HOMELESS ENUMERATION
FOR THE
WASHINGTON METROPOLITAN REGION
2003

Prepared by:

The Homeless Services Planning and Coordinating Committee

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I. Executive Summary

For more than a decade the Metropolitan Washington Council of Governments (COG)[1] has been concerned about the needs and problems associated with the large number of homeless families and individuals in the region. In January 2001 COG's Homeless Services Planning and Coordinating Committee, concerned by the lack of regional data available, undertook the first effort to produce an unduplicated point-in-time count of homeless adults and children in the metropolitan Washington region. The count was repeated in 2002 and now in 2003. This report compares the regional and jurisdictional counts across the three years, pointing out any significant trends in the data.

The Homeless Services Planning and Coordinating Committee ("the Committee") is the successor to COG's Homeless Task Force, which was formed in the late 1980's. The committee is comprised of local government homeless coordinators, nonprofit service providers, shelters, and faith-based organizations working with homeless individuals and families. The committee is chaired by J. Stephen Cleghorn, the Deputy Executive Director of The Community Partnership for the Prevention of Homelessness—the nonprofit organization that manages publicly funded homeless services in the District.

On January 22, 2003, the Committee coordinated a one-day enumeration that found 14,276 homeless people living in the COG region, a figure higher than the 13,982 homeless people enumerated by the 2002 point-in-time survey. The higher count can be attributed almost entirely to an increased homeless count in the District of Columbia, almost all of that an increase among families, and a higher count in Prince William County. Every other jurisdiction showed either about the same or a lower count in 2003 as compared to 2002.

Figure 1

Jurisdiction	**Total Number Counted**			**Percent Change: 1yr & 2yr Trends**	
	2001	**2002**	**2003**	**2002-2003**	**2001-2003**
District of Columbia	7,058*	7,468	7,950	+6.4%	+8.4
Montgomery County	1,089	1,250	1,208	-3.4%	+10.9
Prince George's County	1,218	1,551	1,558	+0.01%	+27.9
Alexandria	543	604	515	-14.7%	-5.2%
Arlington County	419	471	453	-3.8%	+8.1%
Fairfax County/City & Falls Church	1,935	2,067	1,944	-6.0%	+0.01%
Loudoun County	167	242	133	-45.0%	-20.0%
Prince William County	421	329	515	+56.5%	+22.3%
** Includes estimated 1,267 homeless in DC facilities not responding to Jan. 2001 survey*					
Total Number Counted	**12,850**	**13,982**	**14,276**	**2.1%**	**+11.1%**

[1] COG was established by the elected officials from the major cities and counties in the Washington metropolitan area to address regional concerns. The following local governments are members: the District of Columbia, Arlington, Fairfax, Loudoun and Prince William counties and the Cities of Alexandria, Fairfax, Manassas Park and Falls Church in Virginia; Frederick, Montgomery, and Prince George's counties and the Cities of Bowie, College Park, Gaithersburg, Greenbelt, Rockville, and Takoma Park in Maryland.

In addition to the total number of homeless, the Committee also looked at the number of persons who fall into the subpopulations of homeless persons – as defined by special needs and disabilities or by whether they were counted as "individuals" or as "persons in families." The different counting methods used by each jurisdiction do not allow a precise count of subpopulations, but the count is good enough that a picture of the relative size of these subpopulations does emerge from the data.

Homeless subpopulations, in order of magnitude, show men, chronic substance abusers, seriously mentally ill, and the dually diagnosed as the largest subpopulations (See Figure 8). The survey also shows that 31% of the region's homeless population is children and 46.5% of the population is persons in families (See Figures 5 and 6). A high percentage of disabled persons (41% of all persons, 60% of all adults) revealed by this survey are in need of supportive services for mental health care and substance abuse treatment – a clear indicator that the homeless continuum of care needs to be more closely coordinated with the mainstream government agencies and programs providing these essential services.

The 2003 survey asked for the first time that providers identify the "chronically homeless" as being "*any individual or family who has been continuously homeless for over one year and is not presently in transitional or permanent supportive housing."* This information is essential as all jurisdictions are under a national mandate to produce plans to end chronic homelessness.

Reliable data are necessary for elected officials in the region to consider new policy directions for addressing affordable housing and homelessness issues. The Committee intends to insure that local, regional and federal policymakers and the general public will be better informed by the data in this report and thus able to shape policies more effectively. By next year (2004), the Committee will be able to take advantage of emerging computerized databases (HMIS) that can produce both an unduplicated count and deeper information about client characteristics, lengths of stay, and use of programs.

II. History of Homeless Efforts by COG

COG's history of cooperating on regional issues concerning homelessness began with the creation of a Task Force on Homelessness in the late 1980s. The Task Force was established to facilitate regional cooperation among and between the region's continuum of care systems to improve the delivery of and access to services for the region's homeless population. The Task Force and its successor, the Homeless Services Planning and Coordinating Committee, comprise representatives from local government, nonprofits, and faith-based organizations.

In 2000, it became clear to the Task Force leadership that its members had the capability to undertake more responsibility. With two decades of having little factual information on the number, location, and characteristics of homeless individuals and families, the Task Force recognized a need for better regional collaboration on data collection, analysis, and management. To confront this challenge, the Task Force formulated a practical and achievable work plan to track area homeless data at a regional level.

When data are tracked on an annual basis, local, regional and federal policymakers and the public are better informed on issues of homelessness. At the same time, recognizing that

homelessness is deeply rooted in the region, the Task Force realized the need to elevate its status in the COG committee structure to better position the group within the decision-making structure of COG, so that its work could contribute meaningfully to regional strategies to create affordable housing and improve human services and public safety. In January of 2001, the Task Force was reclassified as the Homeless Services Planning and Coordinating Committee. The Appendix provides a list of government and nonprofit entities that have participated in the Homeless Services Planning and Coordinating Committee over the past two years.

III. 2002 Survey Purpose and Methodology

Acting on the need for accurate data on the pervasiveness and distribution of homeless individuals and families in the metropolitan region, the Committee began a project to do the following, both regionally and within each of the eight COG jurisdictions participating in the survey: a) establish the size of the total homeless population and compare that over time; b) count the number of single adults and persons in families, including the number of children; c) count the number of employed and unemployed; d) measure the size of subpopulations as defined by disabilities and special needs; and e) get a sense of what is provided and what is missing (gaps) in meeting the shelter, housing, and service needs of the region's homeless.

To accomplish this, the Committee sponsored one-day enumerations of the region's homeless population that were completed on January 24, 2001, January 24, 2002 and January 22, 2003. Since all participating jurisdictions request McKinney/Vento Continuum of Care funding from HUD and other federal agencies annually, the Committee set an objective to collect data consistent with federal guideline for producing a "gaps analysis" that identifies the total need and the gaps in shelter and services for the federally defined subpopulations of homeless adults and families. In this way, the data from each individual jurisdiction's point-in-time count could be used in preparing the jurisdiction's application for HUD funding.

The 2001 count of 12,850 established a baseline for the 2002, 2003, and any future counts. Although each arrives at the count somewhat differently, for the past three years each jurisdiction has produced an unduplicated count through a community process involving a wide variety of stakeholders and participants, the same ones who contribute to the jurisdiction's gaps analysis for federal funding purposes. Thus, each jurisdiction can vouch for the number it has submitted, and the regional number simply aggregates the data from the region. The methodologies used by each jurisdiction in the 2001 and 2002 enumerations have not changed significantly over time.[2]

In 2003 all jurisdictions used the same survey instrument to report and aggregate their data, even though the data were collected through different means. In addition, for the first time the Committee decided to attempt a count of the "chronic" homeless, defining that term as "*any individual or family who has been continuously homeless for over one year and is not presently in transitional or permanent supportive housing."* It is now federal policy that all Continuum of Care jurisdictions must put forth a 10-year plan to end chronic homelessness, and so it

[2] The 2001 and 2002 reports contain details about methodology for those who are interested.

made sense to attempt collecting a baseline figure on that part of the homeless population. The Committee believes this first effort to enumerate the chronically homeless provides a learning experience for collecting a count of this subpopulation and must not be seen as definitive yet.

In order to prepare for this year's count, as in the past, many agencies from the COG jurisdictions attended a Committee-sponsored training and local training sessions on the survey instrument. Once the surveys were collected, the jurisdictions sent the data to COG, which then aggregated the data and prepared the report.

Until the regional enumeration was undertaken in 2001, it was not possible to aggregate *any* data on homelessness at a regional level with any degree of confidence. The coordinated point-in-time enumerations in the past three years are producing meaningful data on homelessness in the Washington metropolitan region.

Defining Homelessness

All jurisdictions used the HUD definition of homeless for this count: "sleeping in places not meant for human habitation, and sleeping in shelters or transitional or supportive housing for homeless persons who originally came from streets or emergency shelters." This includes persons who ordinarily sleep in one of the listed places, but are spending a short time (30 days or less) in hospitals or other institutions. It also includes persons residing in *permanent* supportive housing that is part of a jurisdiction's Continuum of Care system and serves disabled persons who need ongoing supportive housing in order not to become homeless again. Other persons who may be counted as homeless are those being evicted from a private dwelling within a week and lacking the resources and support networks needed to obtain housing.

This survey yields a number that accounts for all known persons in the homeless "continuum of care" service system, including both the sheltered homeless and the unsheltered homeless who are living on the streets, under bridges, or in makeshift camps.

What the Point-in-Time Survey Does and Does Not Do

This point-in-time enumeration *does* provide a snapshot of the number and distribution of the homeless population and its subpopulations within the metropolitan Washington region. It tells us something about the kinds of programs and services homeless people need, whether there are enough of these or not enough, and the kinds of disabilities and challenges that many homeless people are facing. Within each jurisdiction, it gives an overview of supportive services that are available or lacking, giving local policy makers some guidance on where increases in services are needed.

However, it *does not* provide detailed client-level data that could furnish demographic profiles of homeless people. Some demographic data are collected on each client – such as gender, special needs, adult or child, and disabilities. These data are reported in summary fashion to COG, which lacks the means to analyze data at the client level, or analyze correlations between demographic data, episodes of homelessness, and length of stay. Nor does the survey provide outcome data about how successful the whole system is in moving

people out of homelessness. Some jurisdictions and most programs do collect and report such outcome information, but this point-in-time survey *does not* collect and aggregate such information.

It must also be understood that this survey measures the entire continuum of care, including *permanent* supportive housing, and so it is measuring, in addition to those in the streets or otherwise unsheltered, the size of *a system* of shelter and housing for people who are now homeless, or formerly homeless persons who need ongoing support to maintain stable housing. Figure 2 shows the distribution of emergency, transitional, and permanent beds across all eight homeless systems in the region.

The COG Board should be aware that several jurisdictions are well along in implementing a Homeless Management Information System (HMIS) that will provide the client- and program-level data needed to do a thorough analysis of the population, what services homeless people are using, and what becomes of them after they exit homelessness. Congress has required HUD to collect client level data from every jurisdiction applying for HUD Continuum of Care funds by September 2004. It will be possible by next year for several of the COG jurisdictions to extract detailed information from their HMIS that can answer questions related to client outcomes.

To get deeper information, the Committee believes that moving to an HMIS in each jurisdiction is the answer, and calls upon all local governments to continue supporting the development of an HMIS. New resources and solid governmental support will be needed to carry HMIS development forward. Similarly, developing comparisons between the metropolitan Washington region and other similar regions, or comparisons to national data, would require additional resources that the Committee does not have at its disposal.

IV. Summary of Findings

The Committee believes that the basic information collected in this 2003 count is reliable and has been gathered by a method similar enough to the 2001/2002 counts. The enumeration continues to provide hard data that homelessness is not yet significantly abating in the region and continues to grow in Washington, D.C., especially among families. The Committee concludes that these three surveys have established a solid baseline to which future measures, aided by more precise homeless management information systems, can be compared in order to help assess how the region is reducing homelessness. The data confirm the severe regional affordable housing shortages COG identified in 2002 and which continue to contribute to prevailing homelessness in the Metropolitan area.

Preliminary finding on chronic homelessness: In the past, the COG Board has asked about the extent of chronic homelessness. The question is important because HUD has now made it national policy to eliminate chronic homelessness within 10 years and wants to see a plan from each jurisdiction as to how it plans to do this. By definition a point-in-time survey cannot see chronic homelessness; that can only be seen by looking at lengths of stay and periods of homelessness. However, this year the Committee asked the enumerators to identify persons whom they were continually homeless for more than a year. As is the case

whenever a point-in-time count is done, the percentage of chronic homeless appears higher than it does when homelessness is measured over a year's time. So while the percentage of chronically homeless revealed by this survey was 15% of the total population, it is more useful to look at the raw numbers. The survey counted 1,939 adults as chronic (991 in the District and 948 in the counties) and 218 persons in families (132 adults and children in the District and 86 persons in the counties). These raw numbers are probably too low, but they are still useful in identifying the need for "permanent supportive housing." Permanent supportive housing has been proven as the best means to reduce chronic homelessness for persons who, for the most part, suffer from disabling conditions that present barriers to obtaining housing and remaining stably housed over time.[3]

Preliminary finding on unsheltered homeless: It should *not* be interpreted that the 14,276 persons enumerated by this survey have no roof over their head at night. For the first time this year enumerators were asked to identify which clients were "unsheltered" – that is, persons living outside at the time. Based on that count it appears that of all persons enumerated on January 22, 2003 an estimated 93% were sheltered. The data on unsheltered families are not reliable enough to report, but it is safe to say that the incidence of families "on the street" in all jurisdictions was negligible. On the other hand, the enumerators counted about 1,000 single adults living outside. This does appear to be a more reliable figure of the unsheltered adults, but again a cautionary note is in order whenever a new measure is introduced.

In addition, this report continues to highlight homeless people burdened by the disabilities that are most often associated with chronic homelessness – substance abuse (2,895 persons, 29.4% of all adults), severe mental illness (1,585 persons, 16.1% of all adults) and persons dually diagnosed with mental illness and addiction (1,393 persons, 14.1% of all adults). Not all such persons are chronically homeless, and many are being served quite well by transitional and permanent supportive housing, but most chronically homeless persons are afflicted by such disabilities.[4]

Other significant findings of the 2003 report include the following:

- On January 22, 2003 14,276 homeless people were counted in the third regional enumeration, an increase of 294 persons and 2.1% over the number of 13,982 homeless persons enumerated in 2002 and 11.1% over the 12,850 persons counted in 2001.

- The majority of the homeless population still lives in the District, and the District experienced the largest increase in homelessness between 2002-2003; the percent of the region's homeless living the District is 55.7% in 2003 as compared to 53.4% in 2002 (See

[3] A seminal study in New York City showed that the cost of providing supportive housing for the mentally ill homeless was essentially the same for these persons to remain homeless. See: "The Impact of Supportive Housing for Homeless Persons with Severe Mental Illness on the Utilization of Public Health, Corrections and Emergency Shelter Systems: The New York/New York Initiative" in *Housing Policy Debate*, May 2001.

[4] In an analysis of NSHAPC (national) data by Dr. Martha Burt and Patrick Sharkey of the Urban Institute; where "chronic homeless" was defined as "at least two spells and current spell more than a year and last spell at least a year," 93% of these chronically homeless persons were disabled.

Figure 3). Nevertheless the suburban population of homeless remains up significantly since a study done in 1991 showing just 22% of the regions homeless located in the suburbs.[5]

- The 2003 data show all jurisdictions except the District and Prince William County registering about the same or fewer homeless than they did in 2002. The District's number increased by 482 persons (6.4%) over 2002, almost all of it explained by many more families seeking shelter, and the Prince William figure increased by 186 persons (56.5%) over 2002.

- Northern Virginia jurisdictions showed a 2002-2003 decrease of 4.1% from 3,714 to 3,560 persons. The two Maryland suburbs showed a decrease from 2,801 to 2,766, or 1.3%.

- Children are a significant percentage of homeless persons in the region (4,421 or 31% of the total counted), with the percentage as high as 42% in Loudoun County and no lower than 18% in Arlington County. (See Figure 5 for distribution of 4,421 children across the eight surveyed jurisdictions and Figure 5A for percent children within each jurisdiction.)

- 6,639 of those enumerated were persons in families (adults and their children), representing 46.5% of the total population, and there were 1,977 families counted, which gives an average family size of 3.36 persons. The percent of persons in families ranges from a high of 70.7% in Loudoun County to a low of 29.4% in Arlington County. The increase in family homelessness in the District resulted in a higher percentage (43.5%) of the District population being persons in families. By comparison, the most reliable national figure shows that 34% of homeless service users are persons in families.[6] (Figure 6)

- In 2003, 31.6% (2,793) of homeless adults were reported as employed, based on data reported on 8,841 adults from all participating jurisdictions. (Figure 7)

- Adult men and boys (males) make up 54.7% of homeless persons in the Washington region, while women and girls were 45.3%. These percentages are based on all persons for whom gender was reported. (Figure 4)

- In 2002, 908 (or 9%) of the 10,116 adults were veterans. In 2003, there were 822 veterans (or 8.3%) of the total number of adults. National data show that 23% of homeless adults are veterans, indicating that this point-in-time survey is probably undercounting veterans.[7]

- As a portion of all homeless persons in the 2002 count, 1,413 persons (10.1%) of the homeless were reported as victims of domestic violence. In 2003, there were 1,157 victims of domestic violence, representing 8.1% of the total population.

- The region's inventory of facilities to shelter the homeless has moved far beyond the 1980s focus on "emergency" shelters to provide a multi-faceted continuum of care. Figure 2 below shows the 2003 distribution of emergency, transitional, and permanent beds for individuals and persons in families.[8]

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[5] DC*MADS (Metropolitan Area Drug Study) by the National Instituted on Drug Abuse (NIDA), the report on Homeless and Transient Populations.

[6] The National Survey of Homeless Assistance Providers and Clients (NSHAPC), published by the federal Interagency Council on the Homeless, based on 1996 data.

[7] NSHAPC reported 13% of all American adults are veterans and 23% of all homeless adults are veterans.

[8] This table aggregates inventory figures supplied by all COG jurisdictions and based upon the "Gaps Analysis" chart that is part of the Consolidated Plan and the annual "Continuum of Care" application to HUD

Figure 2

Washington Region Continuum of Care Inventory		
Emergency Shelter Beds	5,161	37%
Transitional Housing Beds	4,868	35%
Permanent Supportive Housing Beds	3,793	28%
TOTALS	**13,822**	100%

V. Conclusions and Recommendations

- *The Need for Better Data, the Promise of HMIS*

The COG Board would like to know how well we are doing, what programs are working, and how many homeless individuals we are graduating. That is a reasonable request, but the answers to such questions cannot be answered by a point-in-time survey presenting a snapshot of the problem. Some jurisdictions do produce an annual tally of outcomes for programs that report to a central entity. The COG Board may want to seek this information from knowledgeable continuum of care leaders within each jurisdiction who are collecting such data from providers' reports. In addition, there are good national resources on "best practices" and "what works," such as the website of the National Alliance to End Homelessness or publications by Dr. Martha Burt of the Urban Institute.[9]

So as the Committee recommended in 2002, the best opportunity for gathering policy-significant data is developing a Homeless Management Information System (HMIS) in every jurisdiction. Montgomery County, Prince George's County and the District of Columbia are currently using an HMIS and HUD policy requires that every continuum of care jurisdiction have an HMIS in place by September 2004.

The northern Virginia jurisdictions are working on selecting an HMIS and are considering the possibility of using the same product, perhaps even the product used by the District and Prince George's County. If that occurs, it would be possible for all but one COG jurisdiction to look seriously at the possibility of sharing aggregate-level data. If all area jurisdictions had the same means of generating a confidential and secure case record number, it would be possible to see how homeless persons are moving about and using services in the region. This would create a "virtual" regional continuum of care across jurisdictional boundaries that could lead to regional strategies to address homelessness.

The Committee is not recommending specifically the sharing of case-level data across all jurisdictions. It is a policy issue needing greater discussion before recommending it as an objective, but it is a possibility worth considering.

HMIS systems benefit homeless people, providers and policy makers. They can tell us not only who the homeless are, but how well our programs are working for them, how much

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for McKinney/Vento Act competitive homeless dollars. COG Board members can find their jurisdiction's information in either of these other public documents.

[9] See www.endhomelessness.org (NAEH) for its "10-Year Plan to End Homelessness" and "Best Practices" section; and see "What Will It Take to End Homelessness?" by Dr. Martha Burt at http://www.urban.org/UploadedPDF/end_homelessness.pdf

they cost, and the extent to which public money leverages private funding. They can track a client through, many programs and insure continuity of care. They can do this while protecting each client's fundamental right to privacy. Most importantly an HMIS allows, and is essential to, "planning for outcomes" – a key component of ending rather than simply continuing to manage homelessness.

> ***Recommendation #1:*** The eight continuum of care jurisdictions within the metropolitan Washington area must move within the next year to full implementation of a homeless management information system (HMIS), to be fully operational no later than September 2004.

- *Ending Chronic Homelessness*

The data in this report reveal many glaring facts, including the high incidence of family homelessness in the region's most affluent counties. Yet perhaps none is more glaring than the fact that over 5,873 persons (41% of all those counted) were recorded as disabled by mental illness, chronic substance abuse, or both disabilities co-occurring. It is among these persons that we are most likely to find the chronically homeless, those persons who are homeless years at a time, or periodically over a number of years.

It is now federal policy to end chronic homelessness within 10 years. All COG jurisdictions must put a practical plan for doing so on the table, starting with last year's submission for HUD competitive funds. The HMIS software will help us see this problem more clearly than ever. We will see how many of our emergency shelter beds and how much other emergency capacity are being used by a relatively few of those who experience homelessness. Ending the homelessness of these "long stayers" in the system will free resources for those whose experience of homelessness is more temporary.

It makes good sense to focus on chronic homelessness – in part because we know well enough what to do to end this problem, but also because we know that it makes economic sense to do so. "Supportive housing" works to get chronically homeless people off the streets and out of shelters, and it reduces the social and economic burdens. A seminal study on mentally ill homeless in New York City showed that chronically homeless persons can be permanently housed and that doing so costs about the same in public dollars as maintaining them in a state of homelessness.[10]

The Committee made "Ending Chronic Homelessness" the theme of its last regional forum, bringing together local government leaders and nonprofits to share their plans for addressing this part of the homeless problem. The Committee will continue this effort by planning a second regional forum in the fall, which will focus on some of the national models that are further along in addressing chronic homelessness. The results of the 2003 enumeration will also be featured.

> ***Recommendation #2:*** COG should call on member jurisdictions to collaborate with continuum of care providers and advocates to produce a

[10] The report is available on the Fannie Mae Foundation website at http://www.fanniemaefoundation.org/programs/pdf/rep_culhane_prepub.pdf

practical plan with achievable objectives, transparent timelines, and assignment of responsibilities that will end chronic homelessness by 2012.

- *Affordable Housing for the Extremely Low Income*

The data from 2001 through 2003 reveal a large population of homeless people that may be increasing but certainly has not been decreasing. The Committee concludes from these

data that a vigorous regional effort will be needed to provide new means for people to exit homelessness, and that affordable housing will be at the heart of that effort. This means more than just the housing needed for the chronically homeless, as important as that is. Nearly one-third of all homeless adults are employed, 31% are children, and most homeless are not disabled – for these persons affordable housing is the best means to exit homelessness or not becoming homeless in the first place.

Shortages in affordable housing are especially severe for those who earn less than 30% of the Area Median Income (AMI), i.e., the "extremely low income." A 1998 analysis of the Washington, D.C., metro area found that there were only 39 housing units both affordable and available to extremely low-income renters, and this figure did not take into account the homeless population.[11] With very few exceptions the homeless population falls into the extremely low-income category. According to the latest national data, single homeless adults have a mean income of $348, or 51% of the 1996 federal poverty level, and homeless families have a mean income of $475, or only 46% of the 1996 federal poverty level for a family of three.[12]

The COG Board has recognized the need for more affordable housing across the region, including housing for people with special needs and the homeless.[13] However, the Committee believes that an affordable housing strategy for the region must include households whose incomes are at less than 30% of AMI. In fact, we must be developing some units for households at less than 20% and less than 10% of AMI in order to seriously reduce homelessness.

The Metropolitan Washington Council of Governments has already taken a step in crafting a regional housing policy with the publication in December 2001 of "Finding a Way Home: Building Communities with Affordable Housing." This was a yearlong study of affordable housing issues across the region, which included strategies for solving specific problems. This regional policy document recognized the link between homelessness and the lack of affordable housing across the region (Goal 8) and supported creating additional housing and facilities dedicated to the homeless. The Committee plans to support wholeheartedly these policy recommendations. This can be accomplished by working with other committees under the COG umbrella whose officials directly control the distribution of federally supported units and who are seeking additional funding to create more units. To be a voice that insures that the homeless link to affordable housing is not overlooked.

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[11] "Worst Case Rental Housing Needs in the Washington, DC MSA" by Kathryn P. Nelson of the U.S. Department of Housing and Urban Development, available at http://170.97.67.13/library/bookshelf18/pressrel/wcn47/dc.html

[12] "National Survey of Homeless Assistance Providers and Clients," Interagency Council on the Homeless."

[13] "Finding A Way Home: Building Communities with Affordable Housing," MWCOG, December 2001.

Recommendation #3: Using data from this survey and additional data generated by establishing homeless tracking systems throughout the region, the Metropolitan Washington Council of Governments and its member jurisdictions should modify and update regional housing policy to include, quantify, and provide for rental units for the extremely low income. These units should include permanent supportive housing for disabled adults, which can be done by providing SRO (single resident occupancy) units closely tied to public mainstream services delivered by social and medical safety net systems.

Appendix

Members of the Homeless Services Planning and Coordinating Committee
2000-2003

Government

City of Alexandria, Virginia
City of Rockville, Maryland
Department of Family Services, Fairfax County, Virginia
Department of Health and Human Services, Montgomery County, Maryland
Department of Housing and Community Development, Prince George's County, Maryland
Department of Housing and Human Services, Falls Church, Virginia
Department of Housing Services, Loudoun County, Virginia
Department of Human Services, Arlington County, Virginia
Department of Human Services, City of Alexandria, Virginia
Department of Social Services, Prince George's County, Maryland
Department of Social Services, Prince William County, Virginia
Department of Systems Management for Human Services, Fairfax County, Virginia
District of Columbia Child and Family Services
District of Columbia Department of Human Services, Family Services Administration
U.S. Department of Housing and Urban Development, D.C. Field Office

Nonprofits

Carpenter's Shelter, Alexandria, Virginia
Community Partnership for the Prevention of Homelessness, Washington, D.C.
Metropolitan Washington Council of Governments
Northern Virginia Coalition for the Homeless