of Beds				
	Beds for Individuals	Beds/Units for Persons in Families	All Year- Round Beds	Winter Beds
Hypothermia/Overflow/Other (Additional winter Capacity)	65	0		65
Emergency Shelter Beds	89	109	198	0
Transitional Housing Beds	69	80	149	0

Homeless Point-in-Time Results

The number of homeless individuals identified in this year's point-in-time count is the lowest since January 2005; the overall decrease in homeless individuals from January 2005 to January 2008 is 7.9%. More significantly, the number of unsheltered homeless individuals decreased from 104 in January 2006 to 62 in January 2008, a decrease of 40.1%. For the same time period, the number of winter shelter occupants decreased from 43 in January 2006 to 27 in January 2008, a decrease of 37%. Conversely, the number of individuals residing in an emergency shelter increased from 55 in January 2006 to 67 in January 2008, an increase of 21.8%.

Also, the number of homeless persons within families identified in this year's point-in-time count is the lowest since January 2005. Overall, the number of persons within families decreased from 151 to 127 persons, a decrease of 15.9%. From January 2006 to January 2007, the number of homeless persons within families increased slightly (7.4%). In the past year (January 2007 – January 2008), the number of homeless persons within families decreased from 145 persons to 127 persons, a decrease of 8.8%.

Overall, 37% of the single individuals were employed part-time or full-time. The employment rate of individuals was directly related to their setting. While less than 4% of winter shelter residents were employed and less than 15% of unsheltered individuals were employed, over 55% of emergency shelter individuals and over 57% of transitional housing individuals were employed. No unsheltered individual had an annual income exceeding \$9,999. Over 47% of emergency shelter and transitional housing individuals had an annual income exceeding \$9,999.

Overall, 45% of adult family members were employed either part-time or full-time. Again, the employment rate was directly related to the setting of the family. Twenty-three percent (23%) of adult family members residing in a shelter were employed. Seventy-one percent (71%) of adult family members residing within transitional housing were employed.

HOMELESS COUNT BY CATEGORY					
Category	2008	2007	2006	% Change 2007-2008	% Change 2006 – 2008
Total Persons	326	386	377	- 18.4%	-15.6%
Total Singles	221	230	238	- 4.1%	-7.7%
Total Number of Families	42	48	47	- 14.3%	- 11.9%
Total Number of Persons in Families	127	145	139	- 14.2%	- 8.6%
Total Adults in Families	46	62	56	- 34.7%	- 21.7%
Total Children in Families	81	83	83	- 2.5%	- 2.5%

HOMELESS SUBPOPULATIONS				
	Individual Adults	Adults in Families	Children in Families	TOTAL
Chronic Substance Abuser (CSA)	68	1	0	79
Severe Mental Illness (SMI)	31	1	0	32
Dually Diagnosed (CSA & SMI)	49	2	0	51
Chronic Health Problem	58	2	0	60
Living With HIV/AIDS	7	0	0	7
Physical Disability	23	1	0	24
Domestic Violence Victim	12	4	0	16
Language Minority	7	3	0	10
U.S. Veterans	18	0	0	18

Permanent and Permanent Supportive Housing

Over 22% of homeless individuals had a housing need of permanent supportive housing. The ACS Board operates 25 permanent supportive housing beds for individuals with substance abuse and/or mental health issues who would otherwise be homeless. On the night of the point-in-time, all beds were occupied. An additional 46 individuals were in need of permanent supportive housing. The ACSB also operates 3 family permanent supportive housing units. On the night of the count, only one unit was unoccupied. An additional 6 families were identified as needing permanent supportive housing.

Arlington County 2008 Homeless Enumeration Report

Description of Homeless Services

The Homeless Services Coordination Committee (HSCC) was created 19 years ago and continues to engage public and private stakeholders in Arlington to coordinate a comprehensive system of care for homeless individuals and families. The CoC's ultimate goal is to assist these individuals and families in obtaining and maintaining permanent housing and also to prevent homeless recidivism.

The Continuum has been proactive in developing permanent supportive housing for persons with disabilities. Historically, 50% of the units occupied have been occupied by homeless persons with a disability to include serious mental illness and dual diagnosis. During this four-year period, Arlington County's Housing Developer has worked to ensure persons at 30% of AMI or below are provided some form of housing. The developer's successes include the following:

Units Under Contract	94 units of housing
Units Occupied	58 units (of the 94 units) occupied
Units in Development	54 units of housing (Historically half of the units go to persons who are homeless-of the 54 we anticipate 27 units)

Since the 2007 Point in Time Survey, Arlington County has increased the number of beds for homeless persons within the Continuum of Care. The increase in beds is as follows:

Emergency Shelter Beds (Family)	21 units
Permanent Supportive Housing	10 units

A Passageway Home – Arlington 10-year Plan to End Homeless

The Arlington County Board did approve the 10 Year Plan to End Homelessness (*A Passageway Home*) in April of 2006 as part of phase one. Since that time, the Continuum has been diligently working on phase two which focuses on the governance structure and the implementation plan. On March 19, 2008, Arlington County kicked off phase two with the introduction of a Leadership Consortium meeting that focused on identifying public and private leadership as well as an Implementation Task Force. The plan has four major goal areas that include: development of various components of **affordable housing**, integrated **supportive services**, comprehensive **prevention** services and increased access to **income** and training for homeless persons.

Year-Round and Winter Inventory of Beds				
	Beds for Individuals	Beds\Units for Persons in Families	All Year- Round Beds	Winter Beds
Hypothermia/Overflow/Other (Additional winter Capacity)	46	0		46
Emergency Shelter Beds	44	82\25	126	0
Transitional Housing Beds	18	91\27	109	0

Homeless Point-in-Time Results

As part of the point in time survey on January 24, 2008, the Arlington County Continuum of Care (CoC) counted a total of 410 persons who were considered homeless and a total of 34 persons were tallied as formerly homeless. All of the formerly homeless persons counted have moved into a permanent supportive housing program.

Over the past two years, Arlington County CoC has counted fewer total persons being considered homeless. There was an 11% decrease in the total number of persons counted from 2008 (410 persons) to 2007 (462 persons). This decrease is probably attributed to the following: (1) the recent reopening of one of the family shelters in December 2007 which was not at full capacity at the time of the survey and (2) the reduced number of single persons counted during this year's survey. Consequently, as we have experienced a decrease in the total number of persons counter, there has been a reduction in the numbers specific to sub-populations of homelessness. For the 2008 survey, the largest sub-populations counted were: language minority (77 persons), serious mental illness (75 persons) with a chronic substance abusers (70 persons), domestic violence (69 persons), and chronic health condition (66 persons). Comparatively, the 2007 count yielded slightly higher numbers in the following categories: 125 persons were considered chronic substance abusers, 108 considered to be language minorities, and 82 persons were considered to be dually diagnosed compared to 43 in 2008.

With regard to employment, a disparity continues to exist between singles and adults in families who are employed. In 2008, 24% of the adults were employed compared to 60% of the adults in family having a source of employment. This disparity is contributed to the high number of single persons who have a disabling condition of serious mental illness, substance abuse concerns or a combination of both. Additionally, most singles have fixed sources of income such as SSI or SSDI due to a disability that prevents them from obtaining gainful employment. In 2007, only 20% of the single adults were employed and 73% of the adults in families were employed.

HOMELESS COUNT BY CATEGORY				
Category	2008	2007	2006	% Change 2007 to 2008
Total Number Counted	410	462	477	-11.25%
Total of Singles	284	325	329	-12.6%
Total Number of Families	41	42	36	-2.3%
Total of Persons in Families	126	137	143	-8%
Total Adults in Families	45	53	74	-15%
Total Children in Families	81	84	69	-3.5%

HOMELESS SUBPOPULATIONS				
	Individual Adults	Adults in Families	Children in Families	TOTAL
Chronic Substance Abuser (CSA)	66	4	0	70
Severe Mental Illness (SMI)	75	0	0	75
Dually Diagnosed (CSA & SMI)	43	1	0	44
Chronic Health Problem	53	7	6	66
Living With HIV/AIDS	6	0	0	6
Physical Disability	34	0	0	34
Domestic Violence Victim	24	21	24	69
Language Minority	49	12	16	77
U.S. Veterans	24	2	0	26

Permanent and Permanent Supportive Housing

Since the 2007 Point in Time Survey, Arlington County has doubled the number of persons were placed in permanent supportive housing. The 2008 PIT Survey reports a total of 34 persons (30 singles adults, two adults and two children in families) as being formerly homeless.

As with most jurisdictions, Arlington also has challenges in maintaining and developing affordable housing for persons who are at 30% or below area median income (AMI). There has been an overall reduction in the affordable housing stock at 60% median income in recent years due to rents rising faster than incomes in the private market. Additionally, Arlington currently has a tight rental market with an overall vacancy rate of 2.9% in 2007. Despite these challenges, the Continuum of Care continues to develop permanent supportive housing for persons with a disabling condition. The housing units are negotiated and secured by the County's housing developer and a supportive services administrator works to ensure that clients enter the committed units with supportive services that allow them to stay in the community.

In addition to the supportive housing programs, the County has a housing grants program that enables persons with a disability, and working families to obtain affordable housing within Arlington.

Fairfax-Falls Church 2008 Homeless Enumeration Report

Description of Homeless Services

The Fairfax-Falls Church Continuum of Care system includes all of the fundamental components of prevention, outreach, intake and assessment, emergency shelter, transitional housing with necessary support and rehabilitative services, permanent supportive housing, and linkage to permanent housing, with a full range of supportive services. In February 2007, the Fairfax County Board of Supervisors endorsed a strategic plan entitled *Blueprint for Success: Strategic Directions to Prevent and End Homelessness in the Fairfax-Falls Church Community* and directed the development of an Implementation Plan. The *Strategic Directions* have also been endorsed by the Falls Church City Council, and presented to the Fairfax City Council. An Implementation Committee of 97 nonprofit providers, community and faith-based representative, and a broad cross-section of public agency representative met over several months during 2007 to develop the Implementation Plan. The Draft Plan was released in November 2007, followed by extensive community meetings, presentations and dialogues. The Implementation Plan to Prevent and End Homelessness in the Fairfax-Falls Church Community was approved by the Fairfax County Board of Supervisors on March 31, 2008, with a goal of ending homelessness in the community by December 31, 2018. A new structure for homeless services will be implemented under this plan during the remainder of 2008, and a shift toward a housing first approach will begin with community supports focused on prevention and housing stability.

Shelter programs for individuals include 136 year-round beds in four single adult shelters serving men and women, which are funded by the county and operated by nonprofit organizations. In addition, there is an eight-bed shelter for homeless youth owned and operated by a nonprofit. During winter months, an additional 58 seasonal beds are available at three of the singles shelters and one additional winter-only location in Falls Church; however, these seasonal programs are often over capacity during the coldest part of the winter. The hypothermia prevention program was expanded to three fixed sites in addition to one rotating faith-based component. A total of 257 individuals were counted in overflow and hypothermia prevention and related programs. One eight-bed singles shelter and one eight-bed safe haven target chronically homeless individuals. A total of 151 beds of transitional housing for singles were available in the point in time count, most through Community Services Board and nonprofit operated programs.

Shelter programs for families were expanded by the opening of a fourth family shelter in August 2007, increasing the capacity to 52 families and 196 beds for families, plus one 29-bed domestic violence shelter program with a capacity to serve up to 13 families. The shelters are operated with county funding through nonprofit agencies, and the domestic violence program is operated by the Fairfax-Falls Church Community Services Board. A total of 270 units of transitional housing with a capacity of 917 people in families were counted in 2008, including several program serving victims of domestic violence. Most of this capacity is operated by nonprofit agencies with various combinations of HUD funds, private funding, and contracts with the county. The Department of Family Services has begun a project to look at the potential for converting some transitional units to permanent supportive housing.

Year-Round and Winter Inventory of Beds				
	Beds for Individuals	Beds\Units for Persons in Families	All Year-Round Beds	Winter Beds
Hypothermia/Overflow/Other (Additional winter Capacity)	199	n/a		199
Emergency Shelter Beds (includes DV beds & vouchers)	144	273 \ 80	417	58
Transitional Housing Beds	151	917 \ 270	1068	n/a

Homeless Point-in-Time Results

As shown in the table below, the point-in-time count for 2008 had only a slight 1.2% increase in the number of homeless persons since the 2007 count, and less than a 4% increase since 2006. A rapid increase in cost of housing and loss of affordable units between 2006 and 2007 is believed to have contributed to some of the increase between those years. The impact of the current mortgage foreclosure crisis is not yet clear, but 2007 saw record high levels of requests for emergency rent and eviction prevention assistance.

Due in part to greater engagement with homeless individuals through outreach and hypothermia prevention programs, a larger number were identified as chronically homeless: 54% in 2008 compared to 46% in 2007. Thirty-six percent of all homeless persons are youth under 18, while only seven percent are adults age 55 and over; 59% of all homeless adults are between the ages of 35 and 64, while 75% of all youth are under the age of 12. Most single adults are male (76%), while 81% of families have a single head of household, and 91% of these are females.

HOMELESS COUNT BY CATEGORY				
Category	2008	2007	2006	% Change 2007 to 2008
Total Number Counted	1,835	1,813	1,766	+1.2%
Total of Singles	744	730	667	+1.9%
Total Number of Families	311	307	321	+1.3%
Total of Persons in Families	1,091	1,083	1,099	+0.7%
Total Adults in Families	418*	409	425	+2.2%
Total Children in Families	673*	674	674	-.1%

*Includes estimate of 4 adults and 3 children whose age status was uncertain.

Among single adults, 23% were reported as employed full or part-time, but 86% have income below the poverty level (excludes 22% of individuals for whom income was not reported). In

families, 66% of adults age 18 and over were employed full or part time, 64% of families had income below poverty, while only 4% had income above 50% of the median income.

For single individuals, 72% were chronic substance abusers, seriously mentally ill or both, 30% had chronic health problems, and 22% were institutionalized prior to becoming homeless. Among persons in families, domestic violence at 24% and language minority at 33% were the largest identified sub-populations other than the 42% who had no subpopulation identified.

HOMELESS SUBPOPULATIONS				
	Individual Adults	Adults in Families	Children in Families*	TOTAL
Chronic Substance Abuser (CSA)	166	12	1	179
Severe Mental Illness (SMI)	131	21	6	158
Dually Diagnosed (CSA & SMI)	236	13	1	250
Chronic Health Problem	221	50	23	294
Living With HIV/AIDS	12	7	2	21
Physical Disability	91	18	9	118
Domestic Violence Victim	55	99	162	316
Language Minority	108	173	185	466
U.S. Veterans	69	10	n/a	79
*Children under 18. Adult children 18 and over living in families counted with adults.				

Permanent and Permanent Supportive Housing

Three new components were begun in 2007. Seven single persons served through hypothermia prevention and shelter programs in the winter of 2007 were placed in apartments using a housing first approach. Five TBRA vouchers were obtained to place five additional individuals, and the Community Services Board established an 11-unit program using a community-based treatment team in North County. There were changes in other programs that serve both homeless and non-homeless individuals producing an additional 8 units of permanent supportive housing, increasing the inventory to 273 beds for single individuals from 242 in 2007. An additional seven families with 32 persons were also counted in permanent supported housing.

With a fair market rent of \$1,168 for a one-bedroom unit and \$1,324 for a two-bedroom unit, the cost of housing in the Fairfax-Falls Church community is far above what most homeless families and individuals can afford. In dialogues with homeless persons, most individuals felt they could afford \$200-\$350 per month and most families said they could spend from \$300-\$600 per month.

Loudoun County 2008 Homeless Enumeration Report

Description of Homeless Services

Emergency shelter options for homeless persons in Loudoun are available through three providers. The Loudoun Abused Women's Shelter (LAWS) provides 12 emergency beds for women and children who are domestic violence victims. Volunteers of America (VOA), under contract with the County, operates a 24 bed emergency homeless shelter serving families and single women. The Good Shepherd Alliance operates several homeless shelters providing 30 beds for families and single women (6 beds for singles, and 24 beds for families). The County is in the design phase of a new emergency homeless shelter with construction scheduled to begin in July 2008. This shelter will replace the current VOA operated emergency shelter while increasing shelter capacity. The facility will provide 32 beds for families and single women increasing bed capacity in the County by 8. A 14 bed men's shelter, also part of this project, fills a gap in Loudoun's continuum of homeless services as no men's shelter beds exist at present. The new shelter will open in fall 2009.

Transitional housing options in the County are available through Volunteers of America, under contract with the County of Loudoun and by Good Shepherd Alliance. Volunteers of America operate an 8 unit transitional program, and a 7 unit scattered site apartment program. This program serves primarily families, but singles are also accepted. Good Shepherd Alliance opened its 3 unit Mary's House of Hope in 2007. This program serves single pregnant women and pregnant women with one infant or toddler.

The Loudoun Continuum of Care provided winter shelter for the second consecutive year through a contract with the Salvation Army. The Cold Weather Shelter provides 24 overnight beds for adults, and will operate from mid-November 2007 through March 31, 2008. It is anticipated that this program will again be provided for the 2008-2009 winter season.

Housing First models inspired the creation of a Housing First Pilot program in 2007. This is a one unit apartment program serving one individual at this time. Loudoun Department of Family Services and Loudoun Mental Health, the two agencies that collaborated to design the pilot program, provide funding and case management support. Possible expansion of the program is being explored for 2008.

The Loudoun Continuum was active during 2007 in its efforts to better understand and develop resources to serve its homeless population. The CoC made a recommendation to the Social Services Board which included making "homelessness" a preference category on the Housing Choice Voucher waiting list. A "set aside" of housing vouchers specifically for the homeless was also requested. This request was approved in early 2008, and implementation is expected in summer 2008. The CoC also took on an advocacy role when countywide housing policies were being revised with a focus on the need for housing programs at the 0% to 30% of area median income. Efforts to develop additional housing resources continue in 2008 with a workgroup that has formed to explore housing options to support the homeless. Loudoun Department of Family Services created a Continuum of Care Coordinator position, which was staffed in early 2008.

One of the key responsibilities of this staff person for 2008 is to facilitate the CoC efforts toward development of a 10-year plan to end homelessness.

Year-Round and Winter Inventory of Beds				
	Beds for Individuals	Beds\Units for Persons in Families	All Year- Round Beds	Winter Beds
Hypothermia/Overflow/Other (Additional winter Capacity)	24 (hypothermia; adults only)	0		24
Emergency Shelter Beds	6	60	66	0
Transitional Housing Beds	0	18 Units	18 Units	0

Homeless Point-in-Time Results

Homelessness in Loudoun decreased by 19 percent overall from 2007 to 2008 (from 211 to 170). Between 2006 and 2008 there was an 8 percent decrease in homelessness (from 184 to 170). The total number of homeless for 2008 included 49 individuals and 121 adults and children in families. The number of homeless individuals decreased 40 percent from 2007 to 2008 (from 81 to 49). The most significant change in the 2008 count was the decrease in the number of homeless individuals. The number of chronically homeless individuals declined from 52 in 2007 to 21 in 2008—a decrease of 59 percent. In 2006, the number of chronically homeless was 16. The number of homeless families decreased by 8 percent from 2007 to 2008 (from 38 to 35), but overall the number of homeless families is fairly stable. The fact that the LAWS domestic violence family shelter did not participate in the survey due to temporary closure on the date of the PIT count, probably accounts for the decrease in homeless families from 2007 to 2008.

It is difficult to account in total for the large decrease in the number of homeless individuals counted in 2008. Some of the decrease may be attributed to the addition of support services for the homeless by two County programs. In 2007 the Department of Family Services assigned two Social Workers to provide intensive case management to homeless persons and those at imminent risk of homelessness. In addition, the PATH program (Projects Assisting Transition from Homelessness) added an additional staff person to do homeless outreach in late 2006. Another possible explanation for the lower number of homeless individuals is the current absence of a men’s shelter in Loudoun; homeless men must seek shelter outside of Loudoun.

The employment rate of all homeless adults for 2008 is 52 percent, showing little variation from the 53 percent employment rate of 2007. There is a significant decrease in employment from 2006 when the rate was 62 percent. In 2008, 50 percent of homeless single adults were employed (10 percent full-time, and 40 percent part-time), and 56 percent of adults in families were employed (30 percent full-time, and 26 percent part-time). Employment is the most common source of income among *all* homeless adults for 2008. It is noteworthy that 20 percent of homeless individuals are receiving SSI or SSDI disability benefits as their primary income

source, and among adults in families, 10 percent report TANF as their primary income source.

The three most commonly occurring sub-populations among Loudoun’s homeless in 2008 are Chronic Health Problem (18 percent), Severe Mental Illness (12 percent) and Developmental Disability (10 percent). In 2007 Chronic Health Problems were also reported by 18 percent of homeless; this was the most commonly reported sub-population for both 2007 and 2008. The number reporting Severe Mental Illness declined slightly from 2007 to 2008 (14 percent in 2007 to 12 percent in 2008). The number reporting Dual Diagnosis has decreased from 2007 to 2008 (from 14 percent to 5 percent). There is a decline in the number of homeless reporting Domestic Violence from 2007 to 2008 (from 11 percent to 9 percent). Physical Disability was reported by 9 percent of Loudoun’s homeless for 2008; comparable to the 8 percent reported for 2007. No comparative data exist for the Developmental Disability category as 2008 was the first year that Loudoun surveyed for this sub-population.

Based upon PIT data from 2006 through 2008, the number of homeless families in Loudoun remained stable. This trend is not surprising given the fact that emergency shelter and transitional housing resources are more abundant for families than for single individuals. Homeless data from 2006 through 2008 for single individuals show a dramatic increase in homeless numbers in 2007 and an equally dramatic decrease in homeless numbers in 2008. A trend cannot be determined during these years. The 2008 sub-population data indicate that the incidence of disabling conditions among single homeless individuals (especially mental health and substance abuse issues, chronic health problems, and physical disabilities) was very common. The sub-population issues most likely account for the lower rate of employment and lower overall income levels reported among single homeless individuals as compared to homeless families.

HOMELESS COUNT BY CATEGORY				
Category	2008	2007	2006	% Change 2007 to 2008
Total Number Counted	170	211	184	- 19%
Total of Singles	49	81	72	- 40%
Total Number of Families	35	38	31	- 8%
Total of Persons in Families	121	130	112	- 7%
Total Adults in Families	43	49	40	- 12%
Total Children in Families	78	81	72	- 4%

HOMELESS SUBPOPULATIONS				
	Individual Adults	Adults in Families	Children in Families	TOTAL
Chronic Substance Abuser (CSA)	9	2	0	11
Severe Mental Illness (SMI)	16	2	2	20
Dually Diagnosed (CSA & SMI)	6	3	0	9
Chronic Health Problem	21	7	0	28
Living With HIV/AIDS	0	0	0	0
Physical Disability	11	4	0	15
Domestic Violence Victim	7	9	7	23
Language Minority	1	4	10	15
U.S. Veterans	5	1	0	6

Permanent Supportive Housing

Mental Health Residential Services provides 14 permanent supportive housing (PSH) beds for individuals in group homes, supervised apartments and private residences. Two homeless individuals were placed in this PSH program during 2007. In 2007 and previous years (2006 and 2005), Loudoun's report on the number of persons in PSH was made with the assumption that all of the available beds in the Mental Health Residential Services program were for homeless persons; this was incorrect. In 2008 and future years, only those beds that are actually serving homeless persons, will be counted in our PSH inventory. In 2008 two formerly homeless individuals are being served in the MH Residential Services program and one person is being served in Loudoun's Housing First Pilot Program. The Continuum of Care will evaluate the need for additional supportive housing resources during 2008.

Affordable Housing

Access to affordable housing is limited in Loudoun. The only rent subsidy available is through the federally funded Housing Choice Voucher Program. The wait list for this program is closed, with those now on this list waiting two or more years to be served. The Affordable Dwelling Unit (ADU) rental program provides affordable rent to those who qualify, but meeting minimum income levels is a barrier to access for Loudoun's homeless, most of whom have incomes too low to qualify for the program.. The Loudoun CoC has discussed the need for additional rent subsidies; however, a renewable funding source must be obtained to implement such a program.

Prince William County 2008 Homeless Enumeration Report

Description of Homeless Services

Prince William County houses three emergency shelter facilities for the homeless; two emergency domestic violence shelters and an emergency winter shelter operating November through March. Two of the emergency shelters are county facilities while the remainder of the facilities is operated by nonprofits. During the period of the 2008 Point-in-Time Count there were one hundred and one (101) shelter beds available for single individuals, while eighty (80) emergency beds were available for families.

There are nine transitional living programs (two hundred and one-201-beds) serving families, singles and domestic violence victims.

Permanent supportive housing for the mentally ill chronically homeless was still set at five, although there are also ten additional beds for the mentally ill which may or may not have been homeless prior to admission, according to current demand. Eight additional beds serving the mentally ill chronically homeless were available in February 2008.

Seven of the programs mentioned above receive partial HUD funding as well as the HMIS program, which provides data supports to all of the above.

The Cooperative Council of Ministries (CCoM), in partnership with the Prince William County Dept. of Social Services, also operates a year-round Drop In Center, serving 30 to 35 participants daily, many of them chronically homeless. A PATH (Projects for the Assistance in Transition from Homelessness) therapist from Community Services provides mental health services to both the Winter Shelter and Drop In Center programs.

The Prince William Area Continuum of Care is entering its final writing phase of Ten Year Plan to End Homelessness document and will be sharing it with focus groups in the next few months. Prevention, Supportive Services, Employment and Housing are the four major goal areas. While the area has a number of chronically homeless individuals, much of its homeless population centers on families and single individuals. A number of the families are beginning to have very similar characteristics of the chronically homeless single adults-and for this reason are addressed in the document's recommendations and goals.

Year-Round and Winter Inventory of Beds				
	Beds for Individuals	Beds\Units for Persons in Families	All Year- Round Beds	Winter Beds
Hypothermia/Overflow/Other (Additional winter Capacity)	38	0		38
Emergency Shelter Beds	59*	84	143	0
Transitional Housing Beds	16*	185	201	0

- Beds are counted according to use on the night of the Count

Homeless Point-in-Time Results

The 2008 Count, which was conducted on January 24, 2008, counted a total of 550 persons in a 24 hour period. This number is 60 less than the count in 2007. The two areas that showed the largest percentage of reductions were in single individuals and families.

Some of the decrease in single individuals counted is due to the difficulty of entering campsites at which we are not known. Since Prince William CoC does not allow estimation we were not able to add individuals who live there.

Family size was down slightly this year as well as the number of families. Decreases were noted in the domestic violence and transitional programs. There is not enough information at this point to determine why this number is down. However; decreases in these numbers were seen even in November and December.

The percentage of employed homeless single adults and adults in families was approximately 60% this year although the reported income appears to be lower than in the past. However, this information is not always reliable. Again, single individuals are reporting less employment (37% employed). Some of this may be due to the housing crisis that can influence the number of construction or construction related jobs, which has routinely been reported in previous years as employment for single male individuals. Emergency shelters and unsheltered still report the highest percentage of part-time and day labor jobs, while transitional programs report higher numbers of full time employment.

Although the area does not have significant evidence of homelessness due to foreclosures, a trend to watch will be the number of rental units unavailable to those with lower income.

HOMELESS COUNT BY CATEGORY				
Category	2008	2007	2006	% Change 2007 to 2008
Total Number Counted	550	614	498	-9.8%
Total of Singles	205	245	167	-16.7%
Total Number of Families	106	122	109	-13.2%
Total of Persons in Families	349	374	380	-10.7%
Total Adults in Families	134	144	120	-6.9%
Total Children in Families	215	247	221	-13.1%

HOMELESS SUBPOPULATIONS				
	Individual Adults	Adults in Families	Children in Families	TOTAL
Chronic Substance Abuser (CSA)	63	6	NA	69
Severe Mental Illness (SMI)	37	4	0	41
Dually Diagnosed (CSA & SMI)	5	0	0	5
Chronic Health Problem	0	0	0	0
Living With HIV/AIDS	0	0	0	0
Physical Disability	14	5	0	19
Domestic Violence Victim	11	29	0	40
Language Minority	0	0	0	0
U.S. Veterans	30	6	0	36

Permanent and Permanent Supportive Housing

There has been little change in the permanent supportive housing program since 2006. Fortunately, Good Shepherd and CSB have opened new beds since February that are housing 8 chronically homeless people. Additionally, they provide 15 beds for chronically mentally ill single adults-some of them previously homeless. This is a good example of both private and public agencies working together to provide needed services.

There are some groups in Prince William working hard to increase affordable housing options.; the units are single family homes or townhouses. As of yet, there is no impetus to creating more rental units that are affordable.

With wages for service jobs staying level-at the bare minimum, there is little chance that even with both parents employed a rent of \$1,200 to \$1,500 is affordable.

The absence of permanent supportive housing for an estimated 60% of homeless families continues to be a clearly delineated need particularly with the lack of available Section 8 vouchers. Providers in Prince William are very aware of the need to extend permanent supportive housing to families who have chronic issues leading to multiple events of homelessness.

The lack of resources is evident on both provider and client ends. More competition for the construction dollar as well as decreasing support service dollars makes it increasingly difficult for new projects. While public and private partnerships appear to be the best approach, many local governments are facing budget shortfalls.

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Notes

¹ U.S. Department of Housing and Urban Development; “The Annual Homeless Assessment Report to Congress”, February 2007

² U.S. Department of Housing and Urban Development;
www.hud.gov/offices/cpd/homeless/library/countinghomeless/index.cfm

³Health and Human Services’ Poverty Guidelines; Federal Register, Vol. 73, No. 15, January 23, 2008, pp. 3971-3972.

⁴HUD FY 2008 and 2008 Fair Market Rents; www.huduser.org.

⁵ In the point-in-time enumeration providers are given the HUD definition of “chronically homeless” and asked to count a person in this category based on staff observation more so than hard, longitudinal data located in either their HMIS or case files. The assumption is that emergency shelter and street outreach staff are in a position to know if a client has been around for one or more years and appears to be disabled.

⁶ U.S. Department of Housing and Urban Development; “The Annual Homeless Assessment Report to Congress”, February 2007.