

A stylized graphic of a house with a black roof, a white circle for a chimney, and two white windows with black frames. The house is tilted to the right. The background is a solid light blue color.

HOMELESS IN METROPOLITAN WASHINGTON

Results and Analysis from the 2012
Point-in-Time Count of Homeless
Persons in the Metropolitan
Washington Region

Prepared by the
Metropolitan Washington
Council of Governments
Homeless Services Planning
and Coordinating Committee

May 2012



Homeless in Metropolitan Washington

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Persons in the Washington Region

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Table of Contents

Introduction.....	01
Region’s Homeless Population (Total).....	05
Homelessness and the Working Poor.....	08
Unsheltered Homeless.....	10
Chronic Homelessness.....	11
Subpopulations.....	13
Continua of Care in Metropolitan Washington.....	14
Permanent Supportive Housing.....	16
Conclusions & Recommendations.....	18
Homeless Enumeration Reports by Jurisdiction.....	21
Committee Members.....	51

INTRODUCTION

For the 12th consecutive year, the Metropolitan Washington Council of Governments (COG) Homeless Services Planning and Coordinating Committee has conducted a regional enumeration of the area's homeless and formerly homeless population. The 2012 Point-in-Time Enumeration provides information on the number of unsheltered persons in the region as well as figures on how many persons utilize Winter Shelters, Year-round Emergency Shelters, Safe Havens, Transitional Housing Facilities and Permanent Supportive Housing. Also provided are survey data that explore the extent to which homeless persons in each jurisdiction live with disabling conditions or belong to various subpopulations.

This year's enumeration and survey occurred on January 25, 2012. The report's findings provide a one-day "snapshot" of the region's homeless population within nine metropolitan Washington area jurisdictions. Similar to last year, the report highlights three key themes: the significant increase of permanent supportive housing, the positive results demonstrated from shelter diversion and prevention programs and the need to sustain successes brought by federal Rapid Re-housing funds. Each of these factors had a major impact on keeping this year's literally homeless count from growing.

Each of the nine jurisdictions represents a local Continuum of Care (CoC) that receives federal funding through the U.S. Department of Housing and Urban Development's (HUD) Continuum of Care Homeless Assistance Program to assist the region's homeless population. Participating jurisdictions include the City of Alexandria, Virginia; Arlington County, Virginia; the District of Columbia; Fairfax County, Virginia; Frederick County, Maryland; Loudoun County, Virginia; Montgomery County, Maryland; Prince George's County, Maryland; and Prince William County, Virginia. Although Charles County, MD recently joined COG's membership, the County's homeless enumeration figures are not tracked as part of this report. Charles County submits its enumeration results to the Baltimore, MD HUD office

and not the Washington, DC HUD office unlike the other COG member jurisdictions. Additional local governments are also captured as part of this report. Fairfax County's enumeration includes data from the City of Falls Church and the City of Fairfax. Frederick County's enumeration includes data from the City of Frederick, Maryland. Prince George's County's enumeration includes data from the City of Bowie. Prince William County's data includes information from the cities of Manassas and Manassas Park, Virginia.

The report includes narratives that were prepared by each of the respective jurisdictions. The narratives briefly describe each jurisdiction's homeless Continuum of Care and provide detailed explanations of their respective enumeration results. Some of the region's jurisdictions used a Homeless Management Information System (HMIS) to count their homeless population. HMIS is an electronic data collection system that stores person-level information about homeless people who access the respective jurisdiction's homeless service system. HMIS can be used to produce an "unduplicated" count of homeless people, improve program operations, measure program performance, and coordinate services community-wide.

Similar to past enumerations, the 2012 count does not include people who "double up" with relatives or friends, in accordance with HUD guidelines which mandate that jurisdictions conduct Point-in-Time counts at least biennially. HUD's requirements for conducting the annual point-in-time count can be found in its Standard and Methods for Point-in-Time Counts of Homeless Persons and Annual Housing Inventory Updates at www.hud.gov.

Due to local implications resulting from the national recession, several local jurisdictions and service providers are concerned that many of the region's residents are "at risk" of becoming homeless. This is evidenced by the knowledge that a large number of households are doubled up and exacerbated by the uncertainty of when conditions will improve for these households.

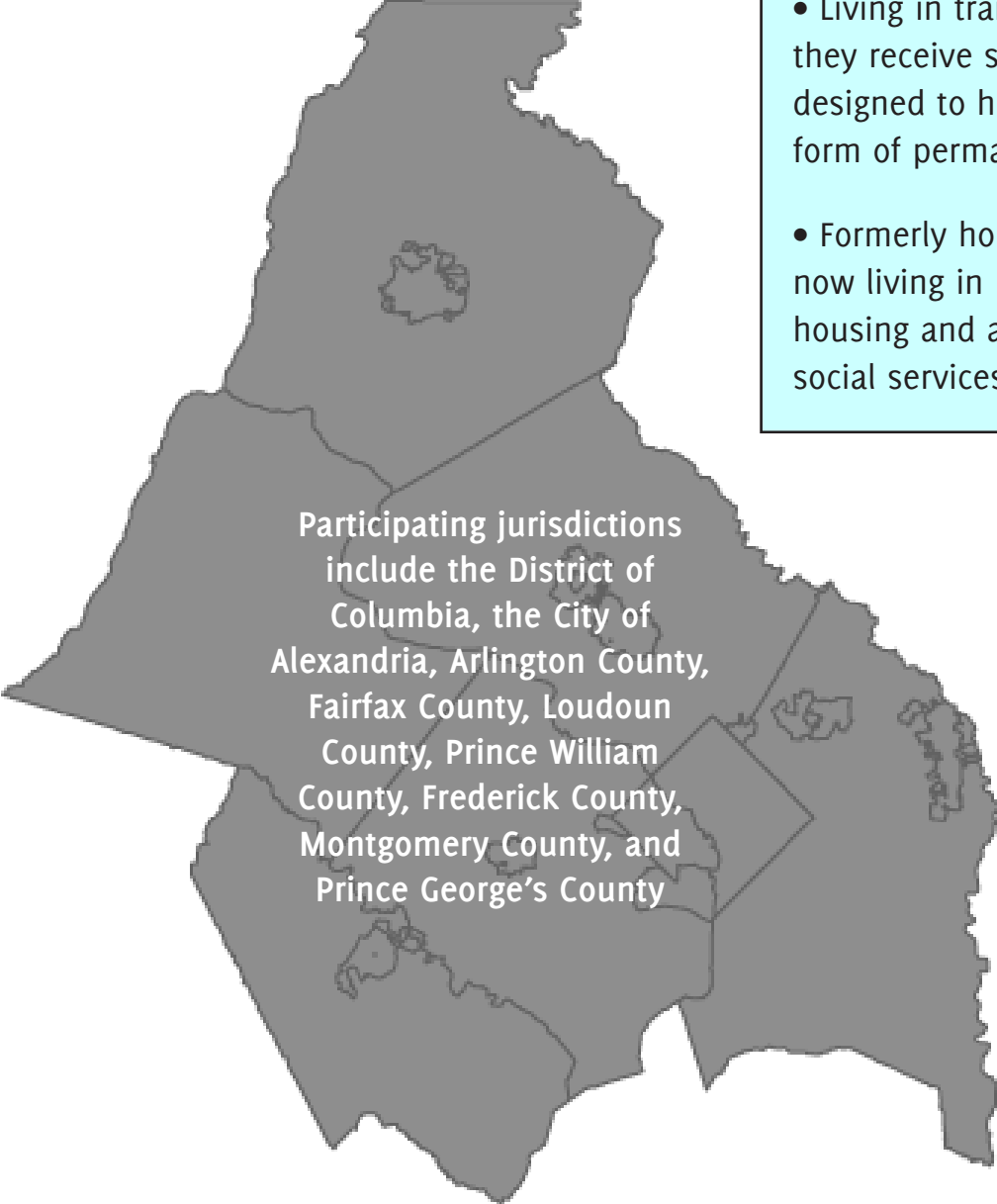


How We Define Homelessness

The region's jurisdictions used HUD's definition of "homelessness," which is defined as people 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.

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

- Unsheltered persons living on the streets, including parks, alleys and camp sites;
- Staying in an emergency and hypothermia shelter or safe havens;
- Living in transitional housing where they receive supportive services designed to help them move into some form of permanent housing; and
- Formerly homeless people now living in permanent supportive housing and are receiving supportive social services.



Participating jurisdictions include the District of Columbia, the City of Alexandria, Arlington County, Fairfax County, Loudoun County, Prince William County, Frederick County, Montgomery County, and Prince George's County

HOW MANY LOCAL RESIDENTS ARE HOMELESS?

As of January 25, 2012, 11,830 people throughout the metropolitan Washington region indicated that they were homeless. This number reveals a 0.4 percent decrease from 2011 when 11,879* total people throughout the region were homeless. Table 1 illustrates the region's 2012 homeless enumeration across jurisdictions compared to last year.

Prince William, Prince George's and Montgomery counties and the City of Alexandria experienced large decreases in their homeless population count since last year. Prince George's County's count decreased because of HUD's requirement that persons staying in facilities without designated homeless beds should not be counted; this rule inadvertently reduced the County's homeless count. The City of Alexandria's

numbers have returned to the levels experienced in 2008 through 2010. Montgomery County's homeless count decreased due to the number of persons moving from homelessness to permanent supportive housing.

Table 2 illustrates the numerical and percentage change in the region's homeless population between 2008 and 2012.

Four of COG's CoC participating jurisdictions – Fairfax, Montgomery, Prince George's, and Prince William Counties – experienced decreases in their homeless populations since 2008. This trend is consistent with last year's count for both Fairfax and Prince George's counties which experienced a 15 and



TABLE 1: LITERALLY HOMELESS BY JURISDICTION 2011 - 2012			
Jurisdiction	2011	2012	Percent Change 2011 - 2012
Alexandria	416	352	-15%
Arlington County	461	451	-2%
District of Columbia	6,546	6,954	6%
Fairfax County	1,549	1,534	-1%
Frederick County	280	285	2%
Loudoun County	156	164	5%
Montgomery County	1,132	982	-13%
Prince George's County	773	641	-17%
Prince William County	566*	467	-17%
TOTAL	11,879	11,830	-0.4%

* Prince William County submitted revised numbers for 2011.

TABLE 2: LITERALLY HOMELESS BY JURISDICTION, 2008-2012						
Jurisdiction	2008	2009	2010	2011	2012	Percent Change 2008 - 2012
Alexandria	348	360	359	416	352	1%
Arlington County	410	511	531	461	451	10%
District of Columbia	6,044	6,228	6,539	6,546	6,954	15%
Fairfax County	1,835	1,730	1,544	1,549	1,534	-16%
Frederick County	302	324	303	280	285	-6%
Loudoun County	170	152	157	156	164	-4%
Montgomery County	1,104	1,194	1,064	1,132	982	-11%
Prince George's County	943	853	789	773	641	-32%
Prince William County	550	630	488	566	467	-15%
TOTAL	11,706	11,982	11,774	11,879	11,830	1%

34 percent respective decrease between 2007 and 2011. The region's increased supply of permanent supportive housing accounts for some jurisdictions' consistent declines in homelessness.

Arlington County and the District of Columbia experienced increases in their homeless populations since 2008. For Arlington County, this results from a one-year drop in homelessness in

2008. In 2011, the County's five year change stood at zero percent. The District of Columbia has the largest local percentage increase in homeless people.

*The 2011 total homeless count is revised from what was published last year.



THE REGION'S HOMELESS BY TOTAL POPULATION

The following table highlights the number of homeless people counted in the metropolitan Washington region as a percentage of its total population. Including the District of Columbia, there was a 0.24 percent incidence of homelessness in the region. This figure remains unchanged from last year. Excluding the District, the incidence of homelessness is 0.11 percent for the region's suburban population. This figure fell from the 0.13 percent reported last year.

HUD's 2010 Continuum of Care data states that there are 649,917 homeless people in the country. This figure represents 0.21 percent of the nation's total population of 307,745,538 in 2009. COG's regional comparison is slightly higher; 0.24 percent of the region's total population is homeless.

As evidenced in Table 3, most of the region's homeless population resides in the District of Columbia. This trend remains unchanged from 2001 when COG's regional enumeration survey began. As detailed in

Table 3, of every 1,000 people throughout the region, 2.4 are homeless. This number has slightly decreased since 2010 when the figure was 2.5. The District of Columbia has the largest local incidence of homelessness within the metropolitan Washington region. Of every 1,000 people in the District, approximately 11.6 are homeless; this number remains relatively unchanged from last year when it was 10.9. The City of Alexandria and Prince William County, Virginia have the largest change (-0.5 percent) from 2011 in the incidence of homelessness than the other seven area jurisdictions.

Two factors may explain the region's slight 0.4 percent decrease in its 2012 homeless population from 2011. First, the slow economic recovery and continued high rents make it very difficult for extremely low income households to find or maintain housing that they can afford, and wages have not increased to keep pace with the rising cost of housing. The second factor is the continued use of local and federal dollars to

TABLE 3: 2012 SHARE OF POPULATION WHO ARE HOMELESS

Jurisdiction	2010 Total Population*	2012 Literally Homeless	Homeless as Percent of Total Population	Homeless Persons per 1,000 People
Alexandria	139,966	352	0.25%	2.5
Arlington County	207,627	451	0.22%	2.2
District of Columbia	601,723	6,954	1.16%	11.6
Fairfax County	1,116,623	1,534	0.14%	1.4
Frederick County	233,385	285	0.12%	1.2
Loudoun County	312,311	164	0.05%	0.5
Montgomery County	971,777	982	0.10%	1.0
Prince George's County	863,420	641	0.07%	0.7
Prince William County	454,096	467	0.10%	1.0
Region with D.C.	4,900,928	11,830	0.24%	2.4
Region without D.C.	4,299,205	4,876	0.11%	1.1

*Source: COG tabulation of Census 2010 PL 94-171 Redistricting Data

NOTE: Fairfax County's population count includes the City of Fairfax and the City of Falls Church. Prince William County's count includes Manassas Park and the City of Manassas.



prevent homelessness, rapidly re-house persons who become homeless, and provide permanent supportive housing to the chronically homeless and persons with disabling conditions. The latter factor continues a trend noted last year.

Household Composition

The following table compares the 2008 through 2012 enumeration survey responses from the region's residents who were counted as homeless. Unaccompanied Youth is a separate household category this year; the category is comprised of households with only youth. In previous years, unaccompanied youth were captured as part of the single individuals category. As of January 25, 2012, 11,830 unaccompanied youth, single individuals, and people in families were homeless. This year's number of homeless people reveals a 0.4 percent decrease from 2011 when 11,879 total single people and people in families throughout the region were homeless and a 1.1 percent increase from 2008. Homelessness among the region's families has increased nearly 23 percent since 2008; for the nation, family homelessness has increased 1.2 percent since 2009, according to HUD data.

Family Households

The following table illustrates the 2012 survey responses from the region's homeless families. As of January 25, 2012, 1,765 families were counted as homeless. This is a 5.5 percent increase from 2011

when 1,672 total families throughout the region were homeless. The number of homeless families continues to increase each year. Since last year, the number of adults in families increased by 157 people, or 7.6 percent, and the number of children in families increased by 139 people (4 percent).

Lastly, the number of homeless persons in families increased by 7.8 percent from 5,206 people in 2011 to 5,611 people in 2012. This is consistent with last year's six percent increase in the number of homeless persons in families. It should be noted that family homelessness in some jurisdictions has decreased. The region's overall increase in family homelessness is attributed to the local impact of the nation's economy and the lack of affordable housing opportunities for lower income households.

According to the U.S. Census Bureau's 2010 American Community Survey, the National Capital region's median monthly homeownership costs are \$2,332. The region's median monthly gross rent is \$1,351. More than 30 percent of the region's housed households pay more than a third of their incomes to satisfy these monthly housing costs. The region's homeless population faces greater challenges affording housing, especially as the area's increased housing demand drives up rental rates. This trend makes otherwise affordable units unaffordable for homeless households, especially as they compete with housed populations for housing.

		Unaccompanied Youth	Single Individuals	People in Families	Total
MWCOG REGION	2012	15	6,204	5,611	11,830
	2011	26	6,647	5,206	11,879
	2010	16	6,763	4,995	11,774
	2009	n/a	6,689	5,293	11,982
	2008	n/a	7,140	4,566	11,706
2008 - 2012 Percent Change		-6.3%	-13.1%	22.9%	1.1%



Children and Youth

In the case of families, it is important to note that children are more adversely affected by homelessness. Children are often dislocated from familiar surroundings, family, friends, and neighborhood schools when their families become homeless. Children must also contend with the stigma associated with being homeless when navigating their new surroundings and when making friends. Children and youth homelessness accounted for 29 percent of the region's total homeless population (11,830), which represents a 2 percent increase from last year. COG's 2012 enumeration found that children represented 3,388 homeless people. This number translates to children and youth accounting for 60 percent of all people in homeless families; this percentage remains relatively unchanged from 2010.

TABLE 5: 2012 LITERALLY HOMELESS PERSONS IN FAMILIES BY JURISDICTION				
Jurisdiction	Number of Families	Adults in Families	Children in Families	Persons in Families
Alexandria	49	51	88	139
Arlington County	58	77	111	188
District of Columbia	1,014	1,307	1,880	3,187
Fairfax County	249	332	505	837
Frederick County	39	42	74	116
Loudoun County	29	35	60	95
Montgomery County	126	152	229	381
Prince George's County	113	124	238	362
Prince William County	88	103	203	306
ALL COG COCs	1,765	2,223	3,388	5,611



HOMELESSNESS & THE WORKING POOR

Employment, or an adequate and reliable source of income, is crucial to a household's ability to either afford a place to live or move out of homelessness. According to the U.S. Department of Labor's Bureau of Labor Statistics, the metropolitan Washington region's unemployment rate for January 2012 was 5.6 percent, compared to 8.3 percent for the nation. The region's unemployment rate decreased, by 0.5 percentage points, from 6.1 percent in January 2011. Based on 2010 U.S. Census data, the region's average poverty rate stands at 6.85 percent. While the region's unemployment rate has fallen over the last year, the impact of the nation's economy is severely felt by the region's most vulnerable populations.

Homelessness among the region's families has increased over the last year. Data from the metropolitan Washington region's 2012 enumeration suggests that most homeless adults in families are unemployed. The following figures illustrate the employment percentages (both full and part time) for homeless adults in families, single adults, and unaccompanied youth throughout the region. This year's report also breaks out percentages for homeless persons for whom employment was unknown.

According to this year's enumeration, 60 percent of all homeless adults in families are unemployed. Last year's total was 62 percent which included folks for whom employment was unknown.

Approximately, 17 percent of all homeless single adults have jobs. The percentage last year was 14 percent. The region's lower rate of employment for its homeless single adults is attributed to higher incidences of substance abuse, mental illness, chronic health problems and physical disabilities. Employment could not be determined for 11 percent of the region's homeless population.

Only 14 percent of the region's homeless unaccompanied youth are employed. This is attributed to the youths' age, levels of employability, and housing status.

FIGURE 1: EMPLOYED ADULTS IN FAMILIES

Source: COG 2012

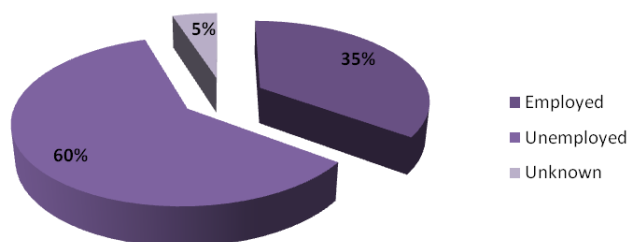


FIGURE 2: EMPLOYED SINGLE ADULTS

Source: COG 2012

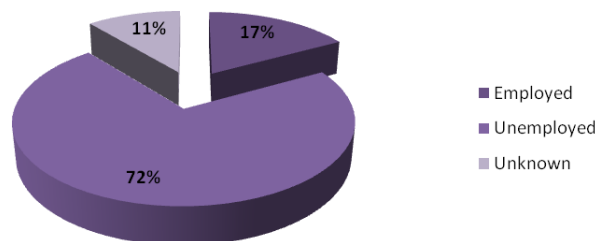
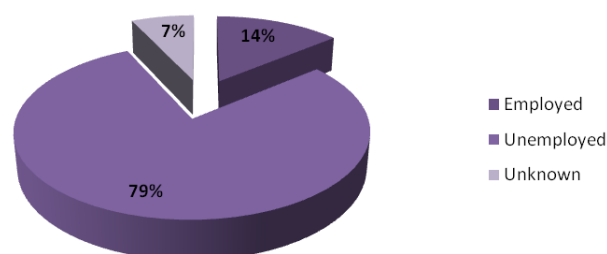


FIGURE 3: EMPLOYED UNACCOMPANIED YOUTH

Source: COG 2012



While the Washington region – when compared to other national metropolitan areas – has a lower unemployment rate, it remains one of the country's most expensive areas to live. Coupled with incidents of increasing unemployment, the area's high housing costs further constrain a low income household's ability to remain housed. The reality is stark for the region's homeless households as evidenced in the following charts. Figure 4 shows that at least 30 percent of all single homeless adults, in a third of the



region's participating CoCs, have jobs. This remains unchanged from last year, although the jurisdictions meeting this threshold have changed. For example, Frederick County's single adult employment percentage fell from 30 percent in 2011 to 20 percent. Figure 5 illustrates that half or more of all homeless adults in families, in six of nine local jurisdictions, are employed. Five jurisdictions met this threshold last year. Frederick County's homeless adults in families employment percentage rose from 38 percent last year. Employment also rose by 20 percent or more for homeless adults in families in families in Alexandria and Prince William County.

FIGURE 4: EMPLOYED SINGLE ADULTS

Source: COG 2012

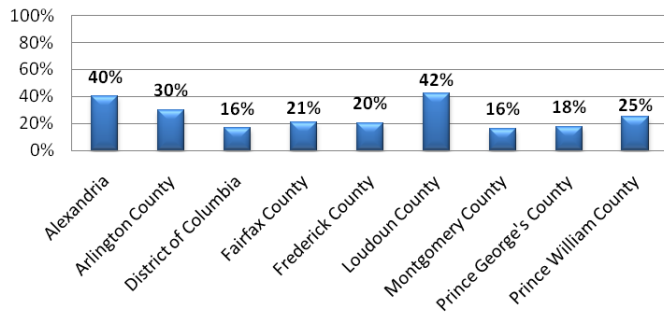
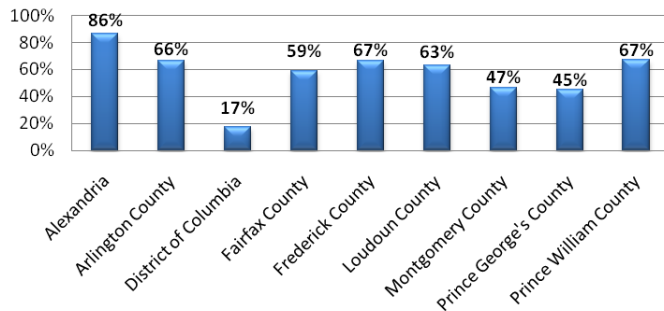


FIGURE 5: EMPLOYED ADULTS IN FAMILIES

Source: COG 2012



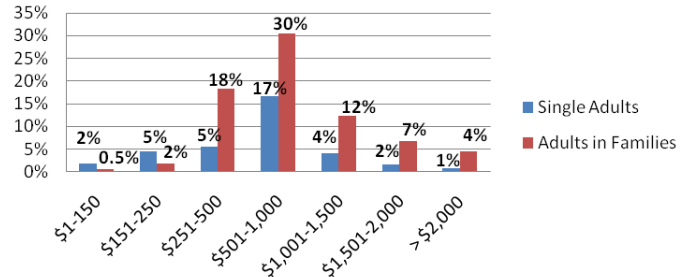
Income

While a portion of the region's homeless population reports receiving monthly income, a large number of homeless people do not receive any monthly income. Eighty-three (83) percent of adults in families reported having income, but only 43 percent of single adults reported income. Last year, 77 percent of adults in families reported income and 41 percent of single adults reported income. Figure 6 shows the differences in the monthly income distribution as a

percentage of each group for homeless single adults and homeless adults in families who reported income. There was little change in the distribution of income by category for those single adults who reported income.

FIGURE 6: INCOME DISTRIBUTION FOR ADULTS WITH INCOME (as a % of total adults)

Source: COG 2012

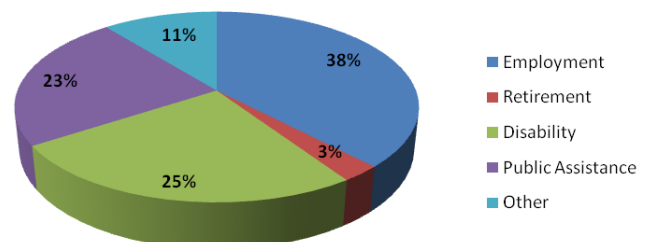


Regionally, the monthly incomes for adults in families also mirrored the percentages reported last year. There was a slight decrease of three percentage points in the number of adults in families with incomes between \$251 and \$500 in the last 30 days. There was also a small three percentage point increase in incomes between \$501 and \$1,500.

Approximately 38 percent of all adults who have income reported that employment wages and salaries were their primary source of income. This figure has dropped from 48 percent in 2010 to 41 percent in 2011 and now stands at 38 percent. The next largest sources of primary income – for all homeless adults who reported income – following employment include: Disability (such as Supplemental Security Income), Public Assistance (such as Temporary Assistance for Needy Families), “other” sources of income, and Retirement (such as Social Security). Figure 7 illustrates the primary source of income distribution for the region's 4,351 homeless people that provided this information.

FIGURE 7: HOMELESS POPULATION SOURCE OF INCOME

Source: COG 2012



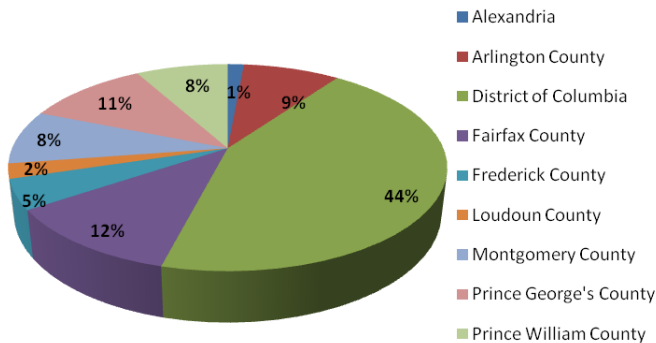
UNSHELTERED HOMELESS

On January 25, outreach workers for the region's Continuum of Care went into several communities to count the area's unsheltered homeless population. Outreach workers counted people living on the streets, in alleys, under bridges, in local parks, in camp sites and in other places frequented by homeless people. According to the 2012 count, 1,584 persons (or 13.4 percent of the region's 11,830 homeless people) were unsheltered. Of these, 1,539 persons were single adults and 45 persons were in 12 families who were unsheltered. The 1,539 single adults represent a 2 percent increase from 2011, which may be attributed to the mild weather experienced during the count as opposed to last year. Figure 8 provides the distribution of the region's total unsheltered single adult homeless population by locality.

Distribution of Region's Unsheltered Homeless Single Adult Population

The District of Columbia has the largest share of the region's homeless unsheltered single adult population; the unsheltered homeless single adults in the District of Columbia account for 44 percent of the region's unsheltered single adults. This figure increased from 23 percent of the total in 2011. Prince

FIGURE 8: DISTRIBUTION OF REGION'S 1,539 UNSHELTERED SINGLE ADULTS
Source: COG 2012

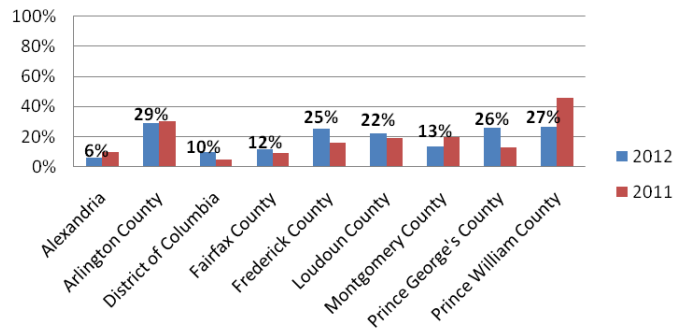


William County's share of the region's unsheltered homeless single adult population decreased from 23 percent last year to eight percent this year. Montgomery County's share of the region's unsheltered homeless single adult population decreased from 17 percent last year to eight percent this year.

Comparison of Unsheltered Single Adults by Jurisdiction

Figure 9 provides the breakdown of the percentage of unsheltered homeless single adults within each locality compared to its total homeless count for both 2012 and 2011. Prince George's and Frederick counties have the largest increases, 13 and 9 percent respectively.

FIGURE 9: COMPARISON OF UNSHELTERED SINGLE ADULTS BY JURISDICTION
Source: COG 2012



CHRONIC HOMELESSNESS

As a result of federal policy, the nine COG jurisdictions that receive HUD Continuum of Care (CoC) grants are working to reduce the region's chronically homeless population. HUD defines an individual experiencing chronic homelessness as an unaccompanied adult with a disabling condition who has either been continuously homeless for a year or more or has had at least four episodes of homelessness in the past three years. HUD has expanded the definition to include families if the family has at least one adult, 18 or older, with a disabling condition and meets the same time period requirements as for an unaccompanied adult. Persons under the age of 18 are not counted as chronically homeless individuals, nor are other adults in the family who do not meet the HUD definition. However, all members of the family household are counted as persons in a chronically homeless family.

Chronically Homeless Single Adults

Approximately 25 percent of the region's homeless individuals are chronically homeless. The total is an 11 percent decrease from last year. The decrease in chronically homeless single adults is attributable to permanent supportive housing placements. Arlington and Fairfax counties reported the largest increases in their chronically homeless single populations from last year. This is a huge change from last year when eight of the nine jurisdictions experienced increases in their chronically homeless single counts.

Table 7 provides the sheltered status breakdown of the chronically homeless single adults counted as part

of the 2012 Point-In-Time enumeration. Eliminating chronic homelessness is challenging; yet, it is a major goal for many of the region's Continuum of Care jurisdictions. Most chronically homeless residents suffer from severe physical health, mental health and domestic violence related impediments. Health impediments may include substance abuse and physical disabilities.

The problem is more acute when individuals suffer from multiple challenges. For example, to provide appropriate services for a person experiencing chronic homelessness, jurisdictions and service providers must ensure that individuals are adequately screened and diagnosed. Additionally, in many cases, people need medical assistance and/or other regimented methods of care and counseling. People may not immediately respond to the care they receive or their care may be required for the remainder of their lives. In such instances, proper case management services are essential. Challenges to caring for people experiencing chronic homelessness are heightened because many do not have permanent places to live.

Chronically Homeless Families

Chronically homeless families – across the region – resided in emergency and/or winter shelters. There were 133 chronically homeless families counted in the region. The District of Columbia houses the largest number (131) of these families. Both Fairfax and Prince William counties counted one chronically homeless family. None of these families were unsheltered.



TABLE 6: CHRONICALLY HOMELESS SINGLES BY JURISDICTION, 2008 - 2012					
Jurisdiction	2008	2009	2010	2011	2012
Alexandria	75	90	80	109	60
Arlington County	156	138	113	154	175
District of Columbia	2,184	1,923	2,097	2,093	1,870
Fairfax County	402	297	242	258	353
Frederick County	55	66	54	88	95
Loudoun County	21	19	21	22	18
Montgomery County	208	152	180	344	199
Prince George's County	216	107	124	134	102
Prince William County	58	71	61	87	55
All COG CoCs	3,375	2,863	2,972	3,289	2,927

** This table represents the number of chronically homeless single adults in the region.*

TABLE 7: 2012 SHELTER STATUS OF CHRONICALLY HOMELESS SINGLE ADULTS			
Jurisdiction	Total Chronically Homeless Single Adults	Number of Unsheltered Chronically Homeless Single Adults	Number of Sheltered* Chronically Homeless Single Adults
Alexandria	60	20	40
Arlington County	175	93	82
District of Columbia	1,870	542	1,328
Fairfax County	353	128	225
Frederick County	95	57	38
Loudoun County	18	11	7
Montgomery County	199	61	138
Prince George's County	102	91	11
Prince William County	55	39	16
All COG CoCs	2,927	1,042	1,885

** This table represents chronically homeless persons residing in Emergency and Winter shelters and Safe Havens*

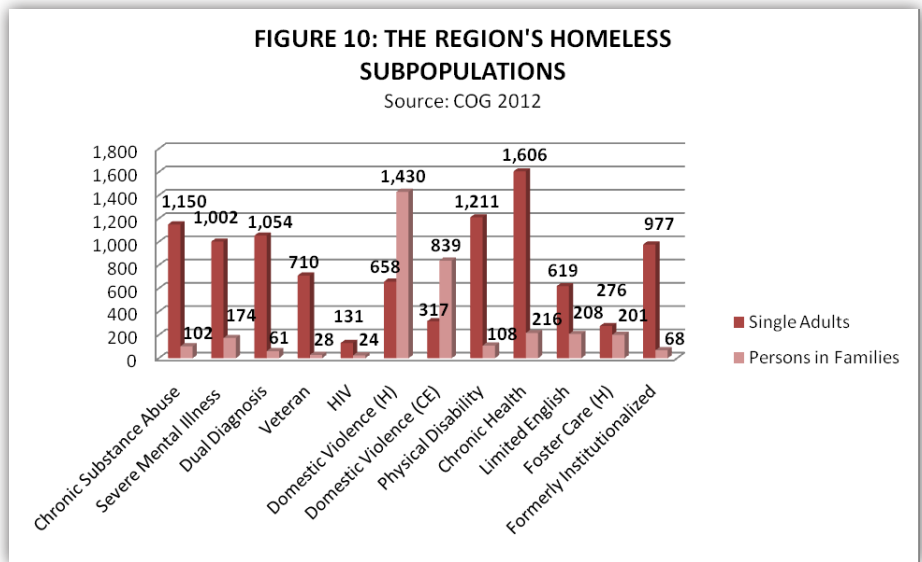


SUBPOPULATIONS

According to the 2012 enumeration, the majority of the region's homeless population suffers from domestic violence, chronic health problems, physical disabilities, substance abuse, and severe mental illness. More than two-thirds (69 percent) of Montgomery County homeless households without children reported chronic substance abuse, serious mental illness, or co-occurring disorders, which is consistent with 2011. In addition, more than one-third (37 percent) reported chronic health problems and/or a physical disability. In Fairfax County, 64 percent of the jurisdiction's homeless single individuals were reported as chronic substance abusers, seriously mentally ill, or both, a four percent increase from 2011.

For 2012, HUD requested data on persons who had a history of domestic violence. Historically, the Regional Enumeration has reported on persons whose current episode of homelessness was due to domestic violence. In order to maintain base data for trend comparison, both elements were collected and are shown in the Subpopulations figure below. As expected, the number of persons with a history of domestic violence at any time (DV-H) is higher than the number for whom domestic violence is the reason for the current episode of homelessness (DV-CE). Regionally, the number of single adults who became homeless as a result of domestic violence dropped from 418 in 2011 to 317 in 2012, a

decrease of 24 percent; however, more than twice this number of single adults (658) were identified as having a history of domestic violence at any time. There was a similar pattern for persons in families, though less pronounced. The numbers of persons in families who became homeless as a result of domestic violence dropped from 1,052 in 2011 to 839 in 2012, a 20 percent decrease, but 1,430 persons in families were identified as have a history of domestic violence at any



time. Domestic violence continues to be the largest subpopulation category for persons in families.

Homeless people whose limited ability to communicate in English is another subpopulation captured in the 2012 enumeration. This language barrier presents problems for these households to access services and housing.



CONTINUA OF CARE IN METROPOLITAN WASHINGTON

The metropolitan Washington region's inventory of facilities to shelter the homeless and house the formerly homeless has moved well beyond the 1980s model which primarily focused on emergency shelters. The current multi-faceted Continuum of Care (CoC) model focuses heavily on transitional and permanent supportive housing while continuing to provide emergency shelter. The model for assisting the homeless population has changed because it is difficult to adequately address the systemic and personal problems many homeless people have utilizing an emergency shelter based model. Emergency shelters cannot provide the intensive longer term assistance many homeless families need in order to become more self sufficient. Transitional and permanent supportive housing programs provide this assistance. As a result, homeless single adults and families positively respond to interventions and supports received as part of a stable housing model.

Table 8 on the following page provides the region's 2012 distribution of emergency, winter, transitional, safe haven, and permanent supportive housing beds for homeless individuals and people in families. These facilities were available in the winter months during the point-in-time enumeration and during the year's warmer months from April to October.

Between 2008 and 2012, the region added 4,261 permanent supportive housing beds to its year-round facility inventory. This represents a 9 percent increase over five years. The region's increased supply of per-

manent supportive housing beds is consistent with the national initiative to use a Housing First model and Rapid Re-housing techniques to reduce homelessness. Persons in permanent supportive housing are no longer considered homeless; they are counted as formerly homeless persons.

The region lost 1,425 transitional beds from 2008 through 2012. This represents a 25 percent decrease in the number of transitional beds the region provides. Over the past five years, the region has added 634 winter/hypothermia beds to its winter homeless facility inventory. This represents a 43 percent increase since 2008.

With the exception of the transitional and permanent supportive housing beds, the percentage distribution of the region's homeless bed/facility type remains nearly unchanged from 2011. Permanent supportive housing beds in 2012 comprise 45 percent of the region's inventory serving homeless and formerly homeless households. This is an increase from 40 percent of the inventory in 2011. Transitional housing beds comprised 22 percent of the region's homeless beds, down from 27 percent from last year. The percentage distribution of emergency and winter shelter beds remain relatively unchanged from last year. The region currently has 19,882 beds for its homeless population across each of the facility categories; this number has decreased by 117 beds since 2011.



TABLE 8: 2012 WINTER AND YEAR ROUND INVENTORY OF BEDS IN THE WASHINGTON REGION

		Beds for Singles	Beds for Unaccompanied Youth	Beds for Persons in Families	All Beds: Winter	Percent Distribution in Winter	All Beds: Warm Months	Percent Distribution in Warm Months
Winter Beds	2012	1,387	0	737	2,124	11%		
	2011	1,557	0	663	2,220	11%		
	2010	1,465	n/a	636	2,101	11%		
	2009	1,239	n/a	478	1,717	10%		
	2008	1,193	n/a	297	1,490	9%		
Emergency Shelter Beds	2012	2,777	16	1,676	4,469	22%	4,469	25%
	2011	2,941	22	1,343	4,306	21%	4,306	24%
	2010	2,965	n/a	1,315	4,280	23%	4,280	26%
	2009	3,135	n/a	1,277	4,412	26%	4,412	27%
	2008	3,383	n/a	1,439	4,822	29%	4,822	32%
Transitional Housing Beds	2012	1,541	13	2,775	4,329	22%	4,329	24%
	2011	1,738	4	3,605	5,347	27%	5,347	30%
	2010	1,826	n/a	3,245	5,071	27%	5,071	31%
	2009	1,858	n/a	3,616	5,474	32%	5,474	33%
	2008	1,967	n/a	3,787	5,754	34%	5,754	38%
Safe Haven	2012	64	0	0	64	0.3%	64	0.4%
	2011	65	0	0	65	0.3%	65	0.4%
	2010	53	n/a	0	53	0.3%	53	0.3%
Permanent Supportive Housing Beds	2012	4,448	0	4,512	8,960	45%	8,960	50%
	2011	4,507	6	3,612	8,125	40%	8,125	46%
	2010	4,139	n/a	2,916	7,055	38%	7,055	43%
	2009	3,555	n/a	1,914	5,469	32%	5,469	33%
	2008	2,806	n/a	1,893	4,699	28%	4,699	31%
TOTALS	2012	10,217	29	9,700	19,946		17,822	
	2011	10,808	32	9,223	20,063		17,843	
	2010	10,395	n/a	8,112	18,507		16,406	
	2009	9,787	n/a	7,285	17,072		16,610	
	2008	9,349	n/a	7,416	16,765		15,275	
Percent Change Since 2008		9%	n/a	31%	19%		17%	

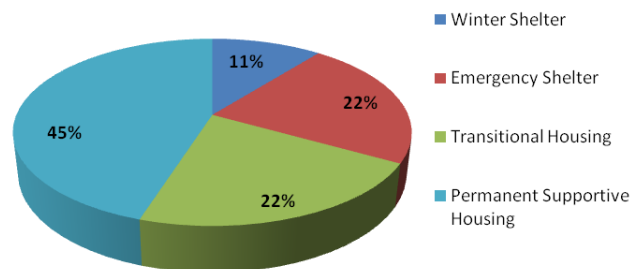
PERMANENT SUPPORTIVE HOUSING - THE FORMERLY HOMELESS

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

Housing First or Rapid Re-housing is a newer alternative to the emergency shelter or transitional housing model. A core principle of the Housing First model is that the vulnerably homeless are more responsive to interventions and social services support after they are in their own housing, rather than while living in temporary or transitional housing facilities. Under a Housing First model homeless individuals and families at risk of homelessness can obtain the confidence and skills to manage challenges and control their lives.

The ultimate goal of the metropolitan Washington region’s homeless continua of care is to move people out of homelessness into a level of independent liv-

FIGURE 11: REGIONAL DISTRIBUTION OF BEDS BY FACILITY TYPE
Source: COG 2012



training, health care, mental health services and job training. Many of these crucial supportive services and housing subsidies are provided by the region’s CoCs comprised of local governments, nonprofits and other human services agencies. Figure 11 above provides information on the region’s formerly homeless residents.

According to the 2012 enumeration, permanent supportive housing comprises 45 percent of the region’s homeless bed inventory. This is a 4 percent increase from 2011. Approximately 8,657 of the region’s formerly homeless people reside in permanent supportive housing. This number represents an additional 955 people (or 12 percent increase) from 2011. Transitional housing comprises 22 percent of the region’s homeless bed inventory; this figure is down five percent from last year. According to Figure 11, more than a third of the region’s literally homeless people utilized winter and emergency shelter. This remains unchanged from last year.

Between 2008 and 2012, the metropolitan Washington region’s supply of permanent housing beds increased by 9 percent (or 4,261 beds). The region presently has 8,960 permanent supportive housing beds. Last year, the number stood at 8,125 beds; this figure represents a 10 percent increase (or

TABLE 9: FORMERLY HOMELESS PEOPLE IN PERMANENT SUPPORTIVE HOUSING				
		Single Adults	People in Families	TOTAL
MWCOG REGION	2012	4,240	4,417	8,657
	2011	4,244	3,458	7,702
	2010	3,871	2,868	6,739
	2009	3,308	1,896	5,204
	2008	2,650	1,745	4,395
Percent Change Since 2008		60%	153%	97%

ing. Permanent supportive housing facilities provide formerly homeless residents with much needed wrap-around services to assist them in their efforts to live as independently as possible. Some of these services may include substance abuse counseling, life skills



835 beds) in the region's supply of permanent supportive housing beds. The District of Columbia has 6,338 permanent supportive housing beds; this is 71 percent of the region's total number of permanent supportive housing beds, representing a two percent increase from last year. The District's strategic plan identifies the need for increased permanent supportive housing dedicated to housing homeless individuals and families as the solution to homelessness. Montgomery County has 19 percent of the region's permanent supportive housing beds (the same as last year). The County increased its beds to 1,654 from 1,563 last year. This increase supports the County's commitment to its Housing First Initiative which gives priority to the continued creation of more permanent supportive housing. Table 9 on the previous page cites the region's number of formerly homeless adults living in permanent supportive housing.

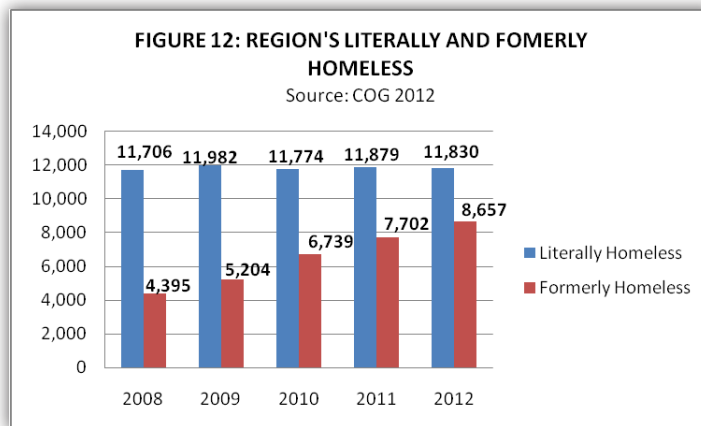


Figure 12 compares the literally homeless and formerly homeless populations from 2008 through 2012. The total number of literally and formerly homeless adults is mutually exclusive and should not be combined. According to HUD, formerly homeless people living in permanent supportive housing are not counted as part of the literally homeless that live on the streets, in emergency shelter or in transitional programs. By definition, the formerly homeless includes people presently living in permanent supportive housing following a period of living on the street or in emergency or transitional shelter.

Since 2008, there has been an increase in the region's formerly homeless population living in permanent supportive housing. In 2012, there were 49 fewer literally homeless people, but 955 more formerly homeless persons living in permanent supportive housing.



CONCLUSIONS & RECOMMENDATIONS

The metropolitan Washington region's homeless population decreased slightly to 0.4 percent (or by 49 people) from 2011. As of January 25, 2012, 11,830 people throughout the metropolitan Washington region indicated that they were homeless. Last year, a total of 11,879 people throughout the region were homeless. Two factors may explain the region's slight decrease in its homeless population. First, the slow economic recovery and continued high rents make it very difficult for extremely low income households to find or maintain housing that they can afford, and wages have not increased to keep pace with the rising cost of housing. The second, counter-balancing factor is the continued use of local and federal dollars to prevent homelessness, to rapidly re-house persons who become homeless and to provide permanent supportive housing to chronically homeless individuals and others with disabling conditions.

Emergency shelters may not provide the intensive longer-term assistance many homeless persons need in order to become more self sufficient. As a result, CoC's in the metropolitan Washington region's approach to shelter the homeless and house the formerly homeless has moved beyond the 1980s emergency housing model and focuses on permanent supportive housing while continuing to provide emergency shelter. As reflected in this year's report, 955 additional formerly homeless persons were in permanent supportive housing compared to 2011. The Homeless Services Planning and Coordinating Committee recommends that each of the region's CoC jurisdictions continuously increase its permanent supportive housing inventory. The provision of supportive wrap-around services as part of this approach helps homeless people become more confident and independent once their challenges are diagnosed and addressed.

The Committee recommends that the each jurisdiction continues its efforts to outreach, diagnose and house unsheltered homeless people. The region's CoCs have in place, or are developing, systems to rapidly re-house homeless people from emergency shelters into appropriate permanent housing.

As of January 2012, the metropolitan region's unemployment rate stood at 5.6 percent, a decrease of 0.5

percentage points from 6.1 percent in January 2011. While unemployment continues to decrease for the region's overall population, the homeless continue to struggle with employment. For example, 72 percent of homeless single adults are unemployed and 60 percent of homeless adults in families do not have jobs. It is essential for employed homeless persons to earn a living wage in order for them to move into some form of permanent housing. As such, affordable housing needs to be available across the region at all income levels in order for the National Capital region to realistically reduce and eliminate homelessness.

Last, and equally important, HUD implemented the new HEARTH Act definition of homeless effective January 2012. This change affected eligibility for homeless services and programs but did not change the definition of literally homeless for the Point-In-Time count.

In conclusion, the metropolitan Washington region successfully reduced its homeless count by 0.4 percent from last year. The nine jurisdictions comprising COG's Continuum of Care worked hard to decrease the region's homeless rate over the past year. Before this year's count, the CoCs implemented HUD's Homeless Prevention and Rapid Re-housing Program to provide homelessness prevention assistance to households who would otherwise become homeless – many due to the economic crisis – and to provide assistance to rapidly re-house persons who did become homeless. The federal government's stimulus funds were a critical support to the region's efforts to provide more permanent housing and supportive services to its homeless population and to prevent homelessness. The HUD Emergency Solutions Grant (ESG) will provide the region's CoCs with additional resources to reduce and eliminate homelessness throughout the metropolitan Washington region. The new ESG program can be used to support homelessness prevention and rapid re-housing, enabling jurisdictions to continue successful programs initiated with the HPRP stimulus funding. Member local jurisdictions' Housing First models and emergency rental assistance programs have proven successful and the region must continue these efforts in order to realize the goal to provide permanent homes for all of its residents as opposed to merely providing emergency shelter.



TABLE 10: LIVING UNSHELTERED, IN WINTER BEDS, IN EMERGENCY SHELTER, IN SAFE HAVENS, OR IN TRANSITIONAL HOUSING

Jurisdiction/Year		Single Persons	Unaccompanied Youth	Persons in Families	All Persons
Alexandria	2012	213	0	139	352
	2011	264	0	152	416
	2010	208	0	151	359
	2009	223	n/a	137	360
	2008	221	n/a	127	348
2008 - 2012 Percent Change		-3.6%	0.0%	9.4%	1.1%
Arlington County	2012	263	0	188	451
	2011	268	0	193	461
	2010	347	0	184	531
	2009	322	n/a	189	511
	2008	284	n/a	126	410
2008 - 2012 Percent Change		-7.4%	0.0%	49.2%	10.0%
District of Columbia	2012	3,754	13	3,187	6,954
	2011	3,832	26	2,688	6,546
	2010	4,001	15	2,523	6,539
	2009	3,934	n/a	2,294	6,228
	2008	4,208	n/a	1,836	6,044
2008 - 2012 Percent Change		-10.8%	-13.3%	73.6%	15.1%
Fairfax County	2012	696	1	837	1,534
	2011	666	0	883	1,549
	2010	651	1	892	1,544
	2009	663	n/a	1,067	1,730
	2008	744	n/a	1,091	1,835
2008 - 2012 Percent Change		-6.5%	0.0%	-23.3%	-16.4%
Frederick County	2012	169	0	116	285
	2011	169	0	111	280
	2010	141	0	111	252
	2009	186	n/a	138	324
	2008	166	n/a	136	302
2008 - 2012 Percent Change		1.8%	0.0%	-14.7%	-5.6%



TABLE 10: LIVING UNSHELTERED, IN WINTER BEDS, IN EMERGENCY SHELTER, IN SAFE HAVENS, OR IN TRANSITIONAL HOUSING

Jurisdiction/Year		Single Persons	Unaccompanied Youth	Persons in Families	All Persons
Loudoun County	2012	69	0	95	164
	2011	86	0	70	156
	2010	71	0	86	157
	2009	50	n/a	102	152
	2008	49	n/a	121	170
2008-2012 Percent Change		40.8%	0.0%	-21.5%	-3.5%
Montgomery County	2012	600	1	381	982
	2011	761	0	374	1,132
	2010	692	0	372	1,064
	2009	668	n/a	526	1,194
	2008	694	n/a	410	1,104
2008-2012 Percent Change		-13.5%	100%	-7.1%	-11.1%
Prince George's County	2012	279	0	362	641
	2011	429	0	344	773
	2010	419	0	370	789
	2009	419	n/a	434	853
	2008	573	n/a	370	943
2008-2012 Percent Change		-51.3%	0.0%	-2.2%	-32.0%
Prince William County	2012	161	0	306	467
	2011	175	0	500	566
	2010	182	0	306	488
	2009	224	n/a	406	630
	2008	201	n/a	349	550
2008-2012 Percent Change		-19.9%	0.0%	-12.3%	-15.1%
MWCOG REGION	2012	6,204	15	5,611	11,830
	2011	6,647	26	5,206	11,879
	2010	6,779	0	4,995	11,774
	2009	6,689	n/a	5,293	11,982
	2008	7,186	n/a	4,566	11,752
Percent Change Since 2008		-13.7%	n/a	22.9%	0.7%



HOMELESS ENUMERATION NARRATIVE REPORTS

Alexandria, Virginia

The Homeless Services Coordinating Committee (HSCC), with a current membership representative of 27 public and private non-profit homeless, housing, and mainstream service providers, faith-based and educational institutions, advocates, former homeless consumers, and other community stakeholders, serves as the Continuum of Care (CoC) for the City of Alexandria. The HSCC developed the City’s Strategic Plan to Prevent and End Homelessness (formerly the Ten Year Plan to End Chronic Homelessness) and manages the on-going community-wide planning and co-

ordination efforts to identify and address the needs of persons at-risk of or experiencing homelessness as well as the availability, accessibility and gaps in existing housing and services. Subcommittees are structured to directly align with the Strategic Plan’s following three goals: 1) Prevent homelessness by utilizing best practices and effective strategies, including promoting permanent affordable housing; 2) Coordinate community services efficiently and effectively for individuals and families experiencing homelessness; and 3) Increase leadership, collaboration and civic engagement. The CoC service components include outreach, pre-

TABLE 11: CITY OF ALEXANDRIA CONTINUUM OF CARE SERVICE COMPONENT DESCRIPTIONS

Components	Description
Prevention	Intervention and temporary supportive services including linkage to mainstream resources, financial aid, landlord-tenant intervention, job readiness training and employment services, budgeting/financial management and housing counseling to persons at-risk of homelessness or those being discharged from the justice system.
Rapid Re-housing	Financial assistance and temporary supportive services to help homeless persons with lower barriers swiftly return to and successfully remain in permanent housing.
Outreach	Engagement with persons experiencing homelessness including advocacy, assessment, linkage to community services such as mental health, detox and substance abuse treatment, medical, educational, employment, drop-in day shelter, meal programs and emergency shelter, and assistance with navigating the housing application process.
Winter Shelter	Seasonal shelter including workshops and linkage to community services from November 1 to April 15 to protect persons experiencing homelessness from exposure-related conditions such as hypothermia and frostbite during cold weather months.
Emergency Shelter	Temporary shelter and supportive services for homeless individuals and families including a dedicated program for women and children fleeing domestic violence.
Transitional Housing	Temporary supportive housing programs for homeless individuals and families needing extended assistance to prepare for transition to independent living, including dedicated programs for individuals with severe mental illness and/or who are chronic substance abusers.
Safe Haven	Supportive housing for hard-to-reach severely mentally ill or dually-diagnosed with chronic substance abuse homeless individuals who have been unable or unwilling to participate in housing or supportive services, most of whom are chronically homeless.
Permanent Supportive Housing	Permanent housing with comprehensive supportive services designed to allow severely mentally ill or dually-diagnosed with chronic substance abuse homeless individuals and family heads of households to live in the community as independently as possible.
Permanent Housing	Affordable permanent housing opportunities including publicly-assisted, Housing Choice voucher-subsidized, and public housing with and without supportive services.



vention, winter and emergency shelter, transitional housing, safe haven, permanent supportive housing, and permanent housing.

The HSCC informs the community of funding opportunities and facilitates collaborative efforts to maximize resources. It also prepares and submits the combined annual Continuum of Care application to the U.S. Department of Housing and Urban Development (HUD) for Supportive Housing Program (SHP) funds to serve the homeless through the McKinney-Vento Homeless Assistance Act competitive grants. Furthermore, the HSCC monitors and certifies the CoC membership and active participation of agencies submitting Emergency Solutions Grant (ESG), Homeless Solutions Grant (HSG) (formerly State Solutions Grant (SSG) and/or Homeless Prevention Program (formerly Homeless Intervention Program) grant applications.

The three emergency shelters provided a total of 161 year-round beds (90 for households without children and 71 for those with adults and children). From November 1 to April 15, an additional 67 undesignated beds are provided through Winter Shelter. Combined, the transitional housing programs provided 135 beds (58 for households without children and 77 for households with adults and children).

Program conversions, renovations, and changes in operating capacity resulted in an overall reduction of 39

beds in the CoC inventory at the time of the 2012 enumeration. Two extended-stay emergency shelter programs (one serving 18 households without children and the other serving 4 households with adults and children consisting of 14 beds) were converted to transitional housing programs. This shift resulted in a transfer of 32 beds from emergency shelter to transitional housing. Additionally, our transitional housing program dedicated to serving female ex-offenders is no longer considered a homeless services provider but one of prevention since it intervenes as a home plan for this population as part of their discharge from the corrections system. This caused a permanent loss of 10 transitional housing beds for households without children.

There were also 5 transitional housing units consisting of 11 beds serving households with adults and children temporarily taken out of service for renovations; and there was an occupancy-related reduction of 14 beds in the operating capacity of three transitional housing programs serving households with adults and children. Furthermore, there were 4 fewer persons experiencing homelessness than last year served in our non-HUD funded Community Services Board (CSB) transitional housing units dedicated to single adults with severe mental illness, a diagnosis of chronic substance abuse or a dual-diagnosis.

Listed below are some of the CoC's most significant accomplishments since the 2011 Winter enumeration.

HMIS Administrator Position - The City of Alexandria successfully created and filled the Management Analyst staff position, which serves as the Homeless Management Information System (HMIS) Admin-

INVENTORY TYPE	Units for Households with Adults & Children	Beds for Households with Adults & Children	Beds for Households without Children	Year-Round Beds
Winter Shelter	-	19*	48*	-
Emergency Shelter	20	71**	90	161
Transitional Housing	28	77	58	135
Safe Haven	-	-	12	12
TOTAL	48	148	160	308

*67 undesignated Winter Shelter beds (not reflected in the totals above) serve households without children and those with children and adults. The designations were made based upon occupancy on the night of the count (i.e., 48 beds were occupied all by households without children).

**Numbers represent "operating" capacity for households with children, which is determined by family size as opposed to maximum capacity.



istrator, dedicated to providing leadership, training, development and database management to assist the CoC in presenting a data-established unified picture of the City's homeless needs, available resources, services, and gaps.

Housing Locator Positions - The CoC's two Emergency Shelter programs each created and filled a Housing Locator staff position to facilitate the rapid housing of homeless individuals and families currently in the shelter system.

Re-Entry Council Membership - Several CoC member agencies are represented on the local Community Reentry Council, which coordinates with correctional centers and local/regional jails in pre-release planning and post-release service delivery for persons returning home. The purpose of the Council is to work collaboratively within the City of Alexandria to improve public safety and strengthen the community and its families through effective delivery of reentry services.

Mental Health "First Aid" (MHFA) Training - Two CoC representatives became certified facilitators for the City of Alexandria Department of Community & Human Services' newly implemented international Mental Health "First Aid" training. Homeless services staff are receiving the 12-hour training that helps paraprofessional and laypersons provide emergency support to a person showing symptoms of mental illness or in a mental health crisis until linkage to appropriate professional resources can be made. Participants receive a three-year certification in MHFA.

Project Safe Place - The City of Alexandria launched its Project Safe Place Program coordinated by the Alexandria Department of Recreation, Parks and Cultural Activities, the Alexandria Fire Department and the Alexandria Department of Community and Human Services. With 22 sites around the city, this national effort provides access to immediate help and safety, information and referrals for youth at risk of abuse, neglect or serious family problems. Several of the CoC's community service and shelter program providers serve as Safe Place sites.

NVAHA Partnership - The CoC began collaborating

with the Northern Virginia Affordable Housing Alliance (NVAHA), which raises public awareness and provides educational materials and programs for communities on the topic of affordable housing. NVAHA received a grant to work in the City of Alexandria and two other local jurisdictions to build advocacy capacity. The goal of its work with the CoC is to help identify strategies and strengthen the advocacy message.

"Housing First" Program - The CoC was awarded SHP "Bonus Project" funding to create a City of Alexandria Housing First program in 2012. Initially, this project will serve at least two chronically homeless adults in a two bedroom apartment. An Outreach Counselor will provide case management by building a relationship with the residents that fosters an environment of trust. Additional services for mental health, substance abuse and intellectual disability issues will be available through the Alexandria Community Services Board.

The HSCC conducted the 2012 Winter Point-in-Time count by collecting data through the Homeless Management Information System (HMIS) as well as manual surveys completed by homeless services program staff (i.e., emergency shelters, transitional housing, safe haven, and programs serving homeless persons with special needs). A manual count of the unsheltered homeless was conducted with the leadership of the Homeless Services/PATH Coordinator and a team of volunteers including clinicians, police officers, sheriff's deputies and other City staff and community citizens. Reflected below are the demographic and sub-population comparisons of the 2010, 2011 and 2012 counts.

The total number of persons identified experiencing homelessness in households without children and those with adults and children was 352, a 15% decrease from 2011 and a 2% decrease from 2010. Ninety-four percent of the persons experiencing homelessness were sheltered, while 6% were unsheltered on the street or in places unfit for human habitation.

There were 213 households without children, a 19% decrease from 2011 and a 2% decrease from 2010.



Single men decreased from 198 to 157 in 2011, a 21% decrease and a 5% increase from 150 in 2010. Single women decreased by 15% from 66 in 2011 to 56, a 3% decrease from 58 in 2010. There was a substantial decrease of 48% in unsheltered men and women in households without children from 42 to 22 in 2012, a 42% decrease from 2010. There were only slight increases in the number of persons in households without children in transitional housing programs. Twenty-eight percent met HUD's definition of the "chronic homeless," a 45% decrease from 2011. Twenty-nine percent had a diagnosis of chronic substance abuse, 21% had a serious mental illness, and 23% were dually-diagnosed. Eight percent had a physical disability and 20% had chronic health problems.

On the night of the count, 49 households with adults and children were literally homeless, a slight decrease

of 5% from 2011 and 2010. Forty-eight percent were in emergency shelters and 52% in transitional housing programs. The number of persons in families decreased by 8.5% from 152 to 139 in 2011 and by 8% from 151 in 2010; and the number of adults decreased by 12% from 58 to 51 in 2011 and by 19% from 63 in 2010. The number of children decreased by 6% from 94 in 2011 to 88 and was unchanged from 2010. There were no chronically homeless families identified. The subpopulations that showed significant numbers for households with adults and children were domestic violence and limited English proficiency. Thirty-nine percent of these households were homeless as a direct result of domestic violence and for 24% the heads-of-household had such a limitation in English proficiency that it posed a major barrier to the access of services.

TABLE 13: ALEXANDRIA'S HOMELESS COUNT BY HOUSEHOLD TYPE

HOUSEHOLD TYPE	2012	2011	2010	% Change 2011 to 2012	% Change 2010 to 2011
Households Without Children	213	264	208	-19.5%	27%
Households with Adults & Children	49	52	52	-6%	0%
Adults	51	58	63	-12%	-8%
Children	88	94	88	-6%	7%
Total In Household	139	152	151	-8.5%	.07%
TOTAL	352	416	359	-15.5%	16%

TABLE 14: ALEXANDRIA'S HOMELESS COUNT BY SUBPOPULATION

SUBPOPULATION	Adults in Households without Children	Adults in Households with Children	Children in Households with Adults	TOTAL
Chronic Substance Abuse	59	52	-	111
Seriously Mental Illness	42	3	-	45
Dual-Diagnosis	48	2	-	50
Former Active Duty Military	19	1	-	20
HIV/AIDS	9	1	-	10
Domestic Violence History	13	24	40	77
Homeless Due to Domestic Violence	8	19	32	59
Physical Disability	17	0	-	17
Chronic Health Problem	42	1	-	43
Limited English	1	12	-	13
History of Foster Care	7	1	2	10
Formerly Institutionalized	46	0	-	46

"-" Data not collected.



Up from 2011, 40% of homeless persons in households without children were employed (9% of the unsheltered, 17% of persons in winter shelter, 53% of persons in emergency shelters, and 62% percent of persons in transitional housing). Most or 73% were employed part-time. Ninety-eight percent reported employment as their primary source of income. Unchanged from 2011 and 2010 in the safe haven, employment was the primary source of income for 8% of persons, retirement for 8% and disability for 83%. Most individuals with income reported their monthly gross in the range of \$501-\$1000. Thirty percent reported receiving no income.

Increased from the 63% in 2010 and 2011, this year's count indicated that for 86% of adults in households with children employment was the primary source of income (77% of those in emergency shelter and 96% of persons in transitional housing). For 9% of households with income TANF was the primary source. Although there was an increase in the number of adults employed, there was an overall decrease in the gross monthly income (6% – \$251 to \$500, 39% – \$501 to \$1,000, 33% – \$1,001 to \$1,500, and 22% – \$1,501 to \$2,000). Although 3% of children received income, none were employed.

For the 2012 enumeration, the CoC incorporated a tool to assist programs in determining the housing need for persons experiencing homelessness in the City of Alexandria. While still under analysis, the overall results of the assessment tool provided concrete data confirming what was known anecdotally - the greatest barrier to ending homelessness in our community is a lack of fixed affordable permanent housing opportunities for the lowest income households (i.e., those with an income 30% and below the area median of \$107,500 annually/\$8,958 monthly.) Overall, 51% of persons experiencing homeless needed affordable permanent housing, 18% needed transitional housing, 4% needed safe haven and 27% needed additional assessment for housing need.

The CSB currently operates 25 permanent supportive housing beds for households without children and 3 permanent supportive housing units totaling 8 beds for households with adults and children whose heads of household have a severe mental illness or a dual-diagnosis of chronic substance abuse. On the night of the count 94% of the beds were occupied. Forty-four percent of persons in permanent supportive housing were identified as ready to move on to other affordable permanent housing.

In 2009 the City of Alexandria received \$512,214 in HUD Homeless Prevention and Rapid Re-housing Program (HPRP) funds. HPRP was implemented with the goals of providing homeless prevention assistance to households who would be homeless but for this intervention and re-housing persons who meet HUD's definition of homeless. The City assisted 96 households (259 persons) in maintaining permanent housing and rapidly re-housed 30 households (58 persons) who were literally homeless (living in cars, under bridges or in emergency shelter). These funds have now been exhausted and the anticipated program termination date is March 30, 2012.

The total reported number of persons experiencing homelessness in 2012 has returned to the levels of 2008 to 2010. With anticipated future loss of affordable housing due to development, the number of persons experiencing homelessness could remain stagnant, but is likely to increase without deep subsidies, case management services, and continued prevention and rapid re-housing assistance. The HPRP funds supplemented the existing resources and strengthened the continuum's efforts toward ending homelessness. The CoC is committed to finding ways to continue providing prevention and rapid re-housing assistance and has sought out federal, state and local funding to this end.



Arlington County, Virginia

DESCRIPTION OF HOMELESS SERVICES

Arlington County has a 10-Year Plan to End Homelessness with two distinct governing bodies: the Leadership Consortium and the Implementation Task Force (ITF). The ITF is a collaborative relationship of private/public partnerships of over 100 members from the non-profit, faith, and local business communities. Through the partnership, Arlington County has been able to move forward in implementing many of the goals and objectives set forth in the 10 Year Plan to End Homelessness. The plan's four major goal areas include the development of various components of affordable housing, integrated supportive services, comprehensive prevention services, and increased access to income and training for homeless persons. Five committees have been developed to address each one of above-mentioned goals. The committees will use services and resources within Arlington County's Continuum of Care (CoC) to meet the needs of its homeless residents. The task of conducting the 2012 Point-in-Time (PIT) survey was the responsibility of

the ITF's Data and Evaluation Committee. The goal of Arlington's 10-Year Plan is to assist homeless individuals and families in obtaining and maintaining permanent housing and also to prevent homeless recidivism. Arlington County's homeless point in time survey was conducted on January 25, 2012. The following table illustrates the County's inventory of beds available to within the Continuum of Care on that day.

HOMELESS POINT-IN-TIME RESULTS

As part of the PIT survey on January 25, 2012, the Arlington CoC counted a total of 451 persons as being homeless. The break down by category is show in Table 16. Over the past two year period, Arlington County's CoC has experienced a 15% decrease in homelessness. The greatest reduction has been attributed to the decrease in the number of unsheltered homeless persons counted in both 2012 and 2011. The County has continued to do a sound job at moving persons from the street into housing via the 100 Homes Project, moving people into permanent supportive housing, and the use of Homeless Prevention Rapid Re-Housing. The 2012 PIT survey also yielded

	Beds for Individuals	Beds\Units for Persons in Families	All Year-Round Beds	Winter Beds
Hypothermia/Overflow/Other	73	0	0	73
Emergency Shelter Beds	44	71	115	0
Transitional Housing Beds	12	127	139	0
TOTAL	129	198	254	73

Category	2012	2011	2010	2009	% Change 2010 to 2012
Total Number of Households Counted	451	461	531	527	-15%
Total of Households w/out Children	263	268	347	338	-24%
Total Number of Households w/Adults & Children (# of households)	58	65	61	57	-5%
Total of Number of Households w/Adults & Children (Persons in Households)	188	193	184	189	+2%
Total of Number of Households w/Adults Children (Adults)	71	81	76	71	+6%
Total of Number of Households w/Adults Children (Children)	118	112	108	118	+9%



information about sub sub-populations of homelessness. In Table 17, please find a comparison of sub-populations between 2012 PIT Survey and 2010 PIT Survey.

PERMANENT AND PERMANENT SUPPORTIVE HOUSING PLACEMENTS

The jurisdiction continues to make progress in placing homeless persons with disabilities into permanent supportive housing programs. Through the collaboration of community stakeholders that include the Arlington County Board, affordable housing developers, and homeless services providers a total of 112 persons were in permanent supportive housing on January 25, 2012.

FUTURE PERMANENT HOUSING TREND FOR ARLINGTON

Arlington County will continue to move households living on the streets of Arlington as well as households with adults and children into permanent supportive housing and permanent housing options. Arlington County plans to move 100 of the most vulnerable street homeless into permanent housing over the next three years (approximately 33 per year). In addition to the 100 Homes program, Arlington County is also working to develop a program that divert households at risk of homelessness and rapidly re-housing families currently in shelter.

	2012	2011	2010	2009	% Change from 2010 to 2012
Unsheltered	131	137	223	207	-41%
Chronically Homeless	175	154	115	138	+34%
Chronic Substance Abuser (CSA)	76	44	93	95	-18%
Severe Mental Illness (SMI)	46	34	13	40	+71%
Dually Diagnosed (CSA & SMI)	34	28	35	42	-3%
Chronic Health Problem	43	58	58	36	-26%
Living With HIV/AIDS	5	3	6	11	-16%
Physical Disability	29	28	18	14	+38%
Domestic Violence History*	84	n/a	n/a	n/a	n/a
Limited English**	71	n/a	n/a	n/a	n/a
U.S. Veterans	24	29	17	20	+29%

** and ** - Change in how the data element is reported in 2012 is different than in prior years. Data cannot be compared at this time.*

Category	2012	2011	2010	2009	% Change 2010 to 2012
Total Number of Households Counted	112	111	81	62	+28%
Total of Households w/out Children	82	77	68	58	+17%
Total Number of Households w/Adults & Children (# of households)	10	13	5	2	+50%
Total of Number of Households w/Adults & Children (Persons in Households)	30	34	13	4	+56%
Total of Number of Households w/Adults Children (Adults)	14	18	8	2	+43%
Total of Number of Households w/Adults Children (Children)	16	16	5	2	+68%



District of Columbia

The District of Columbia's Continuum of Care (CoC) includes homelessness prevention assistance and supportive services, street outreach, drop-in centers, meals, emergency shelter, transitional housing, rapid re-housing, and permanent supportive housing. The District was one of the first jurisdictions in the nation to adopt the CoC model in its attempt to relieve the immediate suffering of homeless persons while working to help them obtain and maintain permanent or supportive housing in the most integrated setting possible.

The Community Partnership for the Prevention of Homelessness (TCP), pursuant to a competitively procured contract with District government, and through our role as the federally designated CoC lead, is responsible for management oversight and operation of the city's continuum. Within the scope of that role, TCP has completed Point in Time on behalf of the District annually since 2001.

Point in Time information is collected primarily through the District of Columbia's Homelessness Management Information System (HMIS), a web-based repository of information collected from recipients of homeless services. TCP manages the District's HMIS, and was one of the first CoC leads to use the software to conduct Point in Time. In 2012, more than 75 percent of the information collected was submitted through the HMIS. The remaining data were submitted by providers via phone interviews or through paper form surveys completed on the consumers in their respective programs. Information was also collected by professional outreach workers and some 200 volunteers who collected surveys through direct engagement with the consumers themselves.

With such a high rate of HMIS participation, the Community Partnership is able to ensure that the District's Point in Time count is comprehensive and that the results accurately reflect the size of the city's homeless population on a given day. More importantly, the surveys taken during Point in Time have been a tremendous help to city leaders and stakeholders wanting to better understand the needs of this population that they serve.

DISTRICT RESOURCES

The District of Columbia CoC includes 2,259 emergency shelter beds that operate on a year-round basis. From November through March, an additional 356 additional emergency shelter beds for unaccompanied persons are opened nightly, and another 223 "hypothermia alert" beds open on nights when the wind chill is 32 degrees or below (which did not occur on the night of the 2012 Point in Time count).

The District's housing inventory for families includes 330 units of emergency shelter. This winter, additional space at motels was secured for families that were in need of placement due to precarious housing situations. At Point in Time, 192 of said units were occupied by families in the District.

There are 1,118 transitional housing units for unaccompanied men and women and another 586 for families that are available year round. These programs seek to work with special populations, such as homeless youth or veterans, or persons living disabilities such as mental health conditions or histories of substance abuse. The District also has more than 3,200 units of permanent supportive housing for individuals and another 922 for families.

POINT-IN-TIME RESULTS

The District's count was conducted on January 25, 2012. To obtain a count of what HUD calls the "literally homeless," counting and surveying of consumers was done in city's emergency shelters and transitional housing facilities. From 9:00 PM to 2:00 AM, some 200 professional outreach workers and volunteers travelled throughout the city, engaging those who were seen outside during those hours in order to determine a count of unsheltered homeless persons. To augment this effort, counting was also done in several of the city's meal programs and drop-in centers the following day, where persons reported where they had spent the previous night in addition to taking the survey.

The 2012 Point in Time count of literally homeless persons living in the District of Columbia was 6,954. This included 3,767 unaccompanied persons and 3,187 persons in families. The 2012 count primarily highlighted the changing face of homelessness in the



District: the number of unaccompanied individuals decreased by 2.4 percent since the 2011 count, while the number of persons in homeless families increased by 18.6 percent from year to year. In both cases, the counts continued trends that have been seen over the last few years of the annual enumeration.

While the number of unaccompanied homeless persons decreased from year-to-year, the weather conditions during this year's count had some effect on where persons were counted. On the night of Point in Time the temperature, at 35 degrees, did not meet the threshold for opening the city's "hypothermia alert" emergency shelter beds. Relatedly, the number of persons counted inside emergency shelters decreased by 470, and the number of unsheltered increased by 374. The number of people unaccompanied persons in transitional housing remained fairly steady from year to year; 922 were counted in 2012, while 917 were counted in 2011.

The number of homeless families in the District

continues to increase. There were 319 families in the District's emergency shelters and 503 families in transitional housing. Additionally, in an effort to prevent families from being unsheltered during the winter months, families were placed in motel rooms throughout the city; 192 families were in these motel rooms on the night of Point in Time. No unsheltered families were counted in the District during the 2012 enumeration.

Below is a table that breaks out the 2012 count by category, and provides information from the 2011 count for the purposes of year-to-year comparison.

Many disabling conditions are prevalent among literally homeless persons living in the District, though the rates at which these conditions occur differs between unaccompanied persons and persons in families. Half of all unaccompanied persons report a history of substance abuse or mental illness. This is compared to 10 percent of adults in families who report a substance abuse problem or 11 percent who report mental ill-

TABLE 19: DISTRICT OF COLUMBIA'S HOMELESS COUNT BY CATEGORY

Category	2011	2012	% Change
Total Number Counted	6,546	6,954	6.2%
Total Number of Singles	3,858	3,767	-2.4%
Total Number of Families	858	1,014	18.2%
Total of Persons in Families	2,688	3,187	18.6%
Total Adults in Families	1,068	1,307	22.4%
Total Children in Families	1,620	1,880	16.0%

TABLE 20: DISTRICT OF COLUMBIA HOMELESS SUBPOPULATIONS AND DISABILITIES

	Unaccompanied Single Persons	Adults in Families	Total (All Adults)
Chronic Substance Abuse (CSA)	19.4%	5.5%	15.5%
Severe Mental Illness (SMI)	15.3%	7.1%	13.0%
Dual Diagnosis (CSA & SMI)	20.2%	3.4%	15.5%
Chronic Health Problem	37.5%	13.0%	30.7%
Living With HIV/AIDS	3.5%	1.4%	2.9%
Physical Disability	28.3%	6.3%	22.1%
Domestic Violence History	13%	23.1%	15.9%
Homeless Due to Domestic Violence	6.9%	7.1%	7.0%
Limited English Proficiency	10.4%	3.6%	8.5%
U.S. Military Veterans	16.1%	1.0%	11.8%
Unaccompanied Youth	0.4%	n/a	0.3%



ness. Thirty-eight percent of unaccompanied homeless persons report a chronic health problem, and 28 percent reported a physical disability; among adults in families these rates are 13 percent and six percent, respectively. Homelessness can worsen these conditions and dedicated permanent housing and supportive services are needed to help provide stability.

Resources are also needed for those who belong to other homelessness subpopulations. Victims of domestic violence, veterans and unaccompanied youth are groups in need of supportive housing that addresses their specific needs. Thirteen unaccompanied homeless youth and 531 veterans were counted in the enumeration. Including children in families, 986 persons reported that they had histories of domestic violence, with 426 indicating that domestic violence directly caused their homelessness.

The number of chronically homeless adults in the District is 2,001; this includes 1,870 unaccompanied homeless persons and 131 adults in homeless families. HUD defines a the “chronically homeless” as homeless persons with a disabling condition who has either been continuously homeless for a year or more, or who has four or more episodes of homelessness in the past three years.

INCOME AND EMPLOYMENT

Nearly 60 percent of unaccompanied homeless adults and 16 percent of adults in homeless families in the District reported that they have no regular income of any kind. Among unaccompanied adults with at least one income source, monthly median income is \$715; among adults in families the figure is \$672. As has been reported in the last few years’ enumerations, income from employment and from Social Security are the most common primary income type among single homeless men and women, while Temporary Assistance for Needy Families (TANF) is the most common primary income source among adults in families. Just 17 percent of adults in both groups report that they are employed, but for the majority, their employment was reported as either part time or seasonal.

PERMANENT AND PERMANENT SUPPORTIVE HOUSING

At Point in Time, TCP also counted persons in Permanent Supportive Housing programs to obtain a count of what HUD calls the “formerly homeless.” While this does not include all persons who were homeless at some point in the past, it is a comprehensive count all persons who were homeless, but who now permanently reside in supportive housing units. These persons would likely still be homeless were it not for the dedicated resources that these programs bring to the District.

During Point in Time 2012, a total of 3,041 unaccompanied men and women were in permanent supportive housing, as were 903 families, which include more than 3,000 adults and children.

The District’s plans to end homelessness includes the goal of increasing the city’s inventory of permanent supportive housing, and to that end, a number of programs, funded by a variety of sources, have been implemented in order to house the homeless. Some examples are the Mayor’s Permanent Supportive Housing Program (PSHP), which in January 2012 was providing the housing for more than 1,000 singles and families, and the Veterans Administration Supportive Housing program, which has housed more than 200 formerly homeless veterans to date.

The Community Partnership and our partners in the District recognize Permanent Supportive Housing as the solution to homelessness, and our strategic plan identifies the continued need for resources dedicated to housing homeless individuals and families. To that end, the District continues to change the nature of homeless services offered here in order to end and prevent further homelessness in the future.

Permanent Supportive Housing now makes up 45 percent of the CoC’s housing and shelter resources, and the number of units available continues to grow. The Community Partnership continues its work with both the local and federal government to help make additional permanent supportive housing projects possible, with many scheduled to open in 2012 and 2013.



Fairfax County, Virginia

During 2011, significant progress continued to be made to implement the Plan to Prevent and End Homelessness in the Fairfax-Falls Church Community that 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. Work was underway to advance the strategic initiatives envisioned in the Implementation Plan in six major areas:

- Engagement of the faith community
- Development of a Foundation to support the Community Partnership
- Implementing plans to establish a Consumer Advisory Council
- Establishment of the Interagency Work Group on HOST Services and the Interagency Work Group on Housing Options
- Transition of an older family shelter to a new apartment-based model
- Implementation of a redesigned process for family homeless services access

Faith communities have played a major part for many years in the provision of services to people who are homeless and contributed significantly to the development of the Ten-Year Plan. A major event was held in June 2011 to further engage faith communities in the planning and development of housing options for persons experiencing homelessness. Many partners, including faith communities, nonprofit organizations, Enterprise Community Partners, and members of the Governing Board, participated in this event. Several faith communities expressed interest in developing housing options to address needs identified in the Plan, and work is continuing to move from the expressions of interest to actual development of proposals for production of housing units.

The Governing Board also established a foundation to support the work of the Partnership and is continuing to develop how that foundation will operate. A group with numerous nonprofit and community representatives, including formerly homeless persons, will launch a new Consumer Advisory Council in late spring of 2012.

The Housing Opportunity Support Team (HOST) strategy in the Plan was implemented in FY 2010 using federal Homelessness Prevention and Rapid Rehousing Program (HPRP) funds under the American Recovery and Reinvestment Act. Although most of the HPRP funding was used by late in 2011, local funds were made available to continue the short-term prevention and rapid re-housing assistance. The community case management and housing locator program is central to implementation of the HOST model and is also being continued. To ensure ongoing coordination of this work, an Interagency Work Group on HOST Services was established in the fall of 2011 to complement the Interagency Work Group on Housing Options. These two groups implement the Interagency Work Group component of the Ten-Year Plan.

In the fall of 2011, one of the two oldest family shelters was closed with the capacity being gradually replaced through an apartment-based shelter model. The former shelter facility will be rehabilitated to provide 20 units of supported housing in efficiency units for single adults with disabling conditions who were homeless. In addition, a work group examining the family homeless services access system completed its work in 2011 and has moved forward in winter and spring of 2012 to implement a new process which eliminated the family shelter waiting list and works with the community case managers to prioritize clients in need so that those families who are literally homeless can gain immediate access to shelter, while those at-risk or imminent risk of homelessness receive assistance through the community case managers.

HMIS data was used again to produce a second Annual Snapshot for FY 2011 of Ending Homelessness in the Fairfax-Falls Church Community. Nineteen different organizations worked to validate data for over 120 programs in HMIS in order to make this community-wide snapshot possible. The data revealed that 2,982 people experienced homelessness over the course of fiscal year 2011, and 714 of those exited homelessness into permanent housing, an increase from 482 in 2010. The Annual Snapshot provides a broader frame of reference on homelessness in the community than the one-day point-in-time count that is reflected in the tables and narrative below.



TABLE 21: FAIRFAX COUNTY'S 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)	243	54 / 16	48**	243
Emergency Shelter Beds (includes DV & teen shelter)	157	239 / 79	396	(included in winter overflow)
Safe Haven	8		8	
Transitional Housing Beds	133*	619 / 186	752	n/a
TOTALS	541	912 / 281	1,204	243
*Includes one bed occupied by an unaccompanied youth under age 18.				
**48 other beds for families (15 units) are in as-needed voucher based programs available year-round.				

Shelter programs include seven programs which are funded through contracts with the county and additional funds raised by the nonprofit operators. For single individuals, there were 148 year-round beds in four adult shelters serving men and women, plus nine beds for single women in family shelter programs for victims of domestic violence. There is also an eight-bed shelter for homeless youth owned and operated by a nonprofit, although youth served in that facility do not always meet the HUD definition of homeless and none were counted there in 2012.

During winter months, an additional 44 seasonal beds were available at three of the singles shelters and one additional winter only location in Falls Church; however, some of these seasonal programs are often over capacity during the coldest part of the winter. The hypothermia prevention program was again operated through four locations, with two fixed sites in addition to two rotating faith-based sites. A total of 238 individuals were counted in overflow and hypothermia prevention and related programs. One nine-bed singles shelter and one eight-bed safe haven are targeted to chronically homeless individuals. A total of 132 beds of transitional housing for singles were available in the point in time count. Most of these

beds were through Community Services Board and nonprofit operated programs.

The four main family shelter programs had a total capacity to serve 56 families with 176 beds. Two domestic violence shelter programs, one privately operated by a nonprofit and one supported with a contract from the county to another nonprofit operator, had 63 beds to serve a total of 23 families, with 9 additional beds to serve single women.

A total of 186 units of transitional housing with 619 beds for people in families were counted in 2012, including several programs serving victims of domestic violence, which had 33 units with 77 beds for these families. Most of this capacity is operated by nonprofit agencies with various combinations of HUD funds, private funding, and contracts with the county. The number of transitional housing units and beds for families is reduced slightly from 2011 due primarily to completing the conversion of a 20 unit family transitional housing program to permanent supportive housing and a reduction in the number of units operated by a large nonprofit transitional housing provider using private resources.



HOMELESS POINT-IN-TIME RESULTS

As shown in the table below, the overall point-in-time count for 2012 has changed only slightly from 2011. The number of persons in families decreased by 46 people since 2011, but the number of single individuals counted increased by 31, for a net decrease overall of 15 persons. This continues a pattern since 2009 of a decline in the number of families and persons in families, offset by slight increases in the number of single individuals counted. The decrease in persons in families is largely due to strong prevention efforts and the continuing strategy to shift toward housing first, rapid re-housing from family shelters, and permanent supportive housing for families with more extensive needs. These strategies have, to date, been more effective for families than for single adults, but work has begun to reassess the homeless services access process for single adults with a goal of more effectively meeting the needs of this population.

The mortgage foreclosure crisis does not seem to have had a direct impact on the number of homeless persons, but 2011 was another year of record levels of requests for emergency food, rent, utility, and eviction prevention assistance. Requests for emergency rent and utility assistance have increased by 96% since 2006, and requests for emergency food or food stamps have increased by 194%. New cases in Coordinated Services Planning, which provides centralized access to emergency assistance, peaked at 525 cases

per month in FY 2009-2010, but has averaged about 450 per month since then.

The strong emphasis on prevention services, which expanded with the implementation of the Homelessness Prevention and Rapid Re-housing Program and the TANF Emergency Contingency Funds from the federal stimulus funding, was continued with local short-term assistance funding to help keep many families and individuals from becoming homeless, even though the resources were not sufficient to meet all of the needs. This assistance has been especially effective in preventing homelessness for families.

Although there were still families on the waiting list for shelter at the time of the count, the phased implementation of the family homeless services access redesign in February and March 2012 had eliminated that wait list by April 1, 2012. Families in crisis with an immediate need for shelter were housed, and those at imminent risk of homelessness, but still in housing, were connected to community case managers to find alternative solutions to entering shelter. Most of these families were diverted from entering the homeless services system and receive time-limited assistance to establish and stabilize an alternative, more permanent housing arrangement.

The number of homeless individuals sheltered through winter seasonal overflow and hypothermia preven-

TABLE 22: FAIRFAX COUNTY'S HOMELESS COUNT BY CATEGORY

Category	2012	2011	2010	% Change 2010 to 2012
Total Number Counted	1,534	1,549	1,544	-0.6%
Total of Singles	697*	666	652	+6.9%
Total Number of Families	249	265	263	-5.3%
Total of Persons in Families	837	883	892	-6.2%
Total Adults in Families	332	344	342	-2.9%
Total Children in Families	505	539	550	-8.2%

* Includes one unaccompanied youth under age 18.



tion programs was 13 more in 2012 than in 2011, increasing from 225 to 238 on the day of the count, with 45 served in the seasonal/overflow programs and 193 counted through hypothermia prevention programs. The number of individuals who were identified as unsheltered increased from 135 to 178. This increase is attributed in part to the milder weather on the day of the count as compared to 2011, and to the expanded outreach implemented through the new Intensive Community Treatment Teams established by the Fairfax-Falls Church Community Services Board to identify and engage individuals in the community who may have mental health and/or substance abuse disabilities and are living on the streets.

The number identified as chronically homeless decreased from 45% in 2009 to 37% in 2010, then increased slightly to 39% in 2011 (including the safe haven); however, the information obtained from persons seen in drop-in and hypothermia programs was not always complete. The percentage of single adults identified as chronically homeless rose to 51% in the 2012 count. This increase is in part due to better identification of these individuals through the Intensive Community Treatment Teams, as well as to a higher number of repeat users of the winter hypothermia prevention and seasonal programs. People working with the individuals in these programs have come to know many of them and can better identify that there are disabling conditions, which, coupled with repeat

use of these programs, classifies a greater number as chronically homeless. Of those who were unsheltered, 72% were identified as chronically homeless, as were 59% of those counted in hypothermia prevention and winter seasonal programs.

Overall, single individuals represented over 45% of all persons counted, and nearly 55% were counted in families with children. This is a shift of 2% of the total number from families to single individuals. Children under age 18 in families were 33% of all persons counted, a drop of 2%. Among single individuals, 73% were male and 27% were female. Three out of four single adults were age 35 or older, with 22% over age 55, compared to 20% in this age group in 2011. Most persons age 18 and over in families were female (80%), while the percentages for children under 18 were 51% male and 49% female. Nearly 57% of adults in families were under age 35, which may include older teens who are still living with the family, while 45% of the children are under age 6.

The major subpopulations are noted in the chart below. For single individuals, 64% were reported as chronic substance abusers, seriously mentally ill, or both, an increase of 4% in these subpopulations from 2011.

Among all persons in families, 40% were homeless due to domestic violence (up from 35% in 2011 and

TABLE 23: FAIRFAX COUNTY'S HOMELESS SUBPOPULATIONS

	Individual Adults	Adults in Families	Children in Families*	TOTAL
Chronic Substance Abuser	158	7	-	165
Severe Mental Illness	154	7	-	161
Dually Diagnosed	132	1	-	133
Living With HIV/AIDS	6	4	-	10
Physical Disability	84	8	-	92
Chronic Health Problems	91	21	-	112
Domestic Violence History	101	156	212	469
Domestic Violence Current Episode	63	138	199	400
Limited English Proficiency	97	122	-	219
U.S. Military Veteran	56	4	-	60

**Children under 18. Adult children 18 and over living in families are counted with adults in families.*



29% in 2010), and 44% had a history of domestic violence currently or in the past. Limited English proficiency was an issue for 37% of adults in families, but only 14% of single individuals, while 23% of adults in families had no identified subpopulation. The increase in those identified as victims of domestic violence is significant, as is the high percentage of persons with limited English proficiency, which was identified for the first time in the 2012 count.

Among single adults, only 20% were reported as employed, and 39% of these worked full-time. These percentages are slightly higher than in 2011. Only 41% had income reported, and 41% reported no income (the rest were unknown) and only 18% reported employment as the primary source of income, the same as in 2011. Just over 22% reported social security/retirement or disability benefits as the primary source of income, compared to 20% from these sources in 2011 and 15% in 2010, but primary source of income was not reported for 42% of individuals. Fewer than 15% reported income under \$500 per month, 20% reported income between \$500 and \$1,000 per month, and only 6% reported income over \$1,000 per month.

In families, 59% of persons age 18 and over were employed (a drop of 1% from 2011), and 57% of these worked full-time, the same as in 2011. Of all adults in families 75% reported having income and over 56% of adults reported employment as the primary source of income, with public assistance, disability, or other income listed for over 24%, while primary source of income was not reported for 19%. Income was reported for each person in the family, not for the household as a whole. Less than 14% of adults in families reported zero income, and income was not reported for 11%. Over 37% had income under \$1,000 per month (compared to 35% in 2011), nearly 25% had incomes between \$1,000 and \$2,000 per month (down from 30% last year), but 13% had income of more than \$2,000 per month (up from 10% in 2011). The pattern since 2009 seems to be a lower percentage working, fewer hours worked, and less income, though with modest improvements in some areas. The average family household size in 2012 was 3.36, up slightly from 3.33 persons in 2011.

PERMANENT AND PERMANENT SUPPORTIVE HOUSING

There was a net increase of 32 beds in permanent supportive housing beds available for single individuals in the 2012 count compared to 2011. One new HUD CoC funded program with 14 beds was implemented during 2011. Four new beds were implemented through placements by the Intensive Community Treatment Teams, and nine other beds operated in CSB program were re-categorized as PSH since they provide non-time-limited support to persons who were homeless and are in recovery from mental health or substance abuse disabilities. Changes in utilization of other programs serving both homeless and non-homeless individuals resulted in the net change in permanent supportive housing for individuals.

After the 2011 count, the last three units of a 20-unit HUD Continuum of Care transitional housing grant funded program converted to permanent supportive housing for families, and these units were counted in the PSH category for 2012, increasing the PSH beds for families, but one HUD-VASH family was no longer reported in 2012. However, there were four more single veterans participating in the HUD-VASH program. The Housing Options for the Ten-Year Plan will increase the number of Permanent Supportive Housing units as resources are found to achieve these annual targets.

Frederick County, Maryland

DESCRIPTION OF HOMELESS SERVICES

Frederick County, Maryland is fortunate to have a wide-range of governmental, private non-profit, and faith-based organizations that together have established an almost seamless service delivery system targeted to addressing the needs of homeless individuals and families, 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 directly into transitional housing); and more diverse permanent supportive housing options for both individuals and families. Major providers of homeless services include the Frederick Community



	Beds for Individuals	Beds/Units for Persons in Families	Year-Round Beds	Winter Beds
Hypothermia/Overflow/Other (Additional winter Capacity)	70	0	-	70
Emergency Shelter Beds	10	31/1	41	0
Transitional Housing Beds	48	123/43	171	0
TOTALS	128 beds	154 beds 44 units	212 beds	70 beds

Action Agency, Advocates for Homeless Families, Heartly House, Frederick Rescue Mission, Religious Coalition for Emergency Human Needs, Hope Alive, Mental Health Management Agency of Frederick County, and the Frederick County Department of Social Services. All 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 non-profit human service and community development organizations, religious institutions, for-profit businesses such as banks, local

Homeless (FCCH). All emergency shelter, transitional housing, permanent supportive housing, and

Category	2012	2011	2010	% Change 2010 to 2012
Total Number Counted	285	280	303	-5.9%
Total Number of Singles Individuals	169	169	192	-11%
Total Number of Families	39	37	39	0%
Total of Persons in Families	116	111	111	4.5%
Total Adults in Families	42	39	43	-2.3%
Total Children in Families	74	72	68	8.8%

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 the people that were homeless; however, shelter staff could utilize administrative or HMIS data if a person was unable to directly complete the survey. A total of 285 homeless persons (comprised of 211 adults and 74 children) completed the point-in-time survey; the largest household type was 169 single-individuals.

Category	Employed Full-Time	Employed Part-Time	Total Number Employed
Total Number of Single Individuals	9	25	34
Total Number of Adults in Families	20	8	28

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.

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: 49 respondents reported

HOMELESS POINT-IN-TIME RESULTS

The most recent Point-in-Time Survey for both sheltered and unsheltered homeless populations was conducted on January 25, 2012. Survey tools were distributed and thoroughly discussed at a regular monthly meeting of the Frederick County Coalition for the



a substance abuse problem/addiction; 46 respondents reported chronic health problems; 30 respondents reported having physical disabilities; 45 respondents reported severe mental health problems; 39 respon-

are highly transient and some homeless service providers have been criticized for “attracting” people that are homeless from other states or counties. However, 2012 PIT data indicates that the homeless popula-

tion surveyed in Frederick County is nominally transient. When asked if the person (or family) had received shelter in another jurisdiction, only 16 out of 169 single individuals (or 9.4%) reported that they had received shelter in another jurisdiction (i.e., anywhere other than Frederick County, Maryland). The percentage of homeless families that had received shelter in another jurisdiction dropped to 8 persons out of 116 family members (or 6.8%). The statistics clearly indi-

cate that homeless populations, at least in Frederick County, are less transient than previously thought.

TABLE 27: FREDERICK COUNTY’S SUBPOPULATIONS

Subpopulations	Single Individuals	Persons in Families	Total
Chronic Substance Abuser	46	3	49
Severe Mental Illness	32	13	45
Dually Diagnosed	35	4	39
U.S. Veteran	6	1	7
Living with HIV/AIDS	0	0	0
Domestic Violence Survivor (including children) ¹	2	40	42
Physical Disability	30	0	30
Chronic Health Problem	41	5	46
Limited English	0	2	2
Chronically Homeless	95	0	95

¹ This figure includes adults and children that reported a current episode of domestic violence.

dents reported substance abuse problems and co-occurring mental health problems; 42 respondents (including children) reported that they are survivors of current domestic violence; 7 respondents reported that they are veterans; 0 respondents reported a diagnosis of HIV or AIDS; and a total of 95 respondents (all single individuals) reported being “chronically homeless”.

According to the 2012 Point-In-Time data, homelessness in Frederick County decreased slightly by a total of 18 persons from the 2010 PIT count of 303 persons. It is important to keep in mind that the Point-in-Time survey is a “one-day snapshot” of homelessness and may not be reflective of all trends experienced in a local jurisdiction.

PERMANENT AND PERMANENT SUPPORTIVE HOUSING PLACEMENTS

The availability of affordable or subsidized permanent housing continues to be a major problem in Frederick County. Subsidized permanent housing is provided by the Housing Authority of the City of Frederick (public housing and Housing Choice Vouchers), Frederick County Department of Housing and Community Development (Housing Choice Vouchers), Frederick Community Action Agency (Project-Based Section 8), Interfaith Housing Development Partnership, and by private landlords under

JURISDICTIONAL MOVEMENT

Jurisdictional movement or the movement of people that are homeless from one area to another is another interesting statistic to evaluate. Many people tend to believe that all homeless populations

TABLE 28: FREDERICK COUNTY’S FORMERLY HOMELESS PERSONS NOW RESIDING IN PERMANENT SUPPORTIVE HOUSING

Persons served as single individuals	28
Persons served as members of a family (adults and children)	11
Chronic Substance Abuser (CSA)	6
Severe Mental Illness (SMI)	14
Dually Diagnosed (CSA & SMI)	13
Chronic Health Problem	14
Living With HIV/AIDS	0
Physical Disability	6
Domestic Violence Survivor	2
Limited English	0
U.S. Veterans	2

contract with the U.S. Department of Housing and Urban Development. The Housing Authority of the City of Frederick is currently completing an ambitious \$16,000,000 HOPE VI project that is committed to providing one-for-one replacement housing for each public housing unit that was demolished for redevelopment. At present, the Housing Authority of the City of Frederick is developing market-rate and homeownership units in order to establish “mixed-income” communities on large sites that were once exclusively occupied by public housing.

The Frederick County Government has enacted a Moderately Priced Dwelling Unit (MPDU) ordinance, but the handful of housing units developed under the ordinance are targeted for homeownership and typically remain out-of-reach for homeless families. The City of Frederick recently enacted its own version of an MPDU ordinance that stands to provide affordable rental housing units since some developers appear interested in building rental housing near downtown Frederick. Special needs housing providers operating in Frederick County include the Way Station, Family Services Foundation, Community Living, and the Frederick Community Action Agency. The Maryland Mental Hygiene Administration administers 20 HUD Shelter Plus Care vouchers in Frederick County and the Frederick Community Action Agency administers 11 units/15 beds of HUD permanent supportive housing under a Housing First model for individuals who are disabled and chronically homeless. The following table provides additional data on formerly homeless persons now residing in permanent supportive housing.

Loudoun County, Virginia

DESCRIPTION OF HOMELESS SERVICES

Loudoun’s continuum of homeless services includes seasonal cold weather shelter, “drop-in” services, emergency shelter, and transitional housing. Volunteers of America (VOA), under contract with Loudoun County Department of Family Services (DFS), operates the following programs at the County-owned Homeless Services Center: emergency shelter for women and families, emergency shelter for men, transitional housing (includes a scattered-site apart-

ment program), “drop-in” program, and seasonal cold weather shelter for adults. DFS also funds a one unit supportive housing apartment, and provides clinical social work support at the Homeless Services Center two days per week. Loudoun Abused Women’s Shelter (LAWS) operates a 12-bed shelter for women and children who are domestic violence victims. The Good Shepherd Alliance (GSA) has an emergency shelter site providing 20 beds for single women and families. GSA provides 2 units of transitional housing to single pregnant women and pregnant women with one infant or toddler. GSA also has a 4-bed transitional house for single women, and one family transitional home was added to the continuum of services in July 2011.

Services to prevent homelessness in Loudoun are available through several programs. Loudoun DFS has local funds that can be used for first month’s rent or eviction prevention, and the state-funded Homeless Intervention Program (HIP) provides security deposits, rent aid, and loans to prevent mortgage foreclosure. Loudoun DFS, a state sub-grantee of Homeless Prevention Rapid Re-housing Program (HPRP) stimulus funds, implemented the program in 2009. HPRP ended in September 2011. During County fiscal year 2011 HPRP assistance was provided to 41 households. DFS implemented the Virginia Promising Practices Program (VP-3) for fiscal year 2012. VP-3 is similar to HPRP, but it is funded through combined state and local sources at an amount much lower than was available through HPRP. VP-3 rapid re-housing and homeless prevention services have been provided to 19 households as of January 31, 2012.

The Loudoun Continuum of Care has completed a draft Ten Year Plan to End Homelessness. A community focus group was held in spring 2011 where valuable input was gained on the plan. The CoC developed a video presentation about homelessness, and this will be used in additional outreach and education efforts related to the Ten Year Plan to End Homelessness.

HOMELESS POINT-IN-TIME RESULTS

The 2012 count identified 164 persons (69 singles and 95 persons in families) experiencing homeless-



	Beds for Individuals	Beds\Units for Persons in Families	All Year-Round Beds	Winter Beds
Hypothermia/Overflow/Other	16	2 units overflow (hotel/motel)		16
Emergency Shelter Beds	16	61	77	0
Transitional Housing Beds	9	62	71	0

ness on January 25, 2012. Compared to 2010 results when 157 persons were counted, there was a 4 percent increase in the number of literally homeless persons. The results document an increase in the number of homeless families and a decline in the number of homeless singles. Between 2010 and 2011 family homelessness decreased by 12 percent, but between 2011 and 2012 family homelessness increased by 32 percent. The number of homeless singles identified decreased sharply from 86 in 2011 to 69 in 2012, a decrease of 20 percent. The number of chronically homeless individuals is relatively stable with 18 this year, 22 in 2011, and 21 in 2010. No homeless families met the definition of chronically homeless.

The employment rate is higher among all homeless adults as compared to last year (49 percent in 2012 vs. 42 percent in 2011). Employment among single homeless adults has increased to 42 percent in 2012 from 31 percent in 2011. Between 2011 and 2012 the percent of homeless singles working full time has declined sharply (from 50 percent in 2011 to 31 percent in 2012). Adults in families show a 63 percent rate of employment for 2012, representing a slight decrease from 2011 when 65 percent of adults in families worked. The fact that stabilizing shelter and transitional housing options are greater for families may contribute to higher rates of employment among adults in families as compared to singles. Employment is the most

common source of income among all homeless adults in 2012. For 2012 results indicate that 17 percent of adults in families reported no income. Among homeless single adults 42 percent reported no income this year (down

from 53 percent in 2011). Detailed income information is shown in the table below. Overall, income amounts among adults are higher than 2011 with significant increases in the number of adults earning between \$501-\$1000 and greater than \$2,000.

The most commonly occurring sub-populations among the homeless in 2012 are Domestic Violence Victim, Severe Mental Illness, and Chronic Health Problem. In 2011 the top three sub-populations were Domestic Violence Victim, Chronic Health Problem,

Category	2012	2011	2010	% Change 2010 to 2012
Total Number Counted	164	156	157	4
Total of Singles	69	86	71	-3
Total Number of Families	29	22	25	16
Total of Persons in Families	95	70	86	10
Total Adults in Families	35	23	34	3
Total Children in Families	60	47	52	15

Monthly Income	\$0	\$1-150	\$151-250	\$251-500	\$501-1000	\$1001-1500	\$1501-2000	>than \$2000
Individuals	29	3	5	5	15	8	2	2
Families	5	1	0	5	13	7	1	3

and Chronic Substance Abuser. The number Domestic Violence Victims reported this year increased slightly from 28 in 2011 to 31 in 2012. The increase occurs in the Family households. In terms of Severe Mental Illness the number of single adults is consistent with last year (17 in 2012 vs. 16 in 2011), however, among adults in families there is an increase in Severe Mental Illness (5 in 2012 vs. 1 in 2011). Among



single adults the percentages in the Chronic Substance Abuser and Dually Diagnosed categories have each decreased by over 35 percent. The numerical decrease in homeless adults between 2011 and 2012 probably accounts for this significant change. The table below provides more detail on sub-populations.

SUMMARY OF RESULTS

The number of homeless persons increased from 156 in 2011 to 164 for 2012. Both the number of homeless families and the total number of persons in the families have increased over last year. A significant decrease occurred in the number of homeless singles identified between 2011 and 2012 (from 86 in 2011 down to 69 in 2012). The increase in homeless families and the decrease in homeless singles reverses a trend that had been observed for the past three years (decrease in families and increase in singles).

A number of factors may contribute to the rise in family homelessness. Several families receiving services have large numbers of children, and in some cases are headed by a single parent. These families remain in programs longer increasing the wait times for other families to enter shelter or transitional housing. Although 63 percent of adults in families are working, only 3 of the 35 homeless families identified report incomes of \$2000 per month or above. The remaining 32 families are not earning enough to secure affordable housing. Families impacted by mental illness and domestic violence, both reported at higher rates this year, experience great difficulty in regaining stability after an episode of homelessness. Several factors may account for lower number of homeless singles identified this year. During 2011 a number of homeless and at risk singles received short and medium term assistance through the HPRP and the VP-3 program which resulted in housing stabilization. Occupancy at the winter shelter was down on the night of the homeless count as compared to 2011. Lastly, fewer homeless singles were observed during outreach on

	Individual Adults	Adults in Families	Children in Families	TOTAL
Chronic Substance Abuser (CSA)	8	0	0	8
Severe Mental Illness (SMI)	17	5	0	22
Dually Diagnosed (CSA & SMI)	9	0	0	9
Chronic Health Problem	9	3	0	12
Living With HIV/AIDS	0	0	0	0
Physical Disability	7	0	0	7
Domestic Violence Victim*	2	9	20	31
Limited English	1	0	0	1
U.S. Veterans	8	0	0	8

**Refers to persons whose current homelessness episode is attributed to domestic violence.*

the day of the count.

It is difficult to predict the future of homelessness in Loudoun County, but there is some evidence that the number of persons who are precariously housed is rising. Loudoun County Public Schools reported a 47 percent increase in the number of students who qualified for McKinney Vento services between the 2010 and 2011 school years. These persons are not included in the literally homeless number for Loudoun, but their situations may be indicators of a rise in housing instability. The gains in stabilizing homeless individuals and families through September 2011 via the HPRP program may be lost without similar services funded at a level that can provide impactful short and medium term assistance.

PERMANENT AND PERMANENT SUPPORTIVE HOUSING

The inventory of permanent supportive housing in unchanged from last year. Mental Health (MH) Residential Services provides 14 permanent supportive housing (PSH) beds for individuals in group homes, supervised apartments, and in private residences. This housing is not specifically for homeless persons, but homeless persons with severe mental illness, developmental disabilities or chronic substance abuse issues can be served if there are openings, and if they meet all program criteria. This year 3 formerly homeless persons are being served by the MH residential program. Department of Family Services one-unit supportive housing program is currently serving one individual.



The need for PSH was reported for 14 single adults and 3 families this year. The Continuum of Care recognizes the need for additional supportive housing resources dedicated to the homeless population; however the high cost of providing PSH units presents a great challenge to public and private agencies in an economic climate where funding resources are scarce.

The need for additional PSH housing units has been identified as a key affordable housing strategy in the draft Ten Year Plan to End Homelessness. Access to affordable housing is limited in Loudoun. The federally funded Housing Choice Voucher (HCV) Program currently serves 715 households, and it provides the largest amount of housing affordable to households

with extremely low income in the County. Three of ten “homeless set-aside” HCV vouchers are currently in use. The HCV wait list is closed at the present time, and there 1084 households on the wait list. Three small subsidized senior housing projects also exist, serving persons aged 60 and over. The Affordable Dwelling Unit (ADU) rental program provides reduced rent to those who qualify at income levels between 30 and 50 percent of Area Median Income (AMI). The majority of Loudoun’s homeless have income levels at 0 to 30 percent of AMI, a level too low to qualify for the ADU rental program. The Loudoun CoC continues to advocate for, and to explore funding sources for, the development of housing options affordable to persons with extremely low incomes.

Montgomery County, Maryland

DESCRIPTION OF HOMELESS SERVICES

The Montgomery County Homeless Continuum of Care (CoC) is a public-private partnership that includes state and local government agencies, non-profit service providers, landlords, and other stakeholders who have a role in eliminating homelessness. As the lead agency, the Montgomery County Department of Health and Human Services (DHHS) manages the homeless intake and assessment process as well as the County’s Homeless Management Information System (HMIS). The County continues to provide a full continuum of housing services to homeless persons including outreach and engagement, emergency and transitional shelter, safe havens, and permanent supportive housing programs. Case management is provided at all levels of the continuum with an emphasis on removing housing barriers and connecting homeless persons with housing, employment, disability entitlements, and other behavioral health services. The continuum also utilizes a range of homelessness prevention initiatives including emergency financial as-

sistance, shallow rent subsidies, and energy assistance designed to prevent the loss of permanent housing.

During 2011, Montgomery County held a “Homeless Resource Day” as a way reach out to residents experiencing homelessness and connect them with needed community resources and supports. More than 300 people attended this highly successful event and were able to receive health screenings, registration for mainstream benefits, legal assistance, employment, haircuts and more. The CoC plans to hold this event annually in the future.

TABLE 33: MONTGOMERY COUNTY’S YEAR-ROUND AND WINTER BED INVENTORY

	Beds for Individuals	Beds\Units for Persons in Families	All Year-Round Beds	Winter Beds
Hypothermia/Overflow/Other (Additional winter Capacity)	270	97/33	0	367
Emergency Shelter Beds	128	138/42	266	0
Transitional / Safe Haven Beds	170	193/60	363	0
TOTALS	568	428/135	629	376

In addition, there has been a concerted effort to identify and engage homeless veterans living in Montgomery County including the creation of one-stop center in collaboration with the Veterans Administration where veterans can apply for benefits, get linked to housing and receive case management.



The County continues to provide emergency shelter to households with children through three family shelters with the capacity to serve 27 families, in addition to motels, which are utilized for overflow when shelters are at capacity. Thirty-three (33) families were in overflow motel during this year's enumeration. An additional 15 families can be served through the County's domestic violence shelter.

Category	2012	2011	2010	% Change 2010 to 2012	% Change 2011 to 2012
Total Number Counted	981	1132	1064	-7.8%	-13.3%
Total Individuals	600	758	692	-13.3%	-20.8%
Total Number of Families	126	125	124	1.6%	0.8%
Total Persons in Families	381	374	372	2.4%	0.2%
Total Adults in Families	152	143	138	10.1%	6.2%
Total Children in Families	229	231	234	-2.1%	-0.9%

Emergency shelter for adults without children expands from a capacity of 128 beds during the warm weather months to accommodate all those in need of shelter during November through March. On the day of the 2012 enumeration, there were 328 emergency shelter beds occupied, 204 of which were designated as temporary or hypothermia beds.

Transitional housing including Safe Havens provides 170 beds for households without children. The number of transitional housing beds for households with

included one (1) household with only children. This is a 13.3 percent decrease over 2011 and continues a downward trend that was interrupted last year when the number of homeless persons increased for the first time since 2005. This decrease can primarily be attributed to an increase in permanent supportive housing that enabled persons to exit homelessness.

Households without children (formerly referred to as homeless single adults) experienced a 20.8 percent

decrease from 758 in 2011 to 600 in 2012. Unsheltered persons decreased by over 42 percent in 2012 due to an increase the availability of housing as well as increased case management efforts to engage and stabilize persons. It should be noted that the severe

	Individual Adults	Adults in Families	Children in Families	TOTAL
Chronic Substance Abuser (CSA)	108	7	N/A	115
Severe Mental Illness (SMI)	170	22	N/A	199
Dually Diagnosed (CSA & SMI)	138	11	N/A	149
Chronic Health Problem	133	9	N/A	142
Living With HIV/AIDS	6	0	N/A	6
Physical Disability	86	9	N/A	95
Domestic Violence Victim (CE)	25	34*	58	117
Limited English (new)	92	14	N/A	106
U.S. Veterans	37	0	N/A	37

*Domestic Violence included household count (adults and children) whose current episode of homelessness was due to domestic violence.

children decreased to 193 beds in 2012 from 230 in 2011 due to the conversion transitional beds to permanent supportive housing by one non-profit provider and a reduction in beds when another non-profit provider ceased operations.

HOMELESS POINT-IN-TIME RESULTS

Montgomery County's homeless point in time survey was conducted on January 25, 2012. A total of 982 homeless persons were counted that day, which

weather storm that affected the region during the 2011 enumeration may have contributed to data collection challenges that led to over reporting of homeless persons last year.

Overall, the total number of households with children (formerly homeless families) remained almost unchanged from the 2011 enumeration. However, the number households with children in emergency shelter increased 25.5 percent from 55 in the 2011



enumeration to 69 in 2012. This increase can be attributed to several factors, including a lack of housing that is affordable to low-wage working families and the economic downturn that has exhausted the financial resources and social networks of homeless households who can provide temporary housing.

Table 34 provides a comparison of the past 3 years.

The total number of formerly homeless persons residing in permanent supportive housing increased 13.7 percent from 2011 and 17.2 percent since 2010. The increase reflects the continued commitment of Montgomery County to increasing the supply of permanent housing.

SUBPOPULATIONS

More than two-thirds (69%) of Montgomery County homeless households without children reported chronic substance abuse, serious mental health issues, or co-occurring disorders, consistent with previous year. In addition, more than one-third (37%) reported chronic health problems and/or a physical disability.

Thirty-three percent of the County's households without children were considered chronically homeless. This represents a decline from 45 percent in 2011 is a result of an increase in the number of vouchers available in 2012 and the opening of two permanent supportive housing programs.

Fifteen percent of households without children report limited English skills as a barrier to securing housing. Six percent of households without children reported veteran status

The enumeration demonstrated a 24 percent decrease in households with children experiencing a current episode of homelessness due to domestic violence down from 36 percent in 2011. Twenty-six (26) percent of adults in families report problems with substance abuse, serious mental health issues, or co-occurring disorders. Chronic health and physical disability was reported by approximately 12 percent of the adults in households with children. Nine (9) percent of the adults reported that "Limited English" was a barrier to

the household maintaining housing. In 2011, HUD expanded the chronically homeless definition to include families with children and required that they be counted in the enumeration. In 2012 there were no chronically homeless families identified compared to one percent (two families) identified in 2011.

EMPLOYMENT AND PRIMARY SOURCE OF INCOME

Employment – General employment decreased for households without children in 2012 to sixteen percent from 20 percent in 2011. Employment also declined among adults in households with children to 46 percent in 2012 from 49 percent in 2011.

Source of Income – Sixty three (63) percent of individuals without children reported having some type of income. Of homeless individuals reporting income, 24 percent reported employment as their primary income source and 36 percent reported disability income (SSI/SSDI) as their primary income source. The remaining individuals reporting income, reported a primary source of income as follows: 13 percent from TDAP/Public Assistance, 26 percent reported "other," and 2 percent Social Security/Retirement benefits.

Seventy nine (79) percent of the adults in homeless families reported some type of income. Of those adults reporting income, 55 percent reported employment as their primary source followed by 29 percent with TANF/Public Assistance, 10 percent reporting "other," and 6 percent reporting disability as their primary source of income.

Monthly Income – The largest income range reported by homeless individuals without children who reported income was \$501 - \$1,000 with 45 percent; 20 percent had incomes ranging from \$151 - \$250; 15 percent ranging from \$251 - \$500; nine (9) percent had incomes ranging from \$1,001 - \$1,500; seven (7) percent \$1 - \$150; and the remaining four (4) percent was income greater than \$1,501.

The largest income range reported by homeless adults in households with children who reported income was \$501-\$1,000 with 44 percent; 19 percent had



incomes ranging from \$251-\$500; 17 percent had incomes ranging from \$1,001-\$1,500; 11 percent had incomes from \$1,501 to \$2,000; five (5) percent had incomes over \$2,000 and the remaining three (3) percent had incomes from \$151-\$250.

PERMANENT SUPPORTIVE HOUSING

Despite funding challenges caused by the current economic downturn, Montgomery County has continued its commitment to its Housing First Model by increasing the number of permanent supportive housing beds. Over the past year, the local Public Housing Authority opened a 12-unit permanent supportive housing program for formerly homeless adults, one non-profit provider, in conjunction with the Department of Consumer Affairs, developed 6 permanent supportive units for formerly homeless adults and a new program for six chronically homeless families opened. Additionally, the County received 25 VASH vouchers in 2010 and an additional 25 in 2011. Finally, one non-profit provider began the conversion of 17 transitional housing units that, when complete, will provide 51 additional beds for families that have significant challenges to obtaining and maintaining housing.

In 2012, Montgomery County had 1,640 formerly homeless persons living in permanent supportive housing compared to 1,442 in 2011 and 1,399 in 2010. This represents a 17 percent increase over a three-year period. While the total number of persons residing in permanent supportive housing increased over last year, there were some differences based on household composition. There were 598 single individuals living in permanent supportive housing in 2012, an 18.4 percent increase over 2011 and a 35 percent increase since 2010. There was an increase in the number of persons in households with children

by 11 percent from 937 in 2011 to 1042 in 2012. Consequently, the number families also increased by 11 percent to 310 from 278 in 2011.

Prince George's County, Maryland

DESCRIPTION OF HOMELESS SERVICES

The County's Continuum of Care is coordinated through the Homeless Services Partnership (HSP). The HSP is an umbrella organization designed to foster an inclusive strategy aimed at effectively addressing issues of homelessness in Prince George's County through on-going planning, coordination, collaboration, cooperation and communication. Membership includes public and private non-profit agencies, faith-based organizations, service providers, mainstream programs, consumers, and concerned citizens.

The Homeless Services Partnership continues to set 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 HSP was awarded a grant to hire a Consultant to help implement the County's Continuum of Care 2010 Strategic Plan. Working in collaboration with the Homeless Services Partnership and technical assistance from the National Alliance to End Homelessness, the Consultant has developed a Ten Year Plan to End Homelessness in the county.

Over fifty-two organizations including a diverse group of stakeholders from public and private non-profit agencies have worked diligently over the past 12 months to develop the plan. The plan's creation marks the beginning of a homeless services system change,

and provides comprehensive strategies to move forward in the reduction of homelessness in the county. The Homeless

TABLE 36: PRINCE GEORGE'S COUNTY'S YEAR-ROUND AND WINTER BED INVENTORY

	Beds for Individuals	Beds/Units for Persons in Families	All Year-Round Beds	Winter Beds
Hypothermia/Overflow/Other (Additional Winter Capacity)	39	11	0	50
Emergency Shelter Beds	44	142/27	186	0
Transitional Housing Beds	44	194/62	238	0



TABLE 37: PRINCE GEORGE'S COUNTY HOMELESS COUNT BY CATEGORY

Category	2012	2011	2010	% Change 2011 to 2012
Total Number Counted	641	773	789	-17.0%
Total Number of Singles	279	428	419	-35.0%
Total Number of Families	113	106	102	7.0%
Total Persons in Families	362	344	370	5.4%
Total Adults in Families	124	120	130	3.3%
Total Children in Families	238	224	240	6.3%

Services Partnership envisions a comprehensive housing crisis response system through which homelessness can be prevented, and when this is impossible, episodes of homelessness can be quickly ended. It also envisions building /sustaining a strong political will and community support that will work collaboratively toward ending homelessness in Prince George's County by 2021.

The Prince George's County Department of Social Services Office of Housing and Homeless Services continues to administer the County's Homeless Assistance Programs, facilitate the County's Continuum of Care system, administer the County Homeless Management Information System (HMIS) and coordinate the annual United States Department of Housing and Urban Development Homeless Assistance grant application process. Working in collaboration with the Homeless Services Partnership and Veterans Stand Down, the agency sponsored a Homeless Resources Day in November 2011 that attracted over 500 participants and volunteers.

The County's Continuum of Care system is implemented through 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 home-

lessness to maintain their housing. These efforts are carried out through community outreach, mediation, eviction prevention, legal assistance, 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 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. Based on the County's Homeless Management Information System, Shelter Diversion provided prevention services that successfully helped 629 persons from entering the shelter system in fiscal year 2011. Implemented in 1999, Shelter Diversion continues to have over 95 percent success rate in helping households with minimal barriers avoid entry into the shelter system. The program received an Honorable Mention for Best Practices in 2004 from the Prince George's County Department of Housing and Community Development. In addition, the County's Homelessness Prevention and Rapid Re-housing Initiative provided targeted homelessness prevention and housing assistance for approximately 820 eligible low-income households consisting of 1,752 adults and children.

TABLE 38: PRINCE GEORGE'S COUNTY HOMELESS SUBPOPULATIONS

	Individual Adults	Adults in Families	Children in Families	Total
Chronic Substance Abuser (CSA)	69	14	n/a	83
Severe Mental Illness (SMI)	51	32	n/a	83
Dually Diagnosed (CSA & SMI)	18	1	n/a	19
Chronic Health Problems	56	1	n/a	57
Living With HIV/AIDS	1	2	n/a	3
Physical Disability	58	9	n/a	67
Domestic Violence Victim	12	22	21	34
Limited English	46	3	n/a	49
U.S. Veterans	20	4	n/a	24



The Warm Nights Program continues to provide hypothermia shelter beds through local government grants and partnerships with a network of 34 community faith-based organizations. Comprehensive intake, assessment and case management services are provided at hypothermia shelters to identify and link chronically homeless individuals and families to appropriate shelters or permanent supportive housing programs. The 2012 enumeration counted 236 emergency shelter and hypothermia beds of which 50 are dedicated seasonal beds for homeless persons. The 2012 enumeration did not include people staying in short-term (30-60 days) residential drug treatment facilities that were counted in previous point-in-time surveys.

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 underlying causes of homelessness. The 2012 enumeration counted a total of 238 dedicated transitional housing beds for homeless individuals and families. Again, the 2012 enumeration did not include people staying in temporary (up to 12 months) residential drug treatment facilities that were counted in previous point-in-time surveys. The reasons for not including persons staying in residential drug treatment facilities is due to the 2012 U.S. Department of Housing and Urban Development Housing Inventory Count and Point-in-Time Count of Homeless Persons Data Collection Guidance publication. The guidance indicated that Continuum of Care should not count persons in programs with beds/units not dedicated for persons who are homeless. The facilities serve homeless sub-populations including persons with chronic substance abuse problems. However, the bed/units are not dedicated to persons who are homeless and cannot be listed on the County's Housing Inventory Chart (HIC) or entered into the HUD Housing Homeless Exchange (HDX).

HOMELESS POINT-IN-TIME RESULTS

The Prince George's County homeless point-in-time survey was conducted on January 25, 2012. The survey counted and interviewed unsheltered homeless persons living in public places and on the streets; and

sheltered individuals and families staying at overnight hypothermia shelters, 24-hour emergency shelters and transitional housing programs. A diverse group of volunteers and providers met weekly to plan and develop strategies for conducting the annual point-in-time survey. For the street count, volunteers were divided into teams, each targeting specific zip codes and locations in the County. The unsheltered count included an interview component to gather pertinent demographic, subpopulation, employment and other relevant data to generate comparable data for this report. The 2012 unsheltered enumeration had the largest numbers of volunteers and covered more areas in the County than in previous point-in-time counts. All sheltered homeless individuals and families living at emergency shelters and transitional housing programs were counted using the Homeless Management Information System and paper copies.

On January 25, 2012, a total of 641 persons were counted in Prince George's County. This number includes 279 individuals, 124 adults in families and 238 children. Of the total number of homeless people counted, 166 (26 percent) were unsheltered; and 475 people (74 percent) were sheltered and living in temporary emergency shelters and transitional housing programs. The total number of homeless people counted reflects a decrease of 131 (17 percent) from the 2011 count of 772; a decrease of 148 people (19 percent) from the 2010 count of 789; and a decrease of 212 people (25 percent) from the 2009 count of 853. The total number of homeless families counted increased from 106 in 2011 to 113 in 2012. The total number of homeless children increased from 224 in 2011 to 279 in 2012.

The total number of homeless individuals counted in 2012 decreased from 428 in 2011 to 279 in 2012. This represents a 65 percent decrease from 2011. However, the decrease is not necessarily due to a decrease in homelessness. Rather, it is due to the County's Continuum of Care adherence to the HUD 2012 HIC and PIT Data Collection requirements not to count people staying in facilities that do not have dedicated beds for persons who are homeless.

The total number of unsheltered homeless individuals



counted increased from 102 in 2011 to 166 in 2012. The increase is due to better methodology, planning, community outreach and recruitment of more volunteers including bilingual enumerators. We also worked collaboratively with more faith-based organizations and community cafes that provided incentive bags and hot meals for the homeless.

SUBPOPULATIONS

Chronic substance abuse problems, severe mental illness, chronic health problems, physical disabilities and limited English capabilities created the greatest barriers for the homeless adults counted in 2012.

PERMANENT AND PERMANENT SUPPORTIVE HOUSING

According to the 2012 point-in-time count, the County's Continuum of Care system has approximately 265 permanent supportive housing beds. In addition, the Prince George's County Department of Family Services/Mental Health and Disability Administration (DFS/MHDA) implemented a "Housing First" permanent supportive housing that serves approximately 105 severely mentally ill individuals. Services include street outreach and engagement, permanent supportive 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. The DFS also provides 383 residential and permanent supportive housing beds primarily for homeless persons with severe mental illness.

EMPLOYMENT AND PRIMARY SOURCE OF INCOME

Employment – Of the 403 homeless adults counted, 106 (25 percent) were employed; 297 (75 percent) were unemployed. Of the total number of homeless adults that were employed, 31 percent had full time jobs and 69 percent had part time jobs. The majority of homeless individuals and adults in families that were employed lived in transitional housing programs.

Primary Source of Income – Of the 403 homeless

adults counted 101 (25 percent) reported employment as their primary source of income; 30 (7 percent) reported Supplemental Security Disability Income (SSDI)/Social Security Income (SSI) Income; and 42 (11 percent) reported Temporary Assistance Network for Families (TANF)/Public Assistance as their primary source of income.

Monthly Income – Of the total number of homeless adults counted, 184 (46 percent) reported that they had income; and 219 (54 percent) had no income.

UNIQUE ASPECTS OF THE COUNTY'S CONTINUUM OF CARE SYSTEM

Faith-based Community Outreach Initiative: The County's Continuum of Care continues to embrace and foster a mutual working relationship with faith-based organizations in the County. For the past 10 years, the faith-based organizations have played a pivotal role in addressing homelessness at the community level in the County. The Department of Social Services Office of Housing and Homeless Services continues to coordinate quarterly community meetings to promote the importance of this partnership. The well-planned and coordinated quarterly meetings promote community awareness, critical information sharing, essential strategic planning and development, fundraising capabilities, appropriate use of limited community resources and presentation on issues of community concern.

Case Management Support Meeting: The County's Continuum of Care requires all case managers and program coordinators engaged in the delivery of homeless services to participate in monthly support team meetings and training. It helps the case managers and frontline workers to acquire appropriate in-service skills and techniques required to assist homeless individuals and families make a successful transition into permanent housing.

SSI/SSDI Outreach, Access, and Recovery (SOAR) Initiative: The County's Continuum of Care implemented a SOAR Initiative in 2009. It is a national initiative designed to increase access to Supplemental Security Income (SSI) and Social Security Disability



Insurance (SSDI) benefits for adults who are homeless or at risk of homelessness and have a mental illness and/or co-occurring substance abuse disorder. Over 50 case managers have been trained in the SOAR curriculum: Stepping Stones to Recovery. The training has enabled representatives from public and private non-profit homeless services providers and jails to have the skills they need to help their clients obtain much needed income and medical insurance to promote recovery and housing stability. The SOAR Initiative has enabled the Disability Coordinator to develop relationships with public and private mental health agencies to provide free and low-cost psychiatric evaluations for eligible SSI/SSDI applications. SOAR is also engaged with the Prince George's County Re-entry Roundtable, a specially formed committee focused on examining the roles service providers play in successfully re-integrating ex-offenders back into community.

The SOAR program continues to reach out to unsheltered homeless residents who have limited contacts with local and mainstream programs and help them to apply for benefits. Most are uninsured, unemployed, and have multiple psychiatric and/or physical disabilities that prevent them from accessing available benefits and support services. SOAR has partnered with local non-profit agencies to work with these residents to get them identification documents, benefits, and medical insurance. The tangible benefits our clients receive once they are approved for SSI and/or SSDI are critical to their recovery; however, we understand it is not the solution to homelessness. We have, therefore, taken a holistic approach to helping end homelessness.

Prince William County, Virginia

DESCRIPTION OF HOMELESS SERVICES

Prince William Area Continuum of Care 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 is operated by non-profit organizations. During the period of the 2012 Count, 72 emergency beds were occupied by single individu-

als, while 81 emergency shelter beds were occupied by members in families. The Winter Shelter, which is open from November 1 through March 31, saw a small decrease in population (three beds) on the night of the Count. There was, however, also a significant increase in the reports of individuals with chronic health problems and physical disabilities, an indication that there are fewer resources for individuals with health problems and no insurance. Additional family beds will soon be available in the SERVE Emergency Services campus in Manassas.

There are seven transitional living programs for families and one Transition in Place program with 191 beds occupied on the night of the Count. There are 24 Permanent Supportive Housing beds for mentally ill individuals who were homeless prior to admission, which are provided by three non-profits in the area.

Seven programs in the Continuum of Care receive partial HUD funding, including the HMIS program which provides data support to all of the above and a supportive services program which provides mental health, case management, and educational liaison services to the programs.

The Cooperative Council of Ministries (CCoM) in partnership with the Prince William County Department of Social Services also operates a year round Drop In Center, serving 50 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 focus of the Prince William Area Continuum of Care Ten Year Plan is to research and develop Centralized Intake. A committee has been formed to reach out to areas that already have this system and to learn from them in order to implement the best possible design for this locale.

Prince William Continuum of Care HMIS users are submitting reports in both the AHAR and the PULSE for the first time. More and more requests for HMIS generated data are being made from state and federal sources without a significant increase in funds for all the data collection and staff needed. Homeless providers participated in a Homeless Task Force



	Beds for Individuals	Beds/Units for Persons in Families	All Year-Round Beds	Winter Beds
Hypothermia/Overflow/Other (Additional Winter Capacity)	47	-	-	47
Emergency Shelter Beds	41	97	138	-
Transitional Housing Beds	-	193	193	-

Committee headed by Delegate Scott Lingamfelter. The focus of the Committee's efforts was the development of SRO's and affordable units for families. Funding for this project is in discussion at the state legislative offices in Richmond.

HOMELESS POINT-IN-TIME RESULTS

The 2012 Count which was conducted in January counted a total of 467 persons in a 24 hour period. This number represents a significant decrease of last year's numbers. The biggest decrease was in fewer families and members in families. However the new definition of homelessness also disallowed counting numbers of families that are at the point of eviction.

Singles: The 2012 PIT Count shows 14 fewer adults were counted as homeless than in 2011. Most of this is attributable to the fact that the Winter Shelter decreased bed space. Some of the decrease (6%) in employment speaks to the smaller number of individuals counted, as well as evidence that the economy has not improved for these adults.

People in Families: The employment percentage of adults in families has changed very little from last year. Again, most of the families were female headed, gen-

erally making less income than male headed or two parent families. Prince William County received HPRP funds as an entitlement jurisdiction with funding administered through

the Department of Social Services. By the end of the year 2012, DSS had distributed \$745,398.58 to 141 households with 427 members.

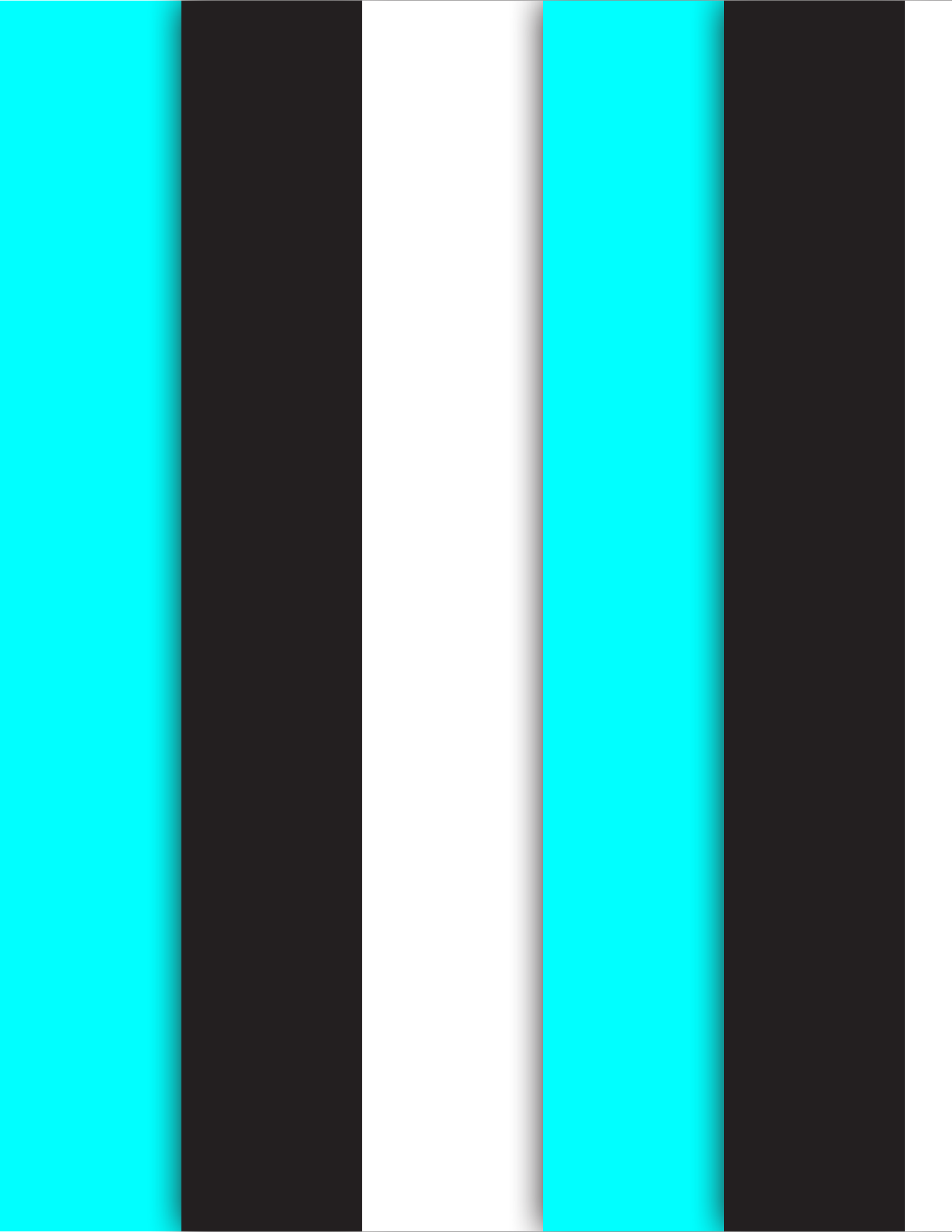
Permanent Supportive Housing units has been increased by a few beds in the past year. However the need remains as intense as it has been in the past. The homeless providers in the Continuum of Care network are working to provide the resources for more permanent supportive housing and affordable housing, which provides the stability most of the families and singles need to move forward. Home purchases through the NSP program and utilizing HOME funds has provided funding for the majority of the permanent supportive housing units.

Category	2012	2011	2010	% Change 2011-2012
Total Number Counted	467	566	508	-17%
Total Number of Singles	161	175	191	-8%
Total Number of Families	88	142	100	-38%
Total Number of Persons in Families	306	500	307	-38%
Total Adults in Families	103	190	116	-45%
Total Children in Families	203	310	201	-34%

Category	Individual Adults	Adults in Families	Children in Families	TOTAL
Chronic Substance Abuser (CSA)	24	2	-	26
Severe Mental Illness (SMI)	17	4	-	21
Dually Diagnosed (CSA & SMI)	15	1	-	16
Chronic Health Problems	33	10	-	43
Living with HIV/AIDS	0	0	-	0
Physical Disability	27	4	-	31
Domestic Violence Victim*	8	5	15	-
Language Minority	-	-	-	-
U.S. Veterans	25	2	-	27

*Represents persons whose current episode of homelessness is attributed to domestic violence.





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HOMELESS IN METROPOLITAN WASHINGTON

Results and Analysis from the 2012
Point-in-Time Count of Homeless
Persons in the Metropolitan
Washington Region

Prepared by the
Metropolitan Washington
Council of Governments
Homeless Services Planning
and Coordinating Committee

May 2012

