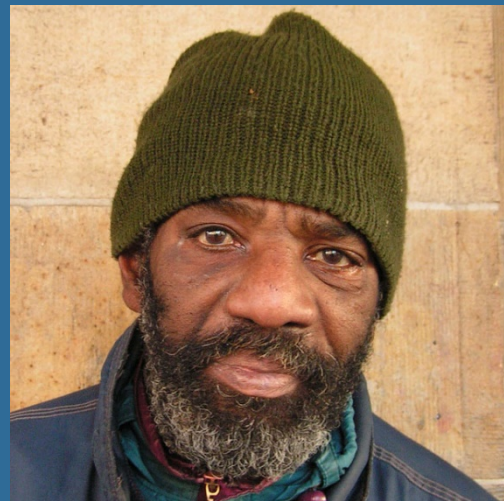


HOMELESSNESS IN METROPOLITAN WASHINGTON

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

May 2022



Metropolitan Washington
Council of Governments

HOMELESSNESS IN METROPOLITAN WASHINGTON

Prepared by the Homeless Services Planning and Coordinating Committee

Adopted May 11, 2022

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EXECUTIVE SUMMARY

For the 22nd consecutive year, the Metropolitan Washington Council of Governments (COG) Homeless Services Planning and Coordinating Committee has conducted a regional Point-in-Time (PIT) enumeration of the area's residents experiencing homelessness.

This year's enumeration and survey occurred on January 26, 2022. The report provides a one-night "snapshot" of the region's residents experiencing homelessness within nine metropolitan Washington area jurisdictions. It is important to note that this "snapshot," by definition, provides only one perspective on the state of homelessness in the region on only one night, and the count may be influenced by numerous variables, such as weather and shelter bed availability by jurisdiction.

Impact of COVID-19

This is the second year that the region's Continua of Care (CoCs)¹ conducted the enumeration during the COVID-19 pandemic. Precautions for the 2022 enumeration mirrored the protocols used during the 2021 count, following guidance from the Centers for Disease Control and local health departments. Proceeding with the full sheltered and unsheltered count is just one example of the CoCs' ongoing efforts to holistically assess how the pandemic has impacted residents experiencing homelessness.

As in past years, the majority of the PIT count was enumerated electronically using the Homeless Management Information System (HIMIS), as 87 percent of people experiencing homelessness were sheltered on January 26, 2022.

For the unsheltered portion of the count, modifications to counting procedures included precautions such as the use of personal protective equipment, both for survey interviewers as well as for persons experiencing homelessness, health screenings for surveyors, and maintaining proper distancing. In some jurisdictions, the use of volunteers was reduced only to those with prior experience or eliminated completely, instead relying on trained outreach workers and other service providers to engage persons who were outside on the night of the PIT.

However, this report will not describe the myriad ways in which the region's homeless services system has had to respond to ensure that people experiencing a housing crisis were able to remain safe during the past year. The experience of the second year of the pandemic has again dramatically highlighted that foundational understanding that **housing is health care**.

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

Findings, Highlights, and Trends from the 2022 Enumeration

LITERAL HOMELESSNESS COUNT

- The 2022 PIT enumeration resulted in a total count of **7,605 individuals experiencing homelessness**. **This is the lowest number of persons counted experiencing homelessness since the region began coordinating in 2001, and the fourth consecutive year in a row that the literally homeless total has been below 10,000 persons.**
- The region's number of persons experiencing homelessness **decreased by 704 persons from 2021, an eight percent decrease from the 2021 enumeration.**

This is a slightly smaller decrease from the 1,454 fewer persons counted regionally from 2020 to 2021 in last year's enumeration. Four of nine jurisdictions recorded decreases in the number of persons experiencing homelessness in 2022 from the 2021 count.

SHORT-TERM CHANGES, 2021 TO 2022

- The District of Columbia, for the third year in a row, had the greatest reduction in the number of persons experiencing homelessness from 2021 to 2022 (701 fewer persons), followed by Prince William County² (41 fewer persons).

LONGER TERM CHANGES, 2018 TO 2022

- **Seven of nine participating CoCs experienced a decline in the number of people experiencing homelessness between the 2018 and 2022 enumerations for the second year in a row.**
- During the period from 2018 to 2022, the District of Columbia experienced the greatest reduction in persons experiencing homelessness, counting 2,494 fewer individuals. The District of Columbia also had the largest proportion of the region's residents experiencing homelessness (58 percent). Montgomery County had the second largest reduction between 2018 to 2022, with 259 fewer persons experiencing homelessness counted, followed by Prince William County (133 fewer persons).
- The City of Alexandria reported the highest percentage reduction in its literally homeless count from 2018 to 2022 (47 percent).

VETERANS EXPERIENCING HOMELESSNESS

The region's count of veterans experiencing homelessness decreased slightly from 2021; there were four fewer veterans on the night of the count from the previous year's enumeration.

² Prince William County's enumeration includes the Cities of Manassas and Manassas Park.

- In 2022, the total number of veterans counted on the night of the PIT was 292.
- **The total number of veterans experiencing homelessness counted in 2022 is the lowest ever recorded in the region** and represents 192 fewer veterans counted since 2018, or a 40 percent decrease; seven of nine jurisdictions counted fewer veterans in 2022 than in 2021.
- The District of Columbia recorded the greatest reduction in the number of veterans between 2018 and 2022 (98 fewer veterans counted), followed by Prince George’s County (21 fewer veterans), and Prince William County (13 fewer veterans).
- **All nine CoCs reduced the incidence of veteran homelessness since 2018, for a regional reduction of 40 percent.**

CHRONIC HOMELESSNESS

The number of persons experiencing chronic homelessness reversed the slight increase counted in the 2021 PIT during the 2022 enumeration, noting a decline of 17 percent in one year. Further, the region recorded a decrease of 16 percent between 2018 to 2022.

- Four of the nine participating jurisdictions experienced decreases in their counts of people experiencing chronic homelessness since 2018, and six CoCs recorded a decrease between the PIT counts of 2021 and 2022.
- The District of Columbia had the greatest reduction in the region in the number counted from 2018 to 2022 (329 fewer persons counted in 2022), followed by Montgomery County and the City of Alexandria, (84 and 39 fewer chronically homeless persons respectively).
- Two jurisdictions had the same greatest regional percentage reduction (68 percent) of single adults experiencing chronic homelessness since 2018: Montgomery County and the City of Alexandria.

PERMANENTLY HOUSED

The number of individuals who are in permanent housing and no longer experiencing homelessness was more than three times the number of people counted as literally homeless on the night of the annual enumeration. The region has increased the total number of persons who are permanently housed and no longer experiencing homelessness by 10 percent since 2018.

In addition, in 2022:

- 8,879 individuals were rapidly re-housed;
- 11,371 persons were served in permanent supportive housing; and
- 4,210 persons were served in other permanent housing.

This brings the regional total of persons previously experiencing homelessness in 2022 to 24,031 additional people housed than at this time last year. The significant number of people placed in permanent housing has constrained the incidence of homelessness in the region and helped prevent it from growing unchecked.

CONCLUSION

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

The 2022 report continues to highlight the fundamental nature of housing to protect human lives with several key, recurring themes:

1. The significant increase in the number of people formerly experiencing homelessness who have accessed permanent housing with the assistance of CoC housing interventions;
2. The positive impact of shelter diversion and homeless prevention programs; and
3. The critical need to increase the supply of housing affordable and appropriate supportive services to the lowest-income households.

Dedication to addressing the region's homelessness issues, particularly during the enormous challenges posed by the ongoing public health emergency, has resulted in steady, measurable progress in providing shelter and wrap-around services to individuals and families experiencing homelessness. The region should celebrate the achievements, dedication, and coordinated efforts of their communities to prevent people from entering the homeless system, to improve service delivery, and to increase permanent housing solutions. Reductions in homelessness reflect focused efforts to ensure that the experience of homelessness is *brief, rare, and one-time only*.

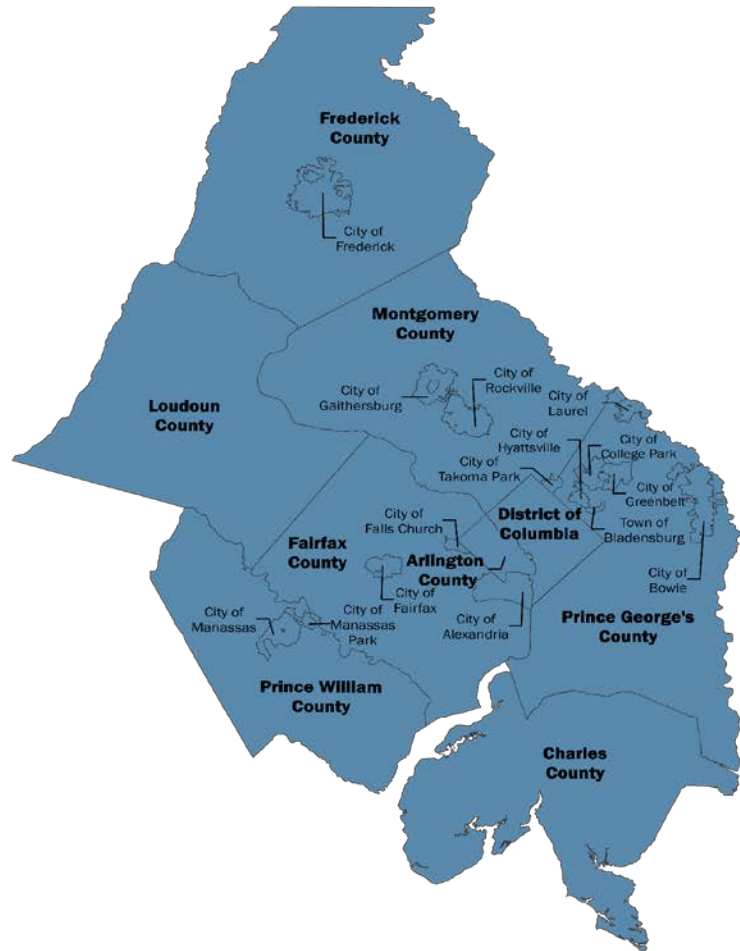
However, there remain significant challenges highlighted in this year's PIT efforts. The challenges laid bare by the global pandemic caused by COVID-19 have highlighted the lifesaving protections that housing provides.

The successes reflected in the numbers in the report demonstrate that effective strategies are in place, but a sustained commitment to creating and adequately funding viable housing solutions for the lowest-income individuals and families, continuously improving data tracking and interpretation, and providing service pathways to ensure housing is sustained are among the most critical components to making further significant reductions in the annual PIT count.³

³ The map on the following page represents those jurisdictions which are members of COG. However, Charles County is not included in this Point-in-Time report. Unlike the other jurisdictions, Charles County provides its homelessness data to the Baltimore HUD Field Office.

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

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



INTRODUCTION

The 2022 Point-in-Time (PIT) enumeration provides information on the number of unsheltered persons in the region as well as figures on how many persons use winter shelters, year-round emergency shelters, safe havens, transitional housing, and several permanent housing solutions. The PIT count also provides information on the extent to which persons experiencing homelessness in each jurisdiction live with disabling conditions or whose special needs are represented among various subpopulations. There is no “one size fits all” housing solution, and the region’s Continuum of Care (CoC), a public-private partnership designed to coordinate a response to a person’s housing crisis, respond with different housing types and services to meet residents’ unique needs.

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

The participating jurisdictions include:

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

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

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

Similar to past enumerations, the 2022 count *does not* include people who “double up” with relatives or friends, in accordance with HUD guidelines. HUD’s requirements for conducting the annual PIT count can be found in its Standard and Methods for Point-in-Time Counts of Homeless Persons and the annual Housing Inventory Count updates at www.hudexchange.info.

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

These concerns have been exacerbated since COVID-19 began affecting the region in March 2020. All jurisdictions in the metropolitan Washington region are providing assistance to renters and landlords with affordable units, but many fear that it may not be enough to prevent someone from experiencing homelessness once the public health emergency declaration is lifted.

While not yet defined as experiencing homelessness, many households are believed to be doubled up and/or living in overcrowded situations. Homelessness is often the next step for such households once the family members or friends who have been sheltering them can or will no longer do so. A surge from another highly infectious variant of COVID-19 may present further challenges to the region's CoCs, which are already dealing with significant demands due to the public health crisis. However, the significant influx of federal resources for housing and homelessness assistance since the pandemic declaration began has provided a unique opportunity for the region's CoCs to collaborate and double down on efforts to ensure that the experience of homelessness is *rare, brief, and one-time only*.⁴

How We Define Homelessness

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

Literal Homelessness, which may also be referred to as "experiencing homeless" in this report, includes the status of people in Households without Children, Households with Adults and Children, and Households with Only Children, who may be **sheltered or unsheltered**.

Formerly Experiencing Homelessness in this report refers to the status of having moved into permanent supportive housing, rapid rehousing, or other permanent housing immediately after an experience of homelessness. This does not include persons who are able to secure other permanent housing outside of the homeless system, including a non-subsidized apartment or room, moving in with a relative or friend, or receiving a mainstream rental subsidy.

Data for the 2022 enumeration were collected in the following three categories, as defined by HUD:

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

⁴ <https://www.washingtonpost.com/us-policy/2021/04/08/homeless-hud-marcia-fudge/> Accessed on April 16, 2021.

refer to households with adults and children as “families” or “families experiencing homelessness.”

3. **Households with ONLY Children.** Households with ONLY children contain no adults aged 18 or over, only persons under age 18, including teenage parents under 18 with at least one child, or other households with only persons under age 18.

Why We Conduct This Count

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

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

Point-in-Time counts are valuable for gathering trend data, establishing the scope of homelessness, and are necessary and essential to policymakers and community members alike in tracking progress toward the goal of ending homelessness. At the federal level, HUD uses PIT count data to inform Congress about the number of people experiencing homelessness nationwide and the effectiveness of HUD’s programs and policies in achieving its goals.⁵

At the local level, PIT counts can assist CoCs to identify any service gaps and appropriately size its system to meet the current needs of its residents, measure progress towards ending the experience of homelessness, identify individuals who may not be known to the homeless services system, and raise awareness that may attract additional resources to help solve a community’s housing challenges.⁶

It is important to note, however, that the PIT count provides a limited and imperfect perspective on the challenges, successes, and progress made in ending homelessness. It does not provide a complete picture of the dimensions of homelessness, or the scale of people served during a week, month, or year. It is not unusual for a jurisdiction to serve as many as four or five times the number of people during a year as are counted during one night of the PIT enumeration. For example, in

Point-in-Time counts are valuable for gathering trend data, establishing the dimensions of the problem...and are essential to policymakers and community members alike.

It is important to note, however, that the Point-in-Time count provides a limited and imperfect perspective on the challenges, successes, and progress made in ending homelessness.

⁵ <https://endhomelessness.org/resource/what-is-a-point-in-time-count/>

⁶ Ibid.

2020, Montgomery County counted 670 people who were experiencing literal homelessness as of the night of the annual enumeration. During the year, the county served over 4,000 people.

Further, many variables—bed availability, weather, surveying methodology, the willingness of people to be interviewed, and the availability of trained outreach workers—can impact the number of people counted on any given night. The 2022 enumeration faced additional challenges due to the pandemic, particularly for the unsheltered portion of the count.

To round out the limited perspective that PIT data provides, the region's CoCs use other data sources to measure the extent of the number of people experiencing homelessness and determine the best responses. These include having a quality by-name list, which provides live, up-to-date information on exactly who is experiencing homelessness; Longitudinal System Analysis reports, which provides information about how people experiencing homelessness use their homelessness response systems, and System Performance Measures,⁷ which HUD requires of communities to measure their performance as a coordinated system of homeless assistance as opposed to programs and funding sources that operate independently.

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



Volunteers prepare supplies for surveyors to provide to people experiencing unsheltered homelessness during the night of the Point-in-Time count on January 26, 2022 in the District of Columbia. (Pathways to Housing DC)

⁷ <https://www.hudexchange.info/programs/coc/system-performance-measures/#guidance>

HOW MANY LOCAL RESIDENTS ARE EXPERIENCING HOMELESSNESS?

On January 26, 2022, 7,605 people throughout the metropolitan Washington region indicated that they were experiencing homelessness, a reduction since 2021 and the lowest number ever recorded since 2001. Table 1 illustrates the region’s 2022 enumeration across jurisdictions compared to last year.

Four of nine CoCs recorded a decrease in the number of people experiencing literal homelessness counted from the previous year’s enumeration. Overall, the region recorded an eight percent decrease from the 2021 to the 2022 enumerations.

TABLE 1: People Experiencing Literal Homelessness by Jurisdiction, 2021 - 2022

Jurisdiction	2021	2022	Change in Number of Persons 2021-2022	Percent Change 2021 - 2022
City of Alexandria, VA	106	120	14	13%
Arlington County, VA	171	182	11	6%
District of Columbia	5,111	4,410	-701	-14%
Fairfax County, VA	1,222	1,191	-31	-3%
Frederick County, MD	223	210	-13	-6%
Loudoun County, VA	80	99	19	24%
Montgomery County, MD	577	581	4	1%
Prince George's County, MD	537	571	34	6%
Prince William County, VA	282	241	-41	-15%
TOTAL	8,309	7,605	-704	-8%

Source: COG 2022

For the longer period of 2018 to 2022, seven of nine CoCs recorded decreases in the number of persons counted experiencing homelessness. This is shown in Table 2 on the following page, which illustrates the numerical and percentage change in the number of residents in the region experiencing homelessness.

How Has the Number of People Experiencing Homelessness Changed?

Four of nine CoCs experienced a decrease in the number of individuals counted from the 2021 to 2022 enumerations, but a larger number of seven CoCs experienced decreases in the number of people experiencing homelessness between 2018 and 2022. The City of Alexandria had the largest percentage decrease since 2018 (47 percent), followed by the District of Columbia (37 percent) and Prince William County (36 percent). The region reduced the number of persons counted by 2,918 or 28 percent between 2018 and 2022. This represents a slightly reduced rate of reduction from the 25 percent fewer people counted during the period of 2017 to 2021.

The District of Columbia, Montgomery County, and Prince William County experienced the largest decreases in the total number of people experiencing homelessness during the 2018 to 2022 period. The District of Columbia counted 2,494 fewer individuals in 2022 than in 2018 followed by Montgomery County (259 fewer individuals) and Prince William County (133 fewer individuals).

TABLE 2: People Experiencing Literal Homelessness by Jurisdiction, 2018-2022							
	2018	2019	2020	2021	2022	Change in Number of Persons 2018 - 2022	Percent Change 2018 - 2022
City of Alexandria	226	198	207	106	120	-106	-47%
Arlington County	221	215	199	171	182	-39	-18%
District of Columbia	6,904	6,521	6,380	5,111	4,410	-2,494	-36%
Fairfax County	987	1,034	1,041	1,222	1,191	204	21%
Frederick County	316	286	308	223	210	-106	-34%
Loudoun County	134	169	179	80	99	-35	-26%
Montgomery County	840	647	670	577	581	-259	-31%
Prince George's County	478	447	453	537	571	93	19%
Prince William County	374	277	326	282	241	-133	-36%
TOTAL	10,480	9,794	9,763	8,309	7,605	-2,875	-27%

Source: COG 2022

The District of Columbia attributes the decrease in persons experiencing homelessness primarily to the reduction in the number of families experiencing homelessness. While family homelessness has declined for the past six years in the District of Columbia, the number of unaccompanied adults saw a significant reduction in 2022 as well, as fewer individuals entering the CoC for the first time. During the first quarter of 2021, the District completed its strategy to replace the DC General Family Shelter, with smaller, community-based facilities citywide, known as Short-Term Family Housing (STFH). Reducing length of stay through improved services at these sites, in addition to reducing people entering the homeless response system via prevention and accelerating outflow with rapid re-housing and permanent supportive housing has helped the District achieve a significant reduction of families in emergency shelter over the past six years. For single adults, reductions are likely caused in part by limited inflow into the system stemming from measures like the eviction moratoria, as well as ongoing prevention and diversion programs and work to assist people in accessing housing that predate the pandemic.

During the first quarter of 2021, the District of Columbia completed its strategy to replace the DC General Family Shelter, with smaller, community-based facilities citywide, known as Short-Term Family Housing (STFH). Reducing length of stay through improved services at these sites, in addition to reducing inflow via prevention and accelerating outflow with rapid re-housing and permanent supportive housing has helped the District of Columbia achieve a significant reduction of families in emergency shelter over the past six years. In 2021, the average length of time that a family stayed in emergency shelter and/or transitional housing was 168 days – down from 269 days in 2016 when the CoC began implementing its strategic plan.

The District of Columbia is also continuing its work to make improvements to the system for unaccompanied individuals. With an eye toward moving unaccompanied men and women more quickly into housing, the District's Interagency Council on Homelessness (ICH), Department of

Human Services (DHS), and The Community Partnership for the Prevention of Homelessness (TCP) launched a pilot program in 2021 called Bridge Housing. Bridge Housing expedites this transition to housing for people who have been matched to a permanent housing resource but have not yet leased up. Bridge Housing offers participants apartment-style living space, in lieu of congregate shelter or staying outside, while they work with program staff to finalize their move to their own housing. DHS and TCP work with both shelter and outreach providers to identify Bridge Housing participants and the model is currently operating at two locations. Future enhancements, anticipated for 2022 and beyond, include the complete redevelopment of an existing shelter and planned redevelopments of three others.

For single adults, while reductions are likely caused in part by limited inflow into the system stemming from measures like the eviction moratoria, prevention and diversion programs that predate the pandemic and the ongoing work to house individuals were factors as well.

The strategic importance of a strong focus on shelter diversion and prevention, with additional resources to aid persons facing a housing crisis was cited by other CoCs as another factor that contributed to the reduction in the number of persons counted as experiencing literal homelessness in 2022. Federal and local eviction moratoriums successfully prevented many residents who were facing housing instability from losing their homes and entering the homelessness response system. Coupled with emergency rental and utility assistance, as well as the expanded federal child tax credit, these strong tenant protections have reduced entries into homeless services and then, primarily through rapid re-housing, quickly assisted people back into permanent housing.

Montgomery County attributes the decrease in the number of persons experiencing homelessness counted in 2022 to significant reductions in all populations. In the last five years, there has been a 36 percent decrease in the number of people in families, 28 percent decrease in adult only households, 34 percent decrease in the number of unaccompanied youths, and a 48 percent decrease in unsheltered homelessness. In 2018, Montgomery County implemented a centralized shelter intake and homeless diversion program for families resulting in more than two-thirds of families resolving their housing crisis without needed to enter the homeless continuum. Building upon the success of this approach, Montgomery County implemented a similar shelter diversion program for adult-only households and unaccompanied youth in late 2020 reducing the inflow into homelessness by approximately 20 percent. Using a locally developed Homeless Prevention Index, targeted outreach and prioritization of applicants who lived in designated “high need” census tracts ensured resources went to households at greatest risk of homelessness. The index tool combines data on social determinants, COVID impact (positive cases and job loss) and housing stress (rates of low-income renters and overcrowding) to determine which census tracts are “high need.”

Montgomery County also attributes success reducing its literally homeless count during the past five years to increasing outflow, or the number of households exiting to permanent housing. The influx of new local, state, and federal funding allowed Montgomery County to take proven housing interventions including expanding the eviction prevention program, permanent supportive housing, and rapid rehousing to scale. The county also created new, innovative housing programs based on the changing nature of the population experiencing homelessness. Data analysis showed that the profile of a single adult shifted from an older, more vulnerable population to younger people who were previously employed and became homeless for the first time as a direct or indirect result of the COVID pandemic. Two new programs were created to address the changing demographics and quickly connect people to housing and financial resources. The first provided a six-month housing subsidy with no or very minimal case management and the second provided a one-time direct cash

benefit of \$5,000. Between 2020 and 2021, Montgomery County doubled the amount of adult only households who exited to permanent housing in the previous two years because of the new programs. If not for the new programs, many of the individuals entering homelessness for the first time would not have been prioritized for permanent supportive housing or rapid rehousing resulting in a longer length of time homeless or exit to temporary destinations with an eventual return to homelessness.

Prince William County likewise attributes its decline in homelessness in 2022 to several factors, including increased funding for prevention services as well as the tenant protections afforded by the eviction moratorium. Local providers received targeted funding to serve persons at risk of losing their housing without having to meet current homeless eligibility criteria. This was a critical difference from prior years because most current programs require persons to meet the definition of literal homelessness to receive services. Therefore, households at-risk of homelessness or that are precariously housed and/or “doubled-up” do not typically qualify for housing assistance. Another factor contributing to the decrease was the temporary reduction of emergency shelter beds. One of the year-round shelters was closed for repairs on the night of the PIT count and other shelters in Prince William County are still operating at a reduced capacity due to COVID restrictions.

The lack of deeply affordable housing in the region constrains local jurisdictions’ ability to make dramatic progress in providing more permanent housing solutions, as people enter the homeless services system every day.

Overall, the literally homeless count decreased by 15 percent in Prince William County from 2021 to 2022. Counts of persons served decreased across the board except for transitional housing, which increased by 12.5 percent. This increase only represents three persons and therefore is not attributed to any significant program changes. Unsheltered homelessness decreased by 36 percent from 2021 to 2022, which is attributed in part to increased outreach staffing, better connection to services, and expedited referrals to housing resources. Further, the number of persons in households with children decreased by seven percent from the PIT count of 2021 to 2022 and the household count decreased by 20 percent. Since 2018, Prince William County has recorded a 41 percent reduction in family homelessness.

A combination of factors account for some other jurisdictions’ consistent declines in homelessness. Significant challenges remain, however. Increases in the region’s already-high rents make it very difficult for extremely low-income households to find or maintain housing that they can afford. A shortage of living wage jobs compounds the difficulty in finding and maintaining affordable housing, particularly given the economic impacts caused by the COVID-19 pandemic. Further, efforts to prevent and end the experience of homelessness cannot exclude a simultaneous examination of systemic racism as a root cause. Segregation and discrimination in housing, incarceration, over-policing in communities of color, and a lack of access to quality health care all compound inequities that result in the disparities seen in metropolitan Washington’s systems of care.⁸

At the federal level, the region’s CoCs celebrate the additional COVID-19 stimulus funding to support people who are at risk of or are already experiencing homelessness. While critical during the public health emergency, the federal funds cannot quickly solve the persistent, long-term challenge of finding permanent housing options easily. The lack of deeply affordable housing in the metropolitan

⁸ National Alliance to End Homelessness, “Homelessness and Racial Disparities”, Accessed at <https://endhomelessness.org/homelessness-in-america/what-causes-homelessness/inequality/>

Washington region constrains local jurisdictions' ability to make dramatic progress in providing more permanent housing solutions.



U.S. Department of Housing and Urban Development Secretary Marcia L. Fudge addresses volunteers and outreach workers on the night of the 2022 PIT count in the District of Columbia. (Pathways to Housing DC)

REGIONAL HOMELESSNESS BY TOTAL POPULATION

The prevalence of homelessness can also be understood by determining the number of persons experiencing homelessness counted in the metropolitan Washington region as a percentage of its total population. Including the District of Columbia, there was a 0.14 percent incidence of homelessness in the region. This figure is reduced from 0.18 in 2021. Excluding the District, the incidence of homelessness is 0.07 percent for the region’s suburban population, which remains unchanged since 2016.

In prior years’ reports, we have compared the region’s rate to HUD’s national CoC Point-in-Time data. However, the 2021 data are only available for persons experiencing homelessness in shelters, because HUD waived the requirement to conduct an unsheltered count due to the COVID-19 pandemic.⁹ In February 2022, the U.S. Interagency Council on Homelessness reported that 40 percent of communities—including the places with the highest levels of homelessness and almost the entire state of California—did not conduct a full unsheltered count.¹⁰

TABLE 3: 2022 Share of Population That Is Experiencing Homelessness

Jurisdiction	2021 Total Population*	2022 Homelessness Count	Homeless as Percent of Total Population	Homeless Persons per 1,000 People
City of Alexandria	154,706	120	0.08%	0.8
Arlington County	232,965	182	0.08%	0.8
District of Columbia	670,050	4,410	0.66%	6.6
Fairfax County ¹	1,178,489	1,191	0.10%	1.0
Frederick County	279,835	210	0.08%	0.8
Loudoun County	427,592	99	0.02%	0.2
Montgomery County	1,054,827	581	0.06%	0.6
Prince George's County	955,306	571	0.06%	0.6
Prince William County ²	544,182	241	0.04%	0.4
Region with D.C.	5,497,952	7,605	0.14%	1.4
Region without D.C.	4,827,902	3,195	0.07%	0.7

*Source: Annual Estimates of the Resident Population for Cities, Counties, and the District of Columbia in the COG Region: April 1, 2020 to July 1, 2021. (CO-EST2021-POP-24) U.S. Census Bureau, Population Division, May 4, 2021. Release Date March 2022

¹ Includes the Cities of Fairfax and Falls Church
² Includes the Cities of Manassas and Manassas Park

As noted previously, all nine CoCs in the metropolitan Washington region conducted a full sheltered and unsheltered PIT count in 2022. As of 2020, (the most recent figures available) HUD stated that there were 580,466 people experiencing homelessness in the country. This rate is 0.17 percent of

⁹ https://www.hud.gov/press/press_releases_media_advisories/HUD_No_22_022#:~:text=WASHINGTON%20The%20U.S.%20Department%20of,%20eight%20percent%2C%20from%202020. Accessed on April 10, 2022.

¹⁰ U.S. Interagency Council on Homelessness, “Findings – and Limitations – of the 2021 Point in Time Count” Accessed at <https://www.usich.gov/news/findingsand-limitationsof-the-2021-point-in-time-count>

the total US population (332,403,650 as of January 2022¹¹). The incidence of homelessness per 1,000 persons is lower in our region than the national average though: approximately 1.8 persons per 1,000 Americans were experiencing homelessness on the night of the count in 2020 compared to 1.4 persons per 1,000 in the metropolitan Washington region in 2022.

The results described above are shown in Table 3 (see previous page). The District of Columbia has the largest local incidence of homelessness within the population. Of every 1,000 people in the District, 6.6 are experiencing homeless, a decrease from last year when it was 7.2 people.

Household Composition

Table 4 compares enumeration survey responses from the three main categories of households from 2018 to 2022. Regional family homelessness (the number of persons in families) decreased two percent from 2021 to 2022. This continues the positive trend noted during the previous five years but represents a slower rate of change than was recorded between 2020 and 2021. The region noted a 37 percent reduction from 2020 to 2021 and a seven percent reduction from 2019 to 2020.

The longer-term trend from 2018 to 2022 represents an impressive 50 percent reduction in persons in families experiencing homelessness. This continued decline in families experiencing homelessness during the past four years exceeds changes observed at the national level, where family homelessness declined by 12 percent between 2016 and 2020.¹² Family homelessness declined by only 95 total persons in the U.S. between 2019 and 2020, remaining essentially unchanged prior to the start of the pandemic. The slight downward trend in single adults

TABLE 4: Household Composition					
		Total Persons in Households without Children	Total Persons in Households with Adults and Children	Total Persons in Households with ONLY Minor Children* (Unaccompanied Minors)	Regional Total
COG REGION	2022	5,273	2,322	10	7,605
	2021	5,917	2,376	16	8,309
	2020	5,990	3,760	15	9,765
	2019	5,735	4,044	15	9,794
	2018	5,798	4,667	9	10,474
2018 - 2022 Percent Change		-9%	-50%	1	-27%

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

Source: COG 2022

¹¹ <https://www.census.gov/popclock/>

¹² <https://www.hudexchange.info/resource/6291/2020-ahar-part-1-pit-estimates-of-homelessness-in-the-us/>

experiencing homelessness in metropolitan Washington continued, with a decrease of 11 percent between 2022 and 2021 and nine percent since 2018

Family Households

Families represent 30 percent of all persons experiencing homelessness in the metropolitan Washington region. Tables 5 and 6 (below and following page) illustrate the 2022 survey responses from the region’s families without a permanent home. As of January 26, 2022, a total of 761 family households were counted as experiencing homeless, a slightly higher number (ten families) than were counted in 2021, although the total number of persons in families declined. This year marks the fifth in a row of recorded declines in families experiencing homelessness.

In 2022, three of nine CoCs reduced the number of persons in families on the night of the enumeration from the previous year. The District of Columbia had the greatest reduction in the number of persons in families from the 2021 PIT count, with 231 fewer family members counted.

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

TABLE 5: 2022 Persons In Families Experiencing Homelessness by Jurisdiction				
Jurisdiction	Number of Families	Adults in Families	Children in Families	Total Persons in Families
City of Alexandria	17	20	27	47
Arlington County	19	21	29	50
District of Columbia	344	413	591	1,004
Fairfax County	169	232	332	564
Frederick County	20	23	34	57
Loudoun County	9	11	22	33
Montgomery County	56	70	103	173
Prince George's County	103	118	180	298
Prince William County	24	30	66	96
ALL COG COCs	761	938	1,384	2,322

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

Reductions in the one-year rate of family homelessness were greatest in the District of Columbia and Prince William County, which counted 19 percent and seven percent fewer persons respectively.

The same positive trend is reflected in the longer period of 2018 to 2022, when seven of nine regional CoCs recorded decreases in family homelessness. During this period, the District of Columbia experienced the greatest percentage decrease (68 percent) and the greatest reduction in numbers of persons counted in families (2,130 fewer persons in families from 2018 to 2022).

Jurisdiction	2018	2019	2020	2021	2022	Percent Change 2018-2022
City of Alexandria	84	74	86	43	47	-44%
Arlington County	77	66	60	44	50	-35%
District of Columbia	3,134	2,646	2,431	1,235	1,004	-68%
Fairfax County	488	526	528	480	564	16%
Frederick County	109	74	70	58	57	-48%
Loudoun County	48	45	50	30	33	-31%
Montgomery County	272	206	183	97	173	-36%
Prince George's County	273	247	240	286	298	9%
Prince William County	182	160	112	103	96	-47%
ALL COG COCs	4,667	4,044	3,760	2,376	2,322	-101%

Source: COG 2022

According to the U.S. Census Bureau’s 2020 American Community Survey 1-Year Estimates, the Washington Metropolitan Statistical Area’s (MSA) median monthly housing costs are \$1,883 and median monthly gross rent is \$1,718. Regionally, nearly half of all households—46 percent—are housing cost burdened, meaning they pay more than a third of their incomes to satisfy these monthly housing costs¹³. Severely cost-burdened households (i.e., paying more than 50 percent of monthly income towards housing costs) vary by income level. Seventy-three percent of households with extremely low incomes (at or below 30 percent of the average median) are severely cost burned in the metropolitan Washington region and may face difficult decisions regarding which basic needs to prioritize for payment.¹⁴ In the District of Columbia, a person earning the minimum wage (\$15.20 per hour) in 2021 would need to work 78 hours per week to be able to afford a one-bedroom apartment at the Fair Market Rent (\$1,548/month).¹⁵ The region’s lowest-income households face significant challenges affording housing, especially as the area’s increased housing demand creates pressure on rental rates. This trend makes otherwise affordable units unaffordable for households, especially as they compete with the general public for housing in a highly constrained market.

Children in Families Experiencing Homelessness

It is important to note that children face particularly adverse effects from experiencing homelessness. Children may be dislocated from familiar surroundings, relatives, friends, and neighborhood schools when their families lose their housing. Children must also contend with the associated stigma when navigating their new surroundings and making friends.

¹³ Joint Center for Housing Studies of Harvard University, Renter Cost Burdens, Metropolitan and Micropolitan Areas. Accessed at https://www.jchs.harvard.edu/ARH_2017_cost_burdens_by_metro

¹⁴ National Low Income Housing Coalition, *The Gap: A Shortage of Affordable Rental Homes*. <https://reports.nlihc.org/gap/2019/dc> Accessed on April 11, 2022.

¹⁵ National Low Income Housing Coalition, *Out of Reach 2021*. <http://nlihc.org/oor/district-columbia> Accessed on April 11, 2022.



Children who experience homelessness may have poor nutrition, increased incidence of health impairments, higher exposure to violence, and severe emotional distress as compared to their housed peers.¹⁶

Homelessness and hunger are also closely intertwined. Children experiencing homelessness are twice as likely to experience hunger as their housed peers, which negatively affects their physical, social, emotional, and cognitive development. Schooling for children experiencing

homelessness is often interrupted and delayed: children are twice as likely to have a learning disability, repeat a grade, or be suspended from school.¹⁷ Combined, these conditions eliminate feelings of safety and predictability that are important for healthy growth. In addition to the trauma the experience of homelessness causes children, some students experience additional hardships, such as having limited English proficiency or a disability that requires special supports.¹⁸

These challenges have been exacerbated by the COVID-19 pandemic, as education was interrupted by remote and hybrid learning schedules. Many students struggled with reliable access to devices or internet service, and providers and school liaisons were challenged to remain in contact with students during school closures.¹⁹

COG's 2022 enumeration identified 1,384 children experiencing homelessness, representing 18 percent of the region's total homeless population (7,605). This represents a slight increase from 17 percent of the total population of children experiencing homelessness represented last year. Children account for 60 percent of all people in families experiencing homelessness; this proportion is unchanged from 2021 and has otherwise remained consistent since 2010.

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

Children counted by public schools may or may not be experiencing homelessness per the HUD definition and may be living in doubled up situations.

¹⁶ National Center for Homeless Education, <http://center.serve.org/nche/briefs.php>, *Domestic Violence, Homelessness, and Children's Education*: 1.

¹⁷ <http://www.apa.org/pi/families/poverty.aspx>

¹⁸ National School Boards Association, "Homeless Students in Schools Across America: Down But Not Out", [https://www.nsba.org/Perspectives/2021/homeless-students#:~:text=How%20Many%20Homeless%20Students%20Are,in%202019%20\(Figure%201\)](https://www.nsba.org/Perspectives/2021/homeless-students#:~:text=How%20Many%20Homeless%20Students%20Are,in%202019%20(Figure%201).). Accessed April 11, 2022.

¹⁹ Schoolhouse Connection. <https://schoolhouseconnection.org/lost-in-the-masked-shuffle-and-virtual-void/> Accessed on April 14, 2021.

Editorial Projects in Education, the publisher of *Education Week*, reported that a record high 1.5 million students were experienced homelessness during the 2017-2018 school year, which represents an 11 percent increase over the previous year and nearly double the number from a decade ago.²⁰ The National Center for Homeless Education reported that during the 2019-2020 school year, 78 percent of students that self-identified as facing homelessness reported they were “doubled up” with family or friends.²¹ Based upon HUD’s guidelines, local jurisdictions cannot count people who live in doubled up situations for the PIT count.

Table 7 provides a breakdown of households of children experiencing homelessness without adults (or unaccompanied minors) by jurisdiction. The small number of Households with Only Children counted in 2022 reflects the challenges of counting youth experiencing homelessness accurately. One difficulty is the HUD definition of homelessness, which excludes persons who are “doubled up” or “couch surfing,”²² a form of shelter often used by youth. Also, methods often used for counting adults experiencing homelessness do not accurately capture survival strategies particularly common to youth, such as being mobile and transient, latching onto friends and staying in groups, or trying to hide in plain sight. In addition, many youth do not want to be found because they may be fleeing abuse or fear being placed in foster care. Most are not connected to formal supports such as the child welfare, juvenile justice, and mental health systems and many avoid or are unaware of available services.²³

TABLE 7: Households With <u>Only</u> Children Under Age 18 by Jurisdiction, 2019 - 2022					
Jurisdiction	2019	2020	2021	2022	Absolute Change 2019 - 2022
City of Alexandria	0	0	0	0	0
Arlington County	0	0	0	0	0
District of Columbia	12	11	11	9	-3
Fairfax County	0	0	5	1	1
Frederick County	0	0	0	0	0
Loudoun County	0	0	0	0	0
Montgomery County	0	0	0	0	0
Prince George's County	1	1	0	0	-1
Prince William County	0	0	0	0	0
TOTAL	13	12	16	10	-3

Source: COG 2022

There are many challenges with counting homeless youth, and because their experiences with homelessness are episodic, single point-in-time counts will always underestimate the true number.

Taking note of seasonal conditions that affect whether youth will seek shelter or stay on the street,

²⁰ Education Week. *Number of Homeless Students Hits All-Time High*. February 10, 2020. Accessed May 2020. <https://www.edweek.org/ew/articles/2020/02/12/number-of-homeless-students-hits-all-time-high.html>

²¹ National Center for Homeless Education, *Student Homelessness in America School Years 2017-18 to 2019 - 20*. Accessed April 11, 2022. <https://nche.ed.gov/wp-content/uploads/2021/12/Student-Homelessness-in-America-2021.pdf>

²² Couch surfing is typically understood to mean a temporary stay in a series of acquaintances’ homes at no cost, rather than a hotel, making use of improvised sleeping arrangements.

²³ The Urban Institute, *Youth Count! Process Study*: 10.

some homelessness researchers make sure they count in more than one season.²⁴

Noting the importance of counting youth during non-winter months, Prince George's County, the District of Columbia, Montgomery County, and Frederick County have held separate youth counts; Prince George's County has held eight to date since 2013 and the District of Columbia has held seven youth counts since 2015. Montgomery County conducted its first youth count in April 2018. Frederick County conducted its first youth count in 2018 but did not participate in the 2020 count due to the pandemic.

Youth counts differ from the annual Point-in-Time census in January in several important ways. First, the count takes place during warmer months, when youths are more likely to be spending time outside, and potentially unsheltered. Second, the youth count generally takes place during a longer period than just one day and includes intentional enumeration by school personnel with knowledge of and connections to youth and young adults who may not be regularly attending school and would be missed in the one-day count. Third, in addition to counting youth who are experiencing literal homelessness, per the HUD definition, the youth count efforts include those who are unstably housed who may be doubled-up or "couch surfing." Finally, the youth count includes a much broader series of questions designed to identify social, economic, developmental, and other contributing factors leading to youth homelessness for the purposes of strategic system design at the local level as well as to reveal opportunities for focused diversion and prevention work among youth who are unstably housed and at risk of experiencing literal homelessness.

Youth counts in metropolitan Washington have resulted in higher numbers of youth than were counted in the PIT enumeration of literally homeless persons in January.

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

Prince George's County is one of six CoCs in Maryland which has participated in the Youth REACH MD (Reach out, Engage, Assist and Count to End Homelessness) demonstration pilot since 2015 to count unaccompanied homeless youth and young adults and serves as one of three regional team leaders providing technical assistance to Maryland CoCs doing the count for the first time.²⁵ The enumeration involved surveying youth through shelter counts, service-based counts (meaning youth/young adults who used services from participating providers during the count), and kick-off/magnet events and street counts.²⁶ Further, results from this state-wide effort concluded that combining survey data and administrative data (via HMIS or Homeless Management Information Systems) result in a more accurate picture of youth homelessness than survey data alone.²⁷

In October 2018, Maryland passed the Ending Youth Homelessness Act of 2018 (SB 1218). The Ending Youth Homelessness Act of 2018 defines unaccompanied homeless youth as individuals of 24 years of age or younger who are not in the physical custody of a parent or guardian and lack a

²⁴ <http://www.healthycal.org/archives/11079>

²⁵ <http://www.youthreachmd.com/>

²⁶ *Maryland's First Unaccompanied Homeless Youth & Young Adult Count: Findings from Youth REACH MD Phase 2 (May 2016)*, accessed at <https://theinstitute.umaryland.edu/docs/YouthREACHMD-Phase2Report-Final.pdf>

²⁷ Ibid.

fixed, regular, and adequate nighttime residence; makes the annual Youth REACH MD unaccompanied homeless youth count a permanent fixture under the leadership of the Department of Housing and Community Development; and, provides additional grant funding to end youth homelessness and address related disparities based on race, ethnicity, sexual orientation, and gender identity by establishing the Ending Youth Homelessness Grant Program.²⁸

After postponing the 2020 counts due to COVID-19, in 2021 Youth REACH MD modified count took place online between February and May 2021. The 2022 count took place for two weeks, depending on the jurisdiction, between March 1 to April 30. This year is the first year that all Maryland jurisdictions are participating in Youth REACH MD.

The District of Columbia passed the End Youth Homeless Amendment Act in 2014, which not only provided expanded funding for youth-accessible services, but also mandated an annual census.²⁹ The most recent of the past six homeless youth counts took place over nine days during September 17 – 25, 2021.

The District of Columbia's CoC created a Youth Advisory Board called *Through the Eyes of Youth*, which ensures youth who have experienced homelessness have a role in planning services for this population. The CoC also worked with The Community Partnership for the Prevention of Homelessness (TCP) to develop and implement *Solid Foundations*. In turn, this plan has highlighted youth service needs leading to the establishment of a 24-hour youth drop-in center, prevention and family reunification services, rapid rehousing for Transition-Aged Youth (TAYs), and a new model called extended transitional housing which allows for longer lengths of stay with intensive supportive services, progressive engagement, and a housing first approach.

Both Prince George's County and the District of Columbia have received nationally competitive HUD grant funding from the Youth Homelessness Demonstration Program.³⁰ The program requires convening a large variety of stakeholders, assessing the needs of special populations, convening Youth Advisory Boards, and creating a coordinated community plan for youth experiencing homelessness. It also provides an opportunity to test new approaches to address youth

homelessness.



(Ian Rideaux, Changing the Narratives Fund)

In the Maryland and District of Columbia youth counts, a key contributing factor to youth experiencing homelessness was conflict with a parent, guardian, or foster parent. Findings from the Maryland Youth REACH initiative suggest that focused interventions on prevention among youth and young adults who identify as Black or African American, LGBTQIA+, are in high school and/or are pregnant or parenting are needed to reduce the numbers of youth and young adults who are unstably housed or experiencing literal homelessness.³¹

²⁸ <http://www.youthreachmd.com/>

²⁹ <https://dc-aya.org/youth-count-dc-2018/>

³⁰ For more information about YHDP, see: https://www.hud.gov/program_offices/comm_planning/yhdp

³¹ <http://www.youthreachmd.com/content/wp-content/uploads/2018/02/YRMD-2017-Report-Executive-Summary-FINAL.pdf>

Demographic Profile of the Region’s Residents Experiencing Homelessness

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

The survey question on ethnicity asks respondents to identify whether they are Hispanic or Latina/o/x (people who identify their ethnic origin as Hispanic or Latina/o/x may be of any race³²). In addition, the categories of the race item include racial and national origin or ethnicity were self-reported, and individuals could choose “multiple races” to indicate their racial mixture, such as “American Indian” and “White.”

Of the 5,273 single adults experiencing homelessness (Figure 1 above) who responded to these demographic questions, 91 percent were over the age of 24, and the majority (69 percent) identified as male. For those single adults who responded to the question regarding ethnicity (Figure 2), 91 percent self-identified as non-Hispanic or non-Latina/o/x.

The racial breakdown included 73 percent African American, 20 percent white, four percent as multiple races, and two percent Asian. Less than one percent declined to respond, or the information was not recorded.

Figure 1: Regional Homeless Single Adults Demographic Profile (Race)

Source: COG 2022

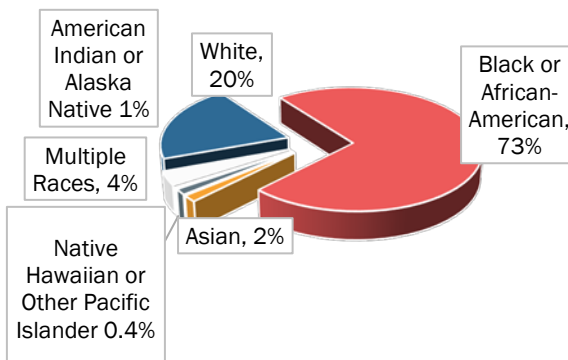


Figure 2: Regional Homeless Single Adults Demographic Profile (Ethnicity)

Source: COG 2022

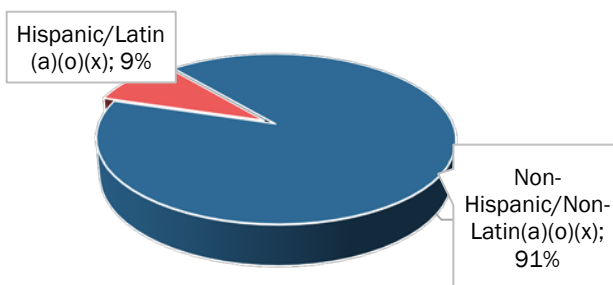
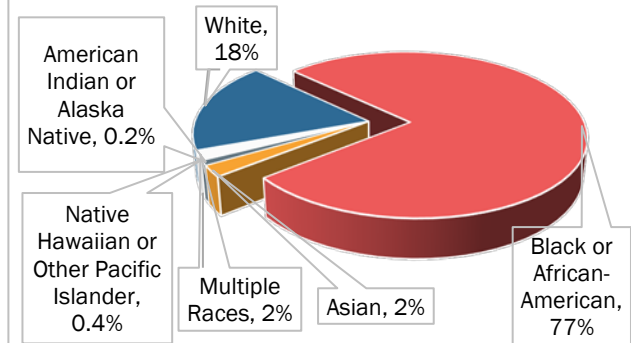


Figure 3: Regional Homeless Adults in Families Demographic Profile (Race)

Source: COG 2022



³² <http://www.census.gov/population/race/>

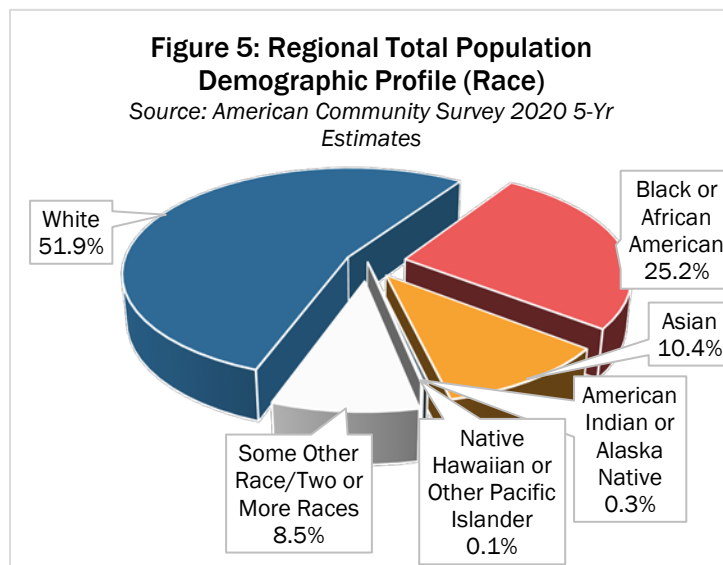
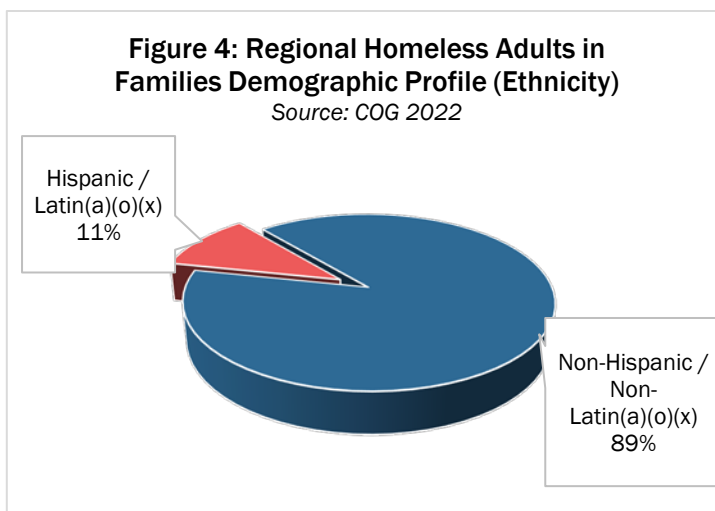
The remaining categories (American Indian or Alaska native, Native Hawaiian or Other Pacific Islander) all were one percent or less of the total literally homeless single adult population.

In Frederick and Loudoun counties, the single adult racial profile differs slightly from the rest of the region. In Frederick and Loudoun, the majority of single adults experiencing homelessness are white (72 percent and 55 percent respectively), and in Arlington County, 48 percent of the single homeless adults identified racially as white.

The demographic profile of families experiencing homelessness (Figure 3) differs from that of single adults in a few key characteristics. In families experiencing homelessness, most adults (83 percent) identify as female. The average age of the adults also tends to be younger than single adults. Twenty-nine percent are aged 18 to 24, 39 percent are aged 25 to 35, and overall, 71 percent are over age 24. Ethnically, 89 percent of adults in homeless families are Non-Hispanic/Non-Latina/o/x, and racially, 77 percent identified as Black or African American. White adults in families experiencing homelessness make up 18 percent of the regional population of families experiencing literal homelessness (an increase from 13 percent in 2021), two percent identify as Asian, and two percent identify as multiple races, with the other racial categories all less than one percent.

Again, the demographic profile of adults experiencing homelessness in families in Loudoun County and Frederick County differs from the rest of the region; 55 percent of adults in Loudoun families identified as white and 52 percent of adults in Frederick families identified as white on the night of January 26, 2022.

In contrast, the region’s racial breakdown (Figure 5) shows that 52 percent of the population identifies as white and only 25 percent identifies as African American or Black. With the exceptions of Frederick and Loudoun counties, persons experiencing homelessness are disproportionately more likely to be Black or African American than they are in the general regional population.



Addressing Racial Inequality

The racial disproportionality reflected in the regional 2022 PIT count demographic data is not unique to metropolitan Washington. Rather, it reflects a long history of racial segregation and discrimination in the United States that continues to impact Black, Indigenous, and other People of Color (BIPOC) to this day. Several organizations have worked to address this concern, focusing specifically on people experiencing homelessness. One example is C4 Innovations' (formerly known as the Center for Social Innovation) mixed-methods research study known as SPARC (Supporting Partnerships for Anti-Racist Communities). The phase one research was comprised of HMIS data, census data, and oral histories from individuals in six study sites across the United States.³³

Among some of the key findings from its first phase research, it notes that, "Although Black people comprise 13% of the general population in the United States and 26% of those living in poverty, they account for more than 40% of the homeless population, suggesting that poverty rates alone do not explain the over-representation."³⁴

The research coalesced around five major areas of focus regarding racial inequity and homelessness, including economic mobility, housing, criminal justice, behavioral health, and family stabilization. The disparate experiences of BIPOC in these realms are all factors that can lead to high rates of homelessness and prolong exits to permanent housing.³⁵

The legacy of structural racism and bias through deliberate practice (de facto) as well as legal (de jure) decisions have led to segregated communities and decisions that disadvantaged persons of color in favor of those who were or are white. These neighborhoods are comprised of residents who are living in impoverished networks – where not just an individual or family, but the entire network, lacks the economic and social capital necessary to prevent and end homelessness.³⁶

To address the racial disparities noted in metropolitan Washington's homeless services system, the CoCs began working collaboratively on a regional racial equity systems analysis in June 2021. The analysis will closely review each of the nine participating jurisdictions' CoC operations which will be used to develop an equity-driven, results-based action plan that centers racial equity in our shared efforts to end disparities in the homeless response system.

The final deliverable will be a report containing a set of concrete recommendations for actions that each CoC can take at a local level and collectively as a region. The recommendations will identify opportunities to remedy existing CoC policies and practices which may contribute to outcomes that compound disparities seen within the homeless services system in the metropolitan Washington region. The recommendations are anticipated to be released by the end of 2022.

³³ Center for Social Innovation, *SPARC, Supporting Partnerships for Anti-Racist Communities, Phase One Study Findings, March 2018*. Accessed April 2018. <https://c4innovates.com/wp-content/uploads/2019/03/SPARC-Phase-1-Findings-March-2018.pdf>

³⁴ Ibid.

³⁵ <https://endhomelessness.org/time-change-findings-sparc-study-race-homelessness/>

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

Older Adults Experiencing Homelessness

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

Elderly persons experiencing homelessness face unique vulnerabilities due to health or mobility limitations. They may also have more significant health concerns not typically seen in homeless services systems, such as Alzheimer's disease or cancer.³⁷

It's important to note that older adults experiencing homelessness already have medical ages that exceed their biological ages. Multiple studies have demonstrated that older adults experiencing homelessness have age-related medical conditions, such as decreased mobility and cognitive decline, on par with housed counterparts who are 20 years older.³⁸ This was emphasized by Dr. Margot Kushel, a health care practitioner who has tracked the rise in older adults experiencing homelessness, and noted that, "Fifty is the new 75."³⁹ The average life expectancy of a person experiencing homelessness is estimated between 42 and 52 years, compared to 78 years in the general U.S. population.⁴⁰



Wonderferret "homeless"/Flickr

Poverty is very wearing on the body...Fifty is the new 75.

-Dr. Margot Kushel

National demographic trends suggest that there will be a dramatic increase in the number of people aged 65 or older as the Baby Boomer generation reaches retirement age. This means the region's policymakers and service providers may need to adjust their systems' approach to accommodate this growing segment of persons experiencing homelessness. In 2017, nationally there were more than 40,000 people over age 65 experiencing homelessness. By 2030, that number is expected to more than double to 106,000.⁴¹

In the metropolitan Washington region, 19 percent of persons in Households without Children (982 individuals) were over the age of 62, which is unchanged since 2021, and 118 seniors were unsheltered, a slight decrease from the 123 seniors without children who were counted as unsheltered in 2021. For the fifth year in a row, the region counted over 50 seniors aged 70 or above experiencing homelessness in more than one CoC. A total of five persons over 80 years old were experiencing homelessness on the night of the PIT count. In addition, there were at least three

³⁷ <http://www.seniornavigator.org/article/12426/special-concerns-elderly-who-are-homeless>

³⁸ Brown, R.T., Hemati, K., Riley, E.E., et al. Geriatric conditions in a population-based sample of older homeless adults. (2017). *Gerontologist*, 57(4), 757-766. Doi:10.1093/geront/gnw011. (n/u). As accessed in *The Emerging Crisis of Aged Homelessness: Could Housing Solutions Be Funded by Avoidance of Excess Shelter, Hospital, and Nursing Home Costs?*, <https://www.aisp.upenn.edu/aginghomelessness/>

³⁹ Thomas Fuller. "A Rising Tally of Deaths on the Streets" *The New York Times*. April 18, 2022. Accessed at <https://www.nytimes.com/2022/04/18/us/homeless-deaths-los-angeles.html>

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

⁴¹ RRF Foundation for Aging, "Home Front and Center, Supporting Access to Affordable and Quality Housing Issue Brief 4: February 2022", Accessed at <https://www.rrf.org/wp-content/uploads/RRF-ISSUE-BRIEF-ON-HOUSING.pdf>,

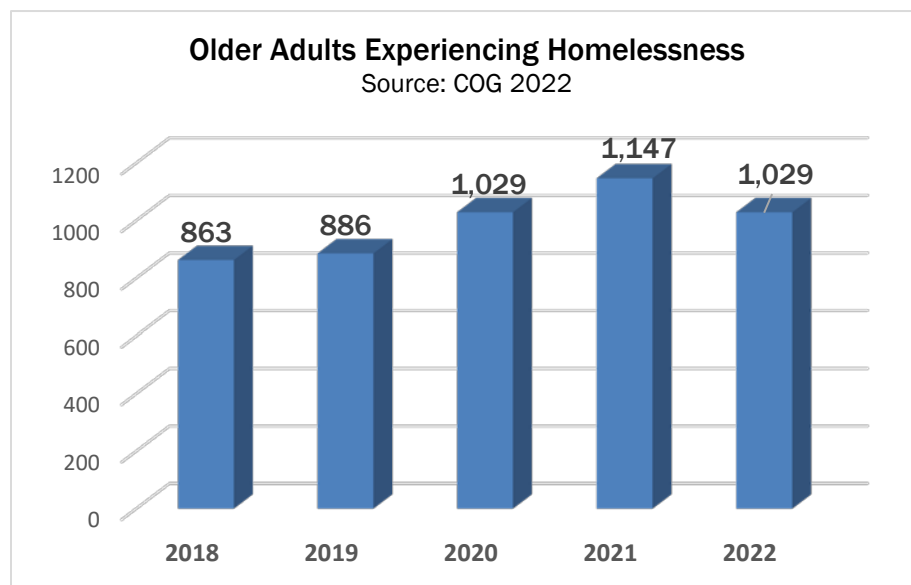
seniors over the age of 90 counted on the night of January 26, 2022, none of whom were unsheltered. The oldest senior experiencing homelessness was 96 years old.

Beginning in 2018, the nine-member CoCs in the metropolitan Washington region provided a more detailed age breakdown in the regional report to monitor these data more closely and determine how best to respond to changing demographic needs. Figure 6 illustrates the number of older adults experiencing homelessness in the metropolitan Washington region during the night of the PIT count.

The number of facilities which are set aside to house seniors are limited; one example of an organization that serves seniors experiencing homelessness is So Others Might Eat (SOME) in the District of Columbia. It can temporarily house 42 seniors, but the need greatly exceeds the available beds.⁴²

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

The average life expectancy of a person experiencing homelessness is estimated between 42 and 52 years, compared to 78 years in the general U.S. population.

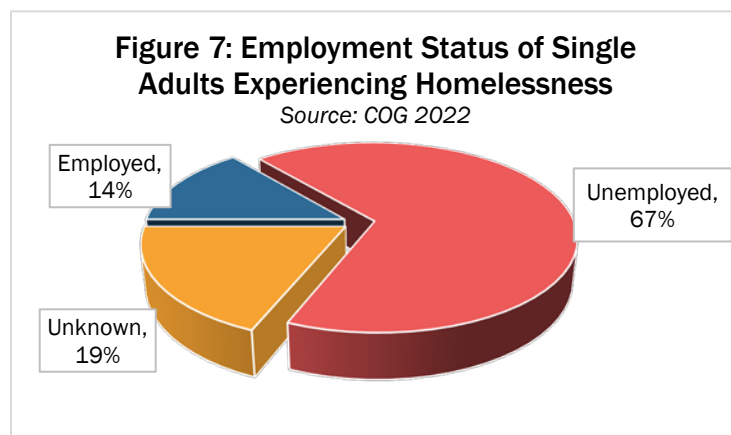


⁴² Zelinsky, Alex., "Solving the Growing Health Needs of America's Elderly Homeless", Accessed at <https://thinkprogress.org/solving-the-growing-health-needs-of-americas-elderly-homeless-3814a6eca60d>

INCOME, EMPLOYMENT, AND HOMELESSNESS

Employment, or an adequate and reliable source of income, is crucial to a household's ability to afford housing. According to the U.S. Department of Labor's Bureau of Labor Statistics, the metropolitan Washington region's preliminary unemployment rate for February 2022 was 3.6 percent, compared to 4.1 percent for the nation. The region's unemployment rate decreased slightly from four percent in January 2022.⁴³

While the region's job growth has expanded and unemployment declined during the second year of the pandemic, this obscures the economic outlook for many of the region's residents who struggle with housing instability. Unemployment continues to be a concern for those without a high school diploma, college, or advanced degree.



Among all adults experiencing homelessness who responded to this question on the night of January 26, 2022 – both single adults and adults in families – 14 percent were employed. The rates of employment vary by household type; Figures 7 through 9 illustrate the employment status (including full- and part-time employment) single adults and adults in families experiencing homelessness throughout the region. Also included are percentages for people experiencing

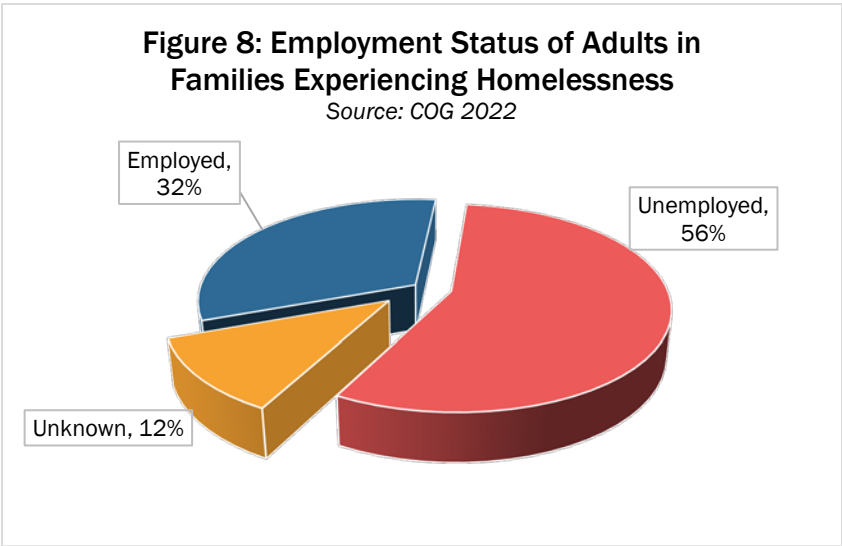
homelessness for whom employment status was unknown.

Similarly, approximately 14 percent of single adults experiencing homelessness were employed, which is unchanged since 2021 (Figure 7). The lower rate of employment for homeless single adults (compared to adults in families) is attributed to higher incidences of conditions that make securing and maintaining employment difficult, such as physical disabilities, and multiple behavioral and chronic health issues, including substance abuse and mental illness. The priority the region's CoCs place on serving the most vulnerable residents is reflected by the larger proportion of single adults experiencing homelessness who were unemployed on the night of the PIT count.

Data from the 2022 enumeration suggests that 31 percent of all homeless adults in families with children who responded to the question were employed (Figure 8, following page), but the picture varies significantly by jurisdiction.

In the City of Alexandria, for example, 60 percent of these adults were employed, compared to 15 percent in the District of Columbia (see Figure 10). Approximately 56 percent of adults in these families region-wide were unemployed and employment status is unknown for 12 percent. The overall rate of employment is higher than during the 2021 enumeration. This may be related to the impacts of the recession caused by the pandemic.

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

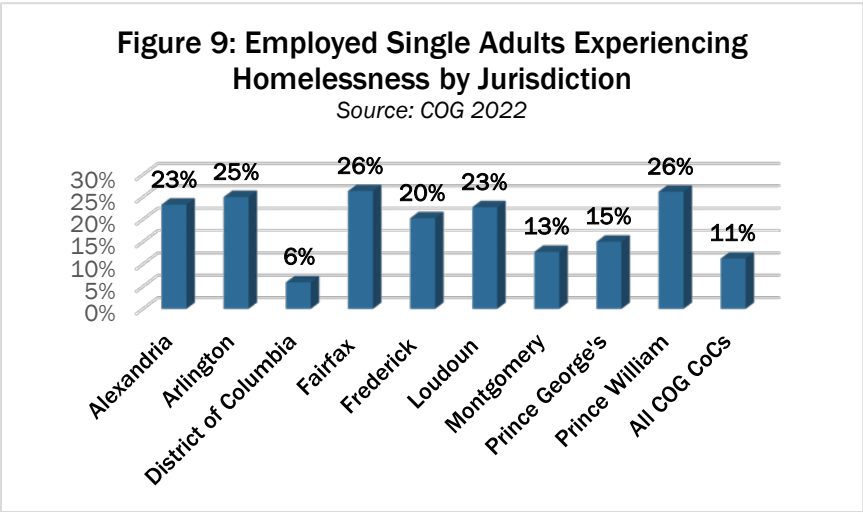


Although the total number is small, four children in homeless families were employed on the night of the enumeration. Only one of the 10 unaccompanied minors in the region’s Households with Only Children were employed on the day of the PIT. This is attributed to the youths’ age, levels of employability, and housing status.

While metropolitan Washington has traditionally enjoyed a lower unemployment rate

compared to other national metropolitan areas, it remains one of the country’s most expensive areas in which to live. In a region where housing prices are rising faster than wages, the lowest income workers face tremendous pressures. To afford a two-bedroom apartment making a minimum wage in metropolitan Washington (\$15,20 per hour) requires working 89 hours per week.⁴⁴ The reality is stark for the region’s homeless households as evidenced in the following charts.

Figure 9 shows that, in all nine of the region’s participating CoCs, less than 30 percent of single homeless adults were employed on the night of the annual enumeration. This trend remains essentially unchanged from the past five years, although rates have varied for individual jurisdictions. For example, Arlington County and Fairfax County were the only jurisdictions which reported



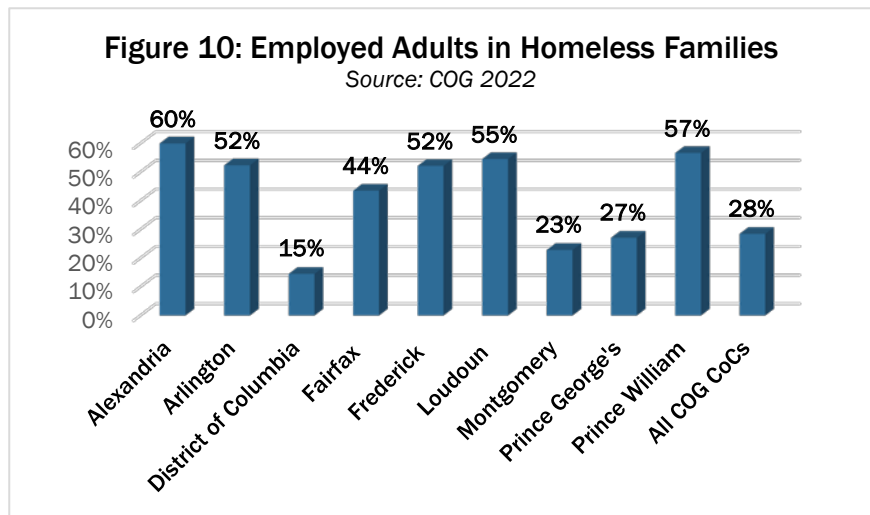
a higher rate of employment in 2022 among single adults experiencing homelessness than in 2021. The lower observed rates of employed single adults is in part due to the priority the region’s CoCs place on assisting the most vulnerable residents to get into housing. These persons may have higher barriers to employment due to having a disability, serious mental illness, or substance use disorder.

In contrast, in six of nine local jurisdictions, more than 30 percent of adults in family households were employed (Figure 10). Further, six of nine CoCs reported increased rates of employment since the previous years’ count and only one CoC reported a slight decrease in rates of employment from the 2021 enumeration.

⁴⁴ National Low Income Housing Coalition, *Out of Reach 2021*. Accessed at <https://reports.nlihc.org/oor/district-columbia>

As a region, the percentage of employed adults in families increased from 22 percent in 2021 to 28 percent in 2022. This may be related to a return to in-person schooling and higher COVID-19 vaccination rates.

Improving the employment picture for some of the region’s most vulnerable residents remains challenging, but CoCs will continue efforts to increase residents’ earned income as a critical component for long-term housing stability.



Combined with the high cost of housing, the availability and safety of living wage jobs remains a key obstacle to ending homelessness, even for those individuals who are already employed.

Income

While a portion of the region’s population of people experiencing homelessness reports receiving monthly income, many do not receive any monthly income. In 2022, 58 percent of adults in families reported having income, but only 41 percent of single adults reported income. Less than half (44 percent) of all adults for whom this information was available report having some form of monthly income. Among single adults experiencing homelessness, 27 percent reported that employment wages and salaries were their primary source of income (see Figure 11, following page). The largest source of primary income was disability (such as Supplemental Security Income), followed by employment, public assistance, retirement (such as Social Security), and last, other sources of income.

Among adults in families who responded to this question, 48 percent reported the primary source of income being from employment. This represents a higher percentage than in 2021, when only 22 percent of adults in families reported their primary source of income was from employment. The next largest primary source of income was public assistance, which supports a much larger number of families than single individuals experiencing homelessness.

Figure 12 illustrates the primary source of income for the 2,161 single adults who provided this information; Figure 13 represents the responses from 544 adults in families.

Figure 11: Source of Income for Single Adults Experiencing Homelessness

Source: COG 2022

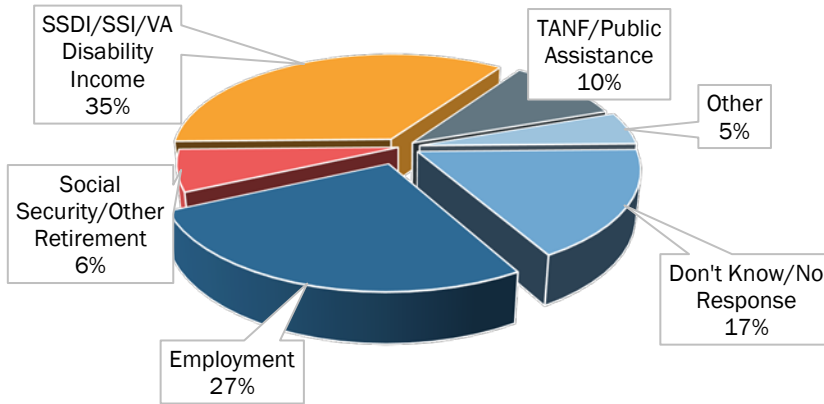
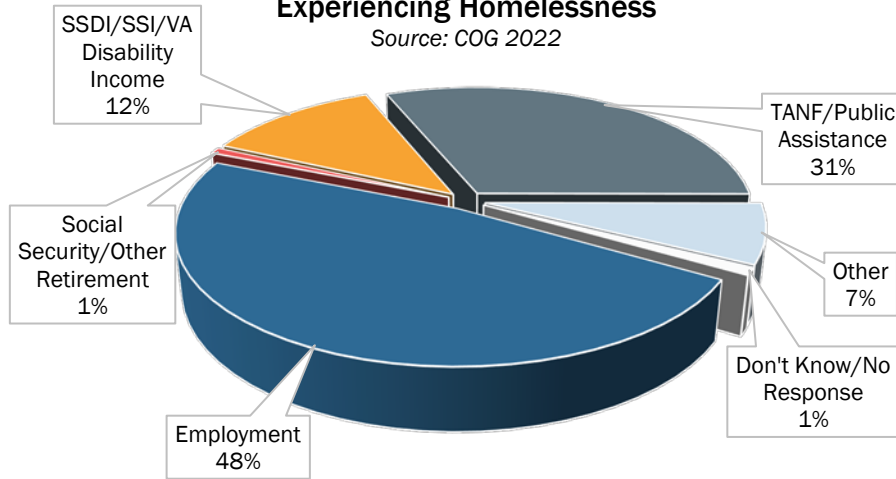


Figure 12: Source of Income for Adults in Families Experiencing Homelessness

Source: COG 2022



UNSHELTERED HOMELESSNESS

On January 26th, outreach workers and experienced volunteers for the region's CoCs surveyed their communities to count the area's unsheltered persons experiencing homelessness. Outreach workers counted people living on the streets, in alleys, under bridges, in local parks, in camp sites, and in other places frequented by people experiencing homelessness. In 2022, the unsheltered portion of the count resembled the previous year's count with masks, social distancing, and other related COVID-19 protocols in place, following Centers for Disease Control guidance. In some jurisdictions, teams were limited to those who were outreach workers or who had participated in previous unsheltered PIT count efforts.

According to the 2022 count, 964 persons (approximately 13 percent of the region's 7,605 persons experiencing homelessness on the night of the PIT) were unsheltered. While almost all were single adults, four persons in a family with two children, as well as one unaccompanied minor were unsheltered on the night of the count. The 959 unsheltered single persons counted is lower than the number of unsheltered adults in Households without Children counted in 2021 (46 fewer persons counted, or a five percent decrease). Overall, regional homelessness among unsheltered single adults decreased 18 percent (212 fewer persons) during the period between 2018 and 2022.

The fluctuations in the unsheltered count may be attributed to a variety of factors. Typically, the number of individuals counted residing in areas unfit for human habitation can depend on weather conditions, the number of surveyors employed for the count, and methodology (complete coverage or sampling). Several CoCs in the region have been engaged in vigorous efforts to assist individuals experiencing chronic homelessness attain permanent housing, which may have attributed to decreases recorded in some jurisdictions. In Arlington County, twelve people who were sleeping outside on the night of the PIT count chose to come inside to shelter when surveyors engaged with them.

Weather may have affected the unsheltered count in 2022, as temperatures were below freezing across the region on the night of January 26. The temperature recorded in Prince William County the night of the enumeration was 14 degrees Fahrenheit. In more than one jurisdiction, surveyors noted anecdotally that some people were unwilling to participate in the count due to the cold and several active campsites were vacant at the time surveyors were seeking people for the count. In some of the more rural areas of the region, such as western Loudoun County and eastern Prince William



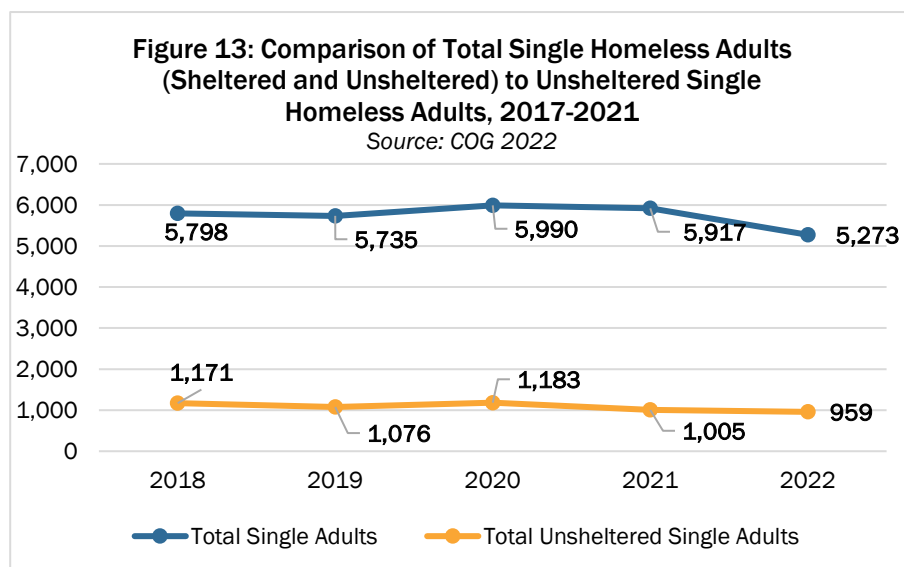
A surveyor interviews a person experiencing homelessness outside on the night of the Point-in-Time count on January 26, 2022. (Pathways to Housing DC)

County, the unsheltered count results may have been affected by the weather as well as the pandemic.

In Loudoun County, due to COVID-19 precautions, the methodology for the unsheltered portion of the enumeration in 2022 and 2021 changed from in-person, face-to-face interviews, to an observation-only count. In-person, face-to-face interviews often allow for communication regarding where other persons experiencing homelessness may be located throughout the county. Unsheltered outreach teams in Loudoun have reported an increase in persons sleeping in their vehicles since the start of the pandemic, which may be the result of people opting out of entering the shelter system to avoid close contact with others. Cultural factors may influence other members from immigrant communities from seeking shelter. The use of vehicles as shelter can make identifying people who may be living unsheltered in a place unfit for human habitation harder to locate.

In Prince William County, land development patterns have left few areas for large camp sites available, making finding smaller campsites more challenging. The CoC continues to experience challenges obtaining information on encampments despite improved street outreach services, increased communication with local law enforcement, and the development of an electronic encampment form.

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



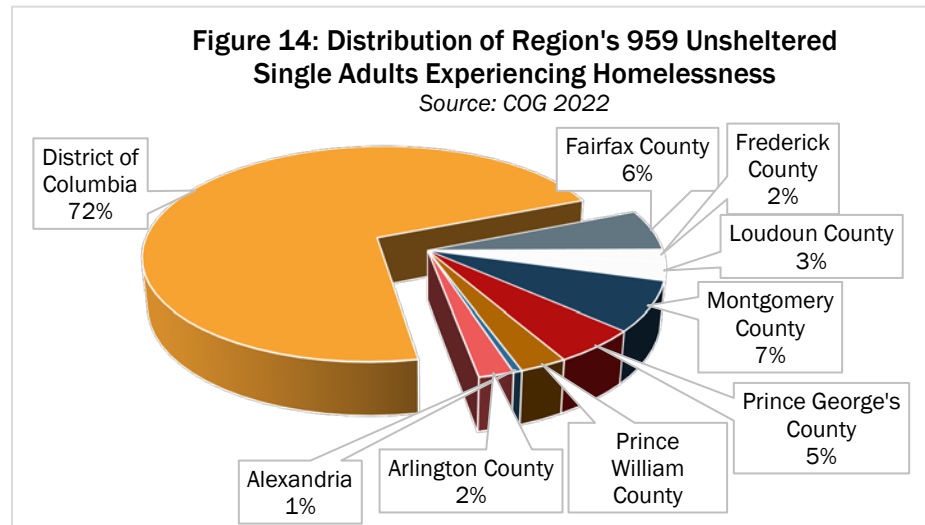
Distribution of the Region's Unsheltered Single Adults

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

The District of Columbia accounts for 72 percent of the region's unsheltered homeless single adults in 2022. This figure represents an increase from 2021 when 68 percent of unsheltered single adults experiencing homelessness were counted in the District of Columbia.

Six of nine CoCs recorded reductions in their unsheltered counts from 2021 to 2022.

Overall, the region counted five percent fewer unsheltered single adults in 2022 than in 2021. The largest reduction during this one-year period was recorded in Prince George's County (19 fewer persons). Two CoCs recorded an increase during the same period; the District of Columbia and Montgomery County (a small increase of eight and one additional unsheltered single adult counted respectively). Fairfax County's unsheltered single adult count remained unchanged from 2021 to 2022.



A reluctance to enter congregate shelter settings during the pandemic may have impacted the count again this year. This continues to be among the many challenges the region's CoCs are facing in keeping people experiencing homelessness safe during the pandemic and freezing winter conditions.

Comparison of Unsheltered Homelessness by Jurisdiction

Reviewing the unsheltered count for a longer period than one year provides a different perspective of the PIT count results, although a pattern in the findings is less clear. During the counts from 2018 to 2022, seven of nine jurisdictions recorded reductions in their unsheltered counts.

Frederick County recorded the greatest decline in its rate (79 percent) or a difference of 66 fewer people counted in 2022 than in 2018. Prince William County experienced a 75 percent rate of reduction and counted 83 fewer unsheltered individuals in 2022 than in 2018. The City of Alexandria noted a similarly high rate of reduction (67 percent) and counted 10 fewer people in 2022 than in 2018. The District of Columbia and Loudoun County recorded an increase in the number of unsheltered single adults experiencing homelessness during this period. In the District of Columbia, 90 additional persons were counted in 2022 than in 2018, and in Loudoun County, the difference was one additional person during the same period. Overall, the region's percentage of unsheltered single adults decreased by 18 percent from 2018 to 2022. Table 8 presents the number and percentage of single adults experiencing homelessness by CoC from 2018 to 2022. Table 9 represents the percentage of each individual jurisdiction's literally homeless population that was unsheltered during the same period.

TABLE 8: Comparison of Unsheltered Single Adults by Jurisdiction, 2018 - 2022							
Jurisdiction	2018	2019	2020	2021	2022	Change in Number of Persons 2018 - 2022	Percent Change 2018 - 2022
City of Alexandria	15	10	11	8	5	-10	-67%
Arlington County	35	36	34	27	20	-15	-43%
District of Columbia	599	607	652	681	689	90	15%
Fairfax County	86	89	88	57	57	-29	-34%
Frederick County	84	78	45	26	18	-66	-79%
Loudoun County	24	71	57	28	25	1	4%
Montgomery County	133	75	103	68	69	-64	-48%
Prince George's County	85	73	91	68	49	-36	-42%
Prince William County	110	37	102	42	27	-83	-75%
TOTAL	1,171	1,076	1,183	1,005	959	-212	-18%

Source: COG 2022

TABLE 9: Unsheltered Single Adults As A Percentage of Total Homeless By Jurisdiction, 2018 - 2022					
Jurisdiction	2018	2019	2020	2021	2022
City of Alexandria	7%	5%	4%	8%	4%
Arlington County	16%	17%	14%	16%	11%
District of Columbia	9%	9%	11%	13%	16%
Fairfax County	9%	9%	5%	5%	5%
Frederick County	27%	27%	8%	12%	9%
Loudoun County	18%	42%	0%	35%	25%
Montgomery County	16%	12%	10%	12%	12%
Prince George's County	18%	16%	15%	13%	9%
Prince William County	29%	13%	13%	15%	11%
TOTAL	7%	13%	11%	12%	13%

Source: COG 2022

CHRONIC HOMELESSNESS

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

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

Numerous studies⁴⁵ have found that housing individuals experiencing chronic homelessness leads to greater stability and independence and, significantly reduces the overall numbers of people experiencing homelessness. This helps communities reduce public expenditures, particularly for the most frequent users of medical, judicial, and other emergency services. For example, one study, completed by the University of California Irvine in June 2017⁴⁶, found that the costs incurred by a person experiencing chronic homelessness can be cut in half (from an average of \$35,500 per year) when they are provided with permanent supportive housing. However, it is worth noting that the cost of homelessness declines when someone experiencing homelessness is housed, whether someone has experienced multiple episodes of homelessness or not.

The more important benefit to housing chronically homeless persons using a Housing First⁴⁷ approach, however, may be in achieving an improved quality of life rather than basing the value of this approach solely from a cost savings perspective. This may have the unintended effect of implicitly devaluing the lives of people experiencing homelessness.⁴⁸

⁴⁵<http://www.endhomelessness.org/library/entry/supportive-housing-is-cost-effective> and <http://www.upenn.edu/pennnews/news/housing-homeless-mentally-ill-pays-itself-according-university-pennsylvania>

⁴⁶ <https://www.unitedwayoc.org/wp-content/uploads/2017/08/united-way-cost-study-homelessness-2017-report.pdf>

⁴⁷ Housing First, a successful and well-documented national best practice, focuses on placing residents experiencing homelessness in housing first and receiving wrap-around social services to maintain housing stability rather than requiring behavioral health changes to be eligible for housing assistance.

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

Single Adults Experiencing Chronic Homelessness

Twenty-three percent of the region's population of people experiencing homelessness were single adults who met the chronic homelessness definition. This percentage is a decrease from 26 percent that was recorded in 2021.



Members of the Prince William Area CoC prepare to begin the unsheltered portion of the Point-in-Time count on January 26, 2022. (Prince William County Department of Social Services)

However, among all single adults experiencing homelessness, the incidence of experiencing chronic homelessness is 10 percent higher than among all persons experiencing homelessness (34 percent of single adults in contrast to 24 percent of all persons experiencing homelessness on the night of the enumeration).

Six of nine jurisdictions experienced a decrease in their chronic homelessness count since 2021 and four of eight noted reductions between 2018 and 2022. The District of Columbia had the greatest reduction in the numbers of people counted as chronically homeless (361 fewer persons) from 2021 to 2022 as well as during the longer period of 2018 to 2022 (329 fewer individuals).

Montgomery County and the City of Alexandria both had the greatest rate of reduction (68 percent) in the numbers of people counted as chronically homeless between 2018 and 2022. Montgomery County counted 84 fewer chronically homeless persons and the City of Alexandria counted 39 fewer individuals who were chronically homeless between these two enumerations.

The region's CoCs attribute the decrease in the number of residents counted as chronically homeless from 2021 to 2022 to a variety of related factors. The availability of additional federal, state, and local housing resources allowed CoCs in metropolitan Washington to provide additional permanent housing options, particularly Emergency Housing Choice Vouchers, may have contributed to the decrease. Many CoCs in metropolitan Washington prioritize placing residents experiencing homelessness who are medically vulnerable into permanent supportive housing, which also may have impacted the number of people experiencing chronic homelessness on the night of the PIT count.

An ongoing contributing challenge to making additional progress ending chronic homelessness is the lack of affordable and available housing options, particularly permanent supportive housing, to enable more residents to exit homelessness and remain stably housed. This situation has been true for many years, and the situation did not improve during the pandemic. The end of eviction moratoriums and other tenant protections that were put in place to prevent the spread of COVID-19 may slow the region's progress in ending chronic homelessness in the future.

Overall, the region has worked tirelessly to decrease the number of people experiencing chronic homelessness since 2018. The regional 16 percent decrease is encouraging, but the CoCs in metropolitan Washington still face significant challenges finding permanent housing in a high-cost

housing market for residents who may be among the most vulnerable due to having a disabling condition and experiencing the trauma of multiple episodes of homelessness.

An important region-wide strategy for ending chronic homelessness is the use of a coordinated entry system and a by-name list to prioritize housing for the most vulnerable residents. Several of the region's CoCs also attribute success in reducing the number of persons experiencing chronic homelessness during the longer period between 2018 and 2022 to participation in several successive nationwide campaigns, such as Community Solution's Built for Zero.⁴⁹ Montgomery County, Fairfax County, Arlington County, and the District of Columbia participate in the Built for Zero effort. Montgomery County created its own campaign, called Inside/Not Outside in its efforts to end the experience of chronic homelessness in the county.⁵⁰ Those efforts continued since the campaign's inception in 2018 and contributed to the county's 68 percent reduction in the number of individuals counted as chronically homeless between the 2018 and 2022 enumerations.

TABLE 10: Single Adults Experiencing Chronic Homelessness by Jurisdiction, 2018 - 2022						
Jurisdiction	2018	2019	2020	2021	2022	Percent Change 2018 - 2022
City of Alexandria	57	38	15	21	18	-68%
Arlington County	57	74	20	34	39	-32%
District of Columbia	1,586	1,374	1,337	1,618	1,257	-21%
Fairfax County	171	213	174	318	273	60%
Frederick County	39	37	183	N/A	53	36%
Loudoun County	22	37	21	23	22	0%
Montgomery County	124	11	10	51	40	-68%
Prince George's County	26	12	15	34	46	77%
Prince William County	31	19	53	49	31	0%
All COG CoCs	2,113	1,815	1,828	2,148	1,779	-16%

Source: COG 2022

Table 11 (following page) provides the sheltered status breakdown of the single adults experiencing chronic homelessness counted as part of the 2022 Point-In-Time Enumeration. Most residents suffer from severe physical health and mental health-related impediments. Health impediments may include physical disabilities and substance use disorders. The problem is more acute when individuals suffer from multiple challenges. To provide appropriate services for a person experiencing chronic homelessness, jurisdictions and service providers must ensure that individuals receive adequate screenings and are accurately and timely 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.

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

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

TABLE 11: 2022 Shelter Status of Single Adults Experiencing Chronic Homelessness				
Jurisdiction	Total Single Adults	Number of Sheltered* Single Adults	Number of Unsheltered Single Adults	Percentage of Unsheltered Single Adults
City of Alexandria	18	13	5	28%
Arlington County	39	28	11	28%
District of Columbia	1,257	811	446	35%
Fairfax County	273	243	30	11%
Frederick County	53	47	6	11%
Loudoun County	22	11	11	50%
Montgomery County	40	37	3	8%
Prince George's County	46	43	3	7%
Prince William County	31	24	7	23%
All COG CoCs	1,779	1,257	522	29%

Source: COG 2022

*Refers to persons experiencing chronic homelessness residing in Emergency, Winter Shelters, and Safe Havens and excludes transitional housing.

Families Experiencing Chronic Homelessness



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

Most families experiencing chronic homelessness across the region reside in emergency and/or winter shelters. There were 47 families experiencing chronic homelessness (or 120 total persons in families) counted in the region in 2022, an increase in the number of households from the 35 families counted in 2021, but a decrease in the total number overall.

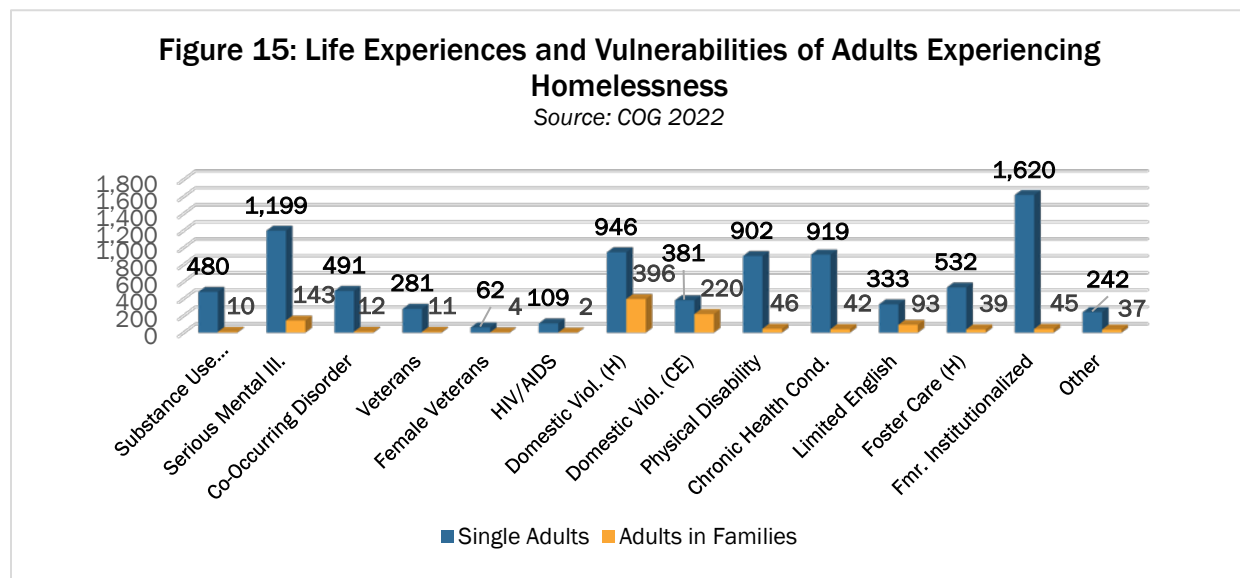
In 2022, two CoCs (Arlington County and Montgomery County) did not count any families experiencing chronic homelessness. One family with two children was unsheltered on January 26, 2022.

VULNERABILITIES AND LIFE EXPERIENCES

According to the 2022 enumeration, a number of the region’s residents experiencing homelessness live with chronic health conditions, physical disabilities, substance use disorders, severe mental illness, or were formerly institutionalized and discharged directly into homelessness. The high incidence of substance use disorders, severe mental illness, or co-occurring disorders among persons experiencing homelessness is similar among all CoCs in the region. Nationally, an estimated 20 to 25 percent of people experiencing homelessness live with some form of severe mental illness⁵¹, compared to only six percent who live with serious mental illness in the general population.⁵²

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

In 2022, the most prevalent characteristic reported among Households without Children was having a history of institutionalization, followed by serious mental illness. The next most reported characteristic for single adults experiencing homelessness is having a history of domestic violence and living with a physical disability. Other past experiences people reported in the survey included



Note: These subgroups are not mutually exclusive. It is possible for adults experiencing homelessness to be counted in more than one subgroup.

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

⁵² Psychology Today. “The Complex Link between Homelessness and Mental Health.” May 21, 2021. Accessed April 16, 2022. <https://www.psychologytoday.com/us/blog/mind-matters-menninger/202105/the-complex-link-between-homelessness-and-mental-health> and http://www.nationalhomeless.org/publications/facts/Mental_Illness.pdf

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

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

having a co-occurring disorder (or having both a mental health and substance use disorder), followed by a substance use disorder.

Among families, the most defining characteristic is an incidence of domestic violence, either as a contributing factor to the current episode of homelessness on the night of the enumeration or having a history of domestic violence. Forty-two percent of the adults in families who responded in the subpopulation categories indicated having experienced domestic violence in the past, and 23 percent reported their current episode of homelessness was related to domestic violence. This represents a decrease from the 40 percent recorded in 2021 for the number of adults in families whose current episode of homelessness was caused by domestic violence.

Beginning with the 2013 enumeration, HUD requested data on persons who had a *history* of domestic violence. To maintain base data for trend comparison, both elements are collected and are shown in the subpopulations for Figure 15 (previous page). Regionally, the number of single adults reporting their experience of homelessness was a result of a current episode of domestic violence (DV-CE) decreased slightly in 2022 by 21 to 381 persons. However, the number of single adults (902) who were identified as having a history of domestic violence at any time (DV-H) is higher (18 percent) than the number of single adults whose current episode of homelessness was caused by domestic violence (seven percent).



Volunteers for the Point-in-Time count, including U.S. Veterans Affairs Secretary Denis McDonough, prepare to begin surveying people experiencing unsheltered homelessness on the night of January 26, 2022, in the District of Columbia. (U.S. Department of Veterans Affairs)

VETERANS EXPERIENCING HOMELESSNESS



(Maryland GovPics /Flickr)

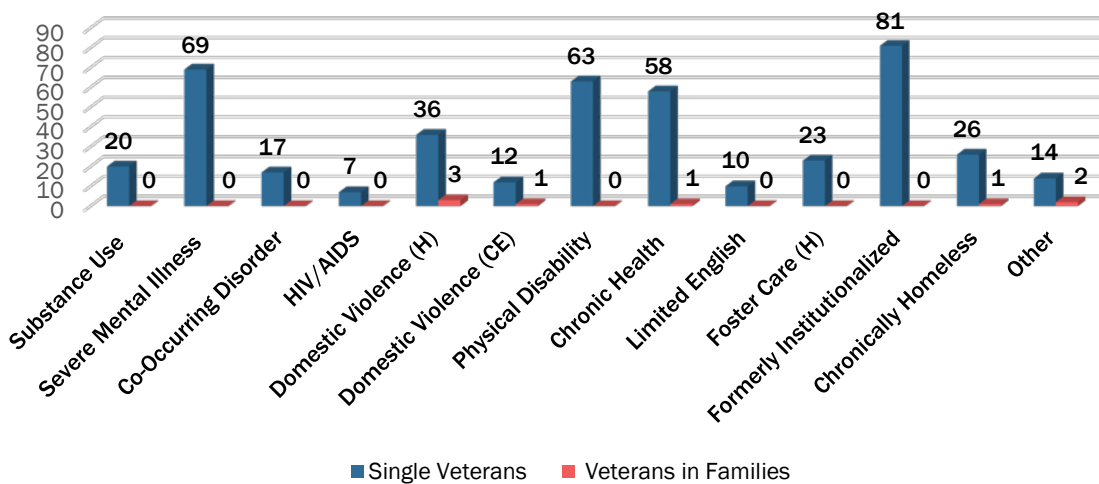
Veterans are another subset of the homeless population tracked by HUD and the U.S. Department of Veterans Affairs (VA). This is the ninth year that the region’s CoCs collected separate data on single adult veterans as well as veterans in families to better understand and address their unique experiences of homelessness.

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

homelessness were veterans as of the PIT count in 2022. Of the total self-reported veterans experiencing homelessness in the 2022 enumeration, 66 identified as female (23 percent of all veterans experiencing homelessness or one percent of all people counted as literally homeless). One of the veterans experiencing homelessness identified as transgender. Figure 16 graphically represents this homeless population; veterans are broken out separately as individuals in Households without Children as well as Households with Adults and Children. Veterans, like other persons experiencing homelessness, have a high incidence of former institutionalization, living with

Figure 16: The Region's Veterans' Life Experiences

Source: COG 2022



Note: These subgroups are not mutually exclusive. It is possible for veterans experiencing homelessness to be counted in more than one subgroup.

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

severe mental illness, and a physical disability, as shown in Figure 16. However, veterans in Households without Children were more likely than others to live with chronic health problems or a physical disability.

For those single veterans who reported having income in 2022, 21 percent reported that employment was the primary source of income. The likelihood of having a disability is reflected in the veteran populations' source of income; 43 percent of veterans with income noted SSVI/SSI/VA disability and retirement as their primary source of income, as shown in Figure 17.

Most homeless veterans who reported their race selected Black or African American (69 percent of single adults and 82 percent of adults in families). It is important to note that the total numbers of adult veterans in families is small (four persons) compared to the total number of single veterans (281) who reported their racial identity. White veterans made up the next largest group, with 26 percent. This remains essentially unchanged since 2018. See Figures 18 and 19 for self-reported racial identities for single veterans as well as veterans in families.

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

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

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

Seven of nine CoCs reported reductions in the number of veterans experiencing homelessness from 2021 to 2022. The greatest reduction was in the District of Columbia (89 fewer veterans

Figure 17: Veteran Single Adults Experiencing Homelessness: Source of Income
Source: COG 2022

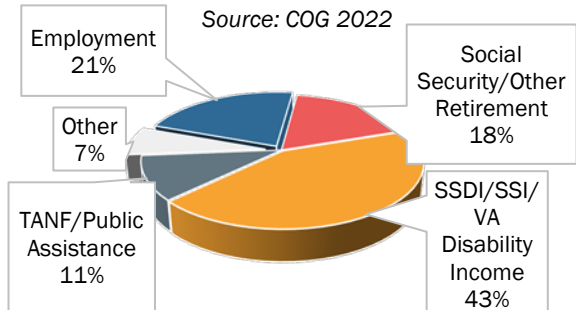


Figure 18: Veteran Single Adults Experiencing Homelessness (Race)
Source: COG 2022

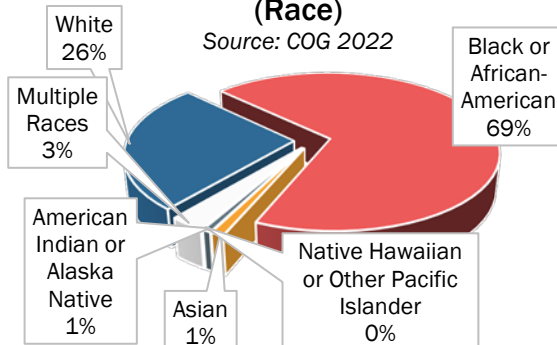


Figure 19: Veteran Adults in Families (Race)
Source: COG 2022

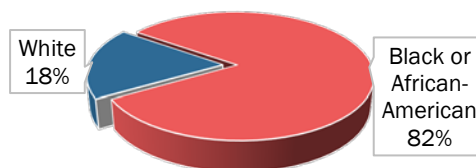
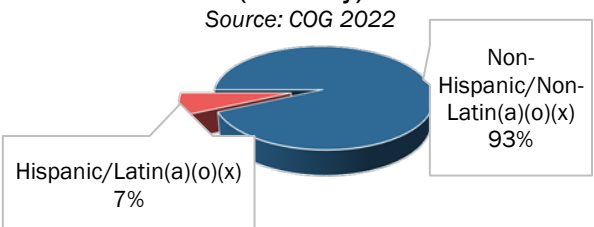


Figure 21: Veteran Single Adults (Ethnicity)
Source: COG 2022



counted). Only two of eight CoCs recorded increases, but both were small numbers in the single digits.

However, the longer-term trend as shown in Table 12 demonstrates that during the period of 2018 to 2022, all nine CoCs reduced their incidence of veterans experiencing homelessness and the region reduced the number of veterans experiencing homelessness by 40 percent.

All nine CoCs in the metropolitan Washington region reduced their incidence of veterans experiencing homelessness between 2018 and 2022.

Coordinated regional efforts from the local to state and federal level at the U.S. Departments of Housing and Urban Development (HUD) and Veterans Affairs (VA) have had a positive impact on reducing the number of veterans experiencing homelessness in our region since 2018. Key elements of this success include the increased availability of permanent housing resources (such as SSVF and VASH vouchers), tied to the use of coordinated entry to ensure that available resources are used efficiently.

The CoCs in the metropolitan Washington region will continue to implement proven strategies to end the experience of homelessness for those who have served in the armed forces by assisting veterans in accessing permanent housing.

TABLE 12: Veterans Experiencing Homelessness by Jurisdiction, 2018 - 2022							
Jurisdiction	2018	2019	2020	2021	2022	Change in Persons 2018 - 2022	Percent Change 2018 - 2022
City of Alexandria	8	7	9	3	2	-6	-75%
Arlington County	8	10	3	4	6	-2	-25%
District of Columbia	306	297	302	187	208	-98	-32%
Fairfax County	33	42	33	48	32	-1	-3%
Frederick County	9	4	6	N/A	8	-1	-11%
Loudoun County	6	4	7	4	2	-4	-67%
Montgomery County	18	13	14	19	15	-3	-17%
Prince George's County	29	28	28	19	8	-21	-72%
Prince William County	24	10	16	12	11	-13	-54%
TOTAL	484	408	441	406	292	-192	-40%

Source: COG 2022

TRANSITION AGE YOUTH

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

In 2022, the region counted 761 persons who were between the ages of 18 and 24 experiencing homelessness. This represents ten percent of the total homeless population and 12 percent of the persons in families. Since 2019, persons in age range were more likely to be single adults than adults in families; 64 percent of all adults in TAY households were single young adults in 2022. Like other families experiencing homelessness, 54 percent of persons in TAY family households were children.

Jurisdiction	Single Adults (TAY)	Adults in Families (TAY)	Total
City of Alexandria	1	0	1
Arlington County	4	5	9
District of Columbia	351	111	462
Fairfax County	41	22	63
Frederick County	12	4	16
Loudoun County	3	2	5
Montgomery County	19	12	31
Prince George's County	47	118	165
Prince William County	6	3	9
TOTAL	484	277	761

Source: COG 2022

The longer-term trend between 2018 and 2022, as shown on the following page in Table 14, indicates that the number of single TAYs experiencing homelessness has increased by five percent between the PIT counts of 2018 and 2022. Some CoCs attribute this in part to an increase in capacity and programming to support people experiencing homelessness in this stage of their lives.

Single TAYs have one characteristic that distinguishes them from other single adults experiencing homelessness: they are more likely to have a history of foster care involvement (see Figure 21). Like their peer adults, they were also likely to have experienced institutionalization and serious mental illness.

Adults in TAY families experiencing homelessness were more likely to have experienced a past incident of domestic violence, followed by an incidence of domestic violence which led to their current experience of homelessness on the night of the count. This is shown in Figure 21.

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

TABLE 14: Single Transition Age Youth (TAY) Experiencing Homelessness by Jurisdiction: 2018-2022

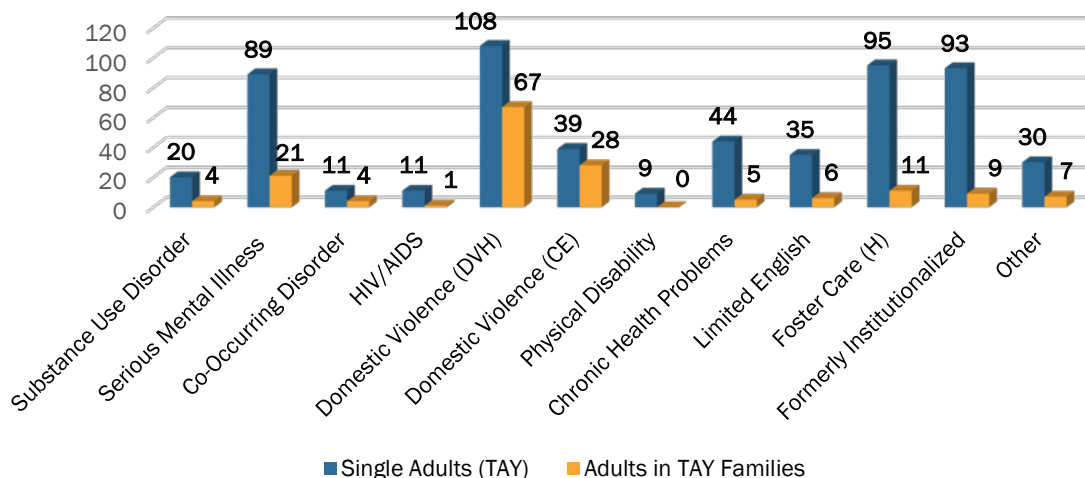
Jurisdiction	2018	2019	2020	2021	2022	Change in Persons 2018 - 2022	Percent Change 2018 - 2022
City of Alexandria	7	9	8	4	1	-6	-86%
Arlington County	2	10	7	7	4	2	100%
District of Columbia	309	489	485	448	351	42	14%
Fairfax County	51	70	79	63	41	-10	-20%
Frederick County	19	20	12	6	12	-7	-37%
Loudoun County	7	20	22	12	3	-4	-57%
Montgomery County	29	22	40	21	19	-10	-34%
Prince George's County	21	31	32	41	47	26	124%
Prince William County	18	7	17	12	6	-12	-67%
TOTAL	463	678	702	614	484	21	5%

Source: COG 2022

Transition Age Youth, or young adults in Households without Children who report having income were most likely (47 percent) to report their primary source of income was from employment. This is a decrease from the 2021 enumeration of 54 percent. Adult TAYs in families who responded to these questions reported their primary source of income was from public assistance (53 percent). For another 37 percent of adults in TAY families, the primary source of income was employment, and three percent of adults in TAY families' primary form of income was from SSI/SSDI. The next largest category of income for single adult TAYs was from disability income (40 percent), followed by public assistance. See Figures 22 and 23 on the following page.

Figure 21: Transition Age Youth Life Experiences

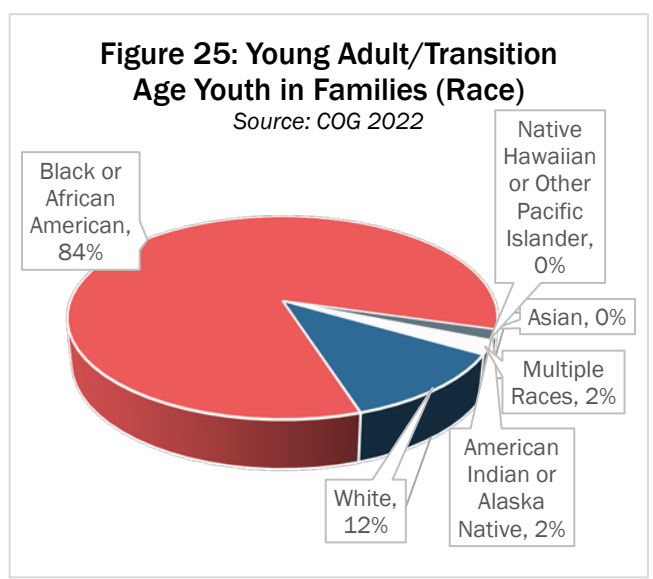
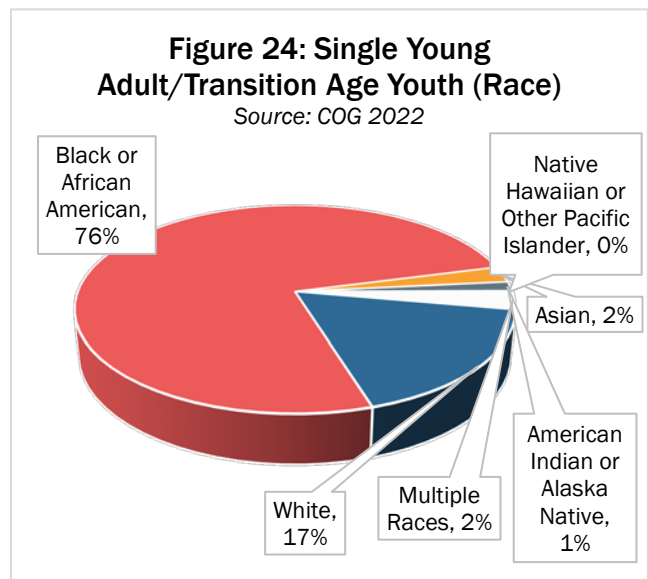
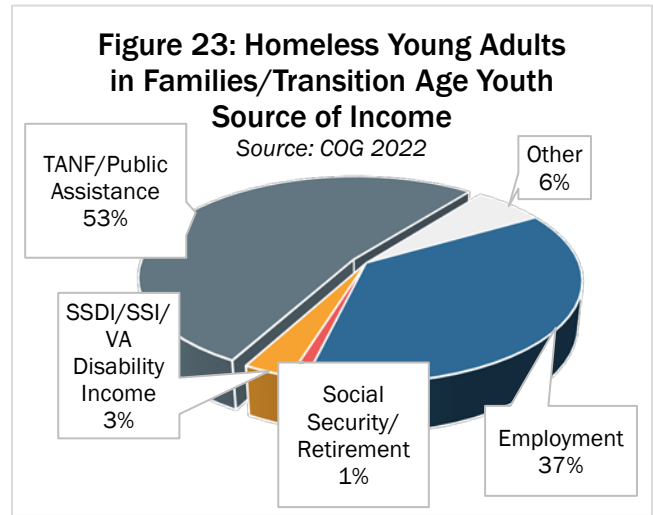
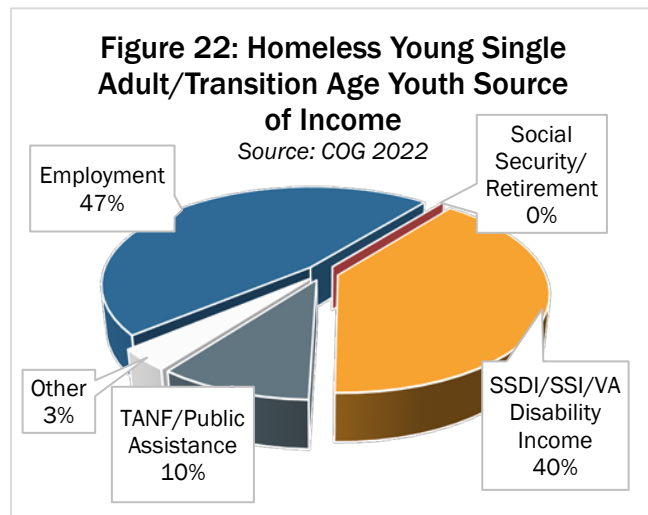
Source: COG 2022



Note: These categories are not mutually exclusive; it is possible for TAYs to be counted in more than one subpopulation category.

Reflecting the same characteristics as the larger population experiencing homelessness, most single TAY adults who reported their race identified as Black or African American (76 percent) as well as adults in TAY families (84 percent). Transition Age Youth identifying as white made up the next

largest group, with 17 percent of single adult TAYs and 12 percent of adult TAYs in families. These percentages represent a slight decrease in the numbers of TAYs who identify as Black or African American (from 80 percent of single adult TAYs and 90 percent adult TAYs in families) and a slight increase in those who identify as white (from 12 percent of single TAYs and six percent of adult TAYs in families) in 2021.



SHELTER FACILITIES AND PERMANENT HOUSING SOLUTIONS

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

Table 15 provides the region's 2022 distribution of emergency, seasonal and overflow, transitional, safe haven, rapid re-housing, permanent supportive housing and other permanent housing beds for individuals, unaccompanied minors, and families experiencing homelessness. These facilities were available in the winter months during the enumeration and during the year's warmer months from April to October.

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

Since the 2020 declaration of the pandemic, shelter capacity in all the region's CoCs had to adjust to meet public health guidelines from the CDC (Centers for Disease Control). Congregate shelters were forced to reduce bed capacity to maintain proper distancing and use existing rooms for isolation and quarantine purposes. CoCs used hotel rooms, and other public facilities (such as closed recreation centers), to accommodate the need for alternative shelter spaces and to prevent the spread of COVID-19. Capacity had to be modified not only to adjust spatial requirements, but also operationally to include staggered mealtimes, daily screening protocols, and COVID testing. In addition to the factors which typically affect bed availability each year, the pandemic also impacted shelter options and permanent housing solutions for the 2022 PIT count.

The metropolitan Washington region achieved a significant 63 percent increase in permanent supportive housing beds between the PIT counts of 2018 and 2022.

Between 2018 and 2022, the region added 7,408 permanent supportive housing beds to its year-round facility inventory. This represents a significant 63 percent increase since 2018.

Permanent supportive housing beds in 2022 comprise 43 percent of the region's inventory serving households experiencing or formerly experiencing homelessness. This represents a slight decrease from 47 percent in 2021.

The region reflected 2,582 more rapid re-housing beds in use on the night of the 2022 PIT than in 2018, bringing the total inventory of permanent supportive housing and rapid re-housing beds to 28,566. Rapid re-housing capacity, as reflected in the PIT count, is counted by utilization which may ebb and flow over time, while permanent supportive housing stock includes designated beds or

units. A better representation of rapid re-housing bed utilization would review the number of people served during a year.

Beds categorized as “other permanent housing” also represent another source of permanent housing. The region’s increased supply of permanent housing is consistent with the national initiative to use a Housing First⁵⁷ model. Persons in rapid re-housing, permanent supportive housing, or other permanent housing are no longer considered to be experiencing homelessness; they are counted as “formerly homeless” persons.

Other permanent housing was included in Table 15 for the first time in 2017. Other permanent housing is housing that is specifically targeted for persons experiencing homelessness. Examples of other permanent housing in the metropolitan Washington region includes non-profit agency partners purchasing housing units and designating them for persons who are formerly homeless and using project-based Housing Choice Vouchers to provide a longer-term rental subsidy. The data on other permanent housing are also reported to HUD and reflect a more complete picture of the number of formerly homeless beds available in the metropolitan Washington region. Including other permanent housing in the bed count shows an additional 3,817 beds since 2018 that would otherwise not be counted.

The region recorded 6,584 emergency, seasonal and overflow beds in 2022, representing a decrease increase of 1,363 beds since 2021 and a decrease of 1,821 beds since 2018. The reduction in emergency, seasonal, and overflow beds may be the result of several factors, including decreased capacity due to the need for isolation and quarantine space due to the COVID-19 pandemic and weather conditions on the night of the count. In one jurisdiction, a shelter was closed for repairs.

The region continued to lose transitional beds from 2018 through 2022. The trend began prior to the COVID-19 pandemic. During this period, the region provided 481 fewer beds, or a 19 percent decrease. This decrease is consistent with reductions noted last year between 2017 and 2021.

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

Transitional housing beds comprised five percent of the region’s literally homeless beds in winter in 2022, a percentage that remains unchanged from 2021. The distribution of emergency, seasonal and overflow shelter beds comprised 15 percent in 2022, a decrease of five percent from the previous year. The region currently has a total of 44,515 beds for its residents currently or formerly experiencing homelessness across each of the facility categories; this number has increased by 11,478 beds compared to 2018. Table 15 represents this regional resource for persons who were literally or formerly experiencing homeless on January 26, 2022.

⁵⁷ Housing First is an approach to solving homelessness that emphasizes providing housing first and making use of clinical services optional. This strategy has proven successful in stabilizing persons experiencing homelessness, lowering returns to homelessness, and reducing the use of crisis services. For more information: http://usich.gov/usich_resources/fact_sheets/the_housing_first_checklist_a_practical_tool_for_assessing_housing_first_in and <http://www.endhomelessness.org/library/entry/what-is-housing-first>

TABLE 15: 2018 - 2022 Winter and Year-Round Inventory of Beds in Metropolitan Washington								
		Beds for Singles	Beds for Unaccompanied Youth	Beds for Persons in Families	All Beds: Winter	Percent Distribution in Winter	All Beds: Warm Months	Percent Distribution in Warm Months
<i>Beds for Literally Homeless</i>								
Emergency, Seasonal & Overflow Beds	2022	4,398	0	2,186	6,584	76%		
	2021	5,266	16	2,618	7,900	78%		
	2020	4,230	24	3,368	7,622	78%		
	2019	4,561	21	3,278	7,860	76%		
	2018	4,436	28	3,941	8,405	76%		
Transitional Housing Beds	2022	1,162	0	882	2,044	24%	2,044	24%
	2021	1,133	0	1,030	2,163	21%	2,163	21%
	2020	1,116	0	982	2,098	22%	2,098	22%
	2019	1,092	0	1,207	2,374	23%	2,374	23%
	2018	1,131	8	1,235	2,525	21%	2,525	21%
Safe Haven	2022	32	0	n/a	32	0%	32	0.4%
	2021	25	0	n/a	25	0%	25	0.2%
	2020	34	0	n/a	34	0%	34	0.3%
	2019	46	0	n/a	62	1%	62	0.6%
	2018	62	0	n/a	59	1%	59	0.5%
Subtotal: Beds for Literally Homeless	2022	5,592	0	3,068	8,660		8,660	
	2021	6,424	16	3,648	10,088		10,088	
	2020	5,380	24	4,350	9,754		9,754	
	2019	5,613	36	5,176	10,296		10,296	
	2018	5,716	39	6,035	11,790		11,790	
Percent Change Since 2018		-2%	-100%	-49%	-27%		-27%	

Source: COG 2022

Between 2018 and 2022, the metropolitan Washington region's supply of permanent housing beds increased by a significant 63 percent or 13,807 beds. This in part reflects the addition of other permanent housing to the inventory count; however, it also reflects the priority the region's CoCs continues to place on increasing resources for permanent housing solutions. The region currently has 35,855 permanent housing beds, representing 81 percent of the region's total bed inventory. This is reflected in the second portion of Table 15 below.

TABLE 15: 2018 - 2022 Winter and Year-Round Inventory of Beds in Metropolitan Washington (Continued)								
Permanent Housing Beds for Formerly Homeless Persons								
		Beds for Singles	Beds for Unaccompanied Youth	Beds for Persons in Families	All Beds: Winter	Percent Distribution in Winter	All Beds: Warm Months	Percent Distribution in Warm Months
Permanent Supportive Housing Beds	2022	10,126	0	9,102	19,228	54%	19,228	54%
	2021	8,530	0	10,424	18,954	63%	18,954	63%
	2020	6,857	0	7,076	13,933	58%	13,933	58%
	2019	5,550	0	5,547	11,097	46%	11,097	46%
	2018	5,106	0	6,714	11,820	54%	11,820	54%
Rapid Re-Housing & RRH Demonstration Beds	2022	1,185	0	8,153	9,338	26%	9,338	26%
	2021	657	0	8,810	9,467	31%	9,467	31%
	2020	746	0	6,847	7,593	32%	7,593	32%
	2019	589	0	6,807	7,396	31%	7,396	31%
	2018	339	0	6,417	6,756	31%	6,756	31%
Other Permanent Housing	2022	1,880	0	5,409	7,289	20%	7,289	20%
	2021	774	0	897	1,671	6%	1,671	6%
	2020	1,274	0	4,982	6,256	26%	6,256	26%
	2019	1,885	0	3,637	5,522	23%	5,522	23%
	2018	230	0	3,242	3,472	16%	3,472	16%
Subtotal: Beds for Formerly Homeless	2022	13,191	0	22,664	35,855		35,855	
	2021	9,961	0	20,131	30,092		30,092	
	2020	8,024	0	15,991	24,015		24,015	
	2019	8,024	0	15,991	24,015		24,015	
	2018	5,675	0	16,373	22,048		22,048	
TOTAL - All beds (literally and formerly homeless)	2021	18,783	0	25,732	44,515		44,515	
	2021	16,385	16	23,779	40,180		40,180	
	2020	13,711	21	20,476	37,536		33,769	
	2019	13,711	21	20,476	28,789		34,311	
	2018	11,161	39	19,166	33,037		33,838	
Percent Change Since 2018		68%	-100%	34%	35%		32%	

Source: COG 2022

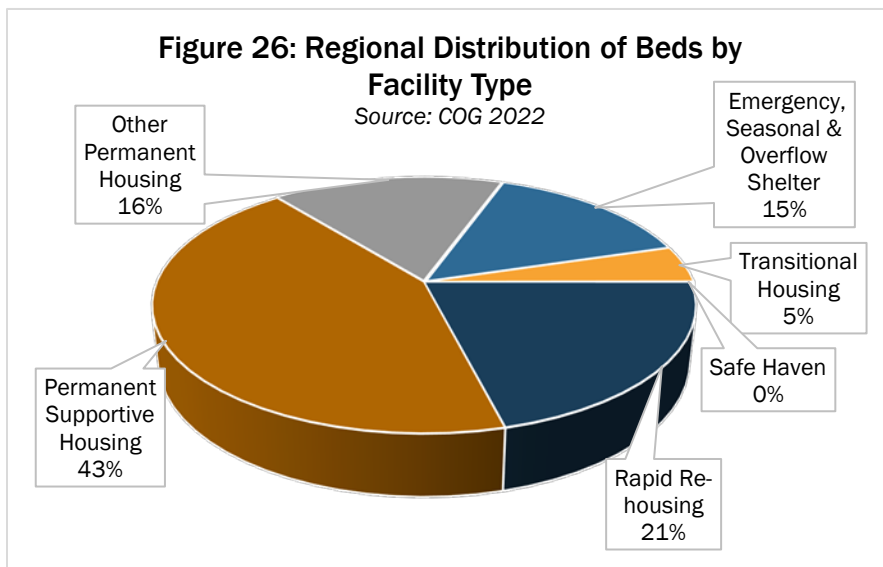
According to Figure 26 (following page), 15 percent of the region's distribution of beds is for emergency, seasonal and overflow shelter. In 2014, the region added the number of rapid re-housing beds to the inventory it tracks. Rapid-rehousing beds accounted for 21 percent of the region's inventory during the 2022 enumeration. Transitional housing comprises five percent of the region's bed inventory, which is unchanged since 2021. Safe Haven beds were less than one percent of the regional inventory in the 2022 PIT count.

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

determinant of health and have partnered with housing providers to create additional permanent housing for persons experiencing homelessness.

The District of Columbia's 14,999 permanent supportive housing beds for single adults and families represent 78 percent of the region's total number of permanent supportive housing beds.

Montgomery County has 14 percent of the region's permanent supportive housing beds at 2,661 beds, and Fairfax County, the next largest system, had three percent or 1,036 permanent supportive housing beds in the region on the night of the 2022 enumeration.



FROM HOMELESSNESS TO PERMANENT HOUSING



Homeless service providers and government housing officials are often asked, “How many people who previously experienced homelessness are now in housing?” The question was harder to answer when governments followed the emergency shelter model of the 1980s. Under this model, people experiencing chronic homelessness comprised most of the shelter population and were less likely to access permanent housing. This happened because people who were referred on to permanent housing had to demonstrate “readiness” for housing evidenced by completing treatment,

maintaining sobriety, or otherwise successfully “graduating” from temporary housing like shelter or transitional housing.

Housing First is an alternative to this “housing readiness” model which is founded on the belief that all people, regardless of their experiences or needs, deserve housing. Another core principle of the Housing First model is that the most vulnerable person experiencing homelessness is more responsive to interventions and social services support after they are in their own housing, rather than while living in temporary or transitional housing facilities. Under a Housing First model, people can gain the stability necessary to better manage the challenges in their lives.

The CoCs in metropolitan Washington have adopted a Housing First approach as a systems model to respond to homelessness. This includes programs that are low-barrier, person-centered, housing-focused, and are not just geared towards those who may experience chronic homelessness or live with a disabling condition.

The ultimate goal of the metropolitan Washington region’s homeless CoCs is to assist people in accessing permanent housing in communities where they can thrive. Permanent supportive housing is one solution that engages people who formerly experienced homelessness to build trust and rapport to identify what wrap-around services will best assist them in their efforts to live as independently as possible. These services may include substance use counseling, life skills training, health care, mental health services, and job training. Many of these crucial supportive services and housing subsidies are provided by the region’s CoCs, comprised of local governments, nonprofits, and other human services agencies.

Table 15 (previous section) provides information on the region’s residents who previously experienced homelessness living in different categories of permanent housing. Other permanent housing solutions, such as rapid rehousing, may meet the needs of people experiencing homelessness who do not need the level of support that permanent supportive housing provides.

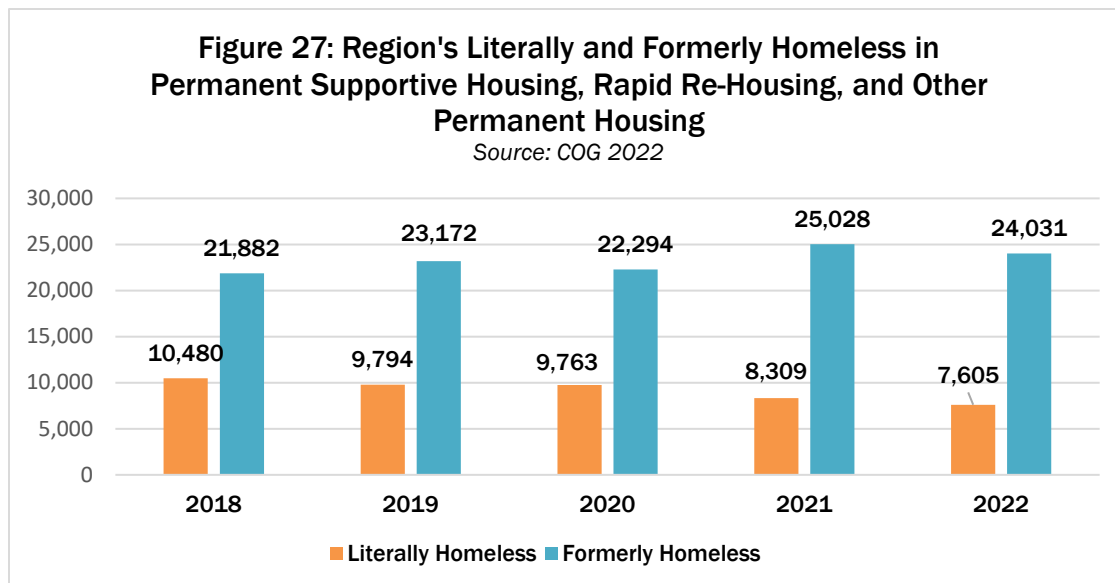
According to the 2022 enumeration, there were 24,370 people formerly experiencing homelessness currently residing in some form of permanent housing; this represents 658 fewer individuals in permanent housing than in 2021. Table 16 (following page) cites the region’s number of people living in permanent supportive housing (PSH), rapid re-housing (RRH) and other permanent housing

TABLE 16: Persons Formerly Experiencing Homelessness In Permanent Housing								
		Permanent Supportive Housing (PSH)	Permanent Supportive Housing (PSH)	Rapid Re-Housing (RRH)	Rapid Re-Housing (RRH)	Other Permanent Housing (OPH)	Other Permanent Housing (OPH)	Total Permanently Housed
		Persons in Households Without Children	Persons in Households with Adults and Children	Persons in Households Without Children	Persons in Households with Adults and Children	Persons in Households Without Children	Persons in Households With Adults and Children	
ALL COG CoCs	2022	6,740	4,631	962	7,917	1,056	3,064	24,370
	2021	7,330	6,730	657	8,812	682	817	25,028
	2020	5,615	5,810	565	6,741	912	2,651	22,294
	2019	5,395	5,461	502	6,647	1,645	3,522	23,172
	2018	4,954	6,088	326	6,034	1,501	2,979	21,882
Percent Change Since 2018		36%	-24%	195%	31%	-30%	3%	11%

Source: COG 2022

(OPH) by household category and reflects the evolving pattern of permanent housing solutions for persons experiencing homelessness in the metropolitan Washington region. The change in the number of people from 2021 to 2022 may reflect a variety of factors, including the availability and use of affordable units as of the day of the annual enumeration, or the impacts of the pandemic on the region’s housing market.

Figure 28 compares the total number of persons counted the night of the enumeration as literally homeless and formerly homeless from 2018 through 2022. The totals should not be combined as a proportion of each may be duplicated as people exit homelessness and move to permanent housing. The data for persons who were formerly experiencing homeless for 2018 through 2022 reflect not only persons in permanent supportive housing, but other forms of permanent housing such as rapid re-housing and other permanent housing. Per HUD’s requirements, people who were previously



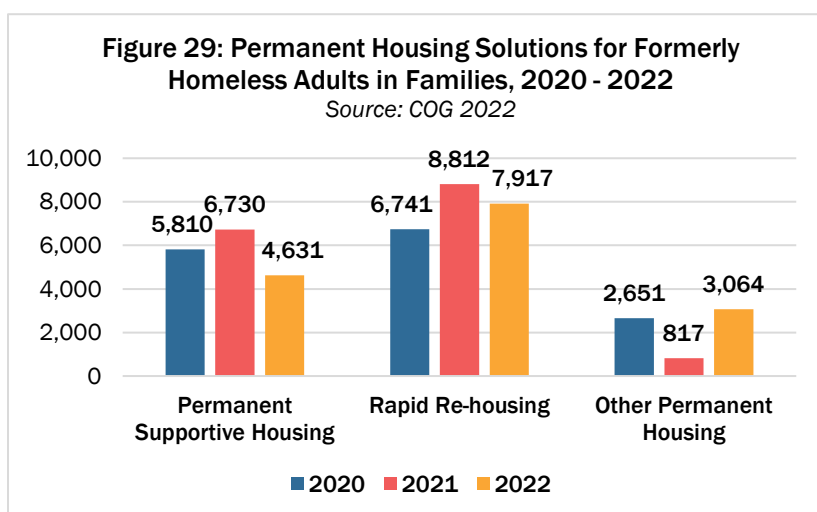
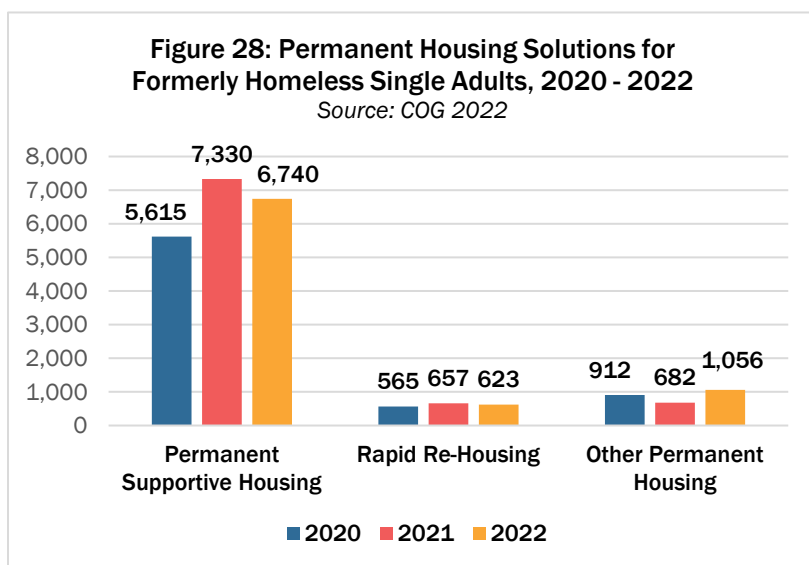
experiencing homelessness and are now living in permanent housing are not counted as part of the people counted as experiencing literal homelessness who live on the streets, in emergency shelter, or in transitional housing programs.

By definition, people who formerly experienced homelessness includes people presently living in permanent housing following a period of living on the street or in emergency or transitional shelter. Beginning in 2014, the nine participating Continua of Care gathered data on permanent housing options in addition to permanent supportive housing.

Other permanent housing options include rapid re-housing, which primarily serves families experiencing homelessness in the metropolitan Washington region, and other supportive housing options.

The differences in the rates of use of permanent supportive housing and other permanent housing strategies by household type are represented graphically by Figures 28 and 29 and help demonstrate the importance of having different options to solve each person’s unique housing needs.

As mentioned earlier in this report, it is important to note that the PIT count is only a one-day snapshot of people experiencing homelessness in the metropolitan Washington region. People face homelessness every day and this number fluctuates throughout the year. Growing pressures on the region’s competitive housing market and high rents continue to negatively impact people experiencing homelessness. The pandemic has placed new pressures on the housing market, and in a region where housing costs are rising faster than incomes, it creates additional challenges for residents with low-wage jobs and remains a critical obstacle to ending homelessness. The region’s focus on preventing homelessness, reducing the length of time residents experience homelessness, and creating more pathways to permanent housing has contributed to the region’s efforts to reduce the number of people who experience homelessness at any given point in time.



CONCLUSIONS AND RECOMMENDATIONS

As of January 26, 2022, 7,605 people throughout metropolitan Washington were experiencing homelessness. This is the lowest recorded number of persons counted experiencing homelessness since the region began coordinating the annual Point-in-Time enumeration in 2001. This represents an eight percent reduction from the previous year's enumeration and demonstrates steady progress in ensuring that the experience of homelessness in the metropolitan Washington region is rare, brief, and non-recurring.

The global COVID-19 pandemic has placed enormous stress on the region's homeless services system. The region's CoCs quickly responded to the changing conditions at the start of the pandemic by reconfiguring shelters, operating hotel programs, and now, working tirelessly to vaccinate residents experiencing homelessness to prevent COVID-19 contraction and mitigate the risks of exposure.



Surveyors encounter a campsite in Prince William County during the annual unsheltered portion of the Point-in-Time count. (Prince William County Department of Social Services).

How did the region's CoCs achieve a decrease in the number of people experiencing homelessness under such demanding circumstances? The regional record low counts, two years in a row, helps us understand the impact of key aspects of the regional system response, even if the PIT survey does not allow us to determine the impact of any one policy or program.

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

percent decrease in the regional homeless count is the fact that over 24,000 people who were formerly experiencing homelessness were residing in some form of permanent housing on the night of the count in 2022.

Several other conditions, unique to the pandemic, may have contributed to this year's decrease in literal homelessness as well. On the prevention side, strong local and federal eviction moratoriums, coupled with emergency rental and utility assistance, kept residents from entering the homeless services system at high rates as initially feared during the start of the pandemic in 2020. Existing prevention programs, coupled with these strong additional resources, made a significant difference in reducing the number of people entering the homeless services system throughout the region. Federal funding from multiple legislative bills, such as the CARES (Coronavirus Aid, Relief, and Economic Security) Act and the American Rescue Plan Act of 2021 provided support to the region's CoCs to reconfigure shelters and shelter programs, provide personal protective equipment, and hire additional staff to increase capacity. Given the risks of virus transmission from spending time indoors in congregate settings, it's possible that some people experiencing homelessness chose not to enter the shelter system at all. Access to additional housing vouchers, supplemented in some

jurisdictions with local housing grant programs, allowed those whose experience of homelessness could not be prevented to be rapidly rehoused. These strategies help demonstrate that access to additional housing resources make a significant difference in reducing the number of people experiencing homelessness.

Our region faces significant challenges in its efforts to end homelessness. Several of these key challenges are not new: high rents that continue to rise every year and make it very difficult for extremely low-income households to find or maintain housing that they can afford,⁵⁸ and wages that have not increased to keep pace with the rising cost of housing, particularly for less-educated workers.⁵⁹ In addition, the region's declining supply of permanently affordable housing continues to expand the gap between the options available for the lowest-income households and the increasing need.

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

As we shift into a new phase of the pandemic response in our regional homeless services system, it is critical to continue to innovate, collaborate, and seek alignment across our CoCs to truly prevent and end homelessness in metropolitan Washington.

-Tom Barnett, COG Homeless Services Committee Co-Chair

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

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

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

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

⁵⁸ http://www.urban.org/research/publication/housing-security-washington-region/view/full_report, p. 5

⁵⁹<http://www.thecommonwealthinstitute.org/2014/06/22/bursting-the-bubble/>

In our interconnected region, the solutions to preventing and ending a person's experience of homelessness should not be limited by our jurisdictional boundaries. With coordinated action and a willingness to scale up proven solutions, we can end homelessness in metropolitan Washington.

-Elisabeth Young, COG Homeless Services Committee Co-Chair

- 2. The Committee recommends that each of the region's CoC jurisdictions continuously increase its permanent supportive housing, rapid re-housing and other permanent housing inventory to meet the need equitably throughout the region.** The provision of supportive wrap-around services, in conjunction with permanent housing, helps people experiencing homelessness become more confident and independent once their challenges are diagnosed and addressed.

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

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

- 3. Each jurisdiction should continue its efforts to reach out, assess, and house unsheltered persons experiencing homelessness.** The region's CoCs have in place, or are developing, systems to rapidly re-house people experiencing homelessness into appropriate permanent housing.

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

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

As the region recovers economically from the shock created by the COVID-19 pandemic, jurisdictions should ensure that workforce development programs are appropriately staffed and able to meet the rising need for more job seekers in the marketplace.

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

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

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

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

- 6. The committee recommends that each of the region's CoC jurisdictions aim to close gaps in systems of care that lead to disproportionality and disparities. To understand the impacts of those gaps and identify appropriate and effective responses, communities should consult the people most impacted in their planning, design, and implementation.⁶⁰**

The CoCs in the metropolitan Washington are committed to ensuring that system transformation is not only grounded in the principles of racial equity, but that it involves people with lived experience of homelessness to advise and inform how best to assist people experiencing a housing crisis.

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

The availability of federal stimulus funds this past year provided an opportunity for innovation at the local level and to demonstrate that the region's CoCs can make progress towards the goal of reducing the number of residents who experience a housing crisis, given additional tools and resources. These interventions need a continued strong commitment to ensure that gains made in preventing and ending homelessness during the pandemic are not lost when emergency restrictions are lifted, and federal aid packages are exhausted.

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



⁶⁰ <https://endhomelessness.org/wp-content/uploads/2020/04/COVID-Fra>

TABLE 17: People Experiencing Literal Homelessness by Jurisdiction, 2018- 2022

Jurisdiction/Year		Households Without Children	Unaccompanied Youth/ Households with Only Children	Households with Adults and Children	All Persons
City of Alexandria	2022	73	0	47	120
	2021	63	0	43	106
	2020	121	0	86	198
	2019	124	0	74	226
	2018	142	0	84	226
2018-2022 Percent Change		-48.6%	N/A	-44.0%	-46.9%
Arlington County	2022	132	0	50	182
	2021	127	0	44	171
	2020	139	0	60	199
	2019	149	0	66	215
	2018	144	0	77	221
2018-2022 Percent Change		-8.3%	N/A	-35.1%	-17.6%
District of Columbia	2022	3,397	9	1,004	4,410
	2021	3865	11	1235	5,111
	2020	3,937	12	2,431	6,380
	2019	3,862	13	2,646	6,521
	2018	3,761	9	3,134	6,904
2018-2022 Percent Change		-9.7%	0.0%	-68.0%	-36.1%
Fairfax County	2022	626	1	564	1,191
	2021	737	5	480	1,222
	2020	513	0	528	1,041
	2019	507	1	526	1,034
	2018	497	2	488	987
2018-2022 Percent Change		26.0%	-50.0%	15.6%	20.7%
Frederick City & County	2022	153	0	57	210
	2021	165	5	58	228
	2020	238	0	70	308
	2019	212	0	74	286
	2018	207	0	109	316
2018-2022 Percent Change		-26.1%	N/A	-47.7%	-33.5%

Source: COG 2022

TABLE 17: People Experiencing Literal Homelessness by Jurisdiction, 2018- 2022					
Jurisdiction/Year		Households Without Children	Unaccompanied Youth/ Households with Only Children	Households with Adults and Children	All Persons
Loudoun County	2022	66	0	33	99
	2021	50	0	30	80
	2020	129	0	50	179
	2019	124	0	45	169
	2018	86	0	48	134
2018-2022 Percent Change		-23.3%	N/A	-31.3%	-26.1%
Montgomery County	2022	408	0	173	581
	2021	480	0	97	577
	2020	487	0	183	670
	2019	441	0	206	647
	2018	568	0	272	840
2018-2022 Percent Change		-28.2%	N/A	-36.4%	-30.8%
Prince George's County	2022	273	0	298	571
	2021	251	0	286	537
	2020	212	1	240	453
	2019	199	1	247	447
	2018	203	2	273	478
2018-2022 Percent Change		34.5%	N/A	9.2%	19.5%
Prince William County	2022	145	0	96	241
	2021	179	0	103	282
	2020	214	0	112	326
	2019	117	0	160	277
	2018	190	2	182	374
2018-2022 Percent Change		-23.7%	N/A	-47.3%	-35.6%
COG REGION	2022	5,273	10	2,322	7,605
	2021	5,917	16	2,376	8,309
	2020	5,990	13	3,760	9,763
	2019	5,735	15	4,044	9,794
	2018	5,798	15	4,667	10,480
2018-2022 Percent Change		-9.1%	N/A	-50.2%	-27.4%

Source: COG 2022

APPENDICES

APPENDIX A: SHELTER HOTLINE RESOURCE NUMBERS

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

APPENDIX B: HOMELESSNESS ENUMERATION JURISDICTIONAL NARRATIVE REPORTS

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

APPENDIX C: COG HOMELESS SERVICES COMMITTEE MEMBERS

APPENDIX A: SHELTER HOTLINE RESOURCES

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

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

Alexandria, VA

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

Arlington, VA

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

District of Columbia

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

Fairfax County, VA

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

Frederick, MD

(301) 600-1506 Frederick Community Action Agency

Loudoun County, VA

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

Montgomery County, MD

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

Prince George's County, MD

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

Prince William County, VA

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

APPENDIX B: HOMELESS ENUMERATION JURISDICTIONAL NARRATIVE REPORTS

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

City of Alexandria, Virginia

DESCRIPTION OF HOMELESS SERVICES

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

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

CITY OF ALEXANDRIA HOUSING CRISIS RESPONSE SYSTEM SERVICE COMPONENTS

COMPONENTS	DESCRIPTION
<u>Projects for Assistance in Transition from Homelessness (PATH)</u>	Outreach and assistance provided to adults with serious mental illness who are experiencing homelessness or who are at risk of becoming homeless. Services include community-based outreach, mental health, substance abuse, case management and other supportive services, and a limited set of housing services.
<u>Day Shelter</u>	Facility providing services to meet the basic needs of unsheltered homeless individuals including access to showers, laundry machines, lockers, phone, and voicemail services, mailing address, case management, outreach, and linkage and referral to community resources.
<u>Homeless Services Assessment Center</u>	Assistance for persons experiencing or at-risk of homelessness to determine the best immediate next step to effectively address the housing crisis. Services include screening for diversion services and emergency shelter as appropriate, basic needs assessment, and mainstream and community resource linkages and referrals.
<u>Diversion and Prevention Services</u>	Temporary support to persons at-risk of homelessness including housing location, case management, housing counseling, linkage to mainstream resources, landlord-tenant mediation, job search assistance and employment services, budgeting/ financial management and financial assistance.
<u>Emergency Shelter</u>	Temporary lodging and supportive services for homeless individuals and families.
<u>Domestic Violence Program</u>	Crisis intervention and supportive counseling services to victims of domestic and sexual violence. Services include temporary accommodations, 24-hour hotline, individual counseling, support groups, and court and medical facility accompaniment.

<u>Rapid Re-housing Assistance</u>	Temporary supportive services and limited financial assistance to aid persons experiencing homelessness to quickly return to and remain in permanent housing.
<u>Winter Shelter</u>	Seasonal shelter from November 1 to April 15 to protect persons experiencing homelessness from exposure-related conditions such as hypothermia and frostbite during cold weather months.
<u>Safe Haven</u>	Supportive housing for hard-to-reach homeless individuals with serious mental illness who have been unable or unwilling to participate in housing or supportive services.
<u>Transitional Housing</u>	Extended supportive housing targeting homeless individuals and families needing longer-term assistance to facilitate a move to permanent housing.
<u>Permanent Supportive Housing</u>	Permanent housing with supportive services including barrier-free units for individuals designed to allow formerly homeless adults with children and individuals with serious mental illness to live in the community as independently as possible.
<u>Other Permanent Housing Resources</u>	Public housing units with and without supportive services; private income-based apartment units; Housing Choice voucher-subsidies; as well as rent relief subsidy for seniors and the disabled.

Operating within COVID-19 Safety Guidelines for congregate care settings, the CoC provided a combined total of 104 year-round emergency shelter beds, 60 for households without children and 44 for households with adults and children during the 2022 Count. Combined, the transitional housing inventory consisted of 39 beds (7 for male households without children and 32 for households with adults and children).

The Domestic Violence Program shelter provided 11 undesignated year-round beds to serve persons in imminent danger of domestic or sexual violence, with 10 more available in hotels for overflow. From November 1 to April 15, the Winter Shelter Program provided an additional 32 undesignated seasonal beds to protect unsheltered persons experiencing homelessness from exposure-related conditions such as hypothermia and frostbite during cold weather months.

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

<u>INVENTORY TYPE</u>	<u>Units for Households with Adults & Children</u>	<u>Beds for Households with Adults & Children</u>	<u>Beds for Households without Children</u>	<u>Year-Round Beds</u>
<u>Winter Shelter</u>	-	9	23	-
<u>Emergency Shelter</u>	-	44	60	104
<u>Domestic Violence Program Shelter</u>	-	9	2	11
<u>Transitional Housing</u>	10	32	7	39
<u>Safe Haven</u>	-	-	12	12
TOTAL				166

- Not Applicable

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

SIGNIFICANT ACCOMPLISHMENTS SINCE THE 2021 WINTER ENUMERATION

Alexandria Eviction Prevention

In 2021 the City of Alexandria permanently established the Eviction Prevention Task Force (Task Force) whose eviction prevention efforts focused on reducing the impact of the current evictions crisis and developing long-term prevention strategies through collaboration among the City, state government agencies, businesses, non-profits, landlords, tenants, faith community and community advocates.

Future initiatives include new eviction prevention positions such as Housing Relocators, Service Navigators, Court Navigators, and Housing Justice Attorneys who will all work towards supporting tenants and landlords in connecting with available community resources. These crucial positions were identified by the Task Force as gaps that existed in the community and were advocated for on behalf of tenants and landlords in the City.

Alexandria Racial Equity Initiatives

73% of residents experiencing homelessness during Alexandria's 2022 Point in Time (PIT) count identified as Black or African American, compared to National Census Data where 22% of Alexandria's population is Black or African American. This disproportionate representation is the result of institutionalized racial inequity within systems of care nationwide, but remains a local trend, spurring the CoC to closely monitor housing stabilization processes and services for any opportunity to address those disparities. In 2021 the CoC utilized local housing assistance access trends to incorporate race and ethnicity as a quantified housing barrier within coordinated entry. This helps to prioritize residents more accurately for housing assistance based on the real challenges they face in the DC-Metro region. The CoC's Governing Board is updating Alexandria's Strategic Plan to End Homelessness and including actions and strategies to advance Racial Equity within each goal, but more importantly, including multiple opportunities for resident input and feedback in development of the Strategic Planning Process. They are also formalizing a CoC Racial Equity Action Committee, that will be responsible for aligning the CoC's racial equity initiatives with the City's established framework and the needs of the community.

Alexandria's Eviction Prevention Task Force is also focused on the intersectionality of eviction prevention and racial equity. There is a disproportionate number of those experiencing homelessness who come from historically marginalized communities and identify as Black, Indigenous, Hispanic, and persons of color. Racial Equity Partner (REP) led a study within the City, where they held focus groups with landlords, tenants, community partners, and city staff to collect the experiences and perspectives of the City on the topic of race, evictions, and homelessness. The primary findings from this study includes how crucial the VA State Rent Relief Program has been for those who are most at risk for displacement, the positive impact on the community when community partners work together. These two areas continue to be priorities for the continuum, and for the Eviction Prevention Task Force.

HOMELESS POINT-IN-TIME COUNT

The Partnership conducted the 2022 Winter Point-in-Time count for those sheltered solely by collecting data through the Homeless Management Information System (HMIS). This process provides the CoC more accurate, client-level specific data in our reporting. It also gives the CoC the ability to conduct a Point-in-Time count on an ad-hoc basis, leaving potential for comparable Summer PIT data in the future. A manual count of unsheltered homeless persons was conducted under the leadership of the Office of Community Services using one surveyor, the Homeless Services/PATH Coordinator, to mitigate risk of

COVID-19 Spread. Reflected below are the demographic and sub-population comparisons from previous year enumerations.

HOMELESS COUNT BY HOUSEHOLD TYPE

PERSONS EXPERIENCING HOMELESSNESS		2018	2019	2020	2021	2022			
Total Persons		226	198	207	106	120			
HOUSEHOLDS WITHOUT CHILDREN				121					
Men	99	70%	84	68%	85	46	73%	60	82%
Women	42	30%	40	32%	36	17	27%	13	18%
Transgender	1	1%	0	0%	0	0	0%	0	0%
Total Households		142	124	121	63	73			
HOUSEHOLDS WITH ADULTS & CHILDREN				32					
Total Households		29	21	32	14	17			
Single Parent Households	27	93%	17	81%	29	12	86%	14	82%
Adults	31	37%	28	38%	36	16	37%	20	43%
Children	53	63%	46	62%	50	27	63%	21	51%
Total Persons in Households		84	74	86	43	41			
LOCATION ON THE NIGHT OF THE COUNT		2018	2019	2020	2021	2022			
Unsheltered	15	7%	10	5%	11	8	8%	5	4%
Sheltered	211	93%	188	95%	196	98	92%	115	96%
Total Persons		226	198	207	106	120			
HOUSEHOLDS WITHOUT CHILDREN		2018	2019	2020	2021	2022			
Place Not Meant for Human Habitation	15	11%	10	8%	11	8	13%	5	7%
Winter Shelter	37	26%	27	22%	21	8	13%	22	30%
Emergency Shelter	63	44%	63	51%	65	30	48%	28	38%
Emergency Shelter for Registered Sex Offenders	0	0%	0	0%	0	0	0%	0	0%
Domestic Violence Program Shelter	3	2%	0	0%	2	0	0%	0	0%
Transitional Housing	12	8%	13	10%	11	10	16%	7	10%
Safe Haven	12	8%	11	9%	11	7	11%	11	15%
Total Households		142	124	121	63	73			
HOUSEHOLDS WITH ADULTS & CHILDREN		2018	2019	2020	2021	2022			
Number of Households				32					
Place Not Meant for Human Habitation	0	0%	0	0%	0	0	0%	0	0%
Winter Shelter	2	7%	1	5%	0	0	0%	0	0%
Emergency Shelter	17	53%	11	52%	18	8	57%	8	47%
Domestic Violence Program Shelter	3	10%	2	10%	6	0	0%	3	18%
Transitional Housing	7	24%	7	33%	8	6	43%	6	35%

A total of 120 persons experiencing homelessness were identified in this year’s PIT Count, a 13% increase from 2021. There were no households with only children identified in the 2022 Count. There were 73 households without children, a 16% increase from 2021. There were 60 single men, and 13 single women identified, a 30% increase for men and a 24% decrease for women from last year’s count. The COVID-19 pandemic and federal policies that followed, specifically the coordination executed by the Eviction Prevention Taskforce, had the greatest impact on Alexandria’s 2022 PIT numbers, resulting in a significant decrease that is not representative of residents’ general housing instability.

On the night of the count, 17 households with adults and children were counted, a 21% increase from 2021 enumeration. The numbers of adults increased by 25% while children in those families decreased by 22%.

TOTAL COUNT AND BREAKOUT BY HOUSEHOLD TYPE

LOCATION ON THE NIGHT OF THE COUNT	2018		2019		2020	2021		2022		% Change 2021-2022
Unsheltered	15	7%	10	5%	11	8	8%	5	4%	-38%
Sheltered	211	93%	188	95%	196	98	92%	115	96%	17%
Total Persons	226		198		207	106		120		13%
HOUSEHOLDS WITHOUT CHILDREN	2018		2019		2020	2021		2022		% Change 2021-2022
Place Not Meant for Human Habitation	15	11%	10	8%	11	8	13%	5	7%	-38%
Winter Shelter	37	26%	27	22%	21	8	13%	22	30%	175%
Emergency Shelter	63	44%	63	51%	65	30	48%	28	38%	-7%
Emergency Shelter for Registered Sex Offenders	0	0%	0	0%	0	0	0%	0	0%	0%
Domestic Violence Program Shelter	3	2%	0	0%	2	0	0%	0	0%	0%
Transitional Housing	12	8%	13	10%	11	10	16%	7	10%	-30%
Safe Haven	12	8%	11	9%	11	7	11%	11	15%	57%
Total Households	142		124		121	63		73		16%
HOUSEHOLDS WITH ADULTS & CHILDREN	2018		2019		2020	2021		2022		% Change 2021-2022
Number of Households					32					
Place Not Meant for Human Habitation	0	0%	0	0%	0	0	0%	0	0%	0%
Winter Shelter	2	7%	1	5%	0	0	0%	0	0%	0%
Emergency Shelter	17	53%	11	52%	18	8	57%	8	47%	0%
Domestic Violence Program Shelter	3	10%	2	10%	6	0	0%	3	18%	#DIV/0!
Transitional Housing	7	24%	7	33%	8	6	43%	6	35%	0%
Total Households	29		21		32	14		17		21%
Number of Adults										
Place Not Meant for Human Habitation	0	0%	0	0%	0	0	0%	0	0%	0%
Winter Shelter	2	6%	1	4%	0	0	0%	0	0%	0%
Emergency Shelter	19	61%	15	54%	22	10	63%	7	35%	-30%
Domestic Violence Program Shelter	3	10%	2	7%	6	0	0%	3	15%	#DIV/0!
Transitional Housing	7	23%	10	36%	8	6	38%	10	50%	67%
Total Adults	31		28		36	16		20		25%
Number of Children					50					
Place Not Meant for Human Habitation	0	0	0	0	0	0	0	0	0%	0%
Winter Shelter	7	13%	1	2%	0	0	0%	0	0%	0%
Emergency Shelter	25	47%	28	61%	23	15	56%	13	48%	-13%
Domestic Violence Program Shelter	5	9%	6	13%	11	0	0%	6	22%	#DIV/0!
Transitional Housing	16	30%	11	24%	16	12	44%	8	30%	-33%
Total Children	53		46		50	27		27		0%

100% of households with adults and children were sheltered on the night of the count. Of households with adults and children, 47% were present in Emergency Shelter, 35% in Transitional Housing and 15% in Domestic Violence Shelter. 7% of Households with adults only, were unsheltered, or in a place not meant for human habitation. The number of unsheltered households decreased by four or 38% since last year. 93% of households with adults only were sheltered.

HOMELESS COUNT BY SUBPOPULATION

CHRONIC HOMELESSNESS	2018		2019		2020	2021		2022		% Change 2021-2022
Households without Children	57	40%	38	31%	15	13	21%	18	25%	38%
Households with Adults & Children	1	3%	0	0%	0	0	0%	2	12%	#DIV/0!
SUBPOPULATIONS (ALL ADULTS) ↓	2018		2019		2020	2021		2022		% Change 2021-2022
Veterans	8	5%	7	5%	9	3	4%	2	2%	-33%
Substance Use Disorder	31	18%	17	11%	13	4	5%	12	13%	200%
Serious Mental Illness	36	21%	50	33%	17	22	28%	37	40%	68%
Co-Occurring	22	13%	20	13%	5		0%	6	6%	#DIV/0!
Physical Disability	16	9%	12	8%	4	6	8%	5	5%	-17%
Chronic Health Conditions	22	13%	18	12%	12	6	8%	7	8%	17%
HIV/AIDS	5	3%	4	3%	1	1	1%	2	2%	100%
Limited English Proficiency	4	2%	10	7%	7	8	10%	5	5%	-38%
History of Foster Care	15	9%	12	8%	10	6	8%	1	1%	-83%
Institutional Discharge	26	15%	18	12%	12	5	6%	13	14%	160%
DOMESTIC VIOLENCE	2018		2019		2020	2021		2022		% Change 2021-2022
Homeless Due to Domestic Violence					30					
Total Households	6	3%	2	1%	15	8	8%	4	4%	-50%
Single Women	3	7%	0	0%	5	4	24%	4	31%	0%
Women w/Minor Children	3	11%	2	12%	9	3	25%	3	21%	0%
Children	5	9%	6	13%	15	7	26%	6	29%	-14%
Total Persons	11		8		30	14		13		-7%

As reflected in the chart above, there were 2 chronically homeless households with adults and children in the 2022 count; a small but notable increase from previous years, coinciding with the spike in seasonal shelter utilization which typically serves residents with more significant service needs. Similarly, there was a 38% increase in the amount of chronically homeless households with adults only.

This also led to the increases in subpopulation categories for serious mental illness, substance abuse disorders, chronic health conditions, and institutional discharge; most notably a 68% increase in clients with serious mental illness and a 200% increase in clients with a substance disorder. The increase in clients with chronic health disorder was by a single client. There was a decrease in some subpopulations including limited English proficiency, and history of foster care.

There was a notable decrease in the number of households that reported experiencing homelessness due fleeing due to domestic violence; 8 households in 2021, and 4 households in 2022. Although the decrease in total clients in the domestic violence shelter was a 7% decrease of 1 person.

EMPLOYMENT & MONTHLY INCOME FOR HOUSEHOLDS WITHOUT CHILDREN

HOUSEHOLDS WITHOUT CHILDREN										
EMPLOYMENT	2018		2019		2020	2021		2022		% Change 2021 - 2022
	Not Reported	2	1%	3	2%	9	3	2%	1	
No	100	70%	87	70%	67	43	35%	53	46%	23%
Yes	40	28%	34	27%	45	25	20%	17	15%	-32%
GROSS MONTHLY HOUSEHOLD INCOME	2018		2019		2020	2021		2022		% Change 2021 - 2022
	Not Reported	3	2%	3	2%	6	1	1%	3	
No	57	40%	52	42%	56	22	18%	28	25%	27%
Yes	82	58%	69	56%	59	38	31%	42	37%	11%
Income Amount										
\$1-150	0	0%	0	0%	3	1	3%	0	0%	-100%
\$151-250	2	2%	2	3%	3	1	3%	5	12%	400%
\$251-500	5	6%	3	4%	3	1	3%	1	2%	0%
\$501-1,000	43	52%	38	55%	28	21	55%	21	50%	0%
\$1,001-1,500	18	22%	13	19%	11	7	18%	6	14%	-14%
\$1,501-2,000	5	6%	6	9%	14	7	18%	5	12%	-29%
More than \$2,000	8	10%	7	10%	7	3	8%	4	10%	33%
~Primary Source of Income										
Wages	44	54%	30	43%	27	11	29%	17	40%	55%
Retirement+	3	4%	6	9%	5	4	11%	0	0%	-100%
Disability^	32	39%	27	39%	4	9	24%	21	50%	133%
Public Assistance*	1	1%	5	7%	2	5	13%	4	10%	-20%
Other**	2	2%	1	1%	0	9	24%	0	0%	-100%
No Reported	0	0%	0	0%	73	0	0%	0	0%	#DIV/0!

15% of households without children were employed in 2022, a 32% decrease from last year. 37% of these households received income, an 11% increase from last year. Of those that reported having income, as with last year, majority reported having monthly income of \$501-\$1000. 15 households

without children reported having income higher than \$1000. Earned wages was reported as the majority income source for this population.

Of those not employed and receiving income, most clients are compensated with disability followed by some sort of public assistance.

EMPLOYMENT AND MONTHLY INCOME OF HOUSEHOLDS WITH ADULTS AND CHILDREN

HOUSEHOLDS WITH ADULTS & CHILDREN										
EMPLOYMENT (ADULTS)	2018		2019		2020	2021		2022		% Change 2021 - 2022
	Not Reported	0	0%	0	0%	0	0	0%	0	
No	14	45%	8	26%	18	8	26%	8	40%	0%
Yes	17	55%	20	65%	18	8	26%	12	60%	50%
GROSS MONTHLY INCOME (ADULTS)										
GROSS MONTHLY INCOME (ADULTS)	2018		2019		2020	2021		2022		% Change 2021 - 2022
	Not Reported	0	0%	0	0%	6	0	0%	0	
No	10	32%	5	16%	14	6	19%	4	20%	-33%
Yes	21	68%	23	74%	16	10	32%	16	80%	60%
Income Amount										
\$1-150	0	0%	0	0%	0	0	0%	0	0%	#DIV/0!
\$151-250	0	0%	0	0%	1	0	0%	0	0%	#DIV/0!
\$251-500	4	19%	4	17%	4	2	20%	0	0%	-100%
\$501-1,000	2	10%	4	17%	3	0	0%	4	25%	#DIV/0!
\$1,001-1,500	5	24%	4	17%	2	3	30%	4	25%	33%
\$1,501-2,000	5	24%	6	26%	6	2	20%	0	0%	-100%
More than \$2,000	5	24%	5	22%	5	3	30%	8	50%	167%
~Primary Source of Income										
Wages	17	81%	20	87%	14	10	100%	12	75%	20%
Retirement+	0	5%	0	0%	0	0	0%	0	0%	#DIV/0!
Disability^	1	5%	1	4%	1	0	0%	3	19%	#DIV/0!
Public Assistance*	1	5%	2	9%	1	0	0%	1	6%	#DIV/0!
Other**	2	10%	0	0%	0	0	0%	0	0%	#DIV/0!

60% of adults in households with adults and children were employed, a 50% increase from 2021. 16 adults reported monthly income, while 4 reported not having income. Of those receiving some income, the majority reported monthly incomes over \$1500 with no families reporting less than \$500. The CoC also saw a 167% increase in households with adults and children making \$2000 or more.

HOMELESS POINT-IN-TIME RESULTS ANALYSIS

The data collected in the 2022 PIT Count is reflective of COVID-19 pandemic rules and resource allocations, including congregate care safety guidelines and investment in eviction prevention. This makes the recent data more comparable to 2021 numbers than any long-term PIT trends, though still useful as the public health concerns remain. The overall increase of 14 residents from Alexandria’s FY21 count appears marginal given the challenges the housing stability system has endured, and the changes service providers have implemented over the past year. Thus, the focus of this PIT analysis is on prevailing racial disparities in homeless services, local improvements to the housing crisis response system, and future challenges in housing stabilization assistance.

Disproportionate representation of Black residents in homeless services is a metric the CoC monitors throughout the year as a part of its commitment to furthering racial equity. The 2022 PIT count illustrated that racial inequity remains an issue in Alexandria's homeless services despite the system operating at a lesser capacity. About 73% of people experiencing homelessness surveyed in Alexandria's 2022 PIT identified as Black or African American compared to 78% in 2021, a trend that has coincided with the pandemic and its adverse effects on communities of color. In response to consistent racial disparities the CoC tracked housing assistance access trends to incorporate race and ethnicity as a quantified housing barrier at coordinated assessment. This helps the CoC prioritize residents for housing assistance based on need more accurately, and within the context of the housing challenges that exist in Alexandria. In FY23 the CoC is working on several training initiatives that will help further integrate racial equity in service delivery including DCHS' Equity and the Role of City Government.

The incorporation of COVID-response and other temporary housing stability resources into the CoC in 2021 underscored the effectiveness of traditional interventions like Rapid Rehousing (RRH) and spotlighted where additional investment could best benefit residents like Eviction Prevention. Using COVID Homeless Relief Program COVID Homeless Emergency Relief Program (CHERP) funds the CoC's RRH provider housed more residents in 2021 than ever before. The CoC also collaborated with the City's eviction prevention resources. Those efforts were directly responsible for limiting the increase of residents experiencing homelessness, despite the eviction moratorium ending and non-congregate shelters closing prior to the PIT.

Taking the upstream approach for the better part of two years has expanded the CoC's perspective of housing stability assistance and has encouraged City providers of all sectors to get involved in the earlier stages of residents' housing crisis. This holistic perspective has helped keep residents in housing, but it has been fueled by new COVID-response processes, and its funding, some of which have an expiration date. While Alexandria's Eviction Prevention Taskforce will be memorialized, ensuring resource coordination and outreach to residents facing eviction going forward, the Alexandria CoC must remain strategic about resource allocation for housing stabilization services.

HOMELESSNESS, PREVENTION, SHELTER DIVERSION AND HOUSING PLACEMENT

PERMANENT SUPPORTIVE HOUSING FOR CHRONICALLY HOMELESS INDIVIDUALS

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

HOMELESS PREVENTION, DIVERSION & RAPID RE-HOUSING

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

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

- ***Diversion & Prevention*** - state homeless prevention subsidies were underutilized in 2021-2022 as a direct result of the federal moratorium on evictions, and subsequent rental assistance resources and mandates. Households that would have been served in this program were eligible for Eviction Prevention funds and were diverted from shelter into those opportunities, including the Virginia Rent Relief Program and resettlement agencies. Other residents were able to employ their own diversion strategies as non-traditional housing options were more accessible and congregate living environments presented greater risk of exposure to COVID-19. In 2023, the CoC is hiring new housing locators and service navigators at coordinated entry to bolster diversion and prevention strategies at the front door.
- ***Rapid ReHousing*** – Similar to the past several years, this CoC saw another increase in rapidly rehoused families and singles, this year largely credited to increased resources available for the service. Alexandria increased its RRH capacity with funds from CHERP and the work of the CoC’s committed RRH provider, Carpenter’s Shelter. The performance of this program through the pandemic is another example of the CoC’s effectiveness when it has the necessary resources.

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

FUTURE TRENDS IN HOMELESSNESS

The greatest barriers to preventing and ending homelessness in Alexandria are 1) persistent racial inequity among residents experiencing poverty and housing instability 2.) expiration of COVID-relief funding and potential termination of eviction prevention resources 3.) the lack of fixed affordable permanent housing opportunities for the lowest income households (i.e., those with an income 30% and below the area median of \$110,300)

- 1.) Race remains the strongest predictor of housing instability in Alexandria, where 10-year annual data trends exhibit disproportionate representation of Black residents within Alexandria homeless and housing assistance services. Over the past 5 years, Alexandria’s population of residents experiencing homelessness has never been less than 66% Black or African American, while only 22% of all City residents identified as Black or African American on the last Census. As predicted, the disparity remained through the pandemic and was again displayed on the 2022 PIT Count where 73% of residents identified as Black or African American.

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

persists and provide more information to policymakers and the public about the origins of housing instability in the city of Alexandria.

- 2.) Like the federal moratorium on evictions in 2021, new eviction prevention infrastructure has had the largest impact on Alexandria's 2022 count of residents experiencing homelessness. Recognizing that the mandates and resources supporting eviction prevention at the state level may not be permanent, and many residents may lose housing in FY23, preparing Alexandria's housing stability system is crucial to keep services from being overwhelmed.

Local improvements to housing crisis response, like Alexandria's Eviction Prevention Taskforce and Eviction Prevention Partnership, have been formally established for future application. In 2023, four new full-time roles will bolster their work, including a housing locator and service navigator.

The relationship between eviction prevention and the annual count of residents experiencing homelessness highlights the importance of "upstream" housing crisis resources, and coordination between housing stability services with systems that exit unhoused residents. More than anything the marginal increase the 2022 PIT illustrated those experiences of homelessness, as defined by HUD, could be ended if adequate prevention policies and resources were permanently established.

- 3.) The need for more fixed-affordable housing options in our community remains, including PSH and housing with limited supports services. 2022 PIT decreases in unsheltered homelessness was a result of new PSH units and public housing vouchers coming online, but recent increases in winter shelter utilization, chronic homelessness, and adults with SMI, highlight a continued need. More options of this sort could functionally end chronic homelessness in the City or help address services gaps like housing for residents with SMI, substance abuse, or co-occurring disorders who are experiencing homelessness.

For the larger shelter population RRH still proves invaluable for its ability to quickly return residents to market-rate housing. In 2022 the CoC housed more shelter residents using RRH subsidies than ever before, largely due to the influx of pandemic response resources supporting RRH. Together these accomplishments show the CoC can be effective at preventing and ending homelessness even in our high-cost housing market if we have the resources to do so.

Arlington County, Virginia

Arlington County's Continuum of Care

The Arlington County Continuum of Care (CoC) is an effective and collaborative homeless response system. Our mission is to sustain an integrated, community-based support system which helps households at risk of homelessness keep their housing and assist any household that does become homeless in regaining stable housing. As of the 2022 Point-in-Time Count, Arlington County's Continuum of Care has reduced homelessness by 65% since the implementation of our 10-Year Plan in 2008.

The CoC's mission is supported by a shared community responsibility, that includes collaborative planning, an alignment of stakeholders and resources essential to Arlington County's Action Plan for Ending Homelessness. The Arlington County CoC includes:

- **Centralized Access System (CAS):** Provides access to services across the entire Arlington CoC, matching households as quickly as possible, with the interventions that will most effectively and efficiently prevent or end their homelessness and lead to long-term stability.
- **Street Outreach and Engagement:** Outreach workers connect with individuals living on the street and other outdoor environments to help navigate them towards a path of stability and housing. Outreach teams include social workers, behavioral health clinicians, and CoC nursing staff.
- **Targeted Prevention:** Efforts to provide acute crisis intervention services to at-risk households in order to prevent homelessness before it occurs are an integral part of the Arlington CoC.
- **Shelters:** Five Arlington County homeless shelters provide a safe, structured environment for singles and families who are experiencing homelessness as well as survivors of domestic violence.
- **Hypothermia Shelter:** Arlington County provides low-barrier access to hypothermia shelter through the winter months (November – March) and is included in the Point-in-Time Count with all other shelters. Unlike the other emergency shelters, people experiencing homelessness often utilize hypothermia shelter to take refuge from inclement weather and are less interested in long-term shelter services, though shelter staff utilize this opportunity to build rapport and relationships with people and to encourage them to engage in on-going services.
- **Transitional Housing:** Transitional housing programs provide housing services to help Arlington families and individuals prepare for permanent housing.
- **Rapid Re-housing:** Rapid Re-housing programs move households quickly out of shelter into housing with rental support and services to help families maintain housing.
- **Permanent Supportive Housing (PSH):** Permanent supportive housing programs provide rental assistance and case management services for households who are homeless and have (or a family member has) a disabling condition.

Point-in-Time Count Survey Analysis

Arlington County's is home to approximately 234,200 residents, representing a total of 110,600 households within the County's 26.1 square mile radius. In 2022, the Arlington Continuum of Care (CoC) experienced an overall 6% increase in homelessness (from 171 people counted in 2021 to 182 people counted in 2022). This represents an increase of 11 people during the night of Arlington County's PIT count. The increase is attributed to growth among sheltered homelessness, particularly within cold-winter, hypothermia programs and a family shelter resuming pre-pandemic services. In a deeper review of the PIT surveys, there are notable shifts among homeless subpopulations in comparison to the prior year, 2021. However, these shifts illuminated how the global pandemic led to a temporary suppression of the state of homelessness in Arlington County reported in the 2021 PIT year.

count. There were seven fewer people counted in the unsheltered survey portion of the count, representing a 26% decrease in unsheltered homelessness as compared to 2021 (from 27 counted in 2021 to 20 people counted in 2022.) The sheltered count increased by 13%, from 144 people counted in shelter in 2021 to 162 people in 2022, a difference of 18 people. The following factors account for some of these changes:

- The 2022 Point in Time Count occurred on one of the coldest nights of the winter. Twelve people chose to come inside on the night of the count as outreach staff and surveyors engaged with people during the unsheltered portion of the count.
- During this year’s PIT Count, Arlington County was operating non-congregate shelter in a locally operated hotel. Due to the Omicron surge experienced across the country, the hotel was utilized for one of the CoC’s shelter operations for a period of two months, including hypothermia shelter at that time. Due to the increased capacity and appeal of the non-congregate setting, more people came in during this year’s hypothermia season than in year’s past.
- In addition to the increased capacity and utilization of a non-congregate shelter site, one of the family emergency shelters also saw increased utilization in 2022. During the prior year, that program served two households (3 people) during the night of the count. This year, they were serving seven households or 16 people.

Despite the increase in overall homelessness this year, the observed PIT count trends are more closely aligned with 2020 PIT observations. The 2022 count reflects a decrease in sheltered homelessness as compared to the 2020 sheltered count: 165 people in 2020 versus 162 people in 2022. The variance or anomaly was likely the lower utilization of shelter seen in 2021 due to the heightened severity of COVID-19. In the beginning of 2021, national vaccine deployments had not been made available and an eviction moratorium helped to stabilize many households from experiencing homelessness. Trends among Arlington County’s unsheltered homeless subpopulation however remains consistent with year over year declines. Arlington County has reported its steepest decline in the 2022 unsheltered homelessness (n=20) count since 2019 (n=36).

It is an important reminder to note the Point in Time Count reflects a fraction of households served in Arlington County’s CoC throughout any given year. For instance, in FY 2021, 43 people received outreach services, but 27 people were counted during the PIT. Similarly, 306 people were served in emergency shelter in FY 2021, but just 144 people were counted on the night of the PIT. While the Point-in-Time Count reflects an important measure of year-over-year trends, it does not demonstrate the full scope of community needs which the Continuum of Care works to meet. (See Table 1 below for year-over-year trends of total households and individuals served across the CoC. We expect 2022 totals to be comparable with 2020 numbers given PIT trends.)

Table 1

Yearly Totals by Household and Individuals			
	2021	2020	2019
Overall Total	1,146	1,173	1,116
Total Family <u>Households</u>	103	98	90
Total Single Adult <u>Households</u>	819	869	813
Total Number of persons in Families	327	304	303
Total Number of Adults in families	122	115	109
Total Number of children in families	205	189	194
Total Number of single adult persons	819	869	813

The past two years have proved to be unprecedented in terms of the way in which the community has had to sustain its response primary role of responding to the crisis of housing instability and homelessness amidst a global pandemic. While the long-term impact of these evolving, complex, and permeating effects will unfold over the years; in the short-term, the community is exhausted as it responds to rapidly changing CDC guidance, new shelter outbreaks, staff turnover, managing new financial resources at unprecedented levels with sometimes competing timelines and priorities, all while continuing to assist people experiencing the trauma and crisis of homelessness on their pathway to housing. Despite the pandemic, the Arlington CoC continues to make strides in addressing homeless:

- A focus on prevention: By leveraging local, state and federal emergency rental assistance, the Arlington CoC worked to ensure people remained in their homes and prevented new experiences of homelessness which would have resulted in shelter entries. In FY 2021, the total number of households receiving eviction funds more than doubled from pre-pandemic levels with over 1,586 unique households receiving assistance from the County and many more receiving direct state-wide assistance from the Commonwealth of Virginia's Department of Housing and Community Development. The assistance provided by Arlington County was largely due to an 173% increase in emergency prevention funding available through state and federal channels.
- A focus on rapid rehousing (RRH): The CoC expanded rapid rehousing capacity through the targeted use of new state-administered, federal funds. including American Rescue Plan Act (ARPA); Coronavirus Aid, Relief and Economic Security Act (CARES); and COVID-Homeless Emergency Response Program (CHERP). The CoC maintained its increased RRH capacity since FY 2019, despite the lingering impacts COVID-19 has had on household income and employment (resulting in deeper and longer RRH subsidies).
- A focus of Housing Voucher deployments: The CoC, in partnership with Arlington's Housing Choice Voucher Program, have prioritized homeless and at-risk of homelessness residents for emergency housing and additional mainstream vouchers. The release of these federal vouchers was authorized via the Coronavirus Aid, Relief, and Economic Security (CARES) legislation and American Rescue Plan Act (ARPA). With flexible requirements enabling Public Housing Authorities/Housing Choice Voucher Program's the ability to administer and deploy these vouchers more expediently, many residents experiencing homelessness are being moved to deeper, long-term, rental subsidies within Arlington County.

These three strategies ensured that shelter remained the 'last resort' resource, or short-term placement, for people who otherwise could not find housing in the community. Coupled with the availability of non-congregate shelter, Arlington County was able to maintain decompression in shelters as a COVID-19 mitigation strategy. At the time of this report, Arlington's CoC does not have a waitlist to access shelter. Households experiencing homelessness in Arlington have same-day, coordinated access to shelter as needed.

That said, with the end of eviction moratoria and with the imminent end of American Rescue Act funds in the summer of 2022, the CoC is bracing for pre-pandemic conditions, if not a rebound effect with those most impacted by COVID-19 and homelessness facing the greatest challenges. This is particularly true for Black, Indigenous, and other People of Color (BIPOC). People who identify as Black or African American represent 45% of single adults, 66% of adults in families, 66% of children, and 91% of transition-aged youth surveyed in the PIT Count. While making up 9% of Arlington County's population, Black/African American households make up 58% of the single adult shelter and 75% of the family shelter populations. Similar disparities exist in RRH and Permanent Supportive Housing (72% and 64%, respectively). Latin X households are also disparately impacted by homelessness, making up 16% of Arlington County's population, but 19% of the CoC's family shelter population. Racial disparities are also apparent in eviction prevention and emergency rental assistance usage. Nearly 70% of people receiving

rent assistance are identified as BIPOC, with 32% of recipients identified as Black/African American. Reviewing Arlington County's rates of eviction filings, total judgments, and default judgments by zip codes, the highest rates of judgments are seen within communities largely comprised of BIPOC. These communities also have the highest levels of renter-occupied dwellings and lowest median renter household incomes.

Subpopulations

The Point-in-Time Count also provides an opportunity for the CoC to review trends by certain subpopulations of persons experiencing homelessness. The following summarizes some of these trends:

- Family homelessness increased 14% (from 44 people in families in 2021 to 50 people in families in 2022). This is largely represented by the change in shelter utilization experienced by one family shelter provider in 2022.
- Single adult homelessness increased by 4% (127 people in 2021 to 132 people in 2022).
- Survivors actively fleeing domestic violence decreased by 26% (34 people in 2021 to 25 people in 2022). Last year, the CoC saw a substantial increase in this category, however the 2022 count is still greater than the 2020 count of 16 people. One hundred percent of survivors surveyed in the PIT were sheltered. Doorways for Women and Families, the CoC's sole provider of confidential DV shelter expanded shelter programming to hotels to continue the provision of services in non-congregate spaces. This also allowed Doorways to serve more households in 2022 as compared to 2020 (4 additional households). Similar to 2021, Doorways is also assessing DV Hotline Callers with higher levels of risk and lethality than in year's past.
- Six Veterans were counted in 2022 (compared to 4 in 2021) representing an increase of 50%. All six Veterans surveyed in the 2022 Point-in-Time Count were in emergency shelter, and three Veterans were being sheltered in the hypothermia program on the night of the count. The CoC also observed incremental increases of Veterans served in CoC programs, month-to-month in 2021 (from 0 Veterans served in January to up to 4 Veterans served in the CoC in December).
- The CoC's count of Transition-Aged Youth (TAY) increased by 88%, a change from 8 people counted in 2021 to 15 people in 2022. All TAY surveyed in the Point-in-Time Count were in emergency shelter. The CoC has experienced similar increases of TAY across CoC programs, comparable to the increases of Veterans the CoC has experienced. In January 2021, 0 TAY were being served in shelters, and by December 2021, 5 TAY were in emergency shelters.
- There was an 11% increase in chronic homelessness, up from 35 people in 2021 to 39 people in 2022. Seventy-two percent of people experiencing chronic homelessness (28 people) were in shelter on the night of the Point-in-Time Count. Of those in shelter, 18 people were being served in hypothermia shelter.
- There were also increases in the number of people who identify having a substance use disorder (35% or by 7 people), serious mental illness (45% or 14 people), or co-occurring disorders (120% or 12 people).

When reviewing the overall decreases in homelessness seen in the Arlington Continuum of Care over the last four years against the relatively consistent number of people experiencing chronic homelessness, domestic violence, and other behavioral health disabilities, two factors become clear:

- Overall, the strategies the CoC is utilizing to assist people experiencing homelessness in accessing services and housing is working.
- The overall population of persons experiencing homelessness is comprised of those with the greatest barriers to housing stability.

Year-Round and Winter Inventory of Beds

On the night of the Point-in-Time Count, the CoC had the following bed capacity availability:

- 217 Beds (143 single adult shelter beds and 74 family and DV shelter beds)

- 169 Units (143 single adult shelter units and 26 family and DV shelter units)

Permanent Housing Inventory Count

On the night of the 2022 Point-in-Time Count, the CoC had the following Permanent Housing capacity:

- 463 Beds (268 single adult RRH and PSH beds and 195 family RRH and PSH beds)
- 336 Units (268 single adult RRH and PSH units and 68 family RRH and PSH units)

Key Take-Aways

The Arlington Continuum of Care's efforts to reduce and respond to homelessness are evident. The CoC has continued to reduce the number of people sleeping outside and subsequently increase the number of people engaging in services. The CoC has maintained critical services and access to shelter during a multi-year pandemic which has simultaneously drained and traumatized the people experiencing homelessness and those who are part of the response. Arlington County's CoC continues to prove its resiliency as a strong and effective homeless response system. The County has a clear understanding of the magnitude of resources needed and the extent to which coordinated alignment at federal, state, and local levels is needed to reduce and respond to homelessness more effectively - just as those resources and policies begin to sunset.

Arlington County's CoC also gained a more nuanced view of who is at the greatest risk of experiencing homelessness in Arlington, and where our work must continue and deepen. People who identify as Black, Indigenous, and other People of Color (BIPOC) make up over 50% of those surveyed in the annual Point-in-Time Count but represent only 25% of the general population (as reported in the U.S. Census Bureau's 2021 Population Estimates). People who identify as Black or African American represent 45% of Arlington's single adults in shelter, 66% of adults in family shelters, 66% of children in shelter, and 91% of transition-aged youth surveyed in the 2022 PIT Count. Coupled with the growing proportion of those who experience homelessness, who also experience the greatest systemic challenges and barriers to housing stability across the CoC, the CoC must continue to address homelessness at its root causes. This must include an intersectional approach inclusive of gender, ability, sexual orientation, creed, age, and must include partnerships that support systemic and lasting change. This cannot be done without the leadership and targeted resources the homeless system has been able to leverage in the past two to three years.

Pandemic Impact on PIT Count

As noted above, the CoC was actively responding to an outbreak of COVID-19 in its emergency shelters resulting from the rapid spread of the Omicron variant around the time of the Point-in-Time Count. At one point, approximately 15 staff across the 2 single adult emergency shelters could not report to work due to a positive COVID-19 test and nearly 50% of the total census of one shelter was quarantining in Arlington's established non-congregate hotel for persons who could not safely quarantine in place.

Leading up to the winter, the CoC was anticipating both a surge of new cases across the shelters and a new wave of people in need of shelter as eviction cases were beginning to increase. The CoC began expanding its access to non-congregate hotel rooms or isolation and quarantine needs in preparation for these impacts. The County was able to do this by utilizing a combination of State-administered Federal funds granted to local non-profits and American Rescue Plan Act funds administered directly by Arlington County for shelter overflow and additional non-congregate shelter needs. These efforts ran along-side the implementation of other preventive strategies, such as vaccine deployment and COVID-19 testing. Arlington County took steps to increase access to vaccines for staff and clients by hosting a number of vaccine clinics on site at the emergency shelters. Through the addition of a second nurse dedicated to the CoC, increasing access of these preventative resources for staff and clients weekly, allowed shelter partners to review trends and emerging needs across the CoC.

When Omicron hit the region, the CoC had to close its largest emergency shelter for single adults and relocate shelter operations to a hotel in order to provide non-congregate shelter. One congregate family

shelter shifted operations to a separate hotel to maintain services for families with children, separate from single adults. The CoC adapted its practices for two months in these new spaces, coordinating services, conducting wellness checks, and ensuring all basic needs were being met.

The pandemic also impacted the CoC's Point-in-Time methodology. Building on learnings from 2021, the CoC's PIT Planning Committee reaffirmed both its commitment to conducting a full count, as well as its commitment to conducting one safely. Preventive measures included:

- Limiting volunteers to outreach and non-profit staff
- Ensuring each vehicle held no more than 2 people
- Providing Personal Protective Equipment (PPE) to both clients and volunteers
- Asking volunteers/staff to self-affirm their health status
- *New this year* - The County provided rapid-PCR testing for all staff and volunteers during the night of the count as an added preventive measure. All staff/volunteers utilized the service provided by the CoC's nursing staff.

The District of Columbia

System Overview

The District of Columbia Interagency Council on Homelessness (ICH) sets the strategic framework for the city's response to homelessness and leads the District's Continuum of Care (CoC). A CoC is both a system of care and a planning body that coordinates housing and services for persons currently or formerly experiencing homelessness. The ICH includes officials from Mayor Muriel Bowser's cabinet, services providers, advocates, and persons with lived experience of homelessness. *Homeward DC*¹, the ICH's strategic plan, guides this work and sets the vision of making homelessness in the District rare, brief, and nonrecurring.

The District of Columbia Department of Human Services (DHS) and The Community Partnership for the Prevention of Homelessness (TCP), DHS's prime contractor, administer local dollars that support the CoC's programming. TCP is also the District's U.S. Department of Housing and Urban Development (HUD) CoC Collaborative Applicant and acquires federal resources for the District to complement locally funded programs.

TCP also administers the Homeless Management Information System (HMIS), the District's system of record for person-level information on individuals and families receiving services from the CoC. As the CoC's HMIS Administrator, TCP has conducted the Point-In-Time (PIT) Count on behalf of the District since 2001. PIT is a single day census and survey of individuals and families who are living in unsheltered situations, staying in emergency shelters, or residing in transitional housing programs.

There are over 200 agencies in the CoC that provide services to persons experiencing homelessness, people who are formerly homeless, and households facing housing loss. These services include meals, medical care, street outreach, prevention or diversion assistance, emergency shelter, transitional housing, rapid rehousing (RRH), targeted affordable housing (TAH)², and permanent supportive housing (PSH). These are available for unaccompanied adults, persons in families, and unaccompanied or pregnant/parenting youth. Many programs focus their efforts on key subpopulations such as United States Military Veterans, the LGBTQ+³ community, seniors, or survivors of domestic violence.

Access to Services

The CoC's central access point for families is DHS's Virginia Williams Family Resource Center. Virginia Williams connects families to homelessness prevention or emergency shelter based on the household's needs. All families placed in shelter from Virginia Williams ultimately have access to RRH to assist with shelter exit, while a smaller subset of families will be prioritized for a more intensive level of service such as TAH or PSH.

For unaccompanied adults access to services is decentralized. Individuals may stay at any of the District's low barrier emergency shelters for overnight accommodation and/or visit the Downtown Day Services Center, Adams Place Day Center in Northeast DC, or other service-specific sites like public libraries or meal programs to connect with CoC resources. Visitors to the Downtown Day Services Center and Adams Place have access to showers and laundry facilities, meals, and services provided by DHS's partner agencies such as the District Departments of Health (DC Health), Employment Services (DOES),

¹ *Homeward DC* is available at the ICH's website, ich.dc.gov

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

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

Motor Vehicles, and Unity Health Care. In 2022, an additional Day Center will open in Southeast DC at the new 801 East Shelter on the campus of St. Elizabeths.

Youth who are 24 and under may visit Zoe's Doors Drop-in Center which offers services to address the housing, health, safety, and education needs of young people. Zoe's Doors is supported by partnerships between DHS, DOES, and DC Health, as well as the Office of the State Superintendent of Education (OSSE), Department of Behavioral Health (DBH), Youth HOPE⁴, and Mary's Center.

The CoC's Coordinated Assessment and Housing Placement (CAHP) system, led by TCP, works with the CoC to provide standardized access and referrals to RRH, TAH, and PSH. The CAHP system ensures that households experiencing homelessness receive appropriate assistance with long-term housing and service needs as determined by a common assessment tool⁵ used throughout the CoC. The results of those assessments help CAHP determine the allocation of publicly funded housing resources for individuals and families. Similarly, Youth CAHP and Veterans CAHP make placements into subpopulation-specific resources funded by DHS, HUD and the U.S. Departments of Health and Human Services (HHS) and Veterans Affairs (VA).

Ongoing response to COVID-19

Since the public health emergency declaration in March 2020, ICH, DHS, and TCP have modified operations and implemented strategies to prevent the spread of COVID-19. These processes are ongoing and are updated based on new information from the Centers for Disease Control (CDC) and DC Health as the response to the pandemic evolves.

Modifications to the system have included: extending shelter hours to provide 24-hour access; reducing the number of beds at existing shelter sites to allow for social distancing while increasing the number of shelter locations; providing "grab-and-go" meals as opposed serving food in congregate settings; and introducing enhanced cleaning protocols for shared spaces.

DHS and TCP also established a daily screening process for congregate shelter residents and staff to help identify persons exhibiting symptoms, and to implement a rapid response of testing, isolation, and/or quarantine. DHS conducts mass testing and vaccination events and installed handwashing stations and portable bathrooms in areas where unsheltered persons frequent.

The CoC also created two programs that provide non-congregate shelter in local motels. The Isolation and Quarantine (ISAQ) program is for persons who have tested positive for COVID-19 and the Pandemic Emergency Program for Vulnerable Individuals (PEP-V) provides shelter for people living with underlying health conditions which put them at risk COVID-19. ISAQ and PEP-V include access to private or shared rooms (depending on household configuration), onsite medical support, day services, and housing referral.

The Downtown Day Services Center served individuals by appointment beginning in April 2020 but is now providing walk-in services, as is the Adams Place Day Center and other meal program sites. Virginia Williams adapted its operations by shifting to a phone-based intake to ensure a continuation of its services for families.

⁴ Youth Housing Options Prevention Education (HOPE) program that provides youth homeless prevention, reunification, and stabilization services. The program works to divert youth from the homeless shelter system and reunite them with their natural supports (family, mentors, allies, etc.) via mediation services and family support, whenever safe and possible, as well as identification of permanent housing solutions.

⁵ The CoC uses the Service Prioritization Decision Assistance Tool (SPDAT) series of assessments. More information about CAHP and the SPDAT series of assessments is available on TCP's website, community-partnership.org/dc-coordinated-entry-cahp.

Since vaccines became available in February 2021, DHS, TCP, and Unity Healthcare organized vaccine clinics at the CoC's shelters. DHS, TCP, and service providers held vaccine events at sites frequented by unsheltered persons and Unity held town halls at shelter sites to increase awareness about the vaccine. As of March 2022, over 5,000 staff and shelter consumers are vaccinated because of these efforts.

Recent System Changes and Achievements

As the **2022 Point-in-Time Count: Totals** section of this narrative will highlight, the District's overall PIT Count decreased for the 6th consecutive year. At PIT 2022, the number of families experiencing homelessness decreased by 14 percent from last year's count and the number of unaccompanied persons (adults and youth combined) decreased by 12 percent.

These decreases notwithstanding, the CoC recognizes that it is in a period of transition. There are many operational modifications and factors stemming from the pandemic that are impacting system use throughout the year, and as such, impacting single day counts like PIT.

That said, the CoC is looking ahead to a post-pandemic world. While some activities associated with the pandemic response will end, the CoC is working to maintain best practices that are having promising system impacts, developing permanent system innovations to foster further positive change, and is preparing for potential inflow into the CoC as the eviction moratoria and COVID-specific measures begin to expire.

Prevention and diversion measures are always vital to the homeless services system but have been particularly impactful during the public health emergency. Resources made available through Project Reconnect,⁶ the Homelessness Prevention Program (HPP),⁷ the Emergency Rental Assistance Program (ERAP),⁸ and Stronger Together By Assisting You (STAY) DC⁹ helped stabilize thousands of District residents, both in single person and family households. To wit, in FY21,¹⁰ the District provided emergency rental and utility assistance to more than 23,000 households facing instability due to the pandemic.

Further investment in prevention and diversion will be key to CoC operations moving forward and TCP is working with The Urban Institute on a survey that will help determine the extent to which individuals and families in the District are facing housing instability. The results of this survey should provide helpful data to the CoC on the continued need for prevention services and inform the broader conversation on the need for affordable housing.

For individuals and families who do ultimately experience homelessness, the CoC is working to improve programming to ensure that stays are brief, and that households are connected to resources that will

⁶ Project Reconnect is a shelter diversion and rapid-exit program for unaccompanied adults experiencing homelessness who are 18 years of age and over and meet one of the following criteria: 1) those who present at low-barrier shelters for at least one week but have no prior documentation of homelessness in HMIS; 2) individuals who return to a low-barrier shelter for a least a week, after an extended absence from shelter (e.g., at least one month); 3) individuals who are transitioning from jail/prison, or are aging out of foster care system without housing supports in place; and 4) individuals who demonstrate a willingness and ability to connect with friends and family.

⁷ HPP prevents families at risk of becoming homeless from entering the shelter system by providing services and resources that stabilize the family within the community. Diversion Services are also available to assist families who have been displaced from their homes by securing emergency housing outside of shelter while receiving supportive services to help stabilize their housing or until permanent housing placement.

⁸ ERAP helps District residents earning less than 40% of the Area Median Income who are facing housing emergencies, by providing funding for overdue rent including late fees and court costs if a qualified household is facing eviction. The program also supports security deposits and the first month's rent for residents moving into new apartments.

⁹ STAY DC was a financial assistance program for D.C. renters and housing providers who are looking for support to cover housing and utility expenses and offset the loss of income. Funded through the U.S. Department of Treasury in response to COVID-19, STAY is no longer accepting applications.

¹⁰ The District's Fiscal Year (FY) runs from October through September.

end their housing crises.

Short-Term Family Housing (STFH), which replaced DC General, the District's large-scale shelter, is now the primary model for temporary family emergency shelter and currently serves families in seven locations throughout the city. STFH provides housing-focused case management in buildings that were purposefully designed and have private rooms for each family. STFH is moving families in to housing more quickly than large-scale shelters. Families exit STFH within an average of 69 days, which in turn has decreased the time families experience homelessness overall. In FY21, the average length of time that a family stayed in emergency shelter and/or transitional housing was 168 days – down from 269 days in FY16 when the CoC launched *Homeward DC*.

The rate at which families exit STFH for housing has kept the census at these sites relatively low in the last year, which in turn has contributed to the decrease in the number of families counted at PIT. The District plans to expand the model to an eighth site in 2022 which will serve up to 43 families in Northwest DC.

The District is also continuing its work to make improvements to the system for unaccompanied individuals. Shortly after the 2022 PIT Count, the new 801 East Shelter for men opened. This site replaces and enhances an existing shelter, and now offers a mix of low barrier beds as well as beds for working people, seniors, and those in need of medical respite. The site will offer daytime services and housing-focused case management. Funding has also been allocated for similar improvements at the New York Avenue Men's Shelter and Harriet Tubman Women's Shelter.

With an eye toward moving unaccompanied men and women more quickly into housing, the ICH, DHS, and TCP launched a pilot program in 2021 called Bridge Housing. Bridge Housing expedites this transition to housing for people who have been matched to a permanent housing resource but have not yet leased up. Bridge Housing offers participants apartment-style living space, in lieu of congregate shelter or staying outside, while they work with program staff to finalize their move to their own housing. DHS and TCP work with both shelter and outreach providers to identify Bridge Housing participants and the model is currently operating at two locations.

Connection to Bridge Housing and PEP-V resources were made possible in part through the efforts of outreach providers in DHS's Comprehensive Street Outreach Network (CSON). DHS, TCP, and CSON have worked to streamline how the District dispatches outreach workers to unsheltered persons in need of connection to services. For unsheltered individuals who are not engaged with the CoC, CSON can provide an entry point into shelter, a connection to benefits, or the first step toward a housing solution.

Between the 2021 and 2022 PIT Counts, CAHP worked to match unsheltered individuals as well as men and women in shelter, Bridge Housing, and PEP-V to approximately 2,500 new housing resources. These resources include the Emergency Housing Vouchers (EHV), funded by the American Rescue Plan, and other locally- and federally funded PSH resources. Since the 2021 PIT Count, the CoC has assisted nearly 1,000 individuals move into more stable housing, which accounts for much of the year-to-year decrease among unaccompanied adults in the District's count.

As of March 2022, some 1,300 individuals – approximately 40 percent of the unaccompanied men and women counted at PIT – are matched to RRH, TAH, or PSH but have not yet moved into housing. To ensure that these housing placements come to fruition, TCP's CAHP team established formal CAHP liaison relationships throughout the CoC to streamline communication and have redesigned the housing match process to maximize opportunities for providers to advocate for their clients. To expand the number of individuals matched to available resources, continued investment in housing of all types will

be key.

Veterans experiencing homelessness in the District have historically been a microcosm of the subsystem for unaccompanied adults, with system inflow often offsetting gains made by housing placements. With that in mind, in 2021, the CoC began work on a Veteran-specific strategic plan, identifying solutions to address both inflow and outflow challenges such as expanding prevention resources for Veterans; right-sizing the CoC’s inventory of transitional housing; and focusing on reducing the time between resource match and lease-up.

The District’s CoC has also made further investments in resources for youth. In 2016, the District launched a youth-specific strategic plan, *Solid Foundations DC*,¹¹ to help address the specific needs of individuals and pregnant or parenting youth. In implementing the plan, the District established six extended transitional housing programs, which offer up to five years of assistance, to help youth move from homelessness to housing stability.

TCP also established new youth programming with federal resources, using HUD’s Youth Homelessness Demonstration Project (YHDP) grant. YHDP funds support both a new joint transitional housing/RRH program for unaccompanied youth and an RRH program for LGBTQ+ youth. DHS and TCP have also expanded options for LGBTQ+ youth by partnering with the Mayor’s Office of LGBTQ Affairs to prioritize youth experiencing homelessness for housing vouchers funded by that Office.

Relatedly, in February 2022, TCP released a request for proposals for the District’s first shelter for LGBTQ+ adults who are over age 24. This is the CoC’s first effort to implement LGBTQ+ programming in the unaccompanied adult subsystem. TCP’s partner, Coalition for the Homeless, will provide the space for the program which will serve 27 individuals.

2022 Continuum of Care Inventory

DISTRICT OF COLUMBIA 2022 SHELTER & HOUSING INVENTORY		
Category	Units for Individuals	Units for Families
Emergency Shelter ¹²	3,891	347
Safe Haven	20	-
Transitional Housing	1,088	255
Rapid Rehousing	389	2,422
Permanent Supportive Housing	7,970	2,255
Other Permanent Housing ¹³	1,741	1,576

This table shows the number of units for unaccompanied individuals and families operating in the CoC as of PIT. This inventory includes all programs dedicated to serving households who are currently

¹¹ Solid Foundation is the District’s plan to prevent and end homelessness among unaccompanied youth. The plan can be viewed at <https://ich.dc.gov>.

¹² Includes severe weather, low-barrier shelter, temporary shelter, Short Term Family Housing (STFH), Bridge Housing, the Isolation and Quarantine (ISAQ) program, and Pandemic Emergency Program for Vulnerable Individuals (PEP-V).

¹³ Includes Targeted Affordable Housing (TAH) and Emergency Housing Vouchers (EHV).

experiencing (shelters, safe haven, and transitional housing) or who have formerly experienced homelessness (rapid rehousing and permanent housing).

Programs in the CoC are largely funded by DHS, with additional funding coming from federal sources such as the HUD CoC Program. While HUD CoC dollars are the primary federal source of homeless services funding, the District, TCP, and the provider community also receive federal funds from HUD via YHDP and Emergency Solutions Grant (ESG); from HHS's Runaway and Homeless Youth program; and from the VA's Grant Per Diem transitional housing program, Supportive Services for Veteran Families RRH program, and VA Supportive Housing (VASH) PSH program. Some CoC providers use private funds to establish their own programs or to support programs that are also publicly funded.

2022 Point-in-Time Count: Methodology

Data Collection

TCP and service providers conducted the CoC's 2022 PIT Count on Wednesday, January 26th; the PIT Count included all engagements with unsheltered persons as well as persons staying in the CoC's emergency shelter and transitional housing facilities.

The information collected at PIT predominantly comes from the District's HMIS, which is administered by TCP. HMIS is the primary repository for information on persons who use CoC services, and nearly 90 percent of all programs operating in the District are represented in the system. TCP regularly conducts HMIS training with service provider staff on the process for documenting information on the individuals and families in their programs. In turn, TCP provides instruction to these providers on how to submit HMIS information on persons served on the night of the PIT.

TCP began using the Survey123 application in 2020 to collect PIT information from unsheltered persons as well as persons at shelters and transitional housing programs that do not use the HMIS. TCP trained non-HMIS providers, street outreach professionals, and volunteers to use Survey123 to document engagements with persons served on the night of PIT. Moreover, TCP worked with day centers and meal programs to capture information on persons served the following day (who indicated where they spent the night of PIT) to further inform the Count.

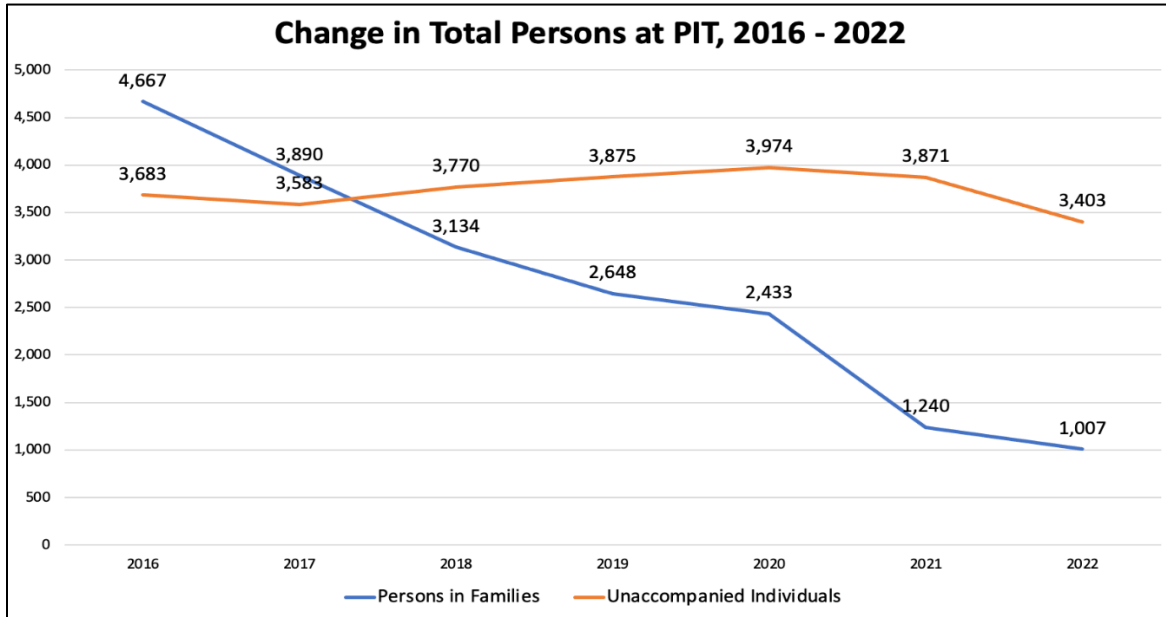
HMIS and Survey123 are equipped to collect the same information on persons counted regardless of where or how they were engaged during PIT. This allows for a seamless aggregation of information from the two sources, and for information to be de-duplicated to ensure that no one is counted more than once.

The unsheltered portion of the PIT Count has always required the most planning and coordination, and TCP has historically worked with CSON, other providers, and community volunteers to ensure that it is as thorough and accurate as possible. TCP established 12 neighborhood-based teams that were assigned specific areas comprising the entire city. Each team was staffed in proportion to the size of the area to be covered and TCP worked with team leaders to ensure that coverage of the area was complete.

2022 Point-in-Time Count: Totals

The number of people experiencing homelessness in the District of Columbia on the night of PIT decreased by 14 percent from the 2021 Count and is down by 47 percent from 2016, the first PIT following the implementation of *Homeward DC*. The overall decrease during this time is driven by the decrease in families experiencing homelessness. However, the 2022 Count also saw a significant

decrease in unaccompanied individuals – this follows a modest decrease from 2020 to 2021 and several years of flat-to-increasing counts since 2016. While these figures are likely caused in part by limited inflow into the system stemming from measures like the eviction moratoria, prevention and diversion programs that predate the pandemic and the ongoing work to house individuals and families were factors as well.



Families

The number of families counted at PIT is down 80 percent since the launch of *Homeward DC* in 2016. As shown in the following table, there was a 14 percent decrease in the number of families counted in 2022 as compared to 2021 while number of persons in families decreased by almost 19 percent.

POINT-IN-TIME COUNT, FAMILIES & PERSONS IN FAMILIES BY YEAR									
	2016	2017	2018	2019	2020	2021	2022	% Change 2021-2022	% Change 2016-2022
Families	1,491	1,166	924	815	768	405	347	-14.3%	-76.7%
Persons in Families	4,667	3,890	3,134	2,648	2,433	1,240	1,007	-18.8%	-78.4%

Throughout FY21, the CoC served 924 families, which is down roughly a third from 1,371 served the year prior. Just over 700 families exited the District’s family shelters between PIT 2021 and 2022, with 555 going to some type of permanent housing. As noted, every family that enters shelter in the District is prioritized for a housing resource, with most families exiting first to RRH via the Family Rehousing and Stabilization program (FRSP). From FRSP, families may transition to a permanent subsidy through TAH or PSH or may retain their housing without the RRH subsidy. Family CAHP and service providers determine, through use of the common assessment tool and case conferencing, whether a family needs permanent housing support and reserves those subsidies for families who are the most vulnerable and are most likely to return to the system without that support.

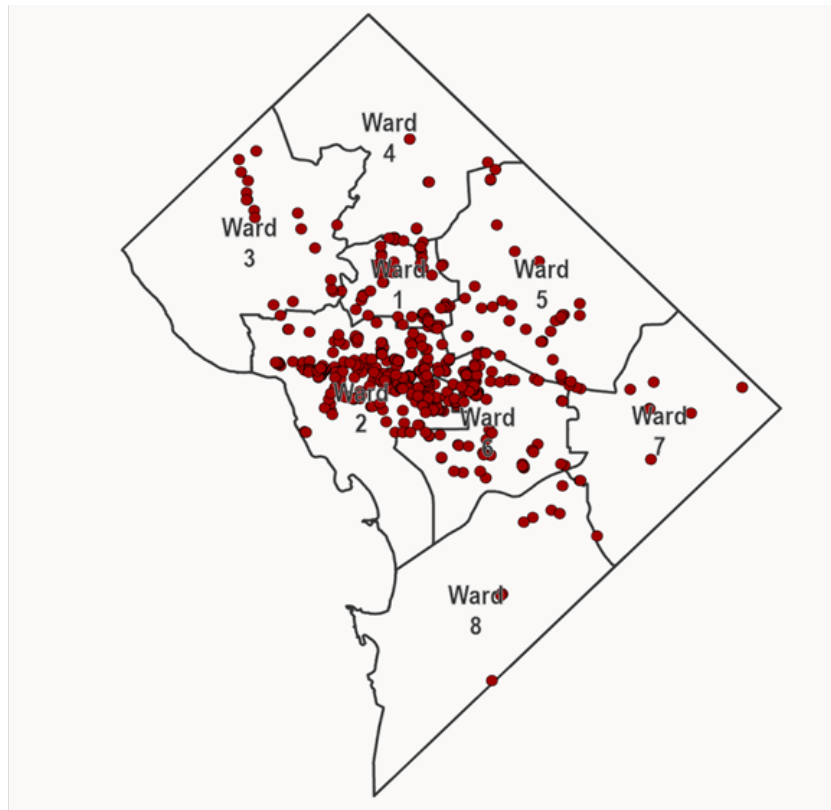
Unaccompanied Individuals

The number of unaccompanied individuals decreased by roughly 12 percent from the 2021 Count, which itself was a decrease of two (2) percent from 2020. Like last year, however, while the overall count decreased, the CoC saw an increase in the count of unsheltered persons while occupancy in emergency shelters and transitional housing is down.

POINT-IN-TIME COUNT, UNACCOMPANIED INDIVIDUALS			
	2021	2022	% Change 2021-2022
Emergency Shelter	2,547	2,166	-15.0%
Transitional Housing (incl. Safe Haven)	643	547	-14.9%
Unsheltered	681	690	1.3%
Total Persons	3,871	3,403	-12.1%

Environmental conditions surrounding the pandemic are likely a leading cause behind these changes, though there is limited empirical information to make definitive statements to that effect. The CoC recognizes that there may still be some remaining discomfort with congregate settings, which in turn is causing people to opt out of staying in shelter or transitional housing facilities. While some individuals may have been able to identify places to stay temporarily through social networks, the high unsheltered count appears to show that many individuals do not feel that they have a safe place to go. This highlights the need for resources like Bridge Housing to help provide health and safety shelter and aid in the transition to permanent housing.

Map: Engagements with Unsheltered Persons at PIT (January 26, 2022)



There have also been decreases in the number of individuals newly entering the system, which in turn is contributing to the decreased counts seen at PIT. As shown in the table below, the annual count of unaccompanied individuals served began to decrease in FY19 and that decrease was driven by a drop in the number of individuals entering the CoC for the first time.

	FY16	FY17	FY18	FY19	FY20	FY21
Number of unaccompanied individuals experiencing homelessness (total, annual)	11,144	11,334	12,343	11,096	9,253	8,325
Subset: Number of unaccompanied individuals experiencing homelessness <i>for the first time</i> (total, annual)	5,257	5,172	6,933	3,428	2,933	2,340
Experiencing homelessness for the first time/total experiencing homelessness (%)	47.2%	45.6%	56.2%	30.9%	31.7%	28.1%

Also contributing to the decrease in the PIT Count is the ongoing work to move people into housing; since the 2021 Count, the CoC assisted nearly 1,000 individuals obtain RRH, TAH, PSH, or other types of housing. These placements are a result of the CAHP’s work to match individuals to resources based on their service needs.

Moreover, the CoC is currently matching individuals to 2,500 new resources which should continue to have an impact on both annual counts of persons experiencing homelessness and single day censuses like PIT. Once placed, the CoC has high confidence that the housing resources will be retained as HMIS data shows long term housing retention rates among individuals placed in these programs are extremely high at 85 percent for RRH and 95 percent for TAH and PSH. The CoC achieved these retention rates prior to and throughout the public health emergency, suggesting that they will remain this high post-pandemic.

2022 Point-in-Time Count: Population Characteristics and Service Needs

Since 2001, the PIT Count has been primarily used by the CoC to collect data on the number of people who are experiencing homelessness at a given time. The PIT survey tool, however, provides deeper insight into the population’s demographic make-up, life experiences, service needs, and economic circumstances.

Whereas 90 percent of the programs in the District use HMIS to collect the same information on a year-round basis, the CoC always has good information on these indicators. That said, PIT provides an opportunity to gather insight from the entire system, including those programs that do not use HMIS, and especially from individuals or families that have not engaged with the publicly funded system. TCP’s use of Survey123 to collect PIT survey information from unsheltered persons, households in programs for persons fleeing domestic/intimate partner violence,¹⁴ and households staying at privately funded shelter locations ensure that the PIT Count is thorough and representative of the entire CoC.

The PIT survey consistently highlights the differences between unaccompanied adults and adults in families who are experiencing homelessness. As the CoC develops programmatic interventions it is

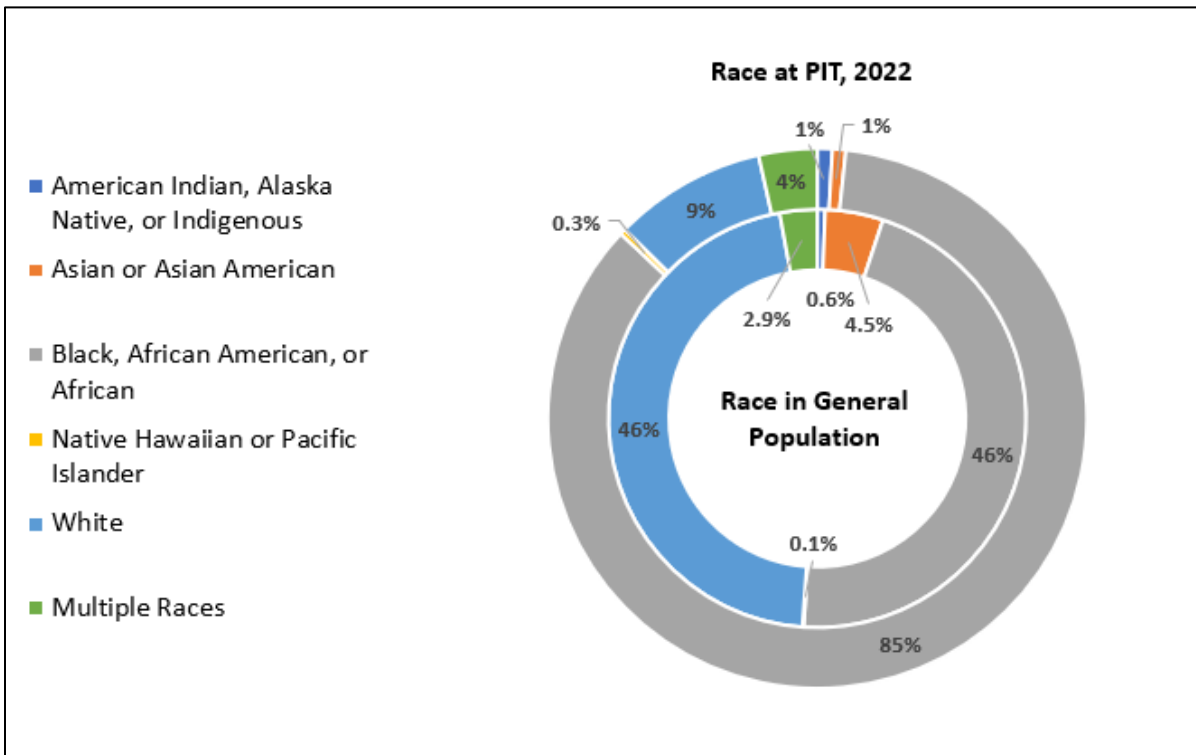
¹⁴ Information from these programs does not include the program participants’ names or program locations in keeping with the protocols of the *Violence Against Women Act*.

important to keep the differences between these two subsystems in mind and to create programs that separately address the needs of both. While the information in the following pages will focus on the differences between unaccompanied adults and adults in families, TCP’s website includes a dashboard tool that allows for further exploration of intra-subsystem differences by allowing users to see differences among subpopulations such as youth and veterans, or by demographic groups. The dashboard is available at community-partnership.org.

Demographics

Race & Ethnicity

People of color are disproportionately represented among those experiencing homelessness, at 91 percent of all persons counted at PIT, compared to 54 percent in the District’s population at large.¹⁵ Race reported at PIT is similar between persons in families and unaccompanied individuals; 96 percent of persons in families (including children) and 89 percent of all unaccompanied individuals (including unaccompanied minors) reported a race other than white. Regarding ethnicity, 23 percent of all unaccompanied individuals and six (6) percent of all persons in families identified as Hispanic or Latin(a)(o)(x) in the Count.



It is well known that people of color are more likely to be impacted by the drivers of homelessness, both in the District and nationally.¹⁶ Past racist policies, inequitable housing practices, a lack of access to employment and educational opportunities, and the disparate impacts from involvement in the justice system, not only contribute to higher rates of homelessness among people of color, but can also have a compounding effect on a person’s or family’s ability to resolve their housing crisis.

¹⁵ <https://www.census.gov/quickfacts/DC>

¹⁶ <https://endhomelessness.org/homelessness-in-america/what-causes-homelessness/inequality/>

To examine and confront the impacts of institutional racism within the CoC, the ICH started a Racial Equity & Inclusion Work Group in 2020. The Work Group is creating a racial equity framework to identify and address racial disparities within the District’s agencies, programs, and the CoC. TCP and its partner organizations in neighboring jurisdictions are looking at race equity at a regional level which will be used to inform the ICH work as well.

Gender

Differences in the gender makeup of unaccompanied individuals compared to that of persons in families is relatively consistent between years, with 69 percent unaccompanied individuals (including unaccompanied minors) identifying as male. By contrast persons in families are majority female, with women making up 64 percent of all persons (including children) in family households.

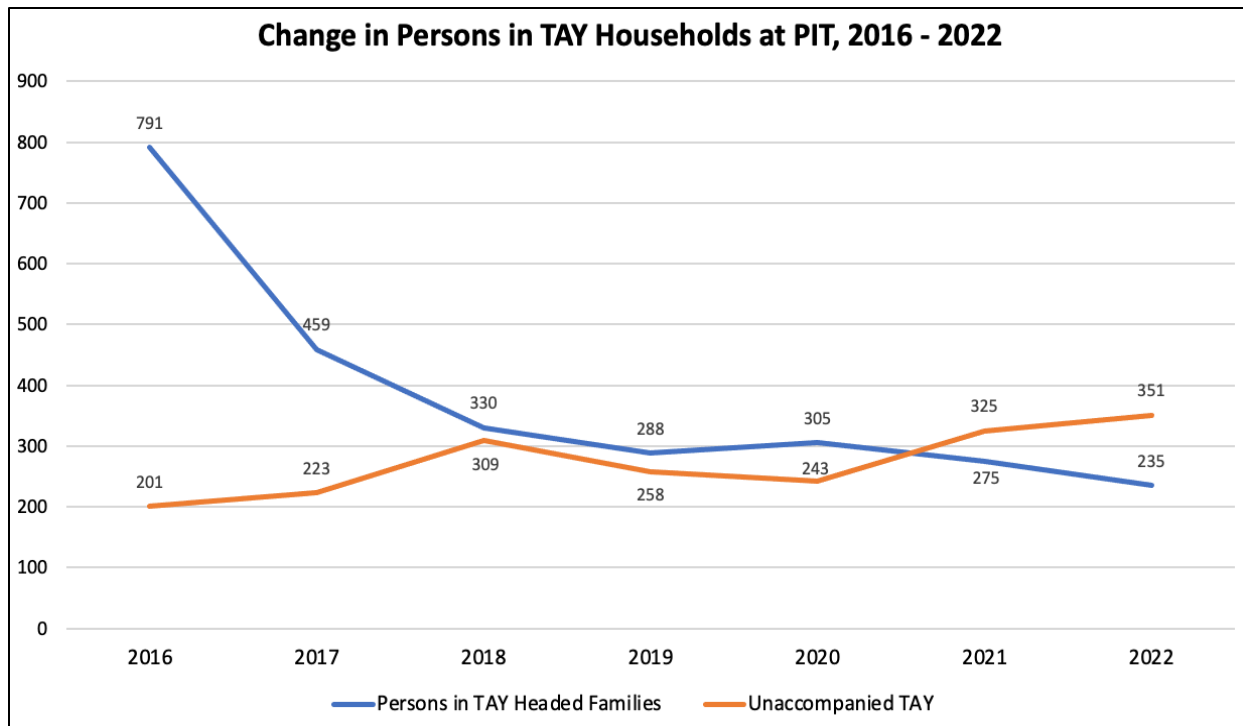
The dashboard on TCP’s website highlights differences in life experiences and other PIT survey elements that exist between men and women within the two subsystems.

GENDER IDENTITY		
	Unaccompanied Individuals	Persons in Families
Female	29.2%	63.8%
Male	69.3%	36.2%
Gender other than singularly male or female (e.g., non-binary, genderfluid, agender, culturally specific gender)	0.4%	0.0%
Transgender (Male or Female)	1.0%	0.0%
Questioning	0%	0.0%
No Single Gender Identity	0.1%	0.0%

Youth & Seniors

The PIT survey asks respondents to provide their date of birth or specify their age to assess the extent to which the CoC is serving youth and seniors. Age is another area where there is a sharp contrast between unaccompanied adults and adults in families. The average age of men and women in the adult subsystem is 49 while the average age of the heads of family households is 27.

In both subsystems, however, there are a sizable number of Transition Age Youth (TAY), people who are between the ages of 18 and 24. In the 2022 PIT Count, there were 351 unaccompanied TAY and TAY were heads of 100 family households (which were comprised of 235 people).



The number of TAY in the family system is decreasing apace with the family system in general. This is expected as TAY have historically made up roughly 40 percent of the adults in families and therefore the CoC expected the number of TAY in the family system to decrease as the count of families decreased.

The count of unaccompanied TAY has been increasing in recent years and is attributable to the continued expansion of programming in the system for this subpopulation. As the CoC has expanded its inventory for unaccompanied youth, it has continued to see increased use of these programs and fewer unsheltered or “couch surfing” youth – young people on the periphery of the system who do not have a permanent place to stay but who are not (yet) entering shelter.

In addition to TAY, the CoC includes a few shelter and transitional sites that are licensed to work specifically with minors. There were eight (8) individuals aged 17 years or younger in those programs on the night of the PIT Count, and outreach staff engaging with unsheltered persons spoke with one (1) minor as well.

Regarding seniors, at PIT 2022 there were 1,336 unaccompanied adults who were age 55 or older, which is nearly 40 percent single adults counted. Conversely, there were only nine (9) adults in family programs who were 55 or older. The CoC’s inventory includes beds for seniors in emergency shelter, transitional housing, and PSH, and the new 801 East shelter will expand on that inventory by having a wing dedicated specifically to seniors.

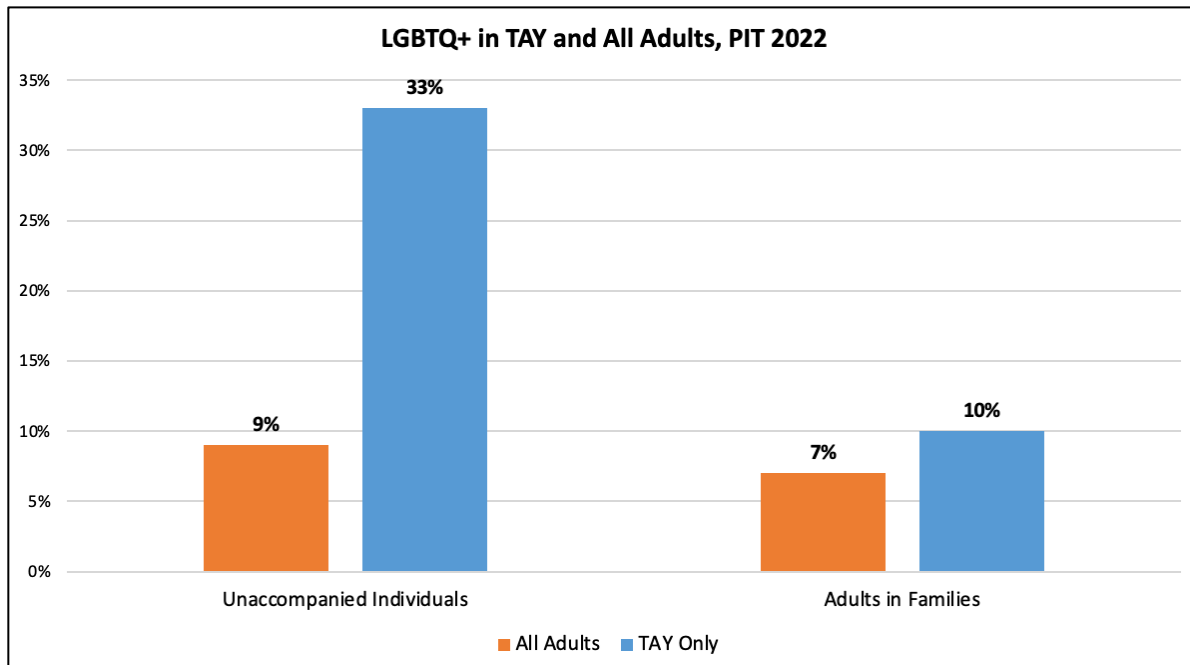
Additional shelter and housing resources for seniors is an important part of the CoC’s inventory given the impacts of experiencing homelessness on one’s health. Older adults living on the street tend to exhibit mental and physical health issues that are more consistent with non-homeless people who are at least ten years older than them, and unsheltered people have higher rates of early mortality than the general population.

The LGBTQ+ population

There were 316 unaccompanied adults and 31 adults in families who identified as LGBTQ+ based on their responses to PIT survey questions about their sexual orientation and gender identity.

Age plays an important factor in the rates of LGBTQ+ persons experiencing homelessness in the District. The chart below shows the percentage of all LGBTQ+ adults among unaccompanied individuals, at nine (9) percent, and in families, at seven (7) percent, compared with the rates among TAY, which are 33 and 10 percent respectively.

The higher prevalence of unaccompanied LGBTQ+ TAY in the 2022 PIT Count suggests risk factors to homelessness among LGBTQ+ TAY in the District as a whole, where it is estimated only nine (9) percent of TAY identify as LGBTQ+¹⁷. Indeed, national research has found that LGBTQ+ youth are more than twice as likely to experience homelessness than their non-LGBTQ+ peers.¹⁸



Life Experiences

The PIT survey asks respondents about life experiences such as whether they have histories of experiencing domestic violence or have been systems-involved prior to experiencing homelessness.

Having a history that includes domestic violence is one of the most reported life experiences in the PIT Count and is regularly seen as a primary cause of homelessness. As shown in the following table, one in five unaccompanied adults and 45 percent of adults in families reported histories of domestic violence. This is one of the few categories of the PIT survey where an indicator is more prevalent in the family subsystem than among individuals.

¹⁷ <https://doh.dc.gov/sites/default/files/dc/sites/doh/publication/attachments/LGBT%20Health%20Report.pdf> (Note: Report refers to "LGBT", not "LGBTQ+")

¹⁸ <https://voicesofyouthcount.org/brief/lgbtq-youth-homelessness/> (Note: Report refers to "LGBTQ" not "LGBTQ+")

Conversely, there is a much greater prevalence of previously residing in an institutional setting among unaccompanied adults, where over 40 percent report that this is a part of their history. For the purposes of the PIT survey, an institutional setting includes residential treatment programs, long term stays in a hospital, or the justice system.

This information is helpful for planning for homeless services-specific or human services-oriented interventions for vulnerable populations. In the last year, TCP has worked with HUD and the provider community to bring on more transitional and permanent housing opportunities for survivors of domestic violence and persons returning from the justice system and has worked with the District’s Child and Family Services Administration to better understand the extent of CoC use by former foster care youth. DHS also uses the information on the extent to which people in the CoC have limited or no English proficiency, as well as their preferred language, to ensure that the CoC complies with the *DC Language Access Act*.

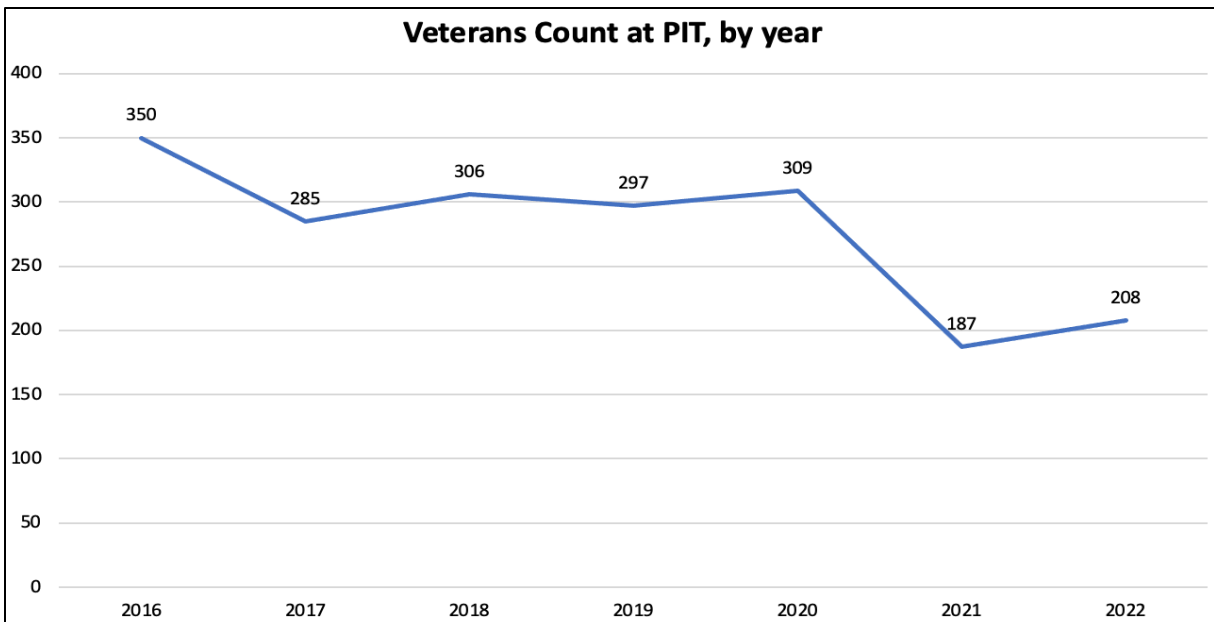
REPORTED EXPERIENCES AMONG ADULTS				
	Unaccompanied Adults 2022	Unaccompanied Adults 2021	Adults in Families 2022	Adults in Families 2021
History of Domestic Violence	20.2%	19.8%	44.8%	44.1%
Limited/No English Proficiency	4.4%	5.0%	2.7%	2.2%
Formerly in Foster Care	12.9%	11.7%	6.1%	9.3%
Resided in an Institutional Setting	42.7%	48.0%	8.2%	10.3%

Veterans

U.S. Military Veterans are a key subpopulation among persons experiencing homelessness and is a group that the District has put considerable efforts into housing over the years. As shown in the table below, there are relatively few veterans in the system as compared to other subpopulations included in the PIT survey, and veterans are predominantly seen in programs for unaccompanied adults as opposed to families.

UNITED STATES MILITARY VETERANS				
	Unaccompanied Adults 2022	Unaccompanied Adults 2021	Adults in Families 2022	Adults in Families 2021
U.S. Military Veteran	6.0%	4.8%	0.7%	0.6%

Despite a large decrease in veterans counted between PIT 2020 and 2021, the District’s count of veterans experiencing homelessness increased by 11 percent (or by 21 veterans) between the 2021 and 2022 PIT Counts. The count of veterans is down 41 percent from 2016. Of the 208 veterans counted in 2022, 205 were unaccompanied adults and three (3) were persons in families.



As noted, veterans tend to be a microcosm of the unaccompanied individuals’ subsystem at large, and as such, there have been challenges with system inflow outpacing exits (which, prior to the 2021 Count, was keeping the overall number of unaccompanied adults from decreasing).

Despite the year-to-year increase in 2022, the Veterans CAHP community helped to move 234 veterans into housing between PIT 2021 and 2022 using a combination of PSH and RRH resources. Half of the veterans counted at PIT are matched to a permanent housing resource and are in process to move into housing. Although the CoC is seeing fewer veterans who are newly experiencing homelessness – an average of 58 per month in 2021 as compared to 82 in 2020 – inflow into the system among veterans ultimately offset the number of housing placements made last year leading to the slight increase at PIT 2022.

Employment and Income

The table below provides information on whether the unaccompanied individuals and adults in families counted at PIT receive income (of any kind) or if they are employed. The rate at which unaccompanied adults in the CoC are employed is lower than adults in families. This is attributable to other indicators noted in the PIT survey results, such as unaccompanied adults being, on average, older and more often living with disabling conditions than their counterparts in the family subsystem.

INCOME & EMPLOYMENT				
	Unaccompanied Adults 2022	Unaccompanied Adults 2021	Adults in Families 2022	Adults in Families 2021
Receive Income	47.8%	38.6%	63.8%	61.9%
Employed	8.1%	9.0%	18.8%	11.9%
PRIMARY INCOME SOURCE				
From Employment	15.5%	21.9%	26.9%	15.0%
Social Security / Retirement	3.6%	3.5%	0.0%	0.3%
SSI / SSDI / Disability	61.9%	60.9%	14.4%	14.4%
TANF / Public Assistance	14.1%	3.4%	52.9%	63.4%
Other/Unspecified Source	4.8%	10.3%	5.8%	6.9%

Of those with at least one income source, the most reported primary (largest dollar amount) income source was SSI/SSDI for unaccompanied individuals and Temporary Assistance for Needy Families (TANF) for adults in families.

Connecting adults with income and helping those who can gain or maintain employment is a key performance indicator for the CoC and is tracked by ICH, DHS, and TCP at both the provider and system level. For those who will not be prioritized for a permanent housing subsidy, employment income will be key for maintaining housing in the District’s high-cost housing market. As noted, the new 801 East shelter will include beds specifically for working people to ensure that they have a place to stay and to help maintain their employment.

Disabling Conditions and Chronic Homelessness

The following table details the rates at which adults self-report living with various disabling conditions. The CoC uses this information to develop programming that addresses service needs seen among the people served throughout the year. As has been the case in previous years, the disabling conditions tracked at PIT have been more prevalent among unaccompanied adults than adults in families. While there was some notable change in the rates at which these conditions are reported from year to year, the change in the overall count itself is impacting their prevalence more than any new or emerging trend.

REPORTED DISABLING CONDITIONS AMONG ALL ADULTS				
	Unaccompanied Adults 2022	Unaccompanied Adults 2021	Adults in Families 2022	Adults in Families 2021
Substance Abuse (SA) History	16.6%	16.6%	1.7%	0.8%
History of Mental Illness (MI)	28.2%	43.2%	15.5%	19.4%
Dual Diagnosis (SA & MI)	9.9%	11.4%	1.2%	1.0%
Chronic Health Problem	17.8%	23.5%	4.1%	6.9%
Developmental Disability	5.7%	6.1%	4.8%	3.8%
Living with HIV/AIDS	2.5%	3.7%	0.0%	0.0%
Physical Disability	14.7%	18.3%	5.3%	3.8%

TCP used the information collected at PIT to assess the rate of chronic homelessness within the CoC, which decreased in 2022 for both unaccompanied adults and adults in families.

Chronic homelessness is experienced, as defined by HUD, when an adult person has been unsheltered or in emergency shelter for a year or more or has had four or more episodes of homelessness in three years (which total at least 12 months), and who is living with a disabling condition. Families are experiencing chronic homelessness if at least one adult person in the household meets those criteria.

CHRONIC HOMELESSNESS AMONG ADULTS AT POINT IN TIME				
	Unaccompanied Adults 2022	Unaccompanied Adults 2021	Adults in Families 2022	Adults in Families 2021
Experiencing Chronic Homelessness	44.0%	50.2%	9.1%	11.2%

Persons experiencing chronic homelessness are the most vulnerable in the CoC. In recent years the District has assisted approximately 7,000 individuals to exit the street or shelter to permanent housing – half of whom were experiencing chronic homelessness and were prioritized for PSH. To aid in those placements, the District has doubled its PSH inventory and the CoC continues to make placements into new resources funded by HUD and the VA as well. As noted, using the PEP-V sites to connect the most vulnerable to housing is having an impact in not just the number of placements made but also the speed at which we are able to move someone into their own housing. These housing placements contribute to an overall decrease in the CoC’s Count but there are larger system implications from working to house the most vulnerable first.

2022 Point-in-Time Count: Permanent Housing

Finally, the PIT Count also enumerates formerly homeless persons – unaccompanied individuals and persons in families who were once experiencing homelessness but who are now in their own housing because of a dedicated housing resource. Households in these programs would likely still be in shelter or living in unsheltered situations if not for the availability of these resources.

At PIT 2022, 6,188 formerly homeless unaccompanied individuals and 5,704 formerly homeless families were in PSH, RRR, or TAH.

	Number of Unaccompanied Individuals	Number of Family Households
Other Permanent Housing (e.g., TAH)	932	1,262
Permanent Supportive Housing	4,917	1,943
Rapid Rehousing	339	2,499
<i>Total</i>	6,188	5,704

Funding for these programs comes primarily from the District, but also from HUD, the VA, and private sources and covers a mix of housing and services costs. In 2022, the District received approval from the U.S. Centers for Medicare and Medicaid Services to launch the DC Medicaid 1915i State Plan Housing Supportive Services (HSS) benefit. This benefit will enable the District to use Medicaid dollars, instead of local funding, to pay for PSH services, which in turn will let the District repurpose some of the funding it has dedicated to PSH to expand its housing investment.

Housing resources are central to the District’s work to end homelessness but must be coupled with prevention and affordable housing to keep individuals and families from having to enter the CoC to stabilize a housing crisis. While there is work left to do, the progress seen since the launch of *Homeward DC* shows the impact that varied and specialized interventions can have. Programs tailored to the household’s specific needs, housing-focused case management, and investments in permanent housing can continue to impact the number of households in the CoC at a given time.

Although the recent downward trends may be an outcome of the pandemic environment, the CoC is in a position to enact positive systems change that could result in continued decreases across the next several years. To that end, the CoC is embracing lessons learned since the implementation of *Homeward DC* and the public health emergency to improve the system moving forward.

Fairfax County, Virginia

DESCRIPTION OF HOMELESS SERVICES

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

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

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

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

SIGNIFICANT INITIATIVES BETWEEN THE 2021 AND 2022 PIT ENUMERATIONS

RELAUNCH OF THE GOVERNANCE OF THE COC

Fairfax County's two housing organizations, the Department of Housing and Community Development and the Office to Prevent and End Homelessness (the Fairfax County CoC Lead Agency), were combined in July 2020 as one agency to further support the community's efforts and strong outcomes in both preventing and ending homelessness and in promoting the preservation and development of affordable housing. In June 2021, the Affordable Housing Advisory Council (AHAC), which replaced the Affordable Housing Advisory Committee that was established in 2005, was formalized to advise the Fairfax County Board of Supervisors regarding the county's progress on the preservation and new development of affordable housing opportunities. The governance of the CoC was re-established at the same time as a Committee of AHAC. The CoC Committee provides community leadership and policy guidance, consistent with the One Fairfax policy, to ensure the successful end to homelessness in the Fairfax-Falls Church community.

RESPONSE TO COVID-19

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

- **QUARANTINE, PROTECTION, ISOLATION, DECOMPRESSION (QPID) HOTELS:** Fairfax County began using Quarantine, Protection, Isolation, Decompression (QPID) hotels in April 2020 to serve persons experiencing homelessness who had tested positive for COVID-19, exposed to someone who had tested positive, or were at high risk of severe COVID-19 illness. In May 2020, Fairfax County activated Emergency Support Function 6 (ESF-6), an interdepartmental team under the “Mass Care, Emergency Assistance, Housing, and Human Services” of the County's larger Emergency Operations Plan to coordinate the QPID hotel operations. The use of the QPID hotels was expanded to include households served in congregate emergency shelter as well as any persons within the community who had tested positive for COVID-19 or were under investigation for COVID-19 and were living in overcrowded situations and unable to isolate. By June 2020, capacity was increased to 450 rooms within 7 different hotels across the county. Referrals were coordinated through a central intake, which was operated by Northern Virginia Family Service and established to exclusively triage referrals to the QPID hotels. The day-to-day operations of the QPID hotels were managed by several non-profit partners, including Cornerstones, FACETS, New Hope Housing, and Shelter House. As a result of extraordinary collaboration between non-profit and governmental partners, nearly 2,000 people experiencing homelessness have been served in the QPID hotels.
- **CARES RAPID REHOUSING PILOT:** In collaboration with the Built for Zero (BFZ) team with Community Solutions, Fairfax County's CoC implemented a Rapid Rehousing Pilot focused on identifying housing opportunities for those served within the QPID hotels as well as households assessed to be at high risk of severe COVID-19 illness. The Pilot included defining rapid rehousing goals, eligibility and prioritization criteria, and established benchmarks – through targeting and enrollment to housing and stabilization. By using Homeless Management Information System (HMIS) data, the Office to Prevent and End Homelessness developed a Priority List, which is regularly maintained, to identify and prioritize all eligible households. The non-profit providers participating in the Pilot use the Priority List to identify the households that meet the eligibility criteria and begin engagement. A new Rapid Rehousing Assessment was also developed, which includes a housing history, identification of strengths, budget, and a projected length of time that services and financial assistance may be needed.

POINT IN TIME COUNT RESULTS

EMERGENCY SHELTER AND TRANSITIONAL HOUSING: CAPACITY

□ **EMERGENCY SHELTER:** There are eleven shelters in the Fairfax County CoC that are operated by non-profit partner organizations year-round. Shelter composition in Fairfax County includes the following:

- Households without Children (single adults), 3 shelters
- Households with Children (families), 3 shelters
- Households with and without Children (single adults and families), 1 shelter
- Domestic Violence Survivors, 3 shelters
- Youth shelter (ages 13 – 17 years), 1 shelter

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

Emergency shelter capacity (including winter seasonal and overflow capacity) increased by 33% between the 2020 and 2021 Housing Inventory Counts due to the addition of temporary non-congregate shelters established as part of the response to COVID-19. This heightened capacity remained in place during the 2022 Housing Inventory Count.

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

FAIRFAX COUNTY HOUSING INVENTORY COUNT (2022)				
Beds for Persons Experiencing Literal Homelessness BY PROJECT & POPULATION	HOUSEHOLDS WITH CHILDREN	HOUSEHOLDS WITHOUT CHILDREN	CHILDREN ONLY HOUSEHOLDS	TOTAL
	BEDS UNITS	BEDS	BEDS	
Emergency Shelter	402 129	320	8	730
Winter Seasonal/Overflow	111 N/A	252	N/A	363
Transitional Housing	169 60	31	0	200
Total # of Beds	682 189	603	8	1293

FAIRFAX COUNTY HOUSING INVENTORY COUNT (2018 – 2022)						
Beds for Persons Experiencing Literal Homelessness BY PROJECT TYPE	2022	2021	2020	2019	2018	% Change 2021 to 2022
Emergency Shelter	730	814	507	483	494	-1%
Winter Seasonal/Overflow	363	292	322	340	282	+24%
Transitional Housing	200	255	247	249	274	-22%
Total # of Beds	1293	1361	1076	1072	1050	-5%

POINT IN TIME COUNT: TOTAL ENUMERATION

The 2022 Point-in-Time Count was conducted on **January 26, 2022**, in coordination with the Metro DC region. This annual count, organized in accordance with U.S. Department of Housing and Urban Development guidelines, included people who were literally homeless – those in shelters, in time-limited transitional housing programs, as well as those who were unsheltered and living on the street.—

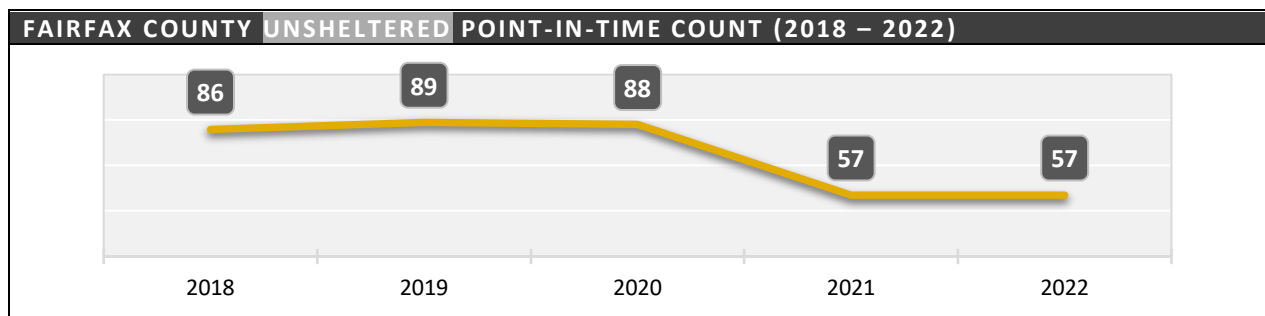
Conducting the enumeration required extensive efforts by a wide range of community partners, involving dozens of staff from public and private nonprofit organizations that work with people experiencing homelessness in the Fairfax-Falls Church community.

There were 1,191 people experiencing homelessness on the night of the 2022 Point-in-Time Count, which is a decrease of 3% (31 people) from the 2021 Point-in-Time Count. This is the first decrease in the annual Point-in-Time Counts since 2016. The largest contributing factor is that the number of single adults experiencing homelessness decreased by 15% (111 people) between the 2021 and 2022 Point-in-Time Counts due to an increase in rapid rehousing resources available through the CARES Act.

FAIRFAX COUNTY POINT-IN-TIME COUNT (2018 – 2022)						
COUNT OF PERSONS EXPERIENCING HOMELESSNESS BY POPULATION	2022	2021	2020	2019	2018	% Change 2021 to 2022
Total # of Singles	626	737	513	507	497	-15%
Total # of Families	169	140	161	150	151	21%
Total # of Persons in Families	564	480	528	526	488	18%
Total # of Adults in Families	232	189	210	197	190	23%
Total # of Children in Families	332	291	318	329	298	14%
Total # of Children Only Households	1	5	0	1	2	-----
Total # of Persons Experiencing Homelessness	1191	1222	1041	1034	987	-3%

FAIRFAX COUNTY POINT-IN-TIME COUNT (2018 – 2022)						
COUNT OF PERSONS EXPERIENCING HOMELESSNESS BY PROJECT TYPE	2022	2021	2020	2019	2018	% Change 2021 to 2022
Unsheltered	57	57	88	89	86	0%
Emergency Shelter	996	1,004	763	774	686	-1%
Transitional Housing	138	161	190	171	215	-14%
Total # of Persons Experiencing Homelessness	1191	1222	1041	1034	987	-3%

The number of people experiencing unsheltered homelessness (57 people) remained the same during the both the 2021 and 2022 Point-in-Time Counts. There were 8 people (14%) that were experiencing unsheltered homelessness on the night of the Point-in-Time Counts in 2021 and 2022.



POINT IN TIME COUNT: DEMOGRAPHICS

The most significant disparity in the demographics of those experiencing homelessness on the night of the 2022 Point-in-Time Count is the disproportionate representation of people identifying as Black or African American. Although only 10% of the general population in Fairfax County identifies as

Black or African American¹⁹, 50% of people experiencing homelessness on the night of the 2022 Point-in-Time Count identified as Black or African American. This imbalance has not improved over time.

FAIRFAX COUNTY POINT IN TIME COUNT DEMOGRAPHICS			
CATEGORY	DESCRIPTION		
		TOTAL NUMBER	PERCENT
Age	Number of Persons (under age 18)	263	22%
	Number of Persons (18 - 24)	62	5%
	Number of Persons (over age 24)	866	73%
Gender	Female	544	45.6%
	Male	638	53.5%
	Gender other than singularly male or female ²⁰	2	<1%
	Transgender	5	<1%
	Questioning	2	<1%
Ethnicity	Non-Hispanic/Non-Latino	923	77%
	Hispanic/Latino	268	23%
Race	White	448	38%
	Black or African-American	601	50%
	Asian	67	6%
	American Indian or Alaska Native	12	1%
	Native Hawaiian or Other Pacific Islander	2	<1%
	Multiple Races	61	5%

¹⁹ U.S. Census Bureau QuickFacts: Fairfax County, Virginia

²⁰ (e.g., non-binary, genderfluid, agender, culturally specific gender)

POINT IN TIME COUNT: SUBPOPULATIONS

FAIRFAX COUNTY POINT IN TIME COUNT SUBPOPULATIONS			
CATEGORY	HOUSEHOLDS WITH CHILDREN (TOTALS FOR ADULTS ONLY)	HOUSEHOLDS WITHOUT CHILDREN	TOTAL
Chronic Homelessness	30 (9 households)	273	303
Substance Use Disorder	5	108	113
Serious Mental Illness	30	192	222
Physical Disability	11	141	152
Chronic Health Problems	18	154	172
Domestic Violence--History	109	111	220
Domestic Violence--Current	61	54	115
Limited English Proficiency	61	111	172
U.S. Military Veteran	5	27	32

- **CHRONIC HOMELESSNESS:** The number of households experiencing chronic homelessness decreased slightly between the 2021 and 2022 Point-in-Time Counts. There were 327 people that identified as experiencing chronic homelessness during the 2021 Point-in-Time Count (27% of the total people counted) and 303 people experiencing chronic homelessness (25% of the total people counted) during the 2022 Point-in-Time Count.
- **VETERANS:** There were 48 people that identified as veterans identified during the 2021 Point-in-Time Count (5% of total adults counted) and 32 people that identified as veterans identified during the 2022 Point-in-Time Count (3% of the total adults counted).
- **TRANSITION AGED YOUTH:** There were 91 transition-aged youths (persons between the ages of 18 and 24 years) identified during the 2021 Point-in-Time Count (10% of total adults counted) and 62 transition-aged youths identified during the 2022 Point-in-Time Count (7% of the total adults counted).
- **SURVIVORS OF DOMESTIC VIOLENCE:** There were 97 households identified as currently fleeing domestic violence and 183 households that reported a history of domestic violence during the 2021 Point-in-Time Count (11% and 21% of total households counted). There were 115 households identified as currently fleeing domestic violence and 220 households that reported a history of domestic violence during the 2022 Point-in-Time Count (15% and 28% of total households counted).

The remaining totals for the subpopulations in the 2022 Point-in-Time Count were similar to the percentages represented in the 2021 Point-in-Time Count.

PERMANENT HOUSING: CAPACITY

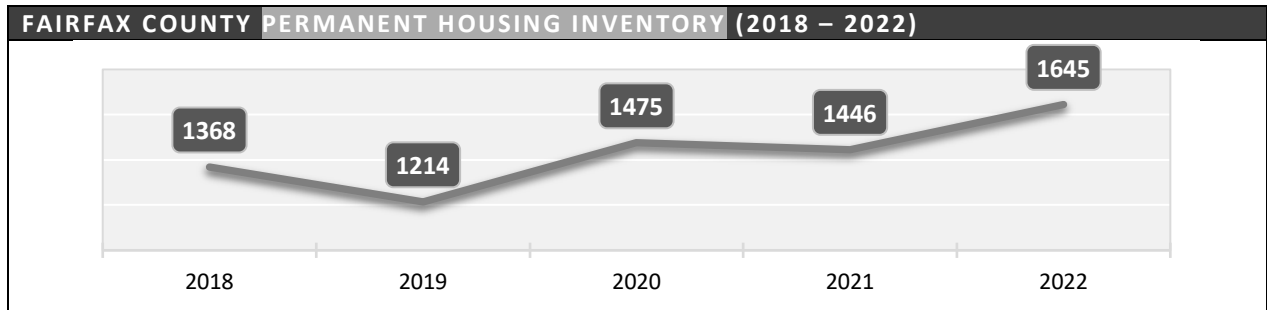
Increasing permanent housing capacity, including rapid rehousing, permanent supportive housing, and other permanent housing, remains as a critical strategy in ending homelessness in Fairfax County. Access to permanent, affordable housing that matches the individualized needs of those experiencing homelessness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

- **RAPID REHOUSING:** Fairfax County CoC continued to increase its rapid rehousing efforts as a result of the Emergency Solutions Grants Program (ESG) under the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) funding. More than 80% of the total ESG CARES award has been used for rapid rehousing. The Fairfax County CoC also received pandemic relief funding through the Virginia COVID Homelessness Emergency Response Program (CHERP), which was positioned to primarily

support prevention and rapid rehousing. A range of funding sources, including the regular, annual allocation of the federal Emergency Solutions Grant (ESG) program, federal Continuum of Care funding, the Commonwealth of Virginia’s Homeless Solutions Program (VHSP), along with funding from the County of Fairfax and private donations, is regularly utilized to operate rapid rehousing projects within the Continuum.

- **PERMANENT SUPPORTIVE HOUSING:** The majority of the permanent supportive housing in the Fairfax County CoC is funded through the Department of Housing and Urban Development (HUD) Continuum of Care Program. The remaining projects are funded through HUD-VASH, state, and local county funding. In 2016, a public finance bond was passed that includes \$48 million over the next several years to renovate the 30-year-old shelters. The first facility, Bailey’s Shelter and Supportive Housing, was designed to include co-located emergency shelter and permanent supportive housing. This model supported the addition of 18 new units of permanent supportive housing, which became available in 2019. Planning is underway for the other shelters included in the bond.
- **OTHER PERMANENT HOUSING:** An existing ‘other permanent housing’ project decreased capacity at the end of fiscal year 2021 the close of a multi-year contract and another new ‘other permanent housing project,’ Rental Subsidy and Services Program (RSSP), was launched at the beginning of fiscal year 2022. The new project is expected to increase capacity beyond the existing project. In addition, the county was awarded Emergency Housing Choice Vouchers, a critical long-term housing resource.

FAIRFAX COUNTY PERMANENT HOUSING INVENTORY (2018 - 2022)							
BEDS BY PERMANENT HOUSING PROJECT TYPE		2022	2021	2020	2019	2018	% Change 2020 to 2021
PERMANENT HOUSING FORMERLY HOMELESS	Rapid Rehousing	659	455	366	269	465	40%
	Permanent Supportive Housing	669	668	627	639	683	<1%
	Other Permanent Housing	317	323	482	306	220	-2%
Total # of Beds		1645	1446	1475	1214	1368	12%



Frederick County, Maryland

Description of Homeless Services

Frederick County, MD is fortunate to have a wide-range of governmental, private non-profit, and faith-based organizations that together have established an almost seamless service delivery system targeted to addressing the needs of homeless individuals and families. Major providers of homeless services and those that participated in the 2022 PIT Count include Advocates for Homeless Families, The Department of Housing and Human Services (DHHS), Frederick Rescue Mission, Heartly House, Religious Coalition for Emergency Human Needs, Behavioral Health Partners of Frederick County, Salvation Army, and Student Homelessness Initiative Partnership (SHIP). All of these organizations are also active members of the Frederick County Coalition for the Homeless.

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

Point-in-Time Count Survey Analysis

The most recent Point-in-Time Survey for both sheltered and unsheltered homeless populations was conducted on January 26, 2022. Brand new to Frederick County was the implementation of a Mobile Survey App through Survey123 which eliminated the need to conduct surveys with individuals on paper. By using this new survey app, all data collected in Frederick County was able to be sent instantly to the ArcGIS Community Hub which included a real-time dashboard that updated each time a survey was completed. There was also location option added to the survey, which was able to pinpoint the exact location in which any survey took place, and then transfer this to a map showing which areas in the county had the highest concentration of homeless individuals. DHHS staff was then able to pull the data collected from the site to input to the report sent to HUD, which drastically reduced the time and streamlined the process of collecting all the data from participating providers in the county. It also eliminated the need for participating providers to have to input separately each of their data on a spreadsheet that would then be sent to DHHS staff for the final report submission. Whenever possible, surveys were to be completed directly with people experiencing homelessness. A total of 218 persons currently experiencing homelessness were included in the Point-In-Time count and as in the past, the largest household type was single-individuals with a total of 161 individuals which included Veterans. Demographic and subpopulation data was not collected for those participants residing in Permanent Supportive Housing Programs, including Rapid Re-Housing programs.

The Point-in-Time Survey contains specific questions regarding HUD-defined homeless subpopulations and contains specific questions regarding homelessness. For the past year's 2021 PIT Count, due to the COVID pandemic, Frederick County requested and was approved an exception to collect only baseline demographic information for that year's count and therefore subpopulation information was not collected. For the 2022 PIT Count, most of this information was collected, however due to using a new system to collect data, some data was captured or extrapolated. This is something Frederick County will need to address and update for the 2023 PIT Count. There were limited volunteers used to assist with the PIT Count for 2022, again due to the COVID pandemic and protocols, and once again all community participators were asked to use their own in-house staff to complete surveys. A virtual training was completed for all participating providers on how to use the new Mobile Survey App and input data to be collected.

Table 1

Yearly Totals by Household and Individuals			
	2022	2021	2020
Overall Total	218	339	308
Total Family <u>Households</u>	20	25	25
Total Single Adult <u>Households</u>	153	169	238
Total Number of persons in Families	57	62	70
Total Number of Adults in families	23	25	28
Total Number of children in families	34	37	42
Total Number of single adult persons	161	169	238

According to the 2022 Point-In-Time data, homelessness in Frederick County decreased significantly from 2021. An important point to note is the new Mobile Survey App did allow those conducting surveys to be able to include an “Observation” count, which required minimal responses to be completed based on the judgement of the person attempting to collect the information. For an Observation on an individual’s age however, the collector was only able to advise whether they believe the individual was a TAY (18-24) or 25+, while all other in-person surveys required the individual to provide an age. Since the data spreadsheet did not allow for a “Don’t Know/Refused” option regarding individuals ages, it was not possible to include 16 of the observed individuals as there was no way to break down what age category they would be added to or whether they were sheltered or unsheltered. It was possible to include all of those indicated as “TAY” for an Observation count, and this total was 6 which included only 1 of them being indicated as unsheltered, and the remaining 5 indicated as being in a transitional housing program operated by Student Homelessness Initiative Partnership. The total number of individuals counted would have been 234 if the 16 individuals were included. It should be noted that the Point-in-Time survey is a “one-day snapshot” of homelessness and may not be reflective of all trends experienced in a local jurisdiction. Numbers likely decreased due to more accurate data collection by using the Mobile Survey App which significantly reduced duplication when conducting surveys. There was also a significant increase in rental assistance and Rapid Re-Housing funds over the past year due to additional CARES Act funding received. This contributed to assisting individuals and families move from homelessness into stable and permanent housing.

Something new to the Frederick County 2022 PIT Count was the addition of information from SHIP which primarily provides services to homeless students in the county, as well as Transitional Age Youth, which has become a focus for the county over the past several years. While in the past the primary housing option SHIP has been able to provide was assistance with motel placements, they have instituted a transitional housing program, Thrive! Host Home Network, which provides a transitional host home for students and Transitional Age Youth experiencing homelessness.

Another update that will need to be added to the Mobile Survey App for next year’s PIT Count will be questions regarding Child Income and Sources. For the 2022 PIT Count, while this information was collected for adults and heads of household, these questions were not applied to any minor children in the household. Frederick County was not able to report on this data and therefore this is indicated as a “Child Don’t Know/No Response” answer. In the past, the data collected regarding child income reflected that most children’s income sources were attributed to receiving Disability payments for a physical, developmental, or mental impairment.

Subpopulations

Homeless Veteran information was not collected during the 2021 PIT Count as part of the requested and approved exception that Frederick County received, however the 2022 PIT Count shows a total of 8 Homeless Veterans and no Veteran Households with Children. The data shows that only 2 of these Veterans remained unsheltered while the remaining 6 were either in Emergency Shelter or Transitional Housing/Shelter. Providers and advocates submitted an application to the U.S. Interagency Council on Homelessness (USICH) on December 6, 2017 in order to declare that Frederick County has “effectively ended veteran homelessness”. However, since the PIT Count is a self-report survey, it is difficult to verify the exact number of Veterans currently due to some individuals not wanting to report on this status, and some individuals falsely reporting a history of service.

The new Mobile Survey App implemented for the 2022 PIT Count was unable to capture several sub-population categories which included: Chronic Health Condition, Limited English, Other, and None of the Above and these will need to be added to the Mobile Survey App questions for the 2023 PIT Count. Foster Care and Formerly Institutionalized were also collected as the same category, and this data could not be pulled to be reported separately. This data was reported as “Other” with a total of 27 individuals reporting they were previously in Foster Care or Formerly Institutionalized. While Substance Use Disorder (with a total of 55 positive responses) and Serious Mental Illness (total of 82 positive responses) was able to be collected, Co-Occurring Disorder was not, and this will also need to be added as a response for the 2023 PIT Count on the survey. All subpopulations unable to be included in the report were indicated as “0”, however it is logical to assume that there would be some positive responses to several of these categories that were unable to be included in this year’s count.

Year-Round and Winter Inventory of Beds

During the 2022 PIT Count, Frederick County had a total of 280 beds in emergency shelter and transitional shelter/housing programs. These beds are operated by the Alan P. Linton Shelter, The Religious Coalition Emergency Family Shelter, the Heartly House Emergency Shelter for Victims of Domestic Violence, Advocates for Homeless Families, The Beacon House, The Faith House, and the Thrive program operated by SHIP. The total number of units combined throughout these agencies is 40 and provides shelter for individuals and families with children. Important to note is that the Alan P. Linton Shelter, while considered to be one unit, has been utilizing hotel rooms to house homeless adults that would normally be housed in their shelter building due to Covid protocols. This was implemented to be able to provide social distancing inside the shelter building and the number of hotel rooms utilized fluctuates depending on the number of individuals seeking emergency shelter with this program.

Permanent Housing Inventory Count

Several of the PSH Units operated by the Dept of Housing and Human Services include 2-bedroom units that house roommates; however, roommates are considered as one household each. There are also several couples in this program that constitute households of two people. In addition, several of the PSH Units operated by Behavioral Health Partners include couples who are considered to be 1 household of two people as well and this year they are currently providing services to a 2-parent family with a child. Couples in the same household generally share one bed. The total number of PSH beds on the night of the 2022 PIT Count was 62 in a total of 51 units.

Many of the RRH Units housed family members for which there were multiple beds per unit. For the 2022 PIT Count there were a total of 50 Units with 122 beds. Several of the agencies within Frederick County that are providing RRH funds will continue this assistance throughout the year and many received an increase in funding. Due to the nature of the program, the number of RRH units and beds is

fluid and it is possible that this number may increase or decrease for the following year's PIT Count. At the current time, Frederick County does not operate any programs that have DEM or OPH units or beds.

Pandemic Impact on PIT Count

In years prior to the Covid Pandemic, Frederick County used many community and partner volunteers to assist with the street count that is generally led by the Department of Housing and Human Services. However, as in 2021, the 2022 PIT Count used primarily DHHS staff and a small number of volunteers from the Frederick County Health Department who assisted staff with providing services if needed to several individuals found in campsites during the street count. Two of the staff members from Esri, the company that assisted with the development of the Mobile Survey App used for the 2022 PIT Count, were also present to assist staff with any questions or issues that may have arisen since this was a new tool to everyone involved with the Count. All participating providers were again requested to use their staff for collection of data this year which was much more streamlined since data was instantly submitted through the ArcGIS Community Hub that was able to capture all the data in real-time, eliminating the need for other providers to complete individual spreadsheets to be used to collect the final data submitted to HUD.

Loudoun County, Virginia

Description of Homeless Services in Loudoun County, Virginia

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

Coordinated Entry

Coordinated Entry is a streamlined system developed to ensure that all people experiencing a housing crisis have fair and equal access and are quickly identified, assessed, referred, and connected to housing and supportive services based on their strengths and presenting need. The Coordinated Entry System operates as the single point-of-entry for all homeless services; access is provided through a dedicated phone number which is staffed 24/7/365, in-person, and an online webform.

Domestic Violence Emergency Shelter

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

Drop-In Day Services

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

Emergency Shelter

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

Homeless Management Information System (HMIS) Database

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

Homeless Prevention & Diversion Services

Prevention and Diversion Services are designed to assist individuals and families at imminent (14days) risk of losing their housing. The program provides short-term financial assistance based on eligibility criteria along with case management services to stabilize housing, prevent rental evictions and divert households from entering the homeless services system. The goal of the Homeless Prevention and Diversion program is to assist households by stabilizing their housing to minimize the likelihood of emergency shelter entry.

Hypothermia Shelter

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

Outreach and Engagement

The Continuum of Care partners with the Project Assistance to Transition from Homelessness (PATH) Program of the Department of Mental Health, Substance Abuse and Developmental Services. Information and Referral (I&R) Specialists who staff the Coordinated Entry phone line and staff from PATH conduct outreach, Branching Out, at local libraries. I&R Specialists also conduct outreach to local businesses to inform them of programs and services, and to connect with patrons who may need services. Additionally, PATH provides outreach and support to adults with serious mental illness that are homeless. The goal is to connect residents with primary behavioral healthcare, substance abuse services and other supports that enhance stability and functioning in the community.

Permanent Supportive Housing (PSH)

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

Rapid Re-Housing (RRH)

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

Transitional Housing (TH)

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

Youth Support and Crisis Services

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

The Board of Supervisors approved three full-time positions for FY 22: a Supervisor, Case Manager and Housing Locator, which will create a newly formed Homeless Assistance Team (HAT). The team will also include the existing Homeless Prevention and Diversion Coordinator. The team's members were recruited with the last member joining in March 2022.

Point-in-Time Count

The Loudoun County Continuum of Care (CoC) along with CoC's across the nation conducted the annual HUD Point-in-Time (PIT) Count on the night of Wednesday, January 26, 2022. The methodology used included administering online surveys that were completed by staff at partnering organizations and various county departments. This new methodology allowed for reduced touch points and provided an opportunity for households to be included in the count, without the need for close contact. In response to the COVID-19 pandemic, the PIT team followed CDC guidelines to complete the PIT Count.

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

Rural/Western Loudoun Outreach

As in previous years, outreach teams conducted outreach through rural western Loudoun County including small towns and incorporated villages. The vast geography of rural areas can make homelessness easy to miss and often harder to quantify during a PIT Count. People camping in the woods or more rural landscapes, may not self-identify as homeless, even though the place where they stay could be identified as “unfit for human habitation” in an urban environment. Outreach efforts are an ongoing component of homeless services and a vital component of our Point-in-Time Count. The Loudoun CoC along with community partners work collectively to document and address the needs of households living in rural areas who may be experiencing or are at-risk of homelessness.

Point-in-Time Count Survey Analysis

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

Table 1 reflects comparison totals for the PIT Count over the past three years. The overall number of individuals experiencing homelessness on the night of the Point-in-Time (PIT) Count represented a 24% increase when compared to the 2021 PIT Count. Of the 99 individuals experiencing homelessness on January 26, 2022, 66 were single adult households and 9 were identified as family households. These nine family households included twenty-two children and 11 adults. The most significant change in household type can be seen in the single adult households, which experienced a 35% increase from 2021 to 2022.

	2022	2021	2020
Overall Total Number of Individuals	99	80	179
Total Family Households	9	11	15
Total Single Adult Households	66	50	129
Total Number of Individuals in Families	33	30	50
Total Number of Adults in Families	11	11	19
Total Number of Children in Families	22	19	31
Total Number of Single adult persons	66	50	129

Subpopulations

The subpopulations reflected in Table 2 represent only adults in each household type: single households and family households. The most reported subpopulation is the chronically homeless, with a total of 26 individuals, which is a slight decrease from the 29 individuals identified in the 2021 PIT Count. The second highest reported subpopulation is households where the Head of Household has a Serious Mental Illness (SMI), with a total of 22 individuals. When comparing results between 2021 and 2022, a 66.7% decrease was seen in limited English proficiency. While serious mental illness and substance use disorders saw a decrease, co-occurring disorders saw an increase. Finally, a 50% increase was seen in individuals living with a physical disability.

Category	2022	2021	Percent Change
Chronic Health Condition	19	21	9.5%▼
Chronically Homeless	26	29	10.3%▼
Co-Occurring Disorder	12	7	71.4%▲
Domestic Violence – Current	7	11	36.3%▼
Domestic Violence – History	12	15	20%▼
Formerly Institutionalized	11	10	10%▲
Foster Care	1	0	100%▲
HIV/AIDS	0	0	0%▬
Limited English	3	9	66.7%▼
Physical Disability	9	6	50%▲
Serious Mental Illness	22	24	8.3%▼
Substance Use Disorder	8	11	27.3%▼

Demographics

The Point-in-Time Count gathers demographic data required by HUD to assess the diversity of households experiencing homelessness on the night of the count.

Age. Twenty-two percent of individuals aged 18 and under were experiencing homelessness on the night of the PIT Count. This accounted for the twenty-two children in the nine family households. This percentage was followed by twenty percent of those aged 35-44.

Gender. The majority, 52%, of individuals who were experiencing homelessness were males. All nine of the family households with children were headed by females while the majority, 62%, of the single households were male.

Race. Fifty-eight percent of the individuals experiencing homelessness were white, and regardless of household type, single adults, family households, whites were the highest percentage of the individuals.

Ethnicity. Most of the individuals were white and non-Hispanic. Eighty-nine percent of the individuals were non-Hispanic.

Older Adults

For the 2022 PIT Count, 14 individuals were 62 or older, and twenty-four percent were 55 and older. According to the Harvard Joint Center on Housing, people older than age 50 have the highest risk of paying more than 30 percent of their income on rent or mortgage (Joint Center for Housing Studies of Harvard University [JCHS], 2018). One half of renters ages 50 and older in the United States pay more than 30 percent of their household income on rent. Older adults are at greater risk of homelessness than at any time in recent history. The population is aging, and more adults are aging into poverty. At the same time, housing is becoming more unaffordable and the costs of necessities like health care are rising, leaving older adults at risk of poverty and homelessness. With less income for other necessities such as food, medicine, and health care, this population is particularly vulnerable to homelessness. The Continuum of Care partners with service organizations within the community and throughout the region to serve older adults who are on brink of homelessness or have become homeless due to a variety of circumstances.

Chart 1: Age Range by Percentage, 2022 PIT Count

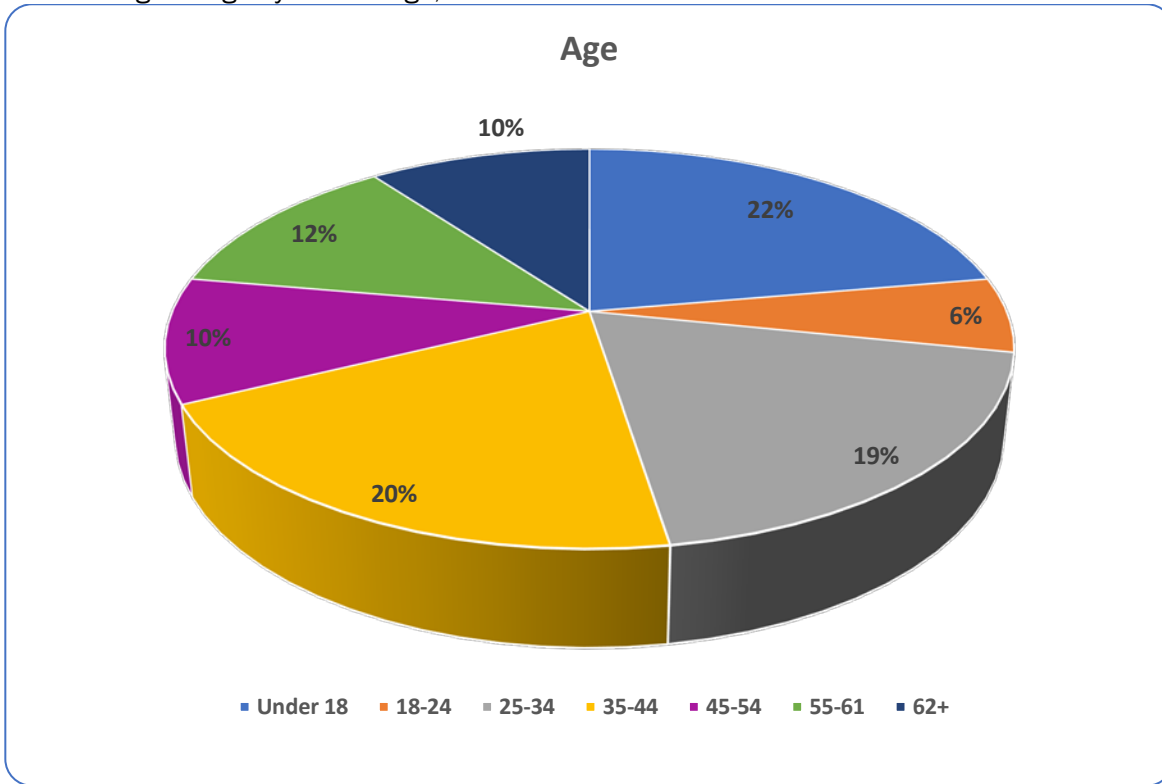


Chart 2: Gender by Percentage, 2022 PIT Count

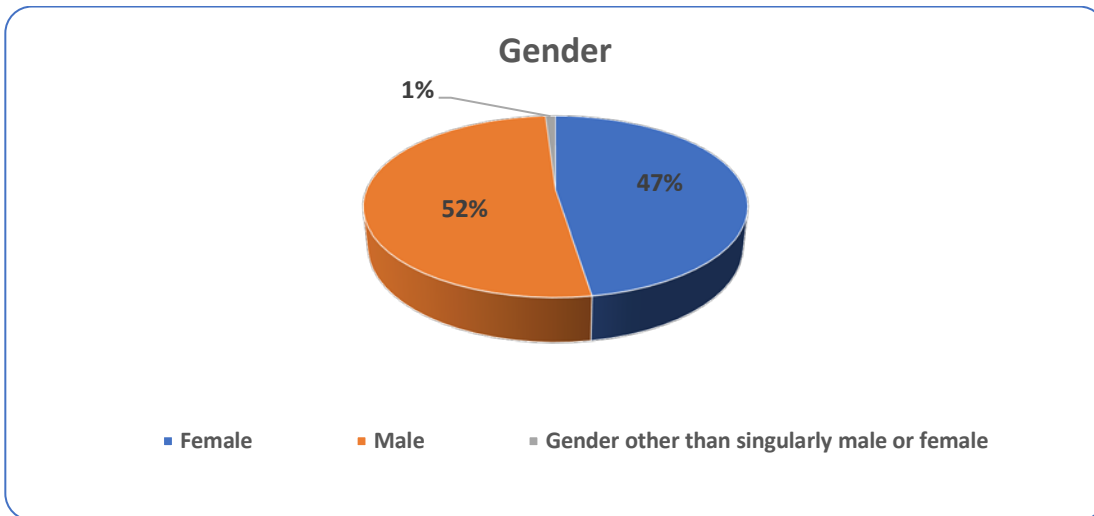


Chart 3: Race by Percentage, 2022 PIT Count

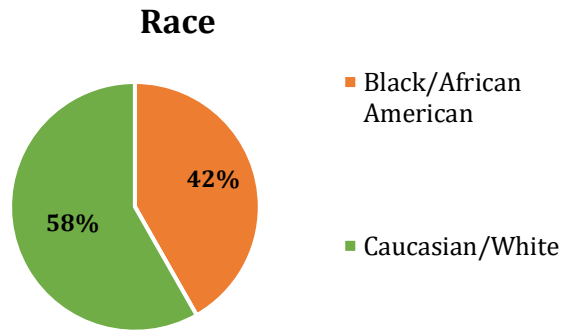
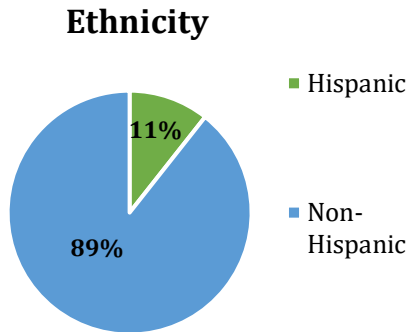


Chart 4: Ethnicity by Percentage, 2022 PIT Count



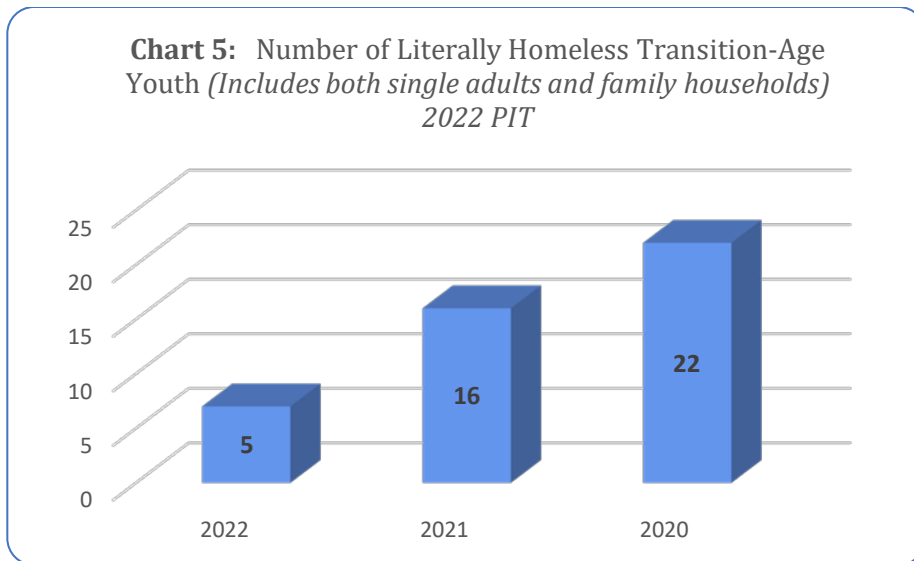
Employment

Some of the single adults and adults in family households receive mainstream benefits to help meet household needs because employment income alone is often not sufficient to support household costs. Supplemental benefits such as Social Security Disability Income (SSDI), Temporary Assistance for Needy Families (TANF), Supplemental Nutritional Assistance Program (SNAP) and other programs often contribute to the overall household income. Of the 66 single adult households, 14 of those individuals were employed or 21%. Additionally, eighteen percent (12) received some type of public benefit like SSDI. Fifty-five percent of the adults in family households worked and eighteen percent received some type of public benefit.

Transition Age Youth (ages 18 - 24)

Transition Age Youth are individuals typically between the ages of 18 and 24, who are transitioning from child-serving systems and often at risk of becoming homeless. For the 2022 PIT Count, five individuals were identified as Transition Age Youth. This represents a 69% decrease since 2021 as indicated Chart 5. The overall total for Transition Age Youth includes both single and family households.

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



Housing Inventory

The Housing Inventory Count (HIC) is an inventory of homeless services programs within the Continuum of Care that provides beds and units dedicated to serve people experiencing homelessness. The Housing Inventory reflected below indicates the number of beds on the night of the 2022 Point-in-Time Count.

Table 3

Housing Inventory Count

Year-Round Beds <i>Emergency Shelter</i>	Year-Round Beds <i>Transitional Housing</i>	Hypothermia Shelter Beds <i>November - March</i>	Permanent Supportive Housing Beds	Domestic Violence <i>Emergency Shelter Beds</i>
57	37	26	21	12

Pandemic Impact on PIT Count

The 2022 Point-in-Time (PIT) Count included a host of challenges due to the COVID-19 pandemic. Once again, typical procedures had to be adjusted to account for social distancing and safeguard the safety of all involved. While the count would normally include multiple volunteers and more face-to-face interaction, this year’s efforts involved a reduction in the number of volunteers and the count of the unsheltered was observational only. Loudoun County’s Department of Family Services (DFS) provided masks, hand sanitizers and gloves both for the outreach teams and to distribute to unsheltered individuals.

COVID Funding

The Loudoun County Continuum of Care continued to use its COVID Homelessness Emergency Response Program (CHERP) funding. This federal funding was designed to prevent, prepare for, and respond to the coronavirus pandemic (COVID-19) among individuals and families who are experiencing homelessness or receiving homeless assistance. It made it possible to support programming’s capacity to implement CDC social distancing and sanitization practices and to help place individuals experiencing homelessness in non-congregate settings like hotels.

Other federal funding operated by the Virginia Department of Housing and Community Development (DHCD) was used to assist residents on the brink of becoming homeless with rental assistance to help alleviate some of the financial challenges brought on by reduced hours, loss of income and other

economic factors impacted by the pandemic. The Virginia Rental Relief Program (RRP) was available to eligible households. On average, approximately 60% of households receiving assistance had incomes at or below 30% of the Area Median Income (AMI).

Vaccination and other Efforts

While the vaccination process continues to evolve, homeless services providers in Loudoun County work closely with the local Health Department to register and coordinate the enrollment process for both staff and program participants. Various components of service delivery continue to be modified to meet social distancing guidelines and CDC best practices, including temperatures checks for everyone entering the facility, face mask distribution to all program participants, suspension of in-person case management meetings, increased sanitization of the facility and additional measures as referenced in HUD waivers and in compliance with CDC guidelines.

Montgomery County, Maryland

Description of Homeless Services

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

All members of the CoC are committed to ending homelessness meaning there is a comprehensive response system in place that ensures homelessness is prevented whenever possible, or, if it cannot be prevented, it is a rare, brief, and one-time experience. Montgomery County fully employs a Housing First philosophy to all services and programs. Housing First recognizes that people are most successful when they have choice in housing and seeks to eliminate barriers such as sobriety requirements or treatment compliance. The Montgomery County CoC provides a full continuum of housing services to homeless persons including:

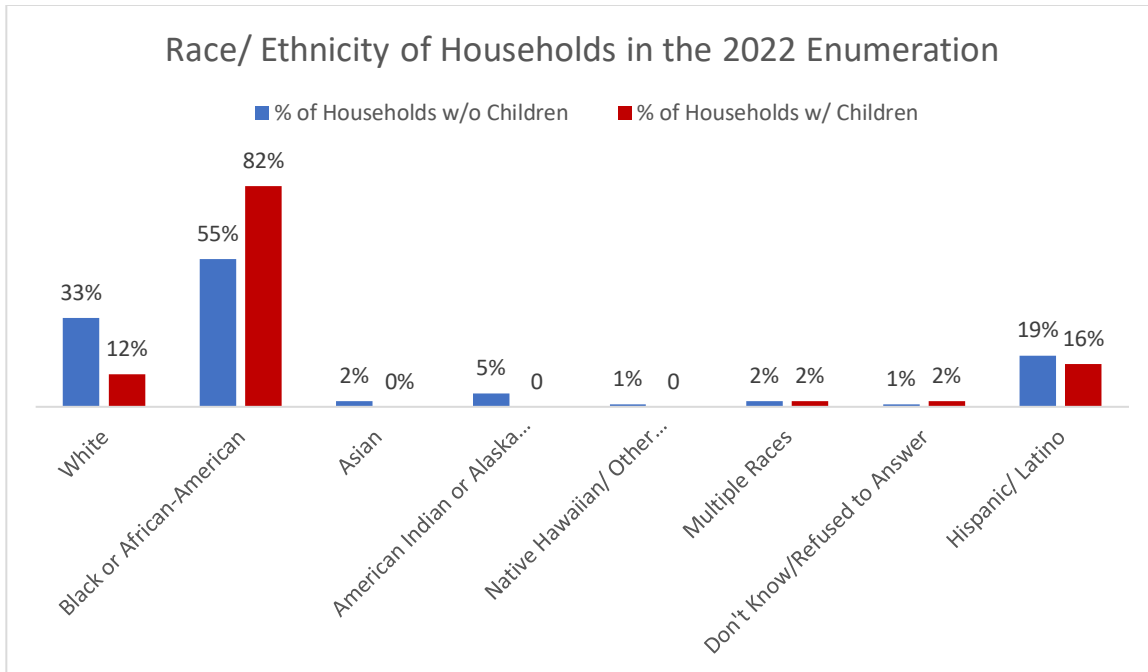
- outreach and engagement,
- emergency and transitional shelter,
- rapid re-housing,
- permanent supportive housing; and
- prevention and diversion strategies.

In January 2020, the ICH launched the new Strategic Plan to End Homelessness. This community-wide effort began in February 2019 and involved multiple stakeholders including elected officials, non-profit service providers, representatives from other systems of care, and government agencies. The plan consists of six primary strategies: Reduce Racial Disparities Across the System, Build and Support Strong and Adaptable Programs, Build and Support Affordable Housing Solutions within the Homeless Continuum, Coordinate Effectively Across Other Systems of Care, Increase and Diversify Funding, and Educate and Advocate for Change. Below are some highlights on the implementation of the plan.

Strategy 1: Reduce Racial Disparities Across the System

The Racial Disparities Work Group of the ICH has done extensive work on addressing the inequities in the homeless continuum. This work has advanced beyond simply exploring how people of color are represented in homelessness to better understand how race and ethnicity impact outcomes.

- The CoC has partnered with CSH to use their Racial Disparities and Disproportionality Index (“RDDI”) to gain insight into the unique disparities in the Montgomery County homeless continuum. The RDDI compares the likelihood of one group experiencing an event to the likelihood of another group experiencing the same event. Their research tells us that Black African American households without children are 5.66 more likely to experience homelessness and Black households with children are 11.7 times more likely to experience homelessness. Once in the system, they are more likely to receive Rapid Rehousing than other groups. Additionally, White Hispanic/ Latino individuals are more likely to exit to permanent destinations, but also more likely to return to homelessness from permanent destinations. These findings led the group to act by partnering with a local nonprofit, Identity, serving the Latino community to conduct qualitative analysis through focus groups with this group who have experienced homelessness in the county. A full report of these efforts is expected to be released in 2022.



- In recent years, research on the Vulnerability Index- Service Prioritization Decision Assistance Tool (VI-SPDAT) has shown bias in the tool. Montgomery County continues to use the VI-SPDAT in combination with a locally developed assessment tool called the Acuity Scale. The CoC has partnered with Evident Change to analyze the use of these tools and their specific indicators to determine if gender or racial bias exist. The analysis is expected to be completed in the next year.

Strategy 2: Build and Support Strong and Adaptable Programs

Much of the work over the last year has focused on Strategy 2. While some of the progress on the various priorities of this strategy are described in later sections of the report, below are some additional highlights.

Emergency Shelter for Single Individuals

The pandemic has forced us to take a different approach to sheltering people to maintain the health and safety of the residents. Under the guidance from Public Health officials, a decision was made to permanently expand year-round shelter capacity for single adults to 350 beds from the previous 135 beds while maintaining proper distancing and bed spacing. The current shelter facilities were inadequate to meet this new requirement. Using local and federal COVID funding, the County has purchased a new building to act as the new men’s emergency shelter. The Nebel Street Homeless Shelter pictured here opened in early 2022 and will serve 200 men experiencing homelessness.



The opening of a new shelter created an opportunity to review the existing shelter contracts to ensure they are aligned with best practices. The People's Committee of the ICH did much of the heavy lifting reviewing all single adult emergency shelter contracts and making recommendations for revision. The People's Committee presented the recommendation to shelter providers and the group is working jointly to improve the shelter experience.

Centralized Intake and Homeless Diversion for Households without Children

Building on the success of the family homeless

diversion program, the CoC implemented a similar approach for single adults this year. Using private funding from Community Solutions and Kaiser Permanente, SEPH hired two diversion specialists and created a flexible pool of funds to help people seeking emergency shelter resolve their housing emergency. SEPH also redeployed a social work position from eviction prevention to serve as the Lead Diversion Specialist. This team has responded to more than 500 households seeking shelter during office hours. Collectively the single and family diversion teams have provided more than \$300,000 in diversion grants. Despite the 16% increase in the annual number of single adults served in the homeless continuum, the program has been a success. At the beginning of the pandemic, experts were estimating an increase in homelessness of 40-45%. While diversion efforts have demonstrated positive outcomes, the success is hampered by the lack of capacity to provide 24/7 diversion coverage. Many individuals are going directly to shelter to receive services as there is no centralized shelter intake process. The goal is to secure additional funding to fully implement the program.

Strategy 3: Build and Support Affordable Housing

Services to End and Prevent Homelessness partnered with the Department of Housing and Community Affairs to create a Landlord Risk Mitigation Fund using private dollars from Community Solutions. This fund acts as insurance for landlords who choose to rent to households in the County's rapid rehousing and permanent supportive housing programs. This program has led to an increase in the number of landlords participating in the CoC.

Additionally, the CoC is partnering with the Montgomery County Department of General Services and the Department of Housing and Community Affairs to explore using HOME funds to create deeply affordable living quarters. Many single individuals experiencing homelessness have limited income but no significant need to case management. If the project is implemented, tenants would come from the homeless continuum and pay no more than \$500 in monthly rent.

Strategy 4: Coordinate Effectively Across Other Systems of Care

Increasing Access to Medical Care

For the last five years, SEPH has been working with Nexus Montgomery, a partnership among the six hospitals in Montgomery County and other stakeholders to create a Medical Respite Program. The Medical Respite Program of Montgomery County is designed to serve single adults whose medical needs cannot be addressed in congregate shelter but are not significant enough to warrant a hospital stay. Onsite medical care and housing support will be offered to 12 males and 8 females. The program began accepting referrals on January 3, 2022.

Increasing Access to Behavioral Health Services

The CoC, namely the Systems Coordination Committee, has spent the last year improving the partnership with the Behavioral Health and Crisis Services division of the Montgomery County

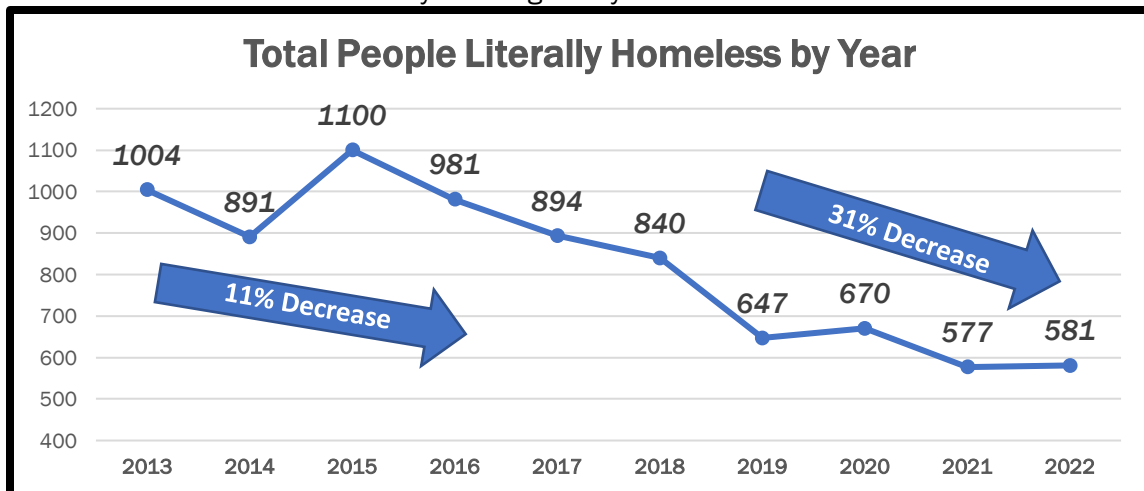
Department of Health and Human Services with the goal of increasing access to care. This includes working with the Local Behavioral Health Authority to coordinate discharges of people experiencing homelessness from hospitals, residential rehab programs, and substance use treatment facilities; working in tandem with the new Mobile Crisis Outreach Teams to better serve the unhoused population when they are experiencing a psychiatric emergency; and coordinating advocacy efforts to improve the state involuntary commitment process and legislation.

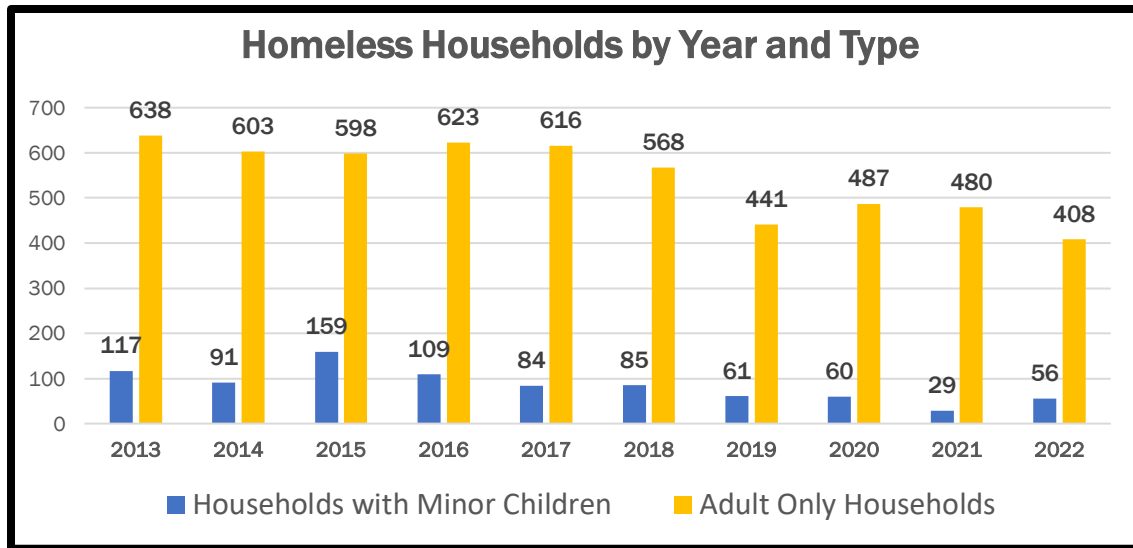
Improving Regional Collaboration

Montgomery County is executing on the regional data sharing agreement with Prince George’s County and the District of Columbia. The three coordinated entry teams of the three jurisdictions are meeting regularly to review each other’s By-Name List of people experiencing homelessness to ensure there is no duplication of services and that no one falls through the cracks.

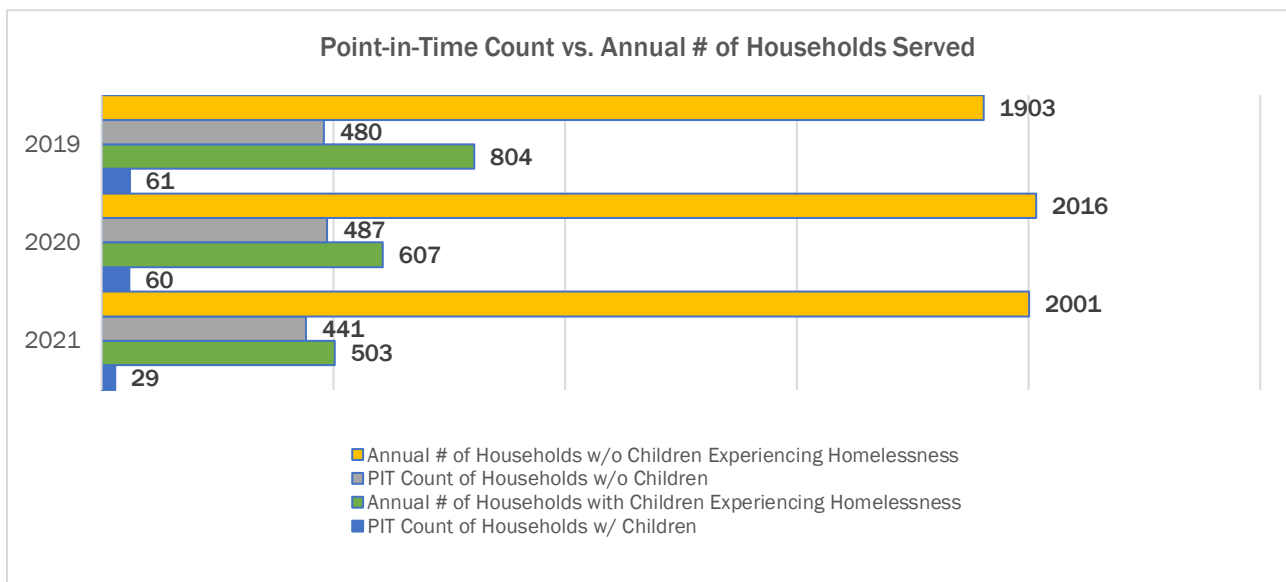
Point-in-Time Count Survey Analysis

Montgomery County’s homeless point in time survey was conducted on January 26, 2022. A total of 581 homeless persons were counted that day, an increase of 0.6% from 2021 and a decrease of 13% from 2020 count. The greatest one-year decrease occurred between 2018 and 2019 of 22%. In the last ten years, overall homelessness has decreased by 41%, including a 36% reduction in single individuals and a 50% decline in family homelessness. The most significant decreases have occurred in the last five years and can be attributed to a population specific approach that seeks to connect households who become homeless to the most appropriate housing intervention, targeting prevention resources to those most likely to become homeless and implementing homeless diversion or rapid exit from shelter for those households newly entering the system.





While the Annual Point-in-Time survey highlights trends in homelessness, it does not tell the whole story. The snapshot provided by the Point-in-Time count has the potential to minimize the prevalence of homelessness in our communities. Another way to measure success in the goal of ending homelessness is to review the annual number of households served by the homeless continuum. The chart below shows the contrast of the Point-in-Time count and the number of households who experience homelessness each year. Of note, the number of families entering the homeless continuum has decreased by 37% from 2019 to 2021. Although the number of individuals has increased slightly, the substantial expansion of year-round shelter beds would have predicted a steeper rise in the number served annually. In 2021, the Point-in-Time enumeration was less than 20% of the number of households who experienced homelessness within the year.



Subpopulations (Life Experiences and Vulnerabilities)

The effects of the pandemic are illustrated by the high percent of households reporting vulnerabilities, specifically serious mental illness, and co-occurring disorder. Of all the individuals surveyed during this year’s enumeration, 34% reported having a serious mental illness and 14% reported a co-occurring disorder. Throughout the pandemic, community behavioral providers primarily focused on telehealth

with minimum face-to-face services and treatment. Many individuals with behavioral health challenges who are experiencing homelessness struggle to access treatment through traditional methods. Treatment is best provided when the services go to where people are including emergency shelter and on the streets.

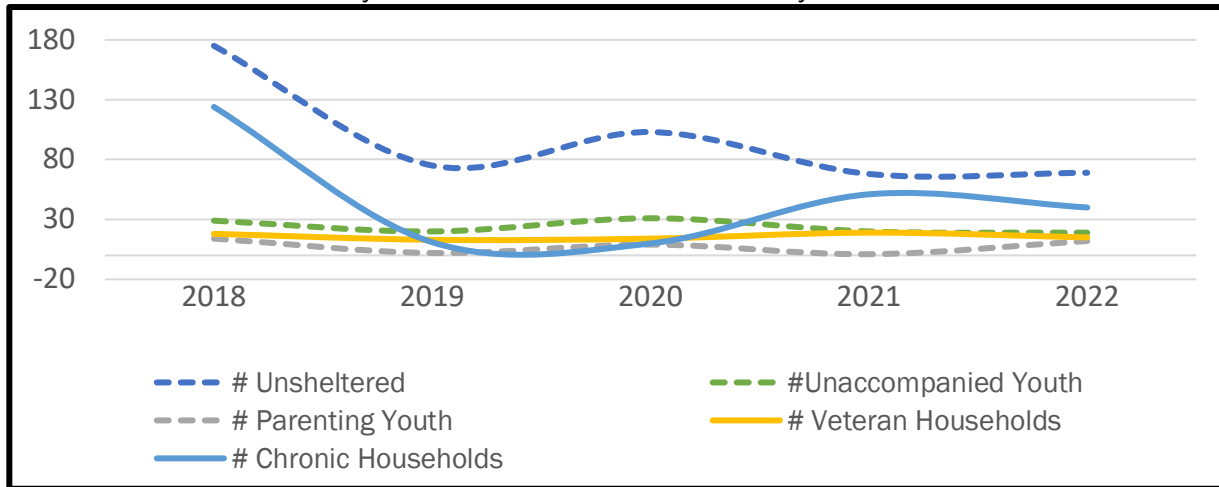
In addition, there was a prevalence of individuals reporting physical disability, chronic health conditions, and being formerly institutionalized. The percent of individuals reporting a physical disability, or a chronic health condition has been high for the last two years. In 2021, 25% of individuals reporting a physical disability compared to 22% in 2022. There is a similar trend for those reporting a chronic health condition at 16% in 2021 compared to 13% in 2022. While it is not clear the cause, the rise in health issues and physical disabilities may be related to the pandemic policy of issuing early release for incarcerated individuals. It is notable that 13% of individuals reported entering homelessness after being formerly institutionalized in the 2022 enumeration.

Households without Children		
Vulnerability/ Experience	# Self Reporting	% Of Total
Substance Use Disorder	37	9%
Serious Mental Illness	138	34%
Co-Occurring Disorder	58	14%
HIV/AIDS	6	1%
Domestic Violence History (any time in the past) - DVH	50	12%
Domestic Violence (this episode) -DVC	20	5%
Physical Disability	91	22%
Chronic Health Condition	52	13%
Limited English	32	8%
Foster Care (5)	23	6%
Formerly Institutionalized	51	13%

The pandemic has had similar effects on the life experiences and vulnerabilities of adults in households with children. Over the past two years, the percent of adults in families reporting serious mental illness is high at 17% in 2021 and 11% in 2022. Episodes of domestic violence are also on the rise. In 2021, 47% of adults in families reported a history of domestic violence and 32% report a current episode of domestic violence. In 2022, 43% of adult in families report a history of domestic violence and 13% report a current episode. Victim service providers have seen lower numbers of people seeking emergency shelter due to violence in the home. They suspect the isolation experienced in the pandemic and the economic pressures on families has contributed to low rates of reporting. This may also explain the high rate of families with a history of domestic violence.

Adults in Households with Children		
Vulnerability/ Experience	# Self Reporting	% Of Total
Substance Use Disorder	1	1%
Serious Mental Illness	8	11%
Co-Occurring Disorder	0	0%
HIV/AIDS	0	0%
Domestic Violence History (any time in the past) - DVH	30	43%
Domestic Violence (this episode) -DVC	9	13%
Physical Disability	4	6%
Chronic Health Condition	1	1%
Limited English	3	4%
Foster Care (5)	1	1%
Formerly Institutionalized	0	0%

Montgomery County has made it a priority to focus on certain subpopulations (chronic, Veteran, and the unsheltered) who tend to have the most significant needs. In the last five years, the CoC has reduced unsheltered homelessness by 48% and chronic homelessness by 68%. See chart below.



Veterans

In December 2015, Montgomery County was one of the first four jurisdictions in the Country to effectively end Veteran homelessness.

This success was confirmed by the U.S. Department of Housing and Urban Development (HUD), the U.S. Interagency Council on Homelessness, and the Community Solutions *Built for Zero (BFZ)* campaign. At this time, “functional zero” was defined as having no more than six Veterans experiencing homelessness at any given time. For the last two years, the average number of Veterans experiencing homelessness each month has increased to eleven. For more than half of the reporting period, the number of unhoused Veterans has remained below the average. The focus continues to be prioritizing Veterans for permanent housing placements and moving as quickly as possible to end their homelessness.

Chronic and Other Vulnerable Adults

In January 2016, Montgomery County CoC committed to the ambitious goal of ending long-term homelessness for people with disabilities. To date, more than 430 people have been housed through this initiative. Currently there are 39 individuals identified as chronic on the Coordinated Entry/ By Name List. Of the 39, 22 have been accepted into a housing program and are awaiting lease up.

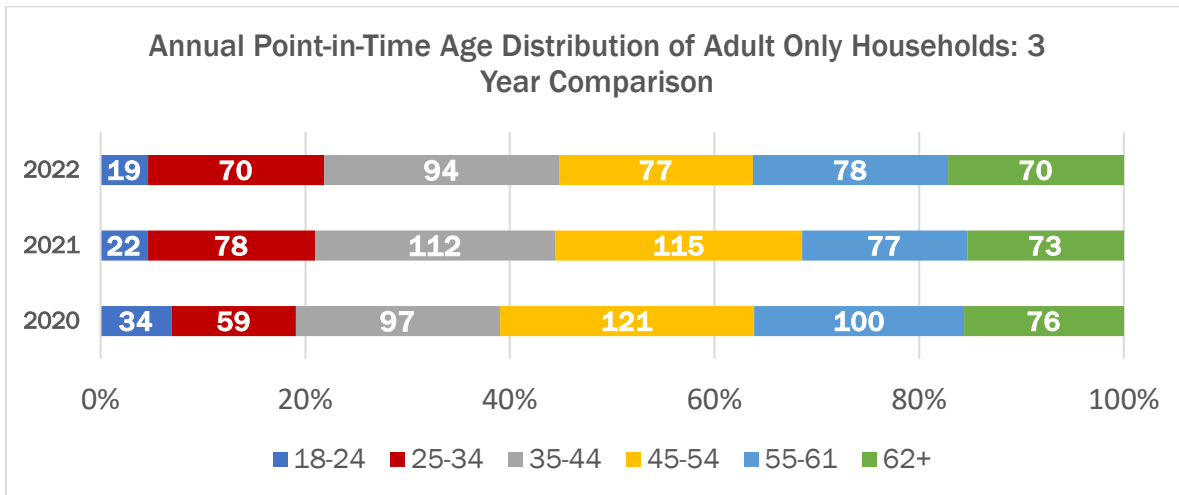
In February 2019, the ICH decided to shift the prioritization of permanent supportive housing from chronic to other vulnerable populations. The *Inside (not Outside)* Initiative resulted in a significant number of people with long histories of homelessness placed in permanent housing but had unintended consequences. Most notably, highly vulnerable individuals who did not meet the federal definition of chronic homelessness due to an inability to verify the length of time homeless were stuck waiting on the Coordinated Entry List while others with lower acuity were placed in high intensity permanent supportive housing. To most effectively allocate resources, the Coordinated Entry System now prioritizes all vulnerable adults for permanent supportive housing. In the last three years, we have ended homelessness for 349 vulnerable adults.

Age Distribution of Adult Only Households

There continues to be many older adults entering the homeless system. More than half (55%) of all adults without children are over 45 years old, 36% are over 55, and 17% are 62 years or older. The —

growing number of older adults in the homeless continuum is concerning. Research states that people experiencing homelessness die an average of 30 years younger than the average person in the United States. This means that individuals with a history of homelessness age at an increased rate, so those 45 years old may have similar health issues as someone in their 70s.

Interestingly the pandemic has led to an increase in the number of people under 45 years old entering homelessness often for the first time. Between 2020 and 2022, the number of adults under 45 has risen by 15%.



Year-Round and Winter Inventory of Beds

The CoC continues to provide emergency shelter to households with minor children through three year-round family shelters, one domestic violence shelter, and limited hotel subsidies used as overflow. During hypothermia, additional overflow shelter is provided via a non-profit organization. During this year’s enumeration, a total of 48 households with minor children were residing in emergency, overflow shelter, or DV shelter and 8 households in transitional housing.

Emergency shelter capacity for adults without children has increased to 300 for year-round capacity. This includes the DV shelter with 5 beds designated for this household type, 3 designated as medical beds, and 2 designated for older adults or people with disabilities. Due to the pandemic, the CoC has changed the shelter strategy to increase the number of year-round beds. Additionally, rented hotel space has been used to create 100 non-congregate shelter beds for vulnerable adults. On the day of the 2022 enumeration, there were 295 emergency shelter and overflow beds occupied by single adults: a decrease of 21% from 2021.

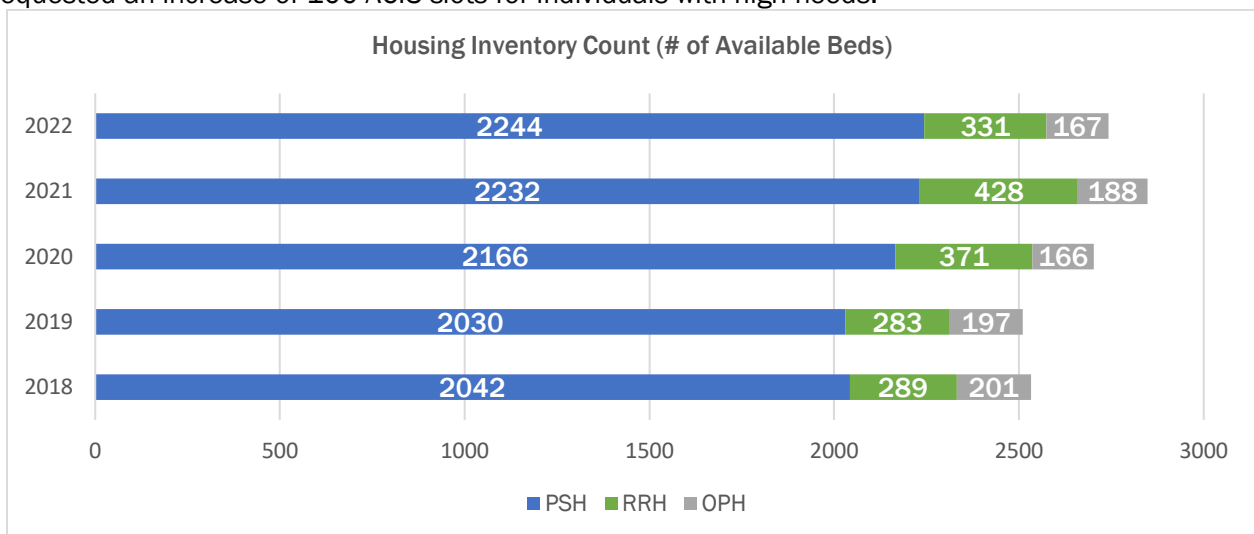
In early 2022 but after this year’s enumeration, Montgomery County increased the number of medical beds in shelter as well as 18 beds in the new Montgomery County Medical Respite Program. This is in direct response to the growing number of people with serious medical conditions and the increase in hospital discharges to shelter.

MONTGOMERY COUNTY'S YEAR-ROUND AND WINTER INVENTORY OF BEDS			
	Year-Round Beds for Households w/o Children	Year-Round Beds for Households w/children	Total Beds
COVID19 Social Distancing Expansion of shelters, Seasonal, and Overflow	73	73	146
Year- Round Emergency Shelter Beds	323	113	436
Transitional / Haven Beds	53	23	76
TOTALS	449	209	653

Permanent Housing Inventory Count

From 2018 to 2022, the number of units of permanent housing in Montgomery County increased by 8% from 2532 to 2742. Unfortunately, the number of permanent housing units decreased by 4% from the 2021 enumeration. The drop in permanent housing is attributed to a decline in the number of people housed in Rapid Rehousing program on the day of the enumeration. The housing market has become tougher to navigate even with a housing voucher. With the end of pandemic eviction protections and rent stabilization efforts, landlords are responding by raising rents, not renewing existing leases, and increasing barriers to housing despite Montgomery County laws on source of income protection and “ban-the-box” on criminal histories. On average, it is taking four months from the time of intake into Rapid Rehousing to signing a lease. Because Maryland does not have “just cause eviction” legislation, many households in permanent supportive housing must relocate due to a non-renewal of their leases. This puts additional strain on the housing locator network as vacancy rates are incredibly low.

Nonetheless, the CoC remains optimistic about continuing to increase the number of permanent housing units. Montgomery County was award funding through the federal Department of Housing and Urban Development (HUD) for a site-based permanent supportive housing program for ten individuals with tri-morbidity of somatic, mental health and substance use challenges. Since 2018, Montgomery County has participated in the state Department of Health Assistance in Community Integration Services (ACIS) pilot that uses the 1115 Medicaid Waiver to pay for supportive services. The CoC has requested an increase of 100 ACIS slots for individuals with high needs.



Effectiveness of Montgomery County Coordinated Entry System

Coordinated Entry is a process developed to ensure that all people experiencing a housing crisis have fair and equal access and are quickly identified, assessed for, referred, and connected to housing and assistance based on their strengths and needs. Within a Coordinated Entry System (CES), persons are prioritized for housing based on vulnerability using data-driven, real-time process. Montgomery County's CES embraces Housing First principles of low barrier access, client choice, community integration, and housing orientation.

Due to the influx of local, state, and federal resources, including flexible funding, Montgomery County was able to shift CES from only providing housing to those with the greatest needs to creating pathways to housing for everyone based on their unique needs. Notably, the CoC was able to expand the successful centralized intake and homeless diversion from just families to adult only households. Because of the flexibility provided, the CoC was able to creatively think about housing assistance beyond the standard permanent supportive housing or rapid rehousing. The two new programs were developed, and one existing program was revised to better meet the needs of people exiting homelessness. All are described below. These programs have allowed the CoC to quickly exit people from homelessness.

The **Short-term Housing Resolution Program** provide security deposit, 1st month's rent and additional rental subsidy to allow households in shelter or on the street to move into housing. Typically, households receive a six-month subsidy, but this can be extended depending on the circumstances.

Exit Bonus Program provides direct cash assistance to allow households to resolve their homelessness. The program offers \$5000 as a one-time direct cash assistance payment to singles/individuals exiting emergency homelessness, or \$8000 to families exiting homelessness. Case management is not provided.

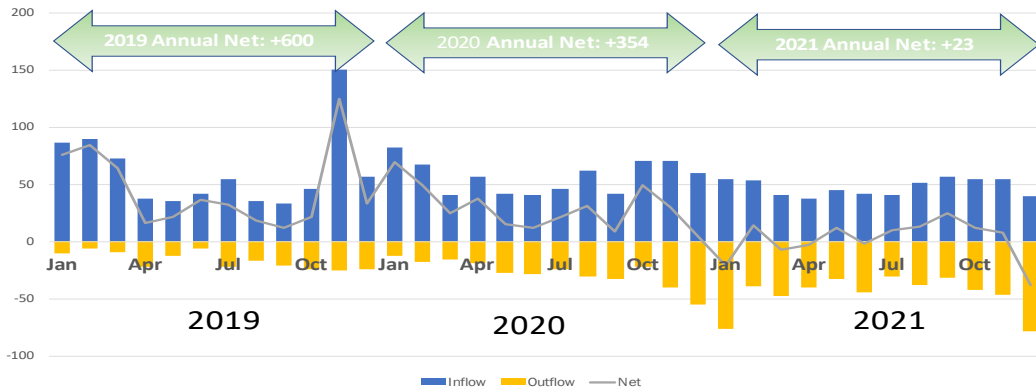
County Rental Assistance Program is a permanent shallow subsidy for households where at least one household member is either disabled or over 55 years old. Households must be currently homeless or at imminent risk. Due to increased local funding the CoC was able to increase the maximum benefit from \$200 to \$400.

Inflow/ Outflow

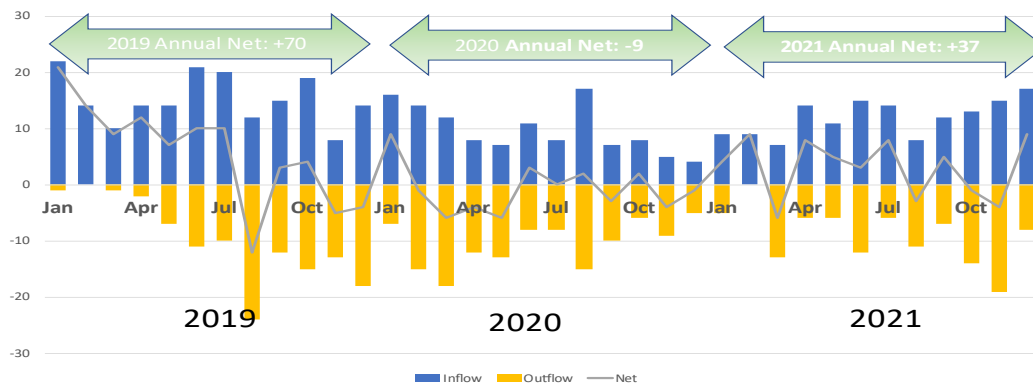
To effectively end homelessness, CoC's need to reduce the number of people currently experiencing homelessness; reduce the inflow of people entering the homeless continuum for the first time or returning after a previous episode; and increasing outflow of people exiting to permanent housing. Montgomery County's goal is for the average number of households entering homelessness is less than the average number of households exiting to permanent housing each month.

Over the last few years, the CoC has dramatically increased the number of housing placements. Between 2019 and 2021, exits to permanent housing has increased by 94% for a total of 636 households in 2021. Unfortunately, due to the challenging housing market, the length of time homeless for adult only households increased by 45% for the same period. While the length of time homeless decreased for families with children by 12%, the number of exits to permanent housing also decreased by 15% over the last year. See charts below.

Effectiveness of Coordinated Entry: Inflow/Outflow for Adult Only Households



Effectiveness of Coordinated Entry: Inflow/Outflow for Households w/ Children



Prince George's County, Maryland

DESCRIPTION OF HOMELESS SERVICES

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

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

- Street Outreach, Mobile Crisis and SOAR;
- 24/7/365 access through the "Homeless Hotline" and Coordinated Entry;
- Integrated Diversion and Homeless Prevention Services;
- Emergency and hypothermic overflow shelters including beds specifically for veterans, DV / trafficking survivors, and unaccompanied youth and young adults;
- COVID-19 response
- Transitional Housing - Rapid Re-Housing combination programs;
- Rapid Re-Housing programs; and
- Permanent Supportive Housing programs.

The County's strategic plan focuses on six (6) key strategies that have proven to be effective in reducing homelessness: 1. coordinated entry, 2. prevention assistance, 3. shelter diversion, 4. rapid re-housing, rapid exit and "moving on", 5. permanent housing, and 6. improved data collection and performance measures. In addition, the County has prioritized six subpopulations to systemically target the unique barriers to housing experienced by these groups: 1. Vulnerable elderly and aging; 2. Unaccompanied youth/young adults; 3. Survivors of domestic violence, sexual assault, human trafficking and other violent crimes; 4. Returning Citizens, 5. Veterans; and 6. Chronic homeless and other homeless with severe somatic and behavioral health challenges (SMI, SUD and COD). Since March of 2020, the CoC response systems have also included COVID-19 quarantine, isolation and other response systems. All strategies have been carefully designed to achieve purposeful and intentional reduction in the incidents of homelessness and collectively they form a plan that enhances system accountability, builds on current success, and provides continued flexibility to quickly shift resources to meet newly emerging needs. System success is measured by positive movement in several key indicator areas including but not limited to: Change in income, Recidivism, Length of Stay in Homelessness, Exits to Permanent Housing, and Reduction in new entry of first time homeless.

	Beds for Individuals*	Beds for Families	Year-Round Beds
Emergency Shelter	252	203	455
TH-RRH	139	68	207
TOTAL	391	271	662

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

HOMELESS POINT-IN-TIME RESULTS

The Prince George’s County homeless point-in-time count was conducted on Wednesday, January 26, 2022. The survey counted and interviewed unsheltered homeless persons living on the streets and sheltered individuals and families in overnight COVID-19 NCS response shelters, 24-hour emergency shelters and joint transitional housing rapid re-housing programs. Due to the safety implications of COVID-19, this year’s count continued to rely on the support of providers and other professional homeless services teams to plan and develop revised strategies for conducting the count. Virtual sessions were conducted to ensure staff could be universally trained regardless of location and availability and ensured consistency of survey application on the day of the actual PIT count.

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

The unsheltered count included an interview component to gather pertinent demographic, subpopulation, employment and other relevant data used to generate comparable data for this report and a command center was established as a point of contact for team leaders to call with any questions, emergencies, supply needs or assistance during the count. The County’s Continuum of Care Point-in-Time Survey (PIT) Committee in collaboration with the County’s Homeless Management Information System (HMIS) Administrator used iPads, iPhones, tablets and Survey Monkey to conduct the 2022 unsheltered count. Training sessions not only prepared PIT staff to effectively use the electronic devices but enabled them to review and provide feedback about the survey questions in advance of the count. IT Specialists were assigned on the day of the count to assist with user questions and overflow survey input to ensure accountability.

On January 26, 2022 a total of 571 homeless adults and children were counted in Prince George’s County, Maryland; (273 single adults, 118 adults in families and 180 children in families) reflecting a 6.5% increase from 2021. Of this number, 518 (90.7%) were sheltered and 53 (9.3%) were unsheltered and living on the streets and public places not meant for human habitation. The following charts provide a comparison of the 2020, 2021, and 2022 counts. In spite of COVID-19 challenges and continuing to have the highest number of cost burdened households in the region, the overall number of unsheltered homeless continues to decline.

PRINCE GEORGE'S COUNTY HOMELESS COUNT BY CATEGORY				
Category	2022	2021	2020	% Change - 2020 to 2022
Total Number Counted	571	537	453	+26%
Total Number of Singles	273	251	212	+29%
Total Transition Age Youth (TAY) ages 18-24	47	26	18	+261%
Total Veterans	8	17	23	-65%
Total Number of Families	103	90	77	+34%
Total Number Persons in Families	298	286	240	+24%
Total Adults in Families	118	115	85	+39%
Total Number of Children in Families	180	171	155	+16%
Total TAY- Head of Household	19	15	10	+90%
Total TAY- Children in Household	21	10	12	+19%
Total Veterans - Head of Household	0	5	1	-100%
Total Veterans - Children in Household	0	6	3	-100%
Total Children w/ONLY Children (under 18)	0	0	1	-100%

The following chart provides a summary of those surveyed by income type. As in prior years, the largest source of income remains employment (42.3%) for the sheltered population however this is closely followed by SSI / SSDI (38.2%). It is important to note that elderly and disabled continues to be the largest sub-population growth area in the homeless system and represented 21.2% of all adults identified during the 2022 PIT. For unsheltered, a lack of income is dominant at 76.5%.

HOMELESS COUNT BY INCOME TYPE - ADULTS ONLY				
Category	Sheltered		Unsheltered	
	Individuals	%	Individuals	%
Total Number of Adults	340		51	
Income	168	49.4%	11	20.4%
Employment	71	42.3%	3	27.3%
Social Security / Retirement	3	1.7%	2	18.2%
SSI / SSDI	64	38.2%	2	18.2%
TANF / Public Assistance	17	10.1%	0	0%
Other Sources *	13	7.7%	4	36.3%
Don't know / refused / no income	172	51.6%	39	76.5%

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

This following chart provides a summary of barriers impacting sheltered and unsheltered adults surveyed on the night of the count. Of those that reported barriers, single adults reported significant somatic and behavioral health challenges (53%) and domestic violence (37%) as presenting the greatest barriers to permanent housing and independence while for adults in families, the highest barrier remains domestic violence (40.1%).

PRINCE GEORGE'S COUNTY SUB-POPULATIONS – SINGLE ADULTS AND ADULTS IN FAMILIES					
Category	Adults in Families		Single Adults		Total
Population	Sheltered	Unsheltered	Sheltered	Unsheltered	ALL
Number of Adults (includes TAY)	116	2	183	68	391
Chronic Homeless *	6	0	1	33	34
Veteran	0	0	12	5	22
TAY	19	0	25	1	41
Substance Use Disorder	0	0	1	16	26
Severe Mental Illness	5	1	41	4	37
Co-occurring Disorder	0	0	1	3	5
HIV/AIDS	0	0	0	0	1
DV History (<i>any time in the past</i>)	27	0	21	2	13
Domestic Violence (<i>this episode</i>)	21	0	14	2	6
Physical Disability	5	0	46	5	31
Chronic Health Condition	0	0	9	6	13
Limited English	0	2	0	6	0
Foster Care**	1	0	2	1	0
Former Institutionalized***	2	0	2	1	0
Other Barriers	3	0	7	0	4
None of the above	88	119	18	0	199

*Adults meeting the HUD definition

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

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

PERMANENT AND PERMANENT SUPPORTIVE HOUSING

While the County has experienced significant success with unsubsidized and non-traditional permanency efforts, there remain individuals and families who require a more structured and supportive housing plan; the greatest of which is the need for expanded rapid re-housing and new supportive housing beds for high risk singles which represent the largest population of the County's known chronic homeless unsheltered population. In addition, there is a significantly growing sub-population of people newly experiencing homelessness who are aging/elderly or have a disabling condition and for whom social security, SSI and/or SSDI benefits are insufficient to secure or maintain market rent housing in the region. In 2022, the CoC was able to take advantage of FMR increases to our PSH programs and increase the available bed counts by 8%. In addition, the Continuum of Care continues to maintain focus on strategies to increase long term stable housing opportunities for these and other priority sub-populations; including partnerships with the local Housing Authority, local landlords, provider partners, and health/human services agencies to maximize rental concessions, prioritize access to public housing and vouchers, explore property ownership/project conversion for deeply affordable housing, and apply for new funding opportunities as they become available.

	2022	2021	2020	2019	2018	% Change
Permanent Supportive Housing (PSH) Beds	348	310	310	286	276	+26%
Rapid Rehousing (RRH) Beds	196	179	179	179	68	+288%
Other Permanent Housing (OPH) Beds*	175	197	197	197	197	-11%
TOTAL	719	686	686	662	541	+33%

COVID-19 HIGHLIGHTS

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

1. New shelter screening forms, temperature control stations, and operational protocols to ensure continued safety of all residents and to facilitate an immediate isolation/quarantine response as needed.
2. Facility modifications to meet CDC distancing guidelines while maintaining critical bed capacity.
3. 169 additional units of non-congregate emergency shelter for unsheltered homeless, persons with high-risk vulnerabilities and persons under investigation or positive for COVID-19. Since its’ inception, 761 high risk homelessness and 531 COVID-19 PUI/POS have been served by this facility.
4. Expansion of tier 1 coordinated entry policies and procedures to immediately link street outreach team members to expanded shelter beds for real time placement of unsheltered persons.
5. Onsite COVID-19 testing and coordination of off-site vaccinations for all CoC staff and residents who want it and regular provision of PPE (KN95 masks, rapid tests, gloves, sanitation wipes, hand sanitizer, isolation gowns, and face shields) to all CoC direct service sites.
6. Distribution of 139 emergency housing vouchers in partnership with the local housing authority for vulnerable persons experiencing homelessness (139 referred; 75 leased up and 64 in process).

OTHER NOTEWORTHY CONTINUUM OF CARE ACTIVITIES

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

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

County 2022 highlights include but are not limited to:

1. Expanded housing opportunities for unaccompanied youth experiencing homelessness with prior child welfare involvement through the new Foster Youth to Independence (FYI) program in collaboration with the local Housing Authority.

2. Expanded housing opportunities for vulnerable households experiencing homelessness with local housing authorities through Emergency Housing Vouchers, increased set aside programs and strategic prioritization for referrals to public housing and other affordable housing programs.
3. Launched 6 YHDP projects focused on unaccompanied youth and young adults including a drop-in center, street outreach, Joint Transitional Rapid Re-housing, Transitional Crisis, and Permanent Supportive Housing.
4. Partnered with C4 Innovations and 9 jurisdictions in Maryland, DC and Virginia to conduct a regional racial equity analysis.
5. Partnered with the County to launch the Cabinet for Children and Youth which is a cross-sector collaboration centered on Children and Youth and their families. The cabinet is charged with leading the County's efforts to become officially designated as a Child Friendly Community and supporting implementation of the CoC's YHDP Coordinated Community Plan. There are 5 youth and young adults appointed to the board to ensure youth driven leadership including the co-chair of the CoC Youth Action Board.
6. Partnered with the Homeless Persons Representation Project and other community partners to develop an implementation guide and training tools for colleges and universities to guide universal implementation of Maryland's homeless youth tuition waiver which was implemented statewide in July of 2021.
7. Re-launched the implementation phase of the Pay for Success project which will add 100 beds of permanent housing online for high system utilizers with a prior criminal history.

Prince William County, Virginia

About Our Continuum

The Prince William Area Continuum of Care (PWA CoC) is comprised of nonprofit, faith-based, and government agencies throughout Prince William County and the cities of Manassas and Manassas Park. The CoC operates a comprehensive homeless response system and works collaboratively through various committees to review policies and procedures, establish best practices, and monitor program performance.

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

The primary component of the CoC's homeless response system is the Coordinated Entry System (CES). CES is operated by trained staff who work to assess barriers and connect persons experiencing a housing crisis to services. CES assists persons actively experiencing homelessness as well as those who may be at-risk of homelessness. CES serves as the "front door" to services as all persons in need of assistance are prioritized for resources based on the data collected by this team.

The CoC currently has 38 member organizations and 15 funded homeless service providers; 10 of which contribute data into the CoC's Homeless Management Information System (HMIS). The CoC is happy to announce it was awarded \$1.4 million in HUD CoC Program funding for the FY2023 fiscal year. This is the highest award amount the CoC has ever received from this program and represents a 35% increase in funding since last year and a 95% increase in funding since FY2020.

PIT Count Outcomes

The PWA CoC conducted its annual count the night of January 26, 2022, as well as an additional "Service- Based Count" the following day. The "Service-Based Count" is a supplemental count that attempts to capture anyone volunteers may have missed the night before. Volunteers visit places persons experiencing homelessness are known to congregate during the day such as public libraries, parks, and fast-food restaurants. Volunteers also survey persons seen panhandling to determine if they are actively experiencing homelessness.



PWA CoC volunteer teams preparing to conduct the 2022 PIT Count

PIT Count methodology was largely unchanged from last year and continued to utilize best practices and safety measures necessary to ensure a safe and successful count. The CoC provided training, conducted health screenings and temperature checks, and provided volunteers PPE and safety gear such as reflective vests and head lamps. The CoC did add a new question to the PIT survey related to housing assistance, which will be reviewed later in this report.

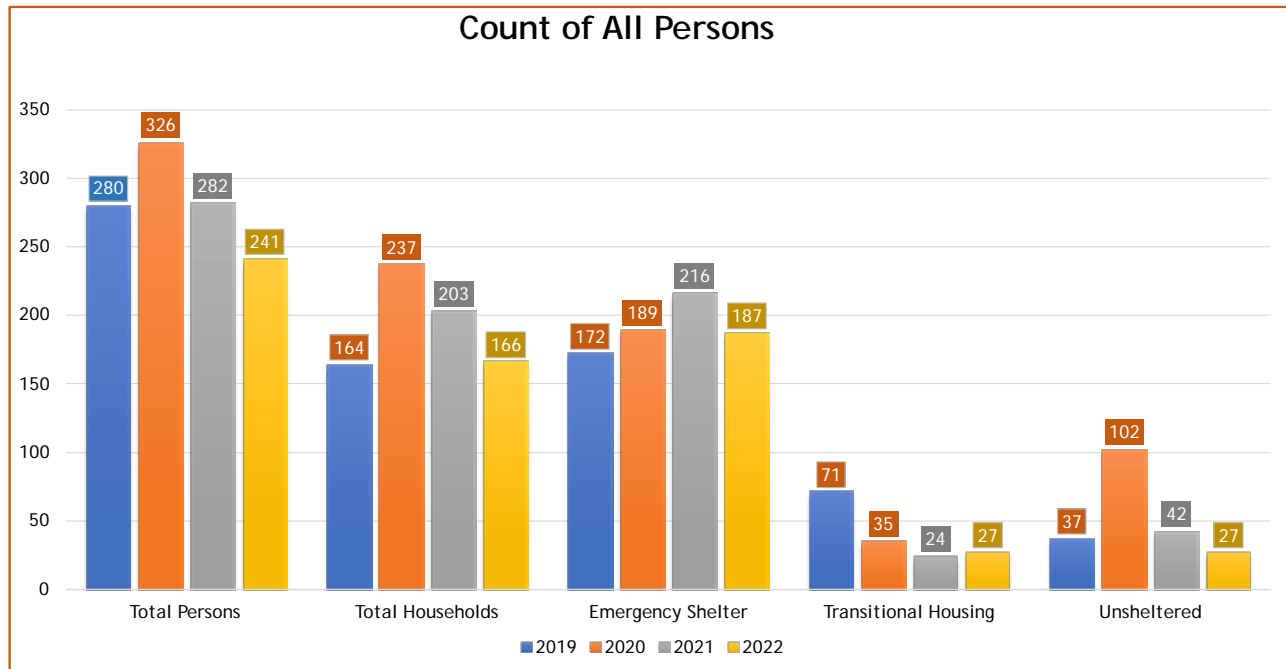
Persons Served

The literally homeless count decreased by 15% from the 2021 count to the 2022 count. Counts of persons served decreased across the board except for Transitional Housing which increased by 12.5%. This increase only represents 3 persons and therefore is not attributed to any significant program changes.

One positive factor contributing to this reduction is the increase of prevention and rental assistance funds received by the CoC on the federal, state, and local levels. Between FY2021 and FY2022, the CoC has received \$1 million in funding to help prevent persons from losing their housing and therefore

entering our homeless system. Other factors related to the government’s COVID response (such as the expanded child tax credit) have most likely contributed to this decrease.

Another contributing factor is the reduction of available emergency shelter beds within our CoC. One of the CoC’s year-round shelters was closed for repairs the night of PIT and the other shelters have had to reduce their capacity due to COVID restrictions.



Unsheltered Homelessness

The CoC’s unsheltered count decreased by 36% from the 2021 count to the 2022 count. This decrease can be attributed to positive factors as well as challenges. The CoC continues to work to improve and standardize street outreach services and, through local funding awards, has been able to increase the number of staff and programs dedicated to this work. This has resulted in better coordination of services and expedited referrals for housing options thus resulting in less unsheltered persons.

The CoC continues to experience challenges obtaining information on encampments (i.e., places not meant for human habitation where persons experiencing homelessness may be sleeping) despite improved street outreach services, increased communication with local law enforcement, and the development of an electronic encampment form. This tells the CoC regular communication and data collection is needed throughout the year rather than just during PIT planning.

Another challenge is the fact that it was a particularly cold night this year with a nightly high of only 14 degrees. This is a 56% decrease in the temperature from 2021 as the nightly high was 32 degrees. Many of the encampments volunteer teams visited the night of the count were visibly clean and well-

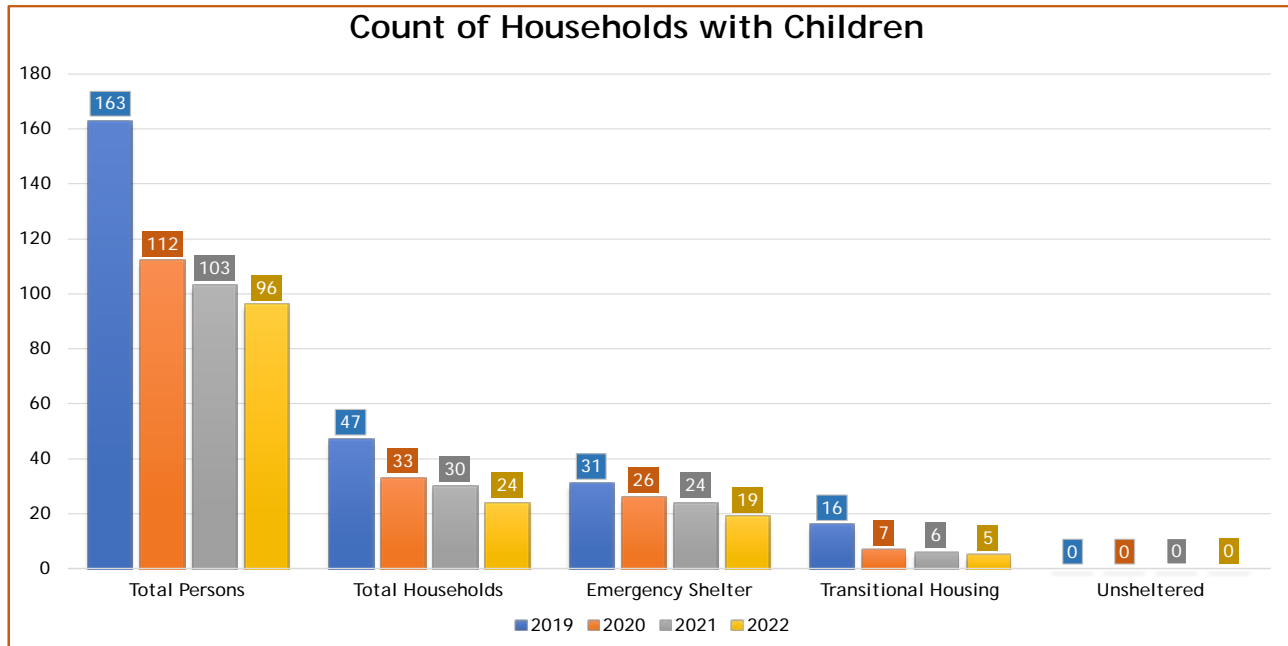
kept but no one was physically there at the time. It is possible many of these persons were in the hypothermia shelter, other hotel/motel locations, or with family/friends based on anecdotal information received from the community as well as service providers.



Photo of one of the encampments surveyed the night of the 2022 PIT

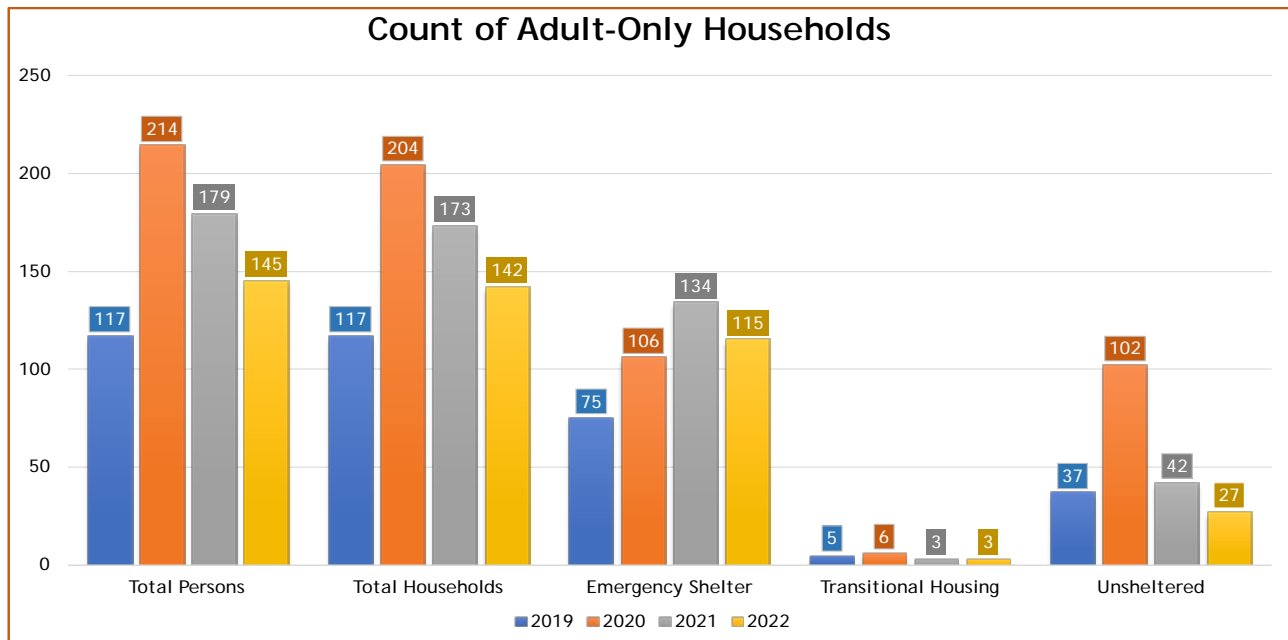
Households with Children

The number of persons in households with children decreased by 7% from the 2021 count to the 2022 count and the household count decreased by 20%. The CoC continues to be successful in addressing family homelessness and sees a 41% reduction since 2018. The CoC continues to not encounter unsheltered households with children during PIT.



Adult-Only Households

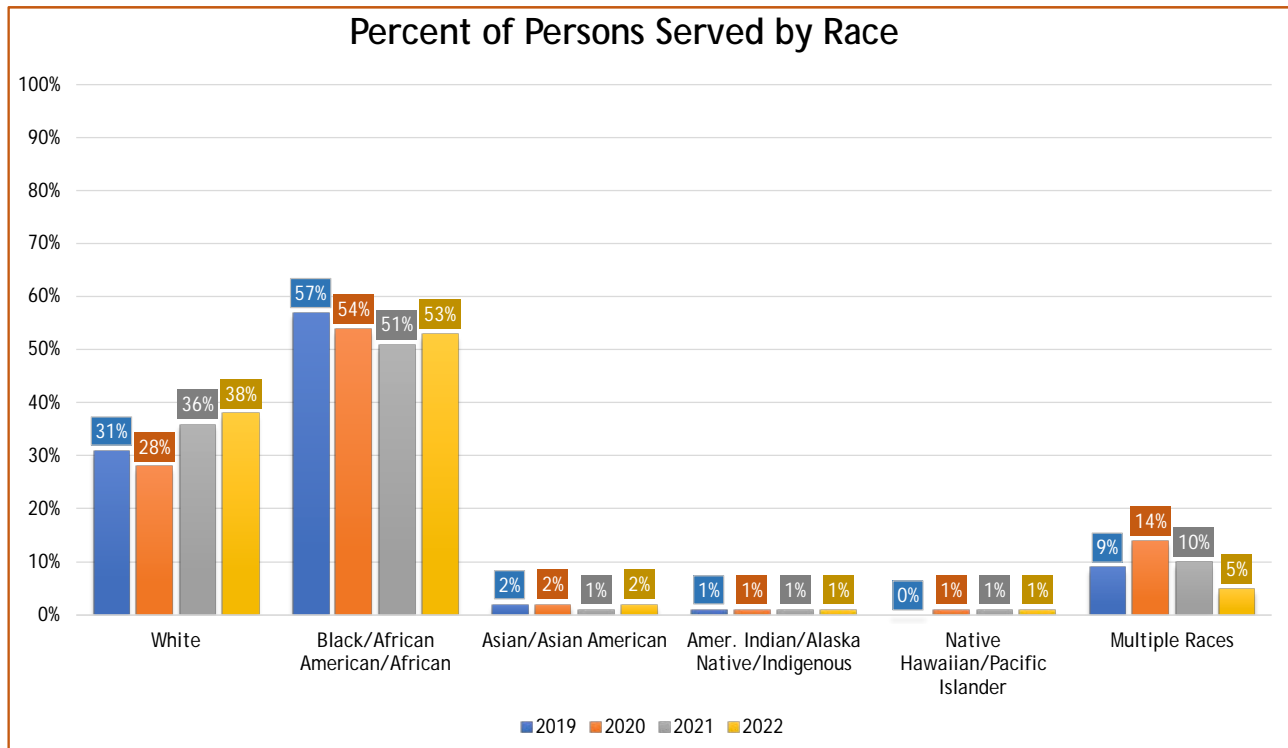
The number of persons in adult-only households decreased by 19% from the 2021 count to the 2022 count. Adult-only households continue to be a vulnerable population in the CoC and represent 100% of the unsheltered population and 60% of the total population counted.



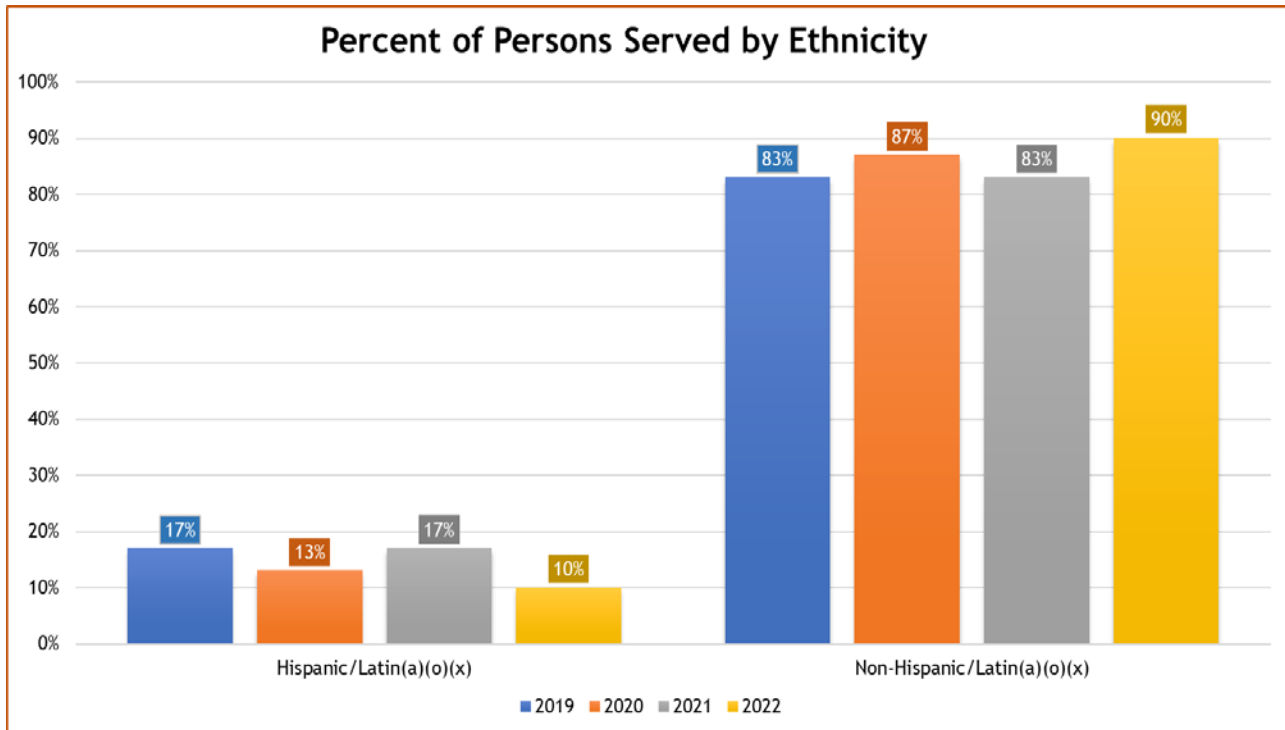
Race & Ethnicity of Persons Served

The PWA CoC strives to provide services in a manner that is equitable and free of discrimination and has conducted extensive work over the past three years to address systemic racial inequity to include a regional “Racial Equity Project” in collaboration with the Metropolitan Washington Council of Governments and through the support of the project consultant, C4 Innovations. This project has provided invaluable insight and led to the development of necessary framework to improve service provision through an equitable lens in our CoC.

The distribution of race remains consistent with previous years except for a 50% decrease in persons identifying as multiple races. The greatest disparity in the CoC’s PIT data exists among persons identifying as Black, African American, or African as they represent 53% of all persons counted. This is concerning when compared to the 2020 US Census Data as only 20% of the CoC’s general population identifies as Black, African American, or African. This means persons in this racial category are 2.7 times more likely to experience homelessness in our CoC.

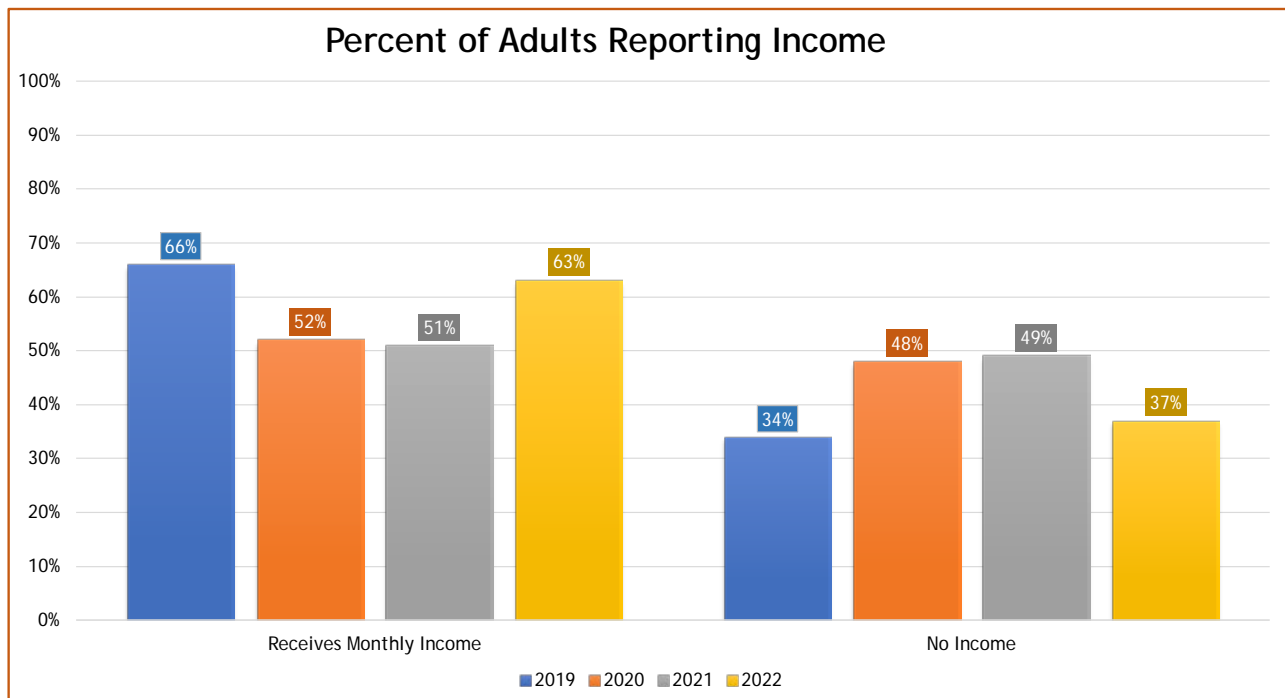


The data on the ethnicity of persons served since 2019 continues to fluctuate year-to-year with a 41% decrease in persons identifying as Hispanic/Latin(a)(o)(x) and an 8% increase in persons identifying as Non-Hispanic/Latin(a)(o)(x) in 2022. The decrease in persons identifying as Hispanic/Latin(a)(o)(x) is the largest change since 2019 and could correlate to the reduction in persons identifying as multiple races. There has been a continuous data quality concern here as the federally defined “default” race for Hispanic/Latin(a)(o)(x) persons is White unless they indicate otherwise. Often persons identifying as Hispanic/Latin(a)(o)(x) report they are multiple races as they do not feel comfortable being reported as White. This reduction is also reflective of improved data collection practices for this measure.

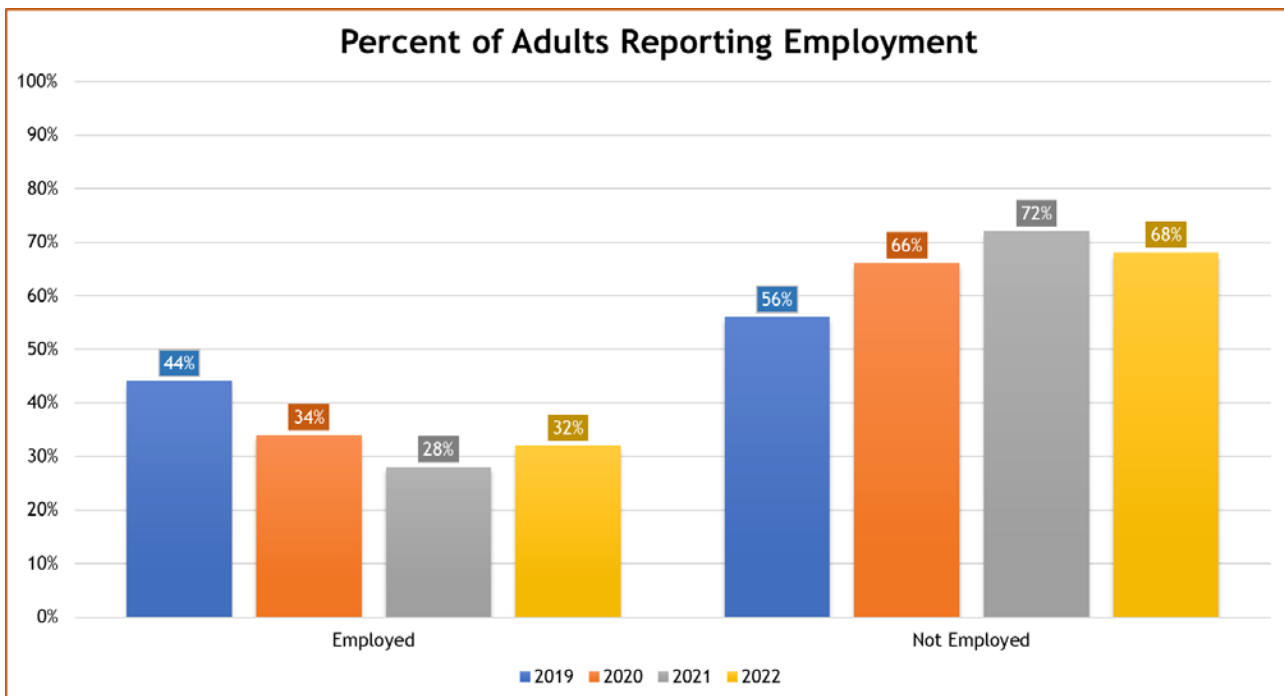


Income & Employment

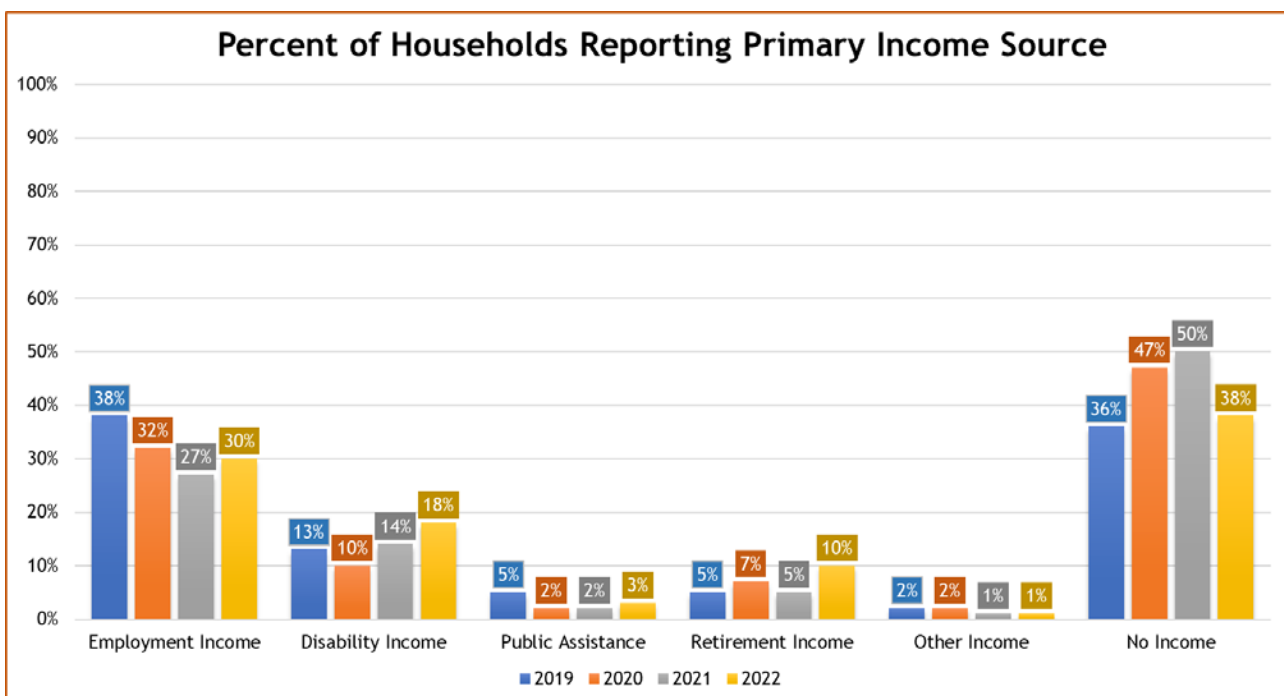
Data on income and employment is provided for all adults (18+) counted in households the night of PIT. The CoC sees an increase in adults receiving income for the first time since 2019. The number of adults receiving income has increased by 24% when compared to the 2021 count.



The number of adults who are employed increased by 14% from the 2020 count to the 2021 count. This is the first time the CoC has seen an increase in this measure since 2019 and indicates efforts to improve employment programs has been effective.



The below graph reports the “primary income source” for all households surveyed. The CoC sees an increase in income in this measurement for the first time since 2019 with an 11% increase in households whose primary source is employment income and a 29% increase in households whose primary source is some form of disability income.

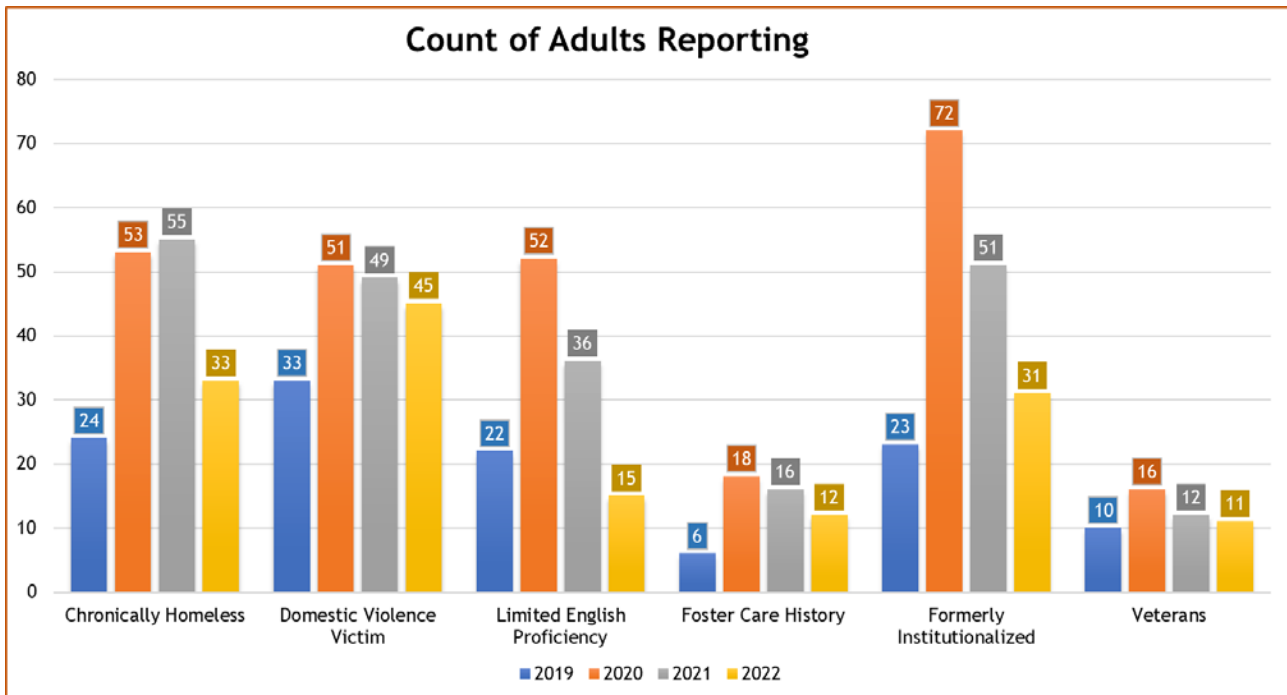


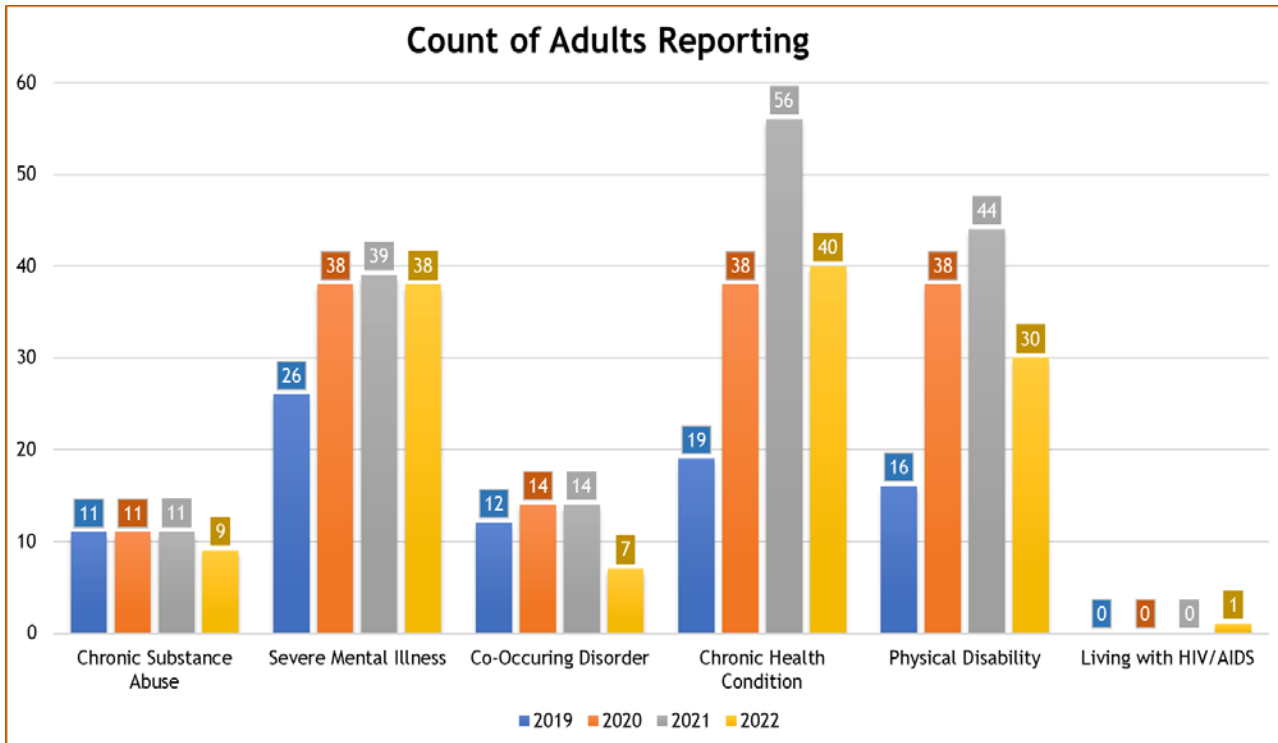
Priority Populations

The below graph reports the number of adults (18+) reporting under one or more “priority populations”. There has been a decrease across all categories when compared to the 2021 data with the most significant being for persons reporting as having limited or no ability to speak or understand English (58% decrease). This could correlate to the 41% reduction in persons identifying as Hispanic/Latin(a)(o)(x).

There were also significant decreases in persons reporting as chronically homeless (40% decrease) as well as those reporting their current episode of homelessness is due to a release from an institutional setting (39% decrease). Improved data collection practices, increased housing services, and advocacy with area institutions could account for these reductions.

Lastly, it is important to note that 56% of adults reporting they are victims of domestic violence are currently homeless due to fleeing these abusive situations.





Disabling Conditions

Nearly 50% of all adults (18+) surveyed reported living with one or more disabling conditions that significantly impacts their day-to-day life, which is the same percentage reported in 2021. There was a 29% decrease in the number of persons reporting living with a chronic health condition and a 32% decrease in persons reporting some form of physical disability. The CoC did count one person living with HIV/AIDS for the first time since 2019.

Inventory and Housing Outcomes

Shelter Inventory

The CoC had a total of 273 sheltered beds (emergency shelter and transitional housing) available the night of the 2022 PIT, which is a 12% reduction from 2021. This results in a utilization rate of 78% based on the 214 persons served in sheltered projects. COVID restrictions continue to effect capacity due to social distancing requirements as well as the need to utilize family rooms for isolation. Additionally, one CoC shelter was offline the night of PIT due to necessary repairs. This shelter normally offers 18 beds to singles and families when in operation.

In viewing the utilization by project type (emergency shelter versus transitional housing) it should be noted that the utilization for emergency shelter is at 81% while the utilization for transitional housing is 66% with one project at only 18% capacity. The project reports difficulty in finding eligible participants for their program and has expressed this concern to the CoC as well as Coordinated Entry. The CoC will continue to work with the provider to identify eligible participants.

The below table reports the total available beds by year, project type, household type, and availability (emergency shelter only) as well as the change in beds from the previous year.

Project Type	2019	2020	2021	2022	Change in Beds 2021 - 2022	Percent Change 2021 - 2022
EMERGENCY SHELTER (ES)						
Total Beds	204	270	277	232	45	-16%
Beds for AO HH	78	120	148	126	22	-15%
Beds for AC HH	126	150	129	106	23	-18%
DOMESTIC VIOLENCE (DV) SHELTER						
Total Beds	21	21	23	23	0	0%
Beds for AO HH	3	3	5	5	0	0%
Beds for AC HH	18	18	18	18	0	0%
ES BEDS BY AVAILABILITY						
Year-Round Beds	204	230	211	180	31	-15%
Overflow Beds	0	0	2	2	0	0%
Seasonal Beds	0	40	64	50	14	-22%
TRANSITIONAL HOUSING (TH)						
Total Beds	78	41	33	41	8	24%
Beds for AO HH	6	6	3	3	0	0%
Beds for AC HH	72	35	30	38	8	27%
TOTAL BEDS	282	311	310	273		

Permanent Housing

The CoC currently receives funding at the federal and state-level to operate multiple Permanent Supportive Housing (PSH) and Rapid Re-housing (RRH) projects. The CoC also collaborates with the Veteran’s Administration and the Office of Housing to identify eligible participants for their various programs such as VASH and Housing Choice Vouchers. Additionally, the CoC collaborates with several non-profit and faith-based organizations that operate affordable housing programs within the community.

Providers continue to struggle to identify affordable housing units for the persons they serve despite increases in available funding. Based on the CoC’s HMIS data, there were 233 persons enrolled in housing programs the night of PIT with 66% of those persons physically in housing. This can also be seen in reviewing the VASH numbers as the CoC has 75 available vouchers with 52 in use the night of PIT resulting in 69% utilization.

The struggle to identify affordable housing units is also reflected in reviewing the CoC’s HMIS data for exit destinations and length of time to housing. In FY2021, 88% of persons exiting permanent housing programs went to a positive destination with 73% of those persons “transitioning in place” meaning they no longer require services and have assumed full responsibility of their rental unit. In FY2022, the number of positive exits decreased to 77% and the number of persons “transitioning in place” decreased to 60%. It is important to note some of the decrease for households “transitioning in place” can be attributed to placement in the Emergency Housing Voucher Program which represents 22% of the positive exits.

In FY2021, 81% of persons served in permanent housing moved from homelessness to housing within 30 days. In FY2022, only 36% of persons served moved into housing within 30 days which

represents a 55% decrease from the previous year. The highest percentage of persons (40%) were moved into housing within 61 – 180 days with an average of 80 days to housing.

The CoC continues to work to identify affordable housing units and increase access to those units. The CoC Lead Agency (Prince William County Dept. of Social Services) brought a housing development team on board in FY2021 and has recently been awarded state funding to expand housing location services beginning in FY2023.

The below table reports the total available beds by year, project type, and household type. The CoC

Category	2020	2021	2022	Change in Beds 2021 - 2022	Percent Change 2021 - 2022
OTHER PERMANENT HOUSING (OPH)					
Total Beds	9	9	9	0	0%
Beds for AO HH	9	9	9	0	0%
Beds for AC HH	0	0	0	0	0%
PERMANENT SUPPORTIVE HOUSING (PSH)					
Total Beds	46	41	41	0	0%
Beds for AO HH	36	36	37	1	3%
Beds for AC HH	10	5	4	1	-20%
RAPID RE-HOUSING (RRH)					
Total Beds	133	156	132	24	-15%
Beds for AO HH	39	50	45	5	-10%
Beds for AC HH	94	106	87	19	-18%
<i>* Table excludes HUD/VASH program</i>					

saw a 15% decrease in RRH beds from the 2021 count to the 2022 count.

Positive Exit Destinations

The CoC’s HMIS data for sheltered projects (emergency shelter and transitional housing) reports that 73% of persons exiting these projects have gone to a positive exit destination since the beginning of FY2021 (7/1/2021) which is an 8% decrease from the previous year.

The data also shows that 70% of persons exiting to positive destinations did so to a destination other than PSH or RRH. More than 50% of these exits were to either the Housing Choice Voucher or Emergency Housing Voucher programs. This data supports the success of efforts to provide diversion services beyond coordinated entry and therefore reserve limited housing resources for households with higher barriers.

Other Permanent Housing

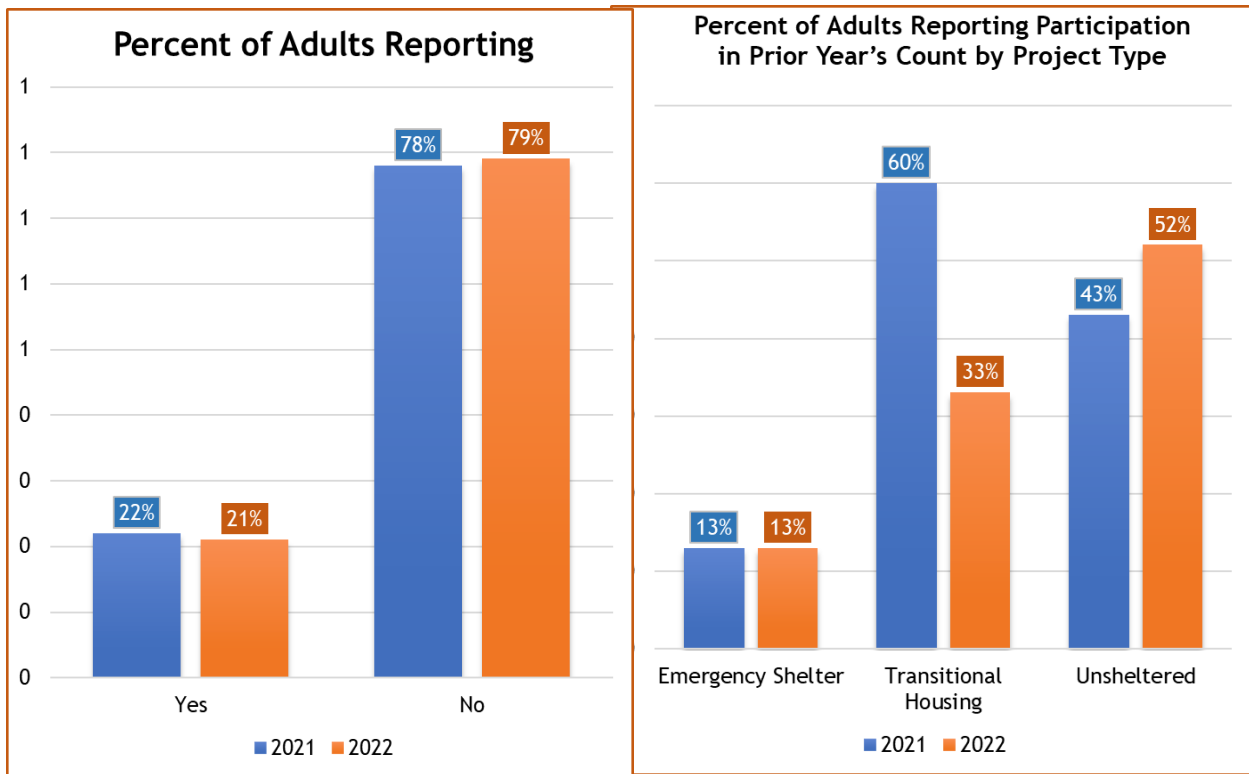
The CoC also operates two “other” permanent housing projects that are privately funded but still utilize the HMIS and participate in reporting. These projects offer permanent housing to single individuals with or without a disability as well as supportive services.

Local Measurements

The PWA CoC collects certain data for local use in addition to the data required by the Dept. of Housing & Urban Development (HUD) and the Metropolitan Washington Council of Governments (MWCOC). This additional data helps the CoC better understand the experiences and needs of their homeless population.

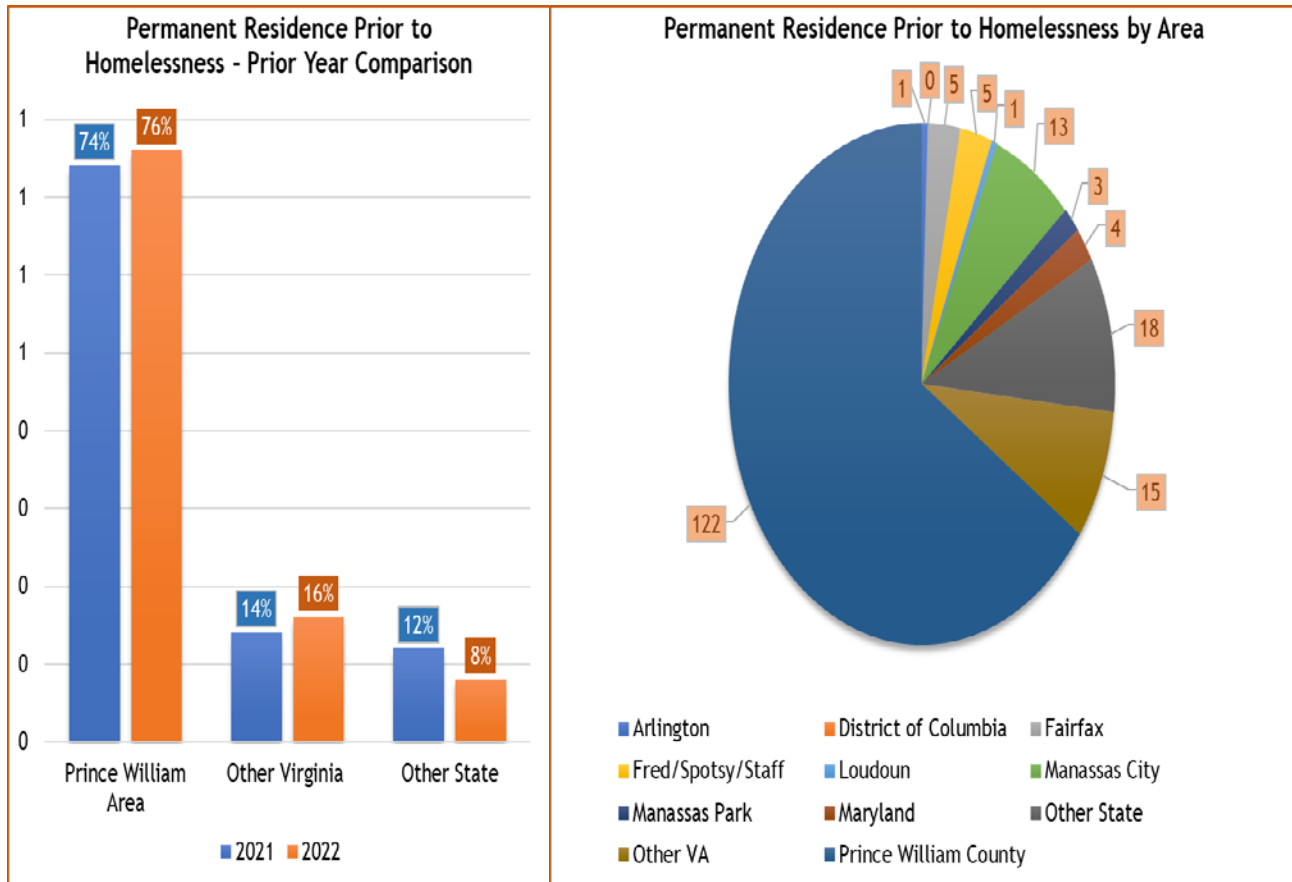
Previous Year Participation

The below graphs report the number of adults (18+) that participated in the prior year's count. It is important to note that unsheltered persons represent the highest percentage of prior participation in 2022 at 52%, which is a 21% increase from 2021. There was a 45% decrease in prior participation for transitional housing, however, this can be attributed to the fact there was program "turnover" as several families moved on to permanent housing. It would be common to see persons in this project type respond "yes" to this question as transitional housing is a 2-year program.



Permanent Residence Prior to Homelessness

The below graphs report the last permanent residence of adults (18+) where they lived for at least 90 days prior to their current episode of homelessness. Permanent housing would be any form of rental (including rooms) with or without subsidy or long-term stays with family or friends. This data shows that 76% of adults surveyed reported living in permanent housing within the Prince William Area prior to becoming homeless. It is a common misconception that persons experiencing homelessness are largely transient when they are usually residents of the CoC.



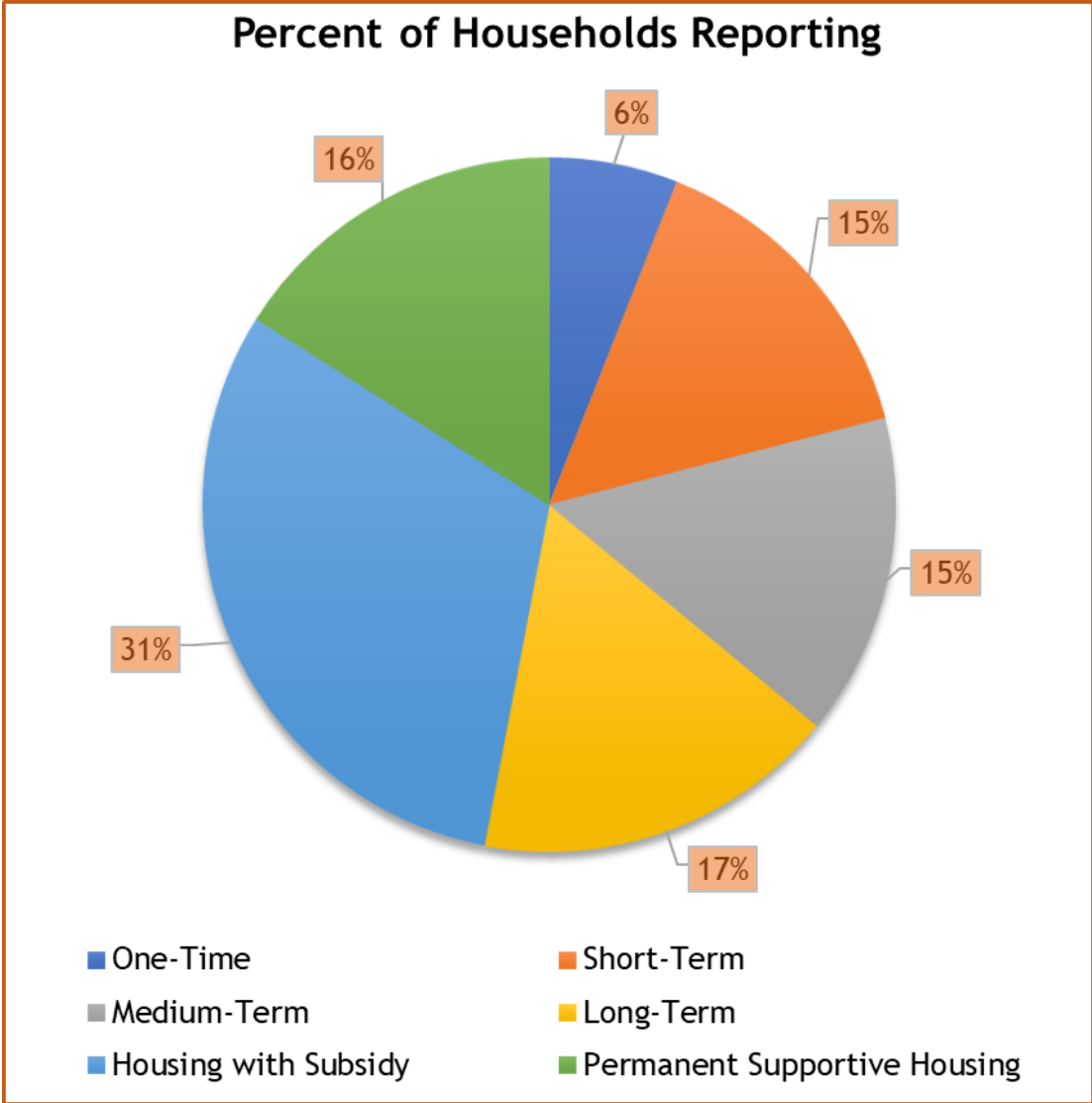
Level of Housing Assistance Needed to Resolve Homelessness

This is a new question the CoC added to the 2022 PIT Survey with the intention of better understanding the level of housing assistance persons would need to resolve their homelessness and regain independence. This data is reported by households rather than persons.

The levels of housing assistance are defined as follows:

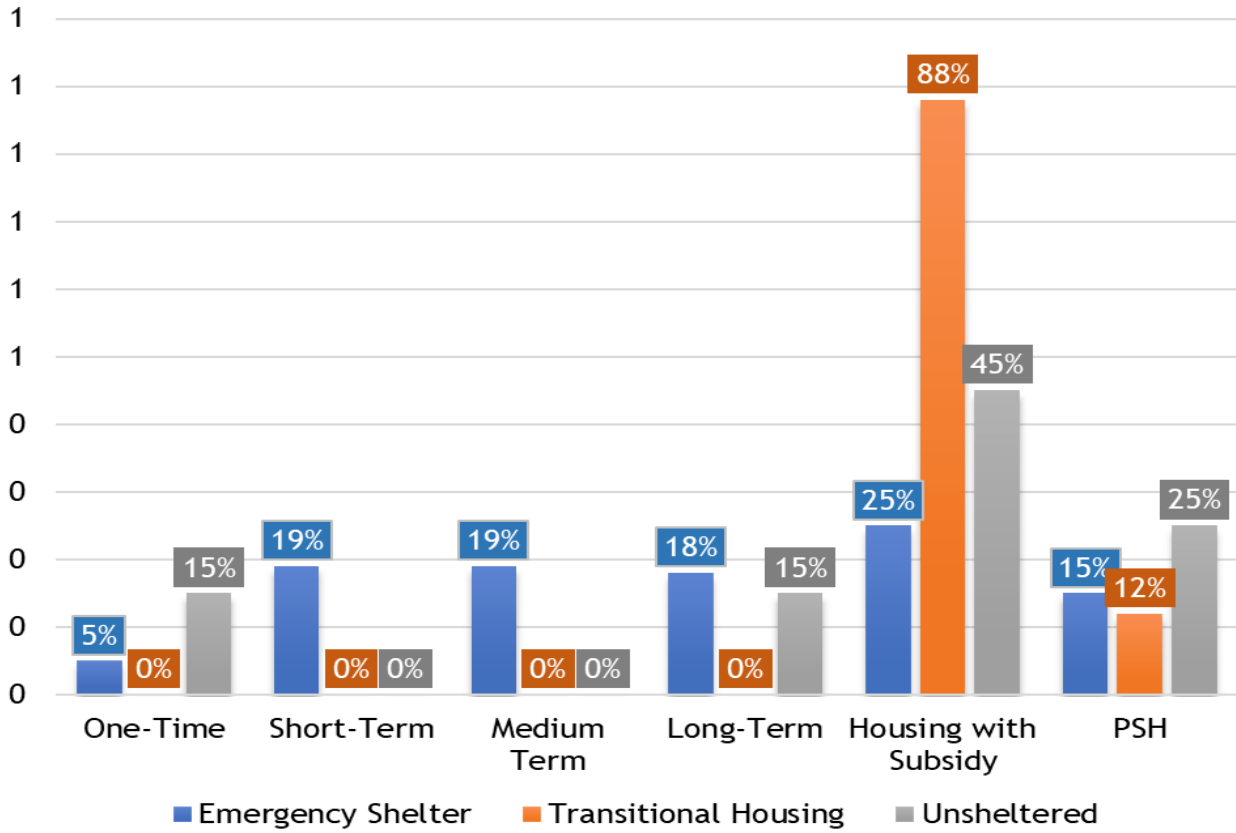
- One-Time Housing Assistance (deposit & 1st month’s rent)
- Short-Term Housing Assistance (up to 3 months of rental assistance)
- Medium-Term Housing Assistance (up to 6 months of rental assistance)
- Long-Term Housing Assistance (up to 18 months of rental assistance)
- Housing with Long-Term Subsidy (e.g., Housing Choice Vouchers)
- Permanent Supportive Housing (PSH)(long-term subsidy & supportive services for disabled persons)

The first graph reports the level of need for households by assistance type. The data shows that households would benefit most from some form of housing with long-term subsidy (35%) whereas they would benefit least from one-time rental assistance (6%). Responses are fairly evenly distributed between the other types of assistance with an average response of 16%. This supports the understanding there is not a “one-size fits all” solution to resolving homelessness.



The second graph reports the level of need for households by assistance type, and then by project type. The data shows us that 88% of households in transitional housing would benefit from some form of long-term housing subsidy. For emergency shelter, the responses are more evenly distributed with the highest percentage again for long-term subsidies (25%) and the lowest for one-time assistance (5%). For the unsheltered population we again see the highest percentage for long-term subsidies (45%). We also see the highest percentage of persons who report they would benefit from PSH (25%) and the highest percentage of persons who would benefit from one-time assistance (15%).

Percent of Households Reporting by Level of Assistance and Project Type



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