

COG BOARD OF DIRECTORS MEETING

District of Columbia
Bladensburg*
Bowie
Charles County
College Park
Frederick
Frederick County
Gaithersburg
Greenbelt
Montgomery County
Prince George's County
Rockville
Takoma Park
Alexandria
Arlington County
Fairfax
Fairfax County
Falls Church
Loudoun County
Manassas
Manassas Park
Prince William County

DATE: May 8, 2013
TIME: 12:00 Noon
PLACE: COG Board Room

PLEASE NOTE: Chairwoman Young will begin the meeting promptly at Noon. Lunch for members and alternates will be available at 11:30 a.m.

A G E N D A

**1. CALL TO ORDER AND PLEDGE OF ALLEGIANCE
(12:00 Noon)**

**Chairwoman Karen Young
President Pro Tem, Board of Aldermen
City of Frederick**

**2. ANNOUNCEMENTS
(12:00 – 12:05 p.m.)**

Chairwoman Young
a) **Bike to Work Day – May 17**
b) **COG Leadership Retreat – August 2-4**

**3. EXECUTIVE DIRECTOR'S REPORT
(12:05 – 12:10 p.m.)**

**4. AMENDMENTS TO AGENDA
(12:10 – 12:15 p.m.)**

**5. APPROVAL OF MINUTES OF APRIL 10, 2013
(12:15 – 12:20 p.m.)**

**Adjunct Member*

**6. ADOPTION OF CONSENT AGENDA ITEM
(12:20 – 12:25 p.m.)**

A. RESOLUTION AUTHORIZING COG TO ISSUE A CONTRACT TO ESTABLISH A MOBILE-WIDE AREA RADIATION AND NUCLEAR DETECTION NETWORK

The Board will be asked to adopt Resolution R17-2013, authorizing the Executive Director, or his designee to receive and expend up to \$1,750,000 to establish a mobile-wide area radiation and nuclear detection network using tested technology. The system will give officials the ability to detect and monitor interstates and secondary roads for the illicit transportation of radiological and nuclear material entering the NCR. Funding for this effort will be provided through an Urban Area Security Initiative (UASI) Subgrant from the State Administrative Agent (SAA). No COG matching funds are required.

RECOMMENDED ACTION: Adopt Resolution R17-2013.

**7. FY 2013 THIRD QUARTER REPORT
(12:25 – 12:35 p.m.)**

**Candice Quinn Kelly
President, Charles County
COG Secretary-Treasurer**

Secretary-Treasurer Quinn Kelly will provide the COG Board with the FY 2013 third quarter (January – March 2013) fiscal report.

RECOMMENDED ACTION: Presentation.

**8. A REGIONAL SUCCESS STORY: THE BLUE PLAINS INTERMUNICIPAL AGREEMENT OF 2012
(12:35 – 1:05 p.m.)**

Timothy Firestine
Chairman, Blue Plains IMA Leadership Committee
Chief Administrative Officer, Montgomery County

Honorable Vincent Gray
Mayor, District of Columbia

Honorable Sharon Bulova
Chairman, Board of Supervisors, Fairfax County

Honorable Isiah Leggett
County Executive, Montgomery County

Bradford Seamon
Chief Administrative Officer, Prince George's County

In March, 2013, the District of Columbia, DC Water, Fairfax County, Montgomery County, Prince George's County and the Washington Suburban Sanitary Commission formally adopted a landmark regional agreement: *The Blue Plains Intermunicipal Agreement of 2012 (2012 IMA)*. The 2012 IMA equitably allocates wastewater treatment capacity as well as capital and operating costs at Blue Plains, the largest advanced wastewater treatment facility in the world. Blue Plains serves more than 2 million residents and 18 million visitors annually; with shared capital and operating expenses of about \$822 million per year.

The 2012 IMA underwrites the ability of the region to grow over the next 30 years, supports investments and upgrades to vital water resources infrastructure, and makes major contributions toward the protection of water quality in the Potomac and Anacostia Rivers, as well as the Chesapeake Bay. COG helped facilitate the agreement and has formal roles to support the signatories with its implementation.

Mr. Firestine, Chairman of the Blue Plains IMA Leadership Committee and Chief Administrative Officer for Montgomery County, will highlight the key elements of the agreement. District of Columbia Mayor Gray, Fairfax County Board of Supervisors Chairman Sharon Bulova, Montgomery County Executive Isiah Leggett, and Prince George's County CAO Brad Seamon will provide perspectives on the significance of the 2012 IMA to their jurisdictions and to the region.

RECOMMENDED ACTION: Receive briefing.

9. RESULTS OF 2013 HOMELESS ENUMERATION

(1:05 – 1:25 p.m.)

Michael Ferrell

Executive Director, Coalition for the Homeless

Chairman, COG Homeless Services Planning and Coordinating Committee

In January, COG's Homeless Services Planning and Coordination Committee conducted the thirteenth enumeration of the homeless in metropolitan Washington. This annual enumeration is part of an ongoing effort to monitor and report on the number of people found on the streets, in emergency shelters, in transitional and permanent supportive housing, or otherwise homeless and in need of a safe shelter. This report contains the final results of the 2013 Annual Homeless Enumeration.

RECOMMENDED ACTION: Receive report.

10. BRIEFING ON NATIONAL CAPITAL REGION EMERGENCY PREPAREDNESS COUNCIL 2013 PRIORITIES

(1:25 – 1:40 p.m.)

Paul Quander

Deputy Mayor for Public Safety and Justice, District of Columbia

Chair, Emergency Preparedness Council

The National Capital Region (NCR) Emergency Preparedness Council (EPC) was established by the Board in 2002 as an advisory body on homeland security with specific responsibilities for the regional planning of, preparation for and response to all hazards. Members include local elected officials; state and federal government representatives, and private and non-profit sector experts. Deputy Mayor and EPC Chair Paul Quander will provide an overview the EPC's 2013 priorities and highlights of the upcoming Senior Leaders seminar.

RECOMMENDED ACTION: Receive briefing.

11. LEGISLATIVE UPDATE

(1:40 – 1:50 p.m.)

Board members with active engagement and/or leadership roles in state/national associations will be invited to provide status reports on legislative activity related to COG's 2013 Legislative Priorities.

12. OTHER BUSINESS

(1:50 – 2:00 P.M.)

13. ADJOURN – THE NEXT BOARD MEETING WILL BE HELD ON JUNE 12, 2013

(2:00 p.m.)



Reasonable accommodations are provided for persons with disabilities. Please allow 7 business days to process requests. Phone: 202.962.3300 or 202-962.3213 (TDD). Email: accommodations@mwkog.org. For details: www.mwkog.org



AGENDA ITEM #2

ANNOUNCEMENTS

BIKE TO WORK DAY 2013 FRIDAY

MAY 17



MAY 17



REGISTER AT BIKETOWORKMETRODC.ORG OR CALL 800-745-7433

Pre-Register by May 10 for Free T-Shirt* and Bike Raffle!

FREE FOOD, BEVERAGES AND GIVEAWAYS AT ALL LOCATIONS

Visit biketoworkmetrodc.org for specific pit stop locations and times. *T-Shirts available at pit stops to first 12,000 who register.

70 Bike to Work Day pit stops located in D.C., Maryland, and Virginia



Bike to Work Day is also funded by the District of Columbia, Maryland, Virginia and U.S. Departments of Transportation.



AGENDA ITEM #3

EXECUTIVE DIRECTOR'S REPORT



Metropolitan Washington Council of Governments Executive Director's Report • May 2013

COMMITTEE WORK **HEART OF COG** **OUTREACH** **MEDIA** **UPCOMING EVENTS**

Policy Board & Committee Work

TRANSPORTATION PLANNING BOARD

The TPB approved a letter to the U.S. Department of Transportation regarding performance measures and targets for congestion in response to its new performance-based planning responsibilities as part of MAP-21, the recently established federal transportation legislation. It also approved a Regional Bike to Work Day 2013 Proclamation, demonstrating the Board's support for encouraging bicycling as a viable method to commute to work.

METROPOLITAN WASHINGTON AIR QUALITY COMMITTEE

To increase member engagement, area officials on MWAQC approved a resolution allowing members to participate by telephone or other electronic means.

HUMAN SERVICES AND PUBLIC SAFETY POLICY COMMITTEE

As directed by the COG Board, the Committee approved a process to examine the gun violence issue. It will identify specific positions regarding gun violence on which members are in agreement, and identify jurisdictional actions taken to address gun violence. The Committee will discuss reports provided by technical committees on these matters at its next meeting on June 21, 2013. It also formed a subgroup to assist with review of these issues. In addition, the Committee received a briefing and discussed results from the 2013 homeless enumeration.

REGION FORWARD COALITION

Coalition members participated in an exercise that illustrated the process of selecting and prioritizing investments in Activity Centers. The results are helping inform the Activity Center Strategic Investment Plan. The group also received briefings on several local planning efforts--Tysons Transformation, the Purple Line, and Sustainable DC-- that will play a major role in advancing Region Forward's goals.

Hearts of COG: Finding Loving Homes for Area Children

KAMILAH BUNN & KRystal FENWICK, COG CHILD WELFARE PROGRAM



Kamilah Bunn

The Council of Governments' Child Welfare Program works to find loving foster and adoptive homes for the thousands of area children in foster care through outreach, education, and the popular weekly Wednesday's Child television segment on NBC4 with Barbara Harrison.

Kamilah Bunn manages COG's Child Welfare Program and, along with Coordinator Krystal Fenwick, brings together local child welfare directors, social workers, trainers and recruiters who work directly with vulnerable children and families to share best practices and find opportunities for collaboration. Kamilah and Krystal also reach out to local businesses that sponsor Wednesday's Child events and they work to honor the outstanding foster parents throughout the region who open their homes to young people that experience abuse or neglect.



Krystal Fenwick

COG figures show that the number of children in foster care is declining in our region, and the number of new entries into the system is also quickly dropping. That's great news. However, the number of teenagers in the system who are on the brink of aging out of the system, at the age of 18 or 21, has remained steady. These young people still need lifelong connections, or better yet, to be adopted.

- *Chuck Bean, Executive Director*

MEMBER/STAKEHOLDER OUTREACH

In April, Executive Director Chuck Bean met with several COG members, including Karen Young, Dan Drummond, Paul Smith, Cathy Drzyzgula, Karen Toles, and Jim Scott. He also met with Bowie City Manager David Deutsch and stakeholders Marcel Acosta (NCPC), Lisa Rother (ULI), and Scott Hancock (Maryland Municipal League). Mr. Bean gave a presentation on the Council of Governments’ 2014 budget at a D.C. Oversight Hearing.

STREET SMART CAMPAIGN

Chuck Bean attended the Spring 2013 Street Smart launch in Northeast D.C. where District Mayor Vincent Gray and Arlington County Board Chair Walter Tejada gave remarks. This year’s campaign features people whose faces have been symbolically blemished by a tire tread as a way to call attention to the dangers confronting pedestrians and bicyclists. The campaign runs through mid-May--learn more by visiting www.beststreetsmart.net.



GREEN STREETS WORKSHOP

COG Transportation and Environmental staff hosted a workshop, which included presentations and discussion of the value, challenges and the status of implementation of green streets in the region and beyond.

GO RECYCLE CAMPAIGN

The Council’s Go Recycle Campaign (www.gorecycle.org) ran advertisements on several local radio stations from April 15-28 to empower and educate residents to extend their home recycling practices into the workplace where at least 50 percent of all waste is generated.

LOCOMOTIVE REPOWER PROJECT

COG’s Jeff King (DEP) participated in a kickoff meeting in Dixmoor Illinois with Amtrak, the Brotherhood of Locomotive Engineers and Trainmen, and the National Railway Equipment Company for a project to repower two switcher locomotives operating at Union Station with new more efficient and lower polluting engines.

AREA CLIMATE AND ENERGY EVENTS

COG Environmental Resources Program Director Joan Rohlfs participated in the panel discussion at a Climate Change symposium at Northern Virginia Community College in Annandale. COG’s Maia Davis and Amanda Campbell (DEP) participated in the *Risk of Extreme Storms Due to a Changing Climate Symposium: Impacts and Adaptation for Washington DC*. The event was hosted by the District Department of Energy as part of the Sustainable DC initiative.

COMMUTER CONNECTIONS OUTREACH

COG Alternative Commute Programs Director Nick Ramfos spoke at two employer-based telework workshops in Montgomery and Frederick County, where he was joined by COG Chairwoman Karen Young. Ramfos also received a 2013 Transportation Professionals Award from the Dulles Area Transportation Association. COG Commuter Connections staff participated in Earth Day and transportation fairs in D.C., Rockville, White Oak, Alexandria, and Reston--including a giveaway of chocolates and commuter info in Federal Triangle. **(Bean pictured with COG’s Mike McNulty and Jose Diaz.)**



ACTIVITY CENTERS

COG Planning Director Paul DesJardin spoke about Activity Centers and the upcoming Investment Plan to the Association for Commuter Transportation Chesapeake Chapter in Arlington.

CHILD WELFARE

COG’s Child Welfare staff hosted the 5th anniversary Wednesday’s Child Match Party at the Ritz Carlton in Pentagon City. Staff also participated in the Tots to Teens Expo at the Washington Convention Center.

STREET SMART NEWS STORIES

The Street Smart launch received coverage from several media outlets, including Fox 5. Arlington County Board Chair Walter Tejada was also a guest on NBC's Viewpoint program along with safety experts to discuss the Street Smart program.

**TWITTER PARTY, EVENTS FOR AIR QUALITY AWARENESS WEEK**

Clean Air Partners hosted its first Twitter Party with air quality experts from across the region who answered participants' questions. The *Washington Post's* Capital Weather Gang participated in the event. In addition, Clean Air Partners is hosting its annual celebration at the Koshland Science Museum in D.C. on May 2 and is sponsoring the 10th annual Potomac River Run Marathon on May 5.

COG'S REGION FORWARD BLOG PROMOTES GREEN PROJECTS

For the second year in a row, COG's Region Forward blog celebrated Earth Month by featuring several posts on the environment, climate, and energy throughout April. Among some of the posts featured this year include:

- Leaders, including former President Bill Clinton, coming together to support investment in energy efficiency (this post was re-tweeted by the AFL-CIO to its tens of thousands of members)
- A partnership between COG and local governments and businesses to install cleaner boat engines (this blog post prompted a *Georgetown Patch* article viewable here)

THE REGION FORWARD TAKE ON RECENT ECONOMIC FORUM

While some may have focused on the FBI relocation debate at a forum by the D.C. Chamber of Commerce and *Washington Business Journal*, COG staff heard leaders express strong interest in greater regional cooperation. The forum featured D.C. Mayor Vince Gray, U.S. Congressman Gerry Connolly, Alexandria Mayor Bill Euille, Montgomery County Executive Isiah Leggett, and Prince George's County Executive Rushern Baker.

BUS-ON-SHOULDER TASK FORCE WORK RECEIVING ATTENTION

The Transportation Planning Board's Task Force studying the possibility of allowing buses to use shoulder lanes at certain locations throughout the region was featured in a WTOP piece as well as a Greater Greater Washington blog post.

RESOLUTION ENDS CONTROVERSY ON GUN VIOLENCE ISSUE

In April, the Council's Board of Directors approved by a wide margin a resolution that resolved a controversy over an earlier vote addressing the gun violence issue. The issue was covered by several media outlets, including *The Washington Post*.

ANNUAL CORRECTIONS WREATH LAYING CEREMONY – SATURDAY, MAY 4

The COG Corrections Chiefs Committee is sponsoring the 22nd Annual Ceremony in honor of fallen corrections officers. Following the ceremony, honor guard teams from jurisdictions in Maryland, Virginia and the District of Columbia will meet in the annual honor guard competition.

BIKE TO WORK DAY – FRIDAY, MAY 17

Register for the region's increasingly popular Bike to Work Day, organized by COG's Commuter Connections program and the Washington Area Bicyclist Association, at www.biketoworkmetrodc.org.

For more information about these events and other COG meetings, visit www.mwcog.org/events

TapIt™ Metropolitan Washington Fact Sheet

The Council of Governments, water and wastewater utilities across the region, and TapIt, are partnering to promote easy access to clean, sustainable tap water.

TapIt is a free program which encourages restaurants and local shops to provide tap water to patrons who have a reusable bottle, no purchase necessary.

TapIt Partners are recognized by a window decal and poster and can be found on the TapIt website: www.mwcog.org/tapit



Look for the TapIt Smartphone app this summer!



Three reasons why TapIt fits so well within metropolitan Washington:

1. Promotes tap water. By helping people find tap water on the go, TapIt directly supports the high quality water that water utilities in our region produce and distribute. TapIt is a national organization whose goal is to promote tap water.

2. Helps reduce waste. TapIt promotes using refillable bottles to reduce plastic bottle waste. This supports the region's goals of dramatically reducing trash in area waterways including the Potomac and Anacostia Rivers.

3. Connects people to local businesses. Close to 400 businesses in the region are already TapIt partners. The goal is to have a network of cafes, restaurants, and businesses extending across the District, Maryland and Virginia. TapIt provides a database of partners' names and locations that doubles as a free way to advertise local businesses and support the region's economy.



TapIt Decal

The Council of Governments and its Community Engagement Campaign (water supply and wastewater utilities) will be handing out TapIt water bottles and maps at Bike to Work Day (May 17), Celebrate Fairfax (June 7-9), and other fairs/festivals and baseball games this summer



The Community Engagement Campaign (CEC) is a partnership between the Council of Governments and various water supply and wastewater members to engage metropolitan Washington in wise water use and source water protection messages. The goal of this partnership is to share water information with our community through a variety of media sources. For more information, contact Heidi Bonnaffon at the Council of Governments: 202-962-3216.

FREE WATER BOTTLE REFILLS

on the go...



Free App available on
the iPhone® App Store.

Visit www.mwcog.org/tapit
For More Information

The Council of Governments and your local utility are partnering with TapIt and local businesses to provide easy public access to drinking water. So grab your reusable water bottle and use TapIt to find free refills on-the-go, anywhere in the DC region.





AGENDA ITEM #4

AMENDMENTS TO AGENDA

(NOTE: NO ATTACHMENTS)



AGENDA ITEM #5

APPROVAL OF MINUTES

METROPOLITAN WASHINGTON COUNCIL OF GOVERNMENTS
777 North Capitol Street, N.E.
Washington, D.C. 20002

MINUTES

Board of Directors Meeting
COG Board Room
April 10, 2013

BOARD MEMBERS, ALTERNATES, AND OTHER PARTICIPANTS

PRESENT AND NOT PRESENT:

See attached chart for attendance.

STAFF:

Chuck Bean, Executive Director
Sharon Pandak, General Counsel
Ron Kirby, Transportation Planning Director

GUESTS:

Phil Andrews, Council Member, Montgomery County

1. CALL TO ORDER AND PLEDGE OF ALLEGIANCE

Chairwoman Young called the meeting to order at 12:00 p.m. and led those present in the Pledge of Allegiance.

2. ANNOUNCEMENTS

Retreat – Save the Date. Chairwoman Young reminded members to mark their calendars for the upcoming leadership retreat at the Hyatt Regency Chesapeake in Cambridge, Maryland, August 2-4.

Bike to Work Day, May 17. Registration is now open for the region's increasingly popular Bike to Work Day and can be completed at www.biketoworkmetrodc.org

The Council of Governments' Commuter Connections program, which co-sponsors the event with the Washington Area Bicyclist Association, has done a great job making Bike to Work Day a truly regional event—from our central jurisdictions to the outer suburbs.

This year, there will be a record 72 pit stops in the region offering cyclists refreshments, entertainment, and giveaways as part of the celebration.

3. EXECUTIVE DIRECTOR'S REPORT

The Chair turned the meeting over to Mr. Bean for the Executive Director's Report and other updates.

Mr. Bean stated that issues stemming from the March Board action to adopt R13-2013 focused staff's time and attention this past month. Over the course of the month he spoke personally with most Board Members and is optimistic that the organization will emerge stronger because of their sincere desire to work together to find common ground.

Mr. Bean previewed a signing ceremony at next month's Board meeting for the Blue Plains Intermunicipal Agreement of 2012. Blue Plains is the largest advanced treatment facility in the world and serves more than 2 million residents. This agreement ensures the wastewater capacity needed for growth and development for decades to come and enables development of projects like the new Tysons in Northern Virginia, and others in the District and suburban Maryland.

Hearts of COG. While COG may best be known for bringing together experts in transportation, water quality, and coordination in homeland security, we also convene leaders dedicated to preserving and promoting regional agriculture. Our *Region Forward* target is to maintain 450,000 acres of agricultural land. But beyond this target, there is the wellness opportunity of promoting the "food to fork" movement and the energy conservation goal of keeping food local.

These are the goals of the Regional Agriculture Workgroup and these goals and programs are highlighted in our [National Capital Farms](#) website which is supported by COG. This website identifies "[What's in season](#)" for the region and presents a "[Farm to Restaurant Guide](#)" which highlights restaurants in each jurisdiction which partner with farmers in the region. The COG Team leading this effort includes John Galli with 25 years at COG, Brian LeCouteur with 20 years, and Matt Gallagher in his first year.

4. AMENDMENTS TO AGENDA

There were no amendments to the Agenda.

5. APPROVAL OF MINUTES

The minutes of the March 13, 2013, Board Meeting were approved.

6. ADOPTION OF CONSENT AGENDA ITEM

A. RESOLUTION AUTHORIZING THE EXECUTIVE DIRECTOR TO ENTER INTO TWO CONTRACTS WITH THE OCCOQUAN WATERSHED MONITORING LABORATORY FOR THE FY14 OPERATION OF THE CHAIN BRIDGE MONITORING STATION AND ADDITIONAL TECHNICAL WORK

The Board adopted Resolution R15-2013, authorizing the Executive Director, or his designee, to enter into a contract with Virginia Tech's Occoquan Watershed Monitoring Laboratory (OWML) not to exceed

\$781,430, to operate the Chain Bridge Potomac monitoring station from FY 2014 – 2018, and authorizing a separate contract with OWML, not to exceed \$47,719, for additional technical work. Both contracts will use funds included in the approved Regional Water Resources Regional Fund work program and budget pursuant to the bylaws of the Chesapeake Bay and Water Resources Policy Committee. Extensions to future contract years are contingent on future year budget approvals. No COG matching funds are required.

ACTION: Upon motion made, and seconded, Resolution R15-2013 was unanimously approved and adopted.

7. FINAL REPORT OF THE INCIDENT MANAGEMENT AND RESPONSE OVERSIGHT COMMITTEE AND UPDATE ON THE METROPOLITAN AREA TRANSPORTATION OPERATION COORDINATION (MATOC) PROGRAM

In the wake of the January 26, 2011 snow and ice storm, COG created a Steering Committee on Incident Management and Response (IMR) to offer recommendations to improve regional coordination, communication, preparedness, and decision-making during incidents and emergencies. The group released its report in November 2011, and it continued to meet and track progress on its recommendations as the IMR Oversight Committee. The Oversight Committee's March 2013 final report highlights significant progress in several areas, including information sharing among officials, messaging to the public, updating employee release policies, and prioritizing backup power for critical infrastructure.

One of the regional initiatives featured in the IMR report is MATOC, a joint program of DDOT, MDOT/SHA, VDOT, and WMATA, to promote real-time interagency information sharing and coordination. The Board was briefed on the key role MATOC has in the region's transportation operations, including actions taken during the Presidential Inauguration and Super Storm Sandy, and its associated "data fusion engine", the Regional Integrated Transportation Information System (RITIS).

8. GUN VIOLENCE - MOTION TO RECONSIDER RESOLUTION R13-2013, AND PROPOSED SUBSTITUTE RESOLUTION R16-2013

ACTION: A motion was made by Fairfax County Board Chair Sharon Bulova, seconded by Loudoun County Board Chair Scott York to reconsider R13-2013, which endorsed the International Association of Chiefs of Police (IACP) position paper on firearms violence, passed at the prior March 13, 2013 meeting. After a robust discussion, with all members afforded an opportunity to express their views, the **Motion to Reconsider passed by a roll call vote of 24-4-1. Ayes:** Berliner, Brady, Bulova, Candland, Collins, Drummond, Drzyzgula, Euille, Fellows, Foust, D Gray, Gross, Letourneau, Lew, McDuffie, Mendelson, Murphy, Principi, Scott, Tejada, Way, Williams, York, Young. **Nays:** Harrison, Snyder, Toles, Davis. **Abstain:** Naddoni.

ACTION: A motion was made by COG Vice Chair and Alexandria Mayor William Euille, seconded by Montgomery County Council Member Roger Berliner, to adopt Substitute Motion R16-2013. COG Vice Chair and District of Columbia Council Chair Phil Mendelson offered an amendment to the Substitute Motion to remove the words "instead of taking a COG position on the issue" (§1.1.) and "other" (§1.2.), which was accepted by the maker and second. Following discussion, the **Substitute Motion passed by a roll call vote of 26-2-1, thereby replacing R13-2013, as the main motion. Ayes:** Berliner, Brady, Bulova, Collins, Davis, Drummond, Drzyzgula, Euille, Fellows, Foust, D Gray, Gross, Harrison, Letourneau, Lew,

McDuffie, Mendelson, Murphy, Principi, Scott, Tejada, Toles, Way, Williams, York, Young. **Nays:** Candland, Snyder. **Abstain:** Naddoni.

ACTION: The Substitute Motion as the Main Motion passed by a voice vote of 26-2-1, Nays: Candland, Snyder. Abstain: Naddoni.

9. CYBER SECURITY: BRIEFING ON NATIONAL CAPITAL REGION EMERGENCY PREPAREDNESS COUNCIL (EPC) 2013 PRIORITIES AND SENIOR LEADERS EXERCISE

This briefing item was rescheduled for the next meeting of the Board on May 8.

10. LEGISLATIVE UPDATE

None.

11. OTHER BUSINESS

None.

12. ADJOURNMENT

Upon motion duly made and seconded, the meeting was adjourned at 2:00 p.m. The next meeting will be held on May 8, 2013.

THE NEXT BOARD MEETING WILL BE HELD ON WEDNESDAY, MAY 8, 2013.



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BOARD OF DIRECTORS MEETING ATTENDANCE – April 10, 2013

<u>Jurisdiction</u>	<u>Member</u>	<u>Y/N</u>	<u>Alternate</u>	<u>Y/N</u>
<i>District of Columbia</i>				
Executive	Hon. Vincent Gray	N	Christopher Murphy	Y
	Mr. Allen Lew	Y	Warren Graves (Present)	
Council	Hon. Phil Mendelson (Vice Chair)	Y		
	Hon. Kenyan McDuffie	Y		
<i>Maryland</i>				
Bowie	Hon. G. Frederick Robinson	N	Hon. Dennis Brady	Y
Charles County	Hon. Reuben Collins	Y		
City of Frederick	Hon. Karen Young (Chair)	Y	Hon. Randy McClement	
Frederick County	Hon. David Gray	Y	Hon. Blaine Young	
College Park	Hon. Andrew Fellows	Y	Hon. Robert Catlin	
Gaithersburg	Hon. Sidney Katz	N	Hon. Cathy Drzyzgula	Y
Greenbelt	Hon. Judith “J” Davis	Y	Hon. Emmett Jordan	
Montgomery County				
Executive	Hon. Isiah Leggett	N	Mr. Tim Firestine	N
Council	Hon. Roger Berliner	Y		
	Hon. Valerie Ervin	N		
Prince George’s County				
Executive	Hon. Rushern Baker	N	Mr. Bradford Seamon	N
Council	Hon. Karen Toles	Y		
	Hon. Andrea Harrison	Y		
Rockville	Hon. Phyllis Marcuccio	N		
Takoma Park	Hon. Bruce Williams	Y	Hon. Terry Seamens	
Maryland General Assembly	Hon. Galen Clagett	N		
<i>Virginia</i>				
Alexandria	Hon. William Euille (Vice Chair)	Y	Hon. Redella Pepper	
Arlington County	Hon. Walter Tejada	Y	Hon. Jay Fissette	
City of Fairfax	Hon. Dan Drummond	Y	Hon. Jeffrey Greenfield	
Fairfax County	Hon. Sharon Bulova	Y	Hon. Catherine Hudgins	
	Hon. Penelope A. Gross	Y	Hon. Patrick Herrity	
	Hon. John Foust	Y	Hon. Michael Frey	
Falls Church	Hon. Nader Baroukh	N	Hon. David Snyder	Y
Loudoun County	Hon. Matt Letourneau	Y		
Loudoun County	Hon. Scott York	Y		
Manassas	Hon. Jonathan Way	Y		
Manassas Park	Hon. Suhas Naddoni	Y	Hon. Frank Jones	
Prince William County	Hon. Frank Principi	Y		
	Hon. Pete Candland	Y		
Virginia General Assembly	Hon. James M. Scott	Y		



AGENDA ITEM #6

CONSENT AGENDA

**METROPOLITAN WASHINGTON COUNCIL OF GOVERNMENTS
777 NORTH CAPITOL STREET, NE
WASHINGTON, DC 20002-4239**

**RESOLUTION AUTHORIZING THE EXECUTIVE DIRECTOR TO ISSUE A CONTRACT TO ESTABLISH A
MOBILE-WIDE AREA RADIATION AND NUCLEAR DETECTION NETWORK**

WHEREAS, the Metropolitan Washington Council of Governments (COG) serves as the Secretariat for the Urban Area Security Initiative for the National Capital Region; and

WHEREAS, COG has been requested by the State Administrative Agent, District of Columbia Homeland Security and Emergency Management Agency (HSEMA) to issue a contract to establish a Mobile-Wide Area Radiation and Nuclear Detection Network; and

WHEREAS, the contractor shall establish a system in the National Capital Region that will have the ability to detect and monitor interstates and secondary roads for the illicit transportation of radiological and nuclear material in the region; and

WHEREAS, the network will provide the region with greater capability during special events in the National Capital Region when it is needed most; and

WHEREAS, the State Administrative Agent for the National Capital Region will provide COG with a Subgrant in the amount of \$1,750,000 to establish the requested network;

**NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF DIRECTORS OF THE
METROPOLITAN WASHINGTON COUNCIL OF GOVERNMENTS THAT:**

The Executive Director, or his designee, is authorized to receive funds from the State Administrative Agent for National capital region and execute a contract in an amount not to exceed \$1,750,000 to establish the requested network. No COG matching funds will be required.



AGENDA ITEM #7

Fiscal Year 2013 Third Quarter Report

April 30, 2013

District of Columbia

*Bladensburg**

Bowie

Charles County

College Park

Frederick

Frederick County

Gaithersburg

Greenbelt

Montgomery County

Prince George's County

Rockville

Takoma Park

Alexandria

Arlington County

Fairfax

Fairfax County

Falls Church

Loudoun County

Manassas

Manassas Park

Prince William County

**Adjunct Member*

To: **Board of Directors**

From: **Candice Kelly, Secretary-Treasurer
Chuck Bean, Executive Director
Paul Beriault, Chief Financial Officer**

Subject: **Fiscal Year 2013 Third Quarter Financial Report**

I am pleased to submit the third quarter (July, 2012 through March, 2013) financial reports for fiscal year 2013. These reports show significant budgetary and fiscal developments that further strengthen COG's financial position and allow for the completion of this year's approved work program as well as meeting strategic goals.

Statement of Net Assets - Schedule 1

Cash at March 31, 2013 was \$6,371,818, which allows COG to meet its cash requirements for its financial obligations to vendors, exceeding the amount of \$2,267,820 for accounts payable by \$4,103,998.

For the fiscal year ended June 30, 2012, the audited unrestricted net reserve fund was \$8,763,649. The additional unrestricted net reserve for the nine months from July 1, 2012 through March 31, 2013 is \$2,079,376. The reserve funds are invested in certificates of deposit and are laddered in maturities to meet liquidity and average rate of return requirements.

Statement of Revenue and Expenses - Schedule 2

COG's revenues for the nine-month period exceeded expenses by \$2,079,376. This amount is expected to decrease throughout the final quarter of the fiscal year. This is primarily due to certain revenues being fully reported in the first quarter, whereas the matching expenses (such as salaries) are incurred throughout the year.

Interest income from investments amounted to \$130,197 through the third quarter. The current average yield on the certificates of deposit is below 1.7%, which is a significant decrease from 3.7% just 21 months ago. We believe the investment policy of strictly investing in CD's should be reviewed in light of the substantial drop in earnings.

Comparative Project Budgets - Schedule 3

Total forecasted annual program revenues increased by \$130,725, up less than ½ of 1% from the adopted work program budget. The reason for this change is based on recent developments.

Accounts Receivable Aging - Schedule 4

The accounts receivable balance as of March 31, 2013 was \$6,619,131. There have been direct communications with all grantors related to invoices over 90 days in arrears; we believe the entire \$432,772 balance of over 90 day invoices is fully collectible.

Metropolitan Washington Council of Governments
Statement of Net Assets (Unaudited)
March 31, 2013

SCHEDULE 1

ASSETS

Cash	\$6,371,818
Investments	9,249,087
Accounts Receivable	6,619,131
Advances, Deposits and Prepaid Expenses	35,544
Furniture, Equipment and Leasehold Improvements (net)	504,885
TOTAL ASSETS	\$22,780,465

LIABILITIES AND NET ASSETS

Accounts Payable	\$2,267,820
Accrued Leave and Expenses	832,759
Deferred Revenue	2,134,956
Net Pension Obligation	687,847
Total Liabilities	5,923,382
Net Assets	
Invested in Capital Assets and Capital Plans	754,885
Project Funds	5,259,173
Current Net Increase	2,079,376
Unrestricted General Funds	8,763,649
Total Net Assets	16,857,083
TOTAL LIABILITIES AND NET ASSETS	\$22,780,465

**Metropolitan Washington Council of Governments
Statement of Revenue and Expenses (Unaudited)
Nine Months Ended March 31, 2013**

SCHEDULE 2

<u>REVENUE</u>	<u>PASS-THROUGH AWARDS</u>	<u>COG ACTIVITY</u>	<u>TOTAL</u>
Federal and State Revenue	\$12,966,674	\$12,309,149	\$25,275,823
Membership Assessments *		3,413,480	3,413,480
Local Revenue (Regional Funds and Other) *		2,695,907	2,695,907
Contributed Services		855,311	855,311
Building * and Investment Income		640,197	640,197
Miscellaneous Revenue (Sublet and Other)		569,581	569,581
TOTAL REVENUE	<u>12,966,674</u>	<u>20,483,625</u>	<u>33,450,299</u>
<u>EXPENSES</u>			
Salaries and Fringe Benefits	216,207	9,556,123	9,772,330
Direct Consultants/Contractors	1,408,586	3,063,843	4,472,429
Contributed Services		855,311	855,311
Subawards and Pass-Through	11,255,959	347,417	11,603,376
Other Direct Costs	3,957	1,426,022	1,429,979
Indirect Costs	81,965	3,155,533	3,237,498
TOTAL EXPENSES	<u>12,966,674</u>	<u>18,404,249</u>	<u>31,370,923</u>
 NET INCREASE	 <u><u>\$0</u></u>	 <u><u>\$2,079,376</u></u>	 <u><u>\$2,079,376</u></u>

* Reported on non-accrual basis; includes all FY13 revenue

**Metropolitan Washington Council of Governments
 FY 2013 Adopted Budget Versus Revised Budget
 March 31, 2013**

SCHEDULE 3

<u>Program Area</u>	<u>Adopted Budget</u>	<u>Revised Budget</u>	<u>Increase (Decrease)</u>
<u>Transportation Programs</u>			
1.0 Transportation Planning	\$ 12,553,344	\$ 12,633,924	\$ 80,580
2.0 Commuter Connections Programs	5,373,000	5,352,425	(20,575)
Subtotal	17,926,344	17,986,349	60,005
<u>Community Planning Services and Public Safety</u>			
3.0 Metropolitan Planning	416,000	416,000	-
4.0 Housing Opportunities	465,182	465,182	-
5.0 Child Welfare	340,890	340,890	-
6.0 Public Safety and Health	1,755,531	1,752,590	(2,941)
Subtotal	2,977,603	2,974,662	(2,941)
<u>Environmental Programs</u>			
7.0 Water Resources	2,997,769	3,110,066	112,297
8.0 Environmental Resources	994,345	930,709	(63,636)
9.0 Air Quality Planning	1,332,224	1,357,224	25,000
Subtotal	5,324,338	5,397,999	73,661
<u>Direct Services to Local and State Governments</u>			
10.0 Direct Services to Local and State Governments	635,194	635,194	\$0
T o t a l	\$ 26,863,479	\$ 26,994,204	\$ 130,725

**Metropolitan Washington Council of Governments
Accounts Receivable Aging Schedule (Unaudited)
March 31, 2013**

SCHEDULE 4

Department	Current	31 to 60	61 to 90	Over 90	Balance Due
<u>Transportation</u>					
Transportation Programs	\$ 4,425,342	\$ 65,544	\$ 30,932	\$ 353,949	\$ 4,875,767
Total	4,425,342	65,544	30,932	353,949	4,875,767
<u>Environmental</u>					
UASI	230,942	4,707	2,588	8,822	247,060
Environmental Programs	373,762	1,000	0	70,000	444,762
Total	604,704	5,707	2,588	78,822	691,821
<u>Public Safety and Health</u>					
UASI	891,033	90,346	0	0	981,379
Public Safety & Health Programs	4,500	0	29,440	0	33,940
Total	895,533	90,346	29,440	0	1,015,320
<u>Other Services</u>					
Administrative/Other	36,224	0	0	0	36,224
Total	36,224	0	0	0	36,224
Grand Total	\$ 5,961,802	\$ 161,597	\$ 62,960	\$ 432,772	\$ 6,619,131

Accounts Receivable Ratios:

Average Number of Days to Collect Outstanding Receivables (Receivables divided by average daily revenue)

Period ending March 31, 2013 = **53**

Period ending December 31, 2012 = **71**

Receivable Turnover Ratio (Revenue divided by average receivables)

Period ending March 31, 2013 = **3.75**

Period ending December 31, 2012 = **2.40**



AGENDA ITEM #8

BLUE PLAINS INTERMUNICIPAL AGREEMENT

BLUE PLAINS INTERMUNICIPAL AGREEMENT of 2012

a collaborative approach to cleaner rivers



A blueprint for the region

In March, 2013, the District of Columbia, DC Water, Fairfax County, Montgomery County, Prince George's County and the Washington Suburban Sanitary Commission collaborated to adopt the *Blue Plains Intermunicipal Agreement of 2012* (2012 IMA). This landmark cooperative agreement equitably allocates wastewater treatment capacity as well as shared capital and operating expenses of about \$822 million per year at the Blue Plains advanced wastewater treatment facility in the District of Columbia, the largest such facility in the world. COG assisted in the development of the agreement and will support the Parties with its implementation.



Blue Plains Advanced Wastewater Treatment Plant

Importance of Blue Plains

Blue Plains plays an essential role in the region by accepting and treating wastewater for its more than 2 million residents and 18 million annual visitors. Investments in the facility's operations and infrastructure are critical because it provides 43% of the wastewater treatment capacity for the entire COG region. The 2012 IMA provides the framework for the region to address anticipated growth over the next 40 years, supports investments in existing critical infrastructure, and makes major contributions toward improving water quality in the Potomac and Anacostia Rivers and the Chesapeake Bay. In fact, the region's investments in wastewater treatment

plants like those at Blue Plains over the past three decades have led to the nationally recognized success story of the revitalization of the Potomac River. The 2012 IMA is a sterling example of a mutually beneficial regional partnership.

2012 IMA structure

The 2012 IMA is a living document signed by the governing representatives of the six Parties. The core IMA includes: a) key principles that govern the overall agreement; b) the rights and responsibilities of the Parties; and c) a process and structure for how the Parties will collaborate and cooperate. In addition, the agreement also includes Derivative Agreements that further define operational details that are likely to change over time and are authorized by the Chief Administrative Officers and General Managers.

For a link to the 2012 IMA, visit the COG home page at mwkog.org and click on Featured Publications.





AGENDA ITEM #9

2013 HOMELESS ENUMERATION

Homelessness in Metropolitan Washington



Results and Analysis from the 2013 Point-in-Time Count of Homeless Persons in the Metropolitan Washington Region

**Metropolitan Washington
Council of Governments**

Homelessness in Metropolitan Washington

Results and Analysis from the 2013 Point-in-Time
Count of Homeless Persons in the Metropolitan
Washington Region



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

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Executive Summary

For the 13th consecutive year, the Metropolitan Washington Council of Governments' (COG) Homeless Services Planning and Coordinating Committee has conducted a regional enumeration of the area's homeless and formerly homeless population.

This year's enumeration and survey occurred on January 30, 2013 and January 31, 2013 in the District of Columbia. The report provides a one-day "snapshot" of the region's homeless population within nine metropolitan Washington area jurisdictions. It is important to note that this "snapshot" by definition provides one perspective on the state of homelessness in the metropolitan Washington region on only one day and the count may be influenced by numerous variables, such as weather and current bed availability by jurisdiction.

The 2013 Point-in-Time Enumeration resulted in a total count of 11,547 literally homeless individuals. Compared to last year, metropolitan Washington's regional homeless population decreased slightly by 2.4 percent (or 283 people). This is an improvement over the progress noted in the 2012 Point-in-Time Enumeration, when the homeless population decreased by 0.4 percent. This year's finding is consistent with the overall trend of the past four years. Since 2009, the population of literally homeless persons has decreased by four percent (or 435 people). Success is also measured by the 4,313 single individuals and family members who moved into permanent supportive housing during the same four-year period and are no longer considered homeless. The City of Alexandria and Fairfax County experienced the greatest percentage decreases in single adult homeless individuals (22 and 12 percent respectively) this year. As in past years, the District of Columbia has the largest

proportion of the region's homeless population (59 percent). The 2013 enumeration also noted a 12.5 percent reduction in the unsheltered homeless population. The employment picture is mixed; although the economy is slowly recovering, it has not yet had a significant impact on decreasing unemployment and increasing earned income among the homeless.

Data collected this year confirm what each jurisdiction has observed in practice, that the greatest barrier to ending homelessness in our communities is a lack of fixed, affordable permanent housing opportunities for the lowest income households.

The 2013 report highlights three key, recurring themes:

- The significant increase in the number of formerly homeless persons in permanent supportive housing;
- The positive impact of shelter diversion and homeless prevention programs; and
- The need to sustain successes brought by federal Rapid Re-housing funds.

Each of these factors had a major impact on achieving the overall 2.4 percent reduction in the homeless population over the past year and preventing this year's literally homeless count from growing in the face of a tightening housing market with rising rents. Dedication to addressing the region's homelessness challenges has resulted in steady, measurable progress in providing shelter and wrap-around services to homeless individuals and families. However, given the importance of grants and federal funding to provide housing services in the region, those gains are threatened by budget cuts mandated by the sequester passed by Congress on August 2, 2012 and implemented on March 1, 2013.





Introduction

The 2013 Point-in-Time Enumeration provides information on the number of unsheltered persons in the region as well as figures on how many persons utilize winter shelters, year-round emergency shelters, safe havens, transitional housing facilities, and permanent supportive housing. Also provided are survey data that explore the extent to which homeless persons in each jurisdiction live with disabling conditions or belong to various subpopulations.

Each of the nine jurisdictions represents a local Continuum of Care (CoC) that receives federal funding through the U.S. Department of Housing and Urban Development's (HUD) Continuum of Care Homeless Assistance Program to assist the region's homeless population. The participating jurisdictions are: the City of Alexandria, Virginia; Arlington County, Virginia; the District of Columbia; Fairfax County, Virginia; Frederick County, Maryland; Loudoun County, Virginia; Montgomery County, Maryland; Prince George's County, Maryland; and Prince William County, Virginia. Although Charles County, 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, DC HUD office, unlike the other COG member jurisdictions.

Additional local governments are also captured as part of this report. Fairfax County's enumeration includes data from the City of Falls Church and the City of Fairfax. Frederick County's enumeration includes data from the City of Frederick. Prince George's County's enumeration includes data from the City of Bowie. Prince William County's data includes information from the cities of Manassas and Manassas Park.

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

Similar to past enumerations, the 2013 count does not include people who "double up" with relatives or friends, in accordance with HUD guidelines that mandate that jurisdictions conduct Point-in-Time counts at least biennially. HUD's requirements for conducting the annual Point-in-Time count can be found in its Standard and Methods for Point-in-Time Counts of Homeless Persons and Annual Housing Inventory Updates at www.hud.gov.

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





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

- Unsheltered persons living on the streets, including parks, alleys, and camp sites;
- Staying in an emergency 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; and
- Formerly homeless people now living in permanent supportive housing and are receiving supportive social services.

Note: The map (above) represents those jurisdictions which are members of the Metropolitan Washington Council of Governments. However, Charles County data 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.

How We Define Homelessness

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

Data for the 2013 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. Children are persons under the age of 18;
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.
3. Households with ONLY Children. Households with ONLY children contain no adults age 18 or over, but only persons under age 18, including teenage parents under 18 with at least one child, or other households with only persons under age 18.





How Many Local Residents are Homeless?

As of January 30th and 31st of 2013, 11,547 people throughout the metropolitan Washington region indicated that they were homeless. This number reveals a 2.4 percent decrease from 2012 when 11,830 total people throughout the region were homeless. Table 1 illustrates the region's 2013 homeless enumeration across jurisdictions compared to last year.

Table 1: Literally Homeless by Jurisdiction 2012-2013			
Jurisdiction	2012	2013	% Change 2012 - 2013
Alexandria	352	275	-22%
Arlington County	451	479	6%
District of Columbia	6,954	6,865	-1%
Fairfax County	1,534	1,350	-12%
Frederick County	285	275	-4%
Loudoun County	164	166	1%
Montgomery County	982	1,004	2%
Prince George's County	641	686	7%
Prince William County	467	447	-4%
TOTAL	11,830	11,547	-2.4%

The City of Alexandria and Fairfax County experienced the largest decreases in their homeless population count since last year. The City of Alexandria's numbers are at their lowest level in seven years. The District of Columbia, Frederick County, and Prince William County experienced slight reductions in their homeless populations during the past year.

Table 2 illustrates the numerical and percentage change in the region's homeless population between 2009 and 2013.

Seven of nine of COG's CoC participating jurisdictions experienced decreases in their homeless populations since 2009. Prince William County and Alexandria have the largest decreases in their homelessness populations at 29 percent and 24 percent, respectively. The City of Alexandria attributes its decrease in sheltered persons experiencing homelessness on the night of the count in large part to the efforts of its Homeless Services Centralized Intake System. This system allows the city to more efficiently and effectively assess the needs of persons seeking shelter and best utilize community resources by offering diversion services to reduce the number of households entering the shelter system. The overall trend is consistent with last year's count. The region's increased supply of permanent supportive housing accounts for some jurisdictions' consistent declines in homelessness.

Only two jurisdictions, Loudoun County and the District of Columbia, experienced increases in their homeless populations since 2009. In Loudoun County, the increase over four years is the result of 14 additional individuals; therefore, the population size may be too small to be truly significant. The District of Columbia has the largest local percentage increase in homeless people in the region, and accounted for 637 additional literally homeless persons during the same period.

A combination of factors may explain the region's 2.4 percent decrease (an improvement over the 0.4 percent reduction from 2011 to 2012)



Homeless Numbers - Embargoed - Not For Release Until May 8, 2013 - NOON

in its 2013 homeless population from 2012. The continued use of local and federal dollars to prevent homelessness, rapidly re-house persons who become homeless, and provide permanent supportive housing to the chronically homeless and persons with disabling conditions have all contributed to the region's success in preventing and ending homelessness.

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, limiting the possibility of achieving greater reductions in the homeless population. In addition, wages have not increased to keep pace with the rising cost of housing. A shortage of living wage jobs further compounds the difficulty in finding and maintaining affordable housing. Across-the-board federal spending cuts due to sequestration enacted in 2013 threaten to slow or reverse the gains seen in the past few years. Of particular concern is the reduction in available Housing Choice Vouchers throughout the region.

Table 2: Literally Homeless by Jurisdiction 2009-2013

Jurisdiction	2009	2010	2011	2012	2013	% Change 2009 - 2013
Alexandria	360	359	416	352	275	-24%
Arlington County	511	531	461	451	479	-6%
District of Columbia	6,228	6,539	6,546	6,954	6,865	10%
Fairfax County	1,730	1,544	1,549	1,534	1,350	-22%
Frederick County	324	303	280	285	275	-15%
Loudoun County	152	157	156	164	166	9%
Montgomery County	1,194	1,064	1,132	982	1,004	-16%
Prince George's County	853	789	773	641	686	-20%
Prince William County	630	488	566	467	447	-29%
TOTAL	11,982	11,774	11,879	11,830	11,547	-4%





The Region's Homeless by Total Population

Table 3 highlights the number of homeless people counted in the metropolitan Washington region as a percentage of its total population. Including the District of Columbia, there was a 0.23 percent incidence of homelessness in the region. This figure remains essentially unchanged from last year when it was 0.24 percent. Excluding the District, the incidence of homelessness is 0.1 percent for the region's suburban population, which remains unchanged from 2012.

HUD's 2012 Continuum of Care Point-in-Time data state that there are 633,782 homeless people in the country. This figure represents 0.2 percent of the nation's total population of 313,914,040 (as of July 2012), similar to the region's rate of 0.23 percent.

As shown in Table 3, of every 1,000 residents in the region, 2.3 persons are homeless. The District of Columbia has the largest local incidence

of homelessness within the metropolitan Washington region, accounting for nearly 60 percent of the region's total homeless population. Of every 1,000 people in the District, approximately 10.9 are homeless, a decrease from last year when it was 11.6.

Household Composition

Table 4 compares the 2009 through 2013 enumeration survey responses from the three main categories of homeless households. Households with Only Children is a separate household category as of 2012; the category is comprised of households with only youth under age 18. In previous years, households with only children were captured as part of the single individuals (Households without Children) category. This year's total of 11,547 homeless people reveals a 2.4 percent decrease from 2012 when 11,830 total single people and people in

Table 3: 2013 Share of Population That is Homeless

Jurisdiction	2012 Total Population*	2013 Literally Homeless	Homeless as % of Total Population	Homeless Persons per 1,000 People
Alexandria	146,294	275	0.19%	1.9
Arlington County	221,045	479	0.22%	2.2
District of Columbia	632,323	6,865	1.09%	10.9
Fairfax County ¹	1,155,292	1,350	0.12%	1.2
Frederick County	239,582	275	0.11%	1.1
Loudoun County	336,898	166	0.05%	0.5
Montgomery County	1,004,709	1,004	0.10%	1.0
Prince George's County	881,138	686	0.08%	0.8
Prince William County ²	486,692	447	0.09%	0.9
Region with D.C.	5,103,973	11,547	0.23%	2.3
Region without D.C.	4,471,650	4,682	0.10%	1.0

*Source: Table 1. Annual Estimates of the Resident Population for the Metropolitan Washington Council of Governments: April 1, 2010 to July 1, 2012. U.S. Census Bureau, Population Division.

¹ Includes Fairfax City and Falls Church. ² Includes Manassas City and Manassas Park City.



Table 4: Household Composition

		Household with Only Children	Households Without Children	Households with Adults and Children	Total
ALL COG CoCs	2013	27	6,115	5,405	11,547
	2012	15	6,204	5,611	11,830
	2011	26	6,647	5,206	11,879
	2010	16	6,763	4,995	11,774
	2009	n/a	6,689	5,293	11,982
2009 - 2013 Percent Change		68.8%	-8.6%	2.1%	-3.6%

families throughout the region were homeless and a 3.6 percent decrease from 2009. The rate of growth in homelessness among the region's families decreased 3.7 percent from 2012 to 2013, but it remains 2.1 percent above the level recorded in 2009. For the nation, family homelessness increased 1.4 percent between 2011 and 2012.¹

Family Households

Table 5 illustrates the 2013 survey responses from the region's homeless families. As of January 30th and 31st, 2013, a total of 1,697 families were counted as homeless. This is a four percent reduction from 2012 when 1,765 total families

throughout the region were homeless. Since 2012, the number of adults in families decreased by 64 people or 2.9 percent and the number of children in families decreased by 142 people or 4.2 percent. One additional distinguishing characteristic of homeless families is that the age of households with adults and children tends to be much younger than homeless households without children. For example, in the District of Columbia, the median age of a homeless person in a household without children is 51, but the median age of a homeless adult with children is 28.² For the 2013 enumeration, nearly a third (29 percent) of homeless households with adults and children in the region were between the ages of 18 and 24.

Table 5: 2013 Literally Homeless Persons in Households with Adults and Children by Jurisdiction

Jurisdiction	Number of Families	Adults in Families	Children in Families	Persons in Families
Alexandria	33	38	52	90
Arlington County	70	88	123	211
District of Columbia	983	1301	1868	3,169
Fairfax County	230	295	452	747
Frederick County	38	39	65	104
Loudoun County	24	29	56	85
Montgomery County	117	137	229	366
Prince George's County	123	137	233	370
Prince William County	79	95	168	263
ALL COG COCs	1,697	2,159	3,246	5,405

Note: Chart above does not include Households with Only Children

1 U.S. Department of Housing and Urban Development's 2012 Point-in-Time Estimates of Homelessness

2 The Community Partnership for the Prevention of Homelessness, "Homelessness in the District of Columbia, The 2013 Point-in-Time Enumeration"

The reduction in homeless families was recorded across the region, with eight of the nine participating jurisdictions counting fewer homeless families. Only Prince George's County's count increased from 2012 to 2013. The District of Columbia had a slight decrease in homeless families from 2012 to 2013; however, as noted in its Jurisdictional Narrative, the number of persons in homeless families is still 38 percent higher than it was four years ago. The region's overall reduction in family homelessness is attributed to a combination of prevention efforts, Rapid Re-housing, and permanent supportive housing.

According to the U.S. Census Bureau's 2011 American Community Survey, the Washington metropolitan MSA's median monthly homeownership costs are \$2,283 and median monthly gross rent is \$1,391. More than 30 percent of the region's households pay more than a third of their incomes to satisfy these monthly housing costs. The region's lowest-income households face significant challenges affording housing, especially as the area's increased housing demand drives up rental rates. This trend makes otherwise affordable units unaffordable for households, especially as they compete with the general population for housing.

Children in Families

In the case of families, it is important to note that children face particular adverse effects of homelessness. Children are often dislocated from familiar surroundings, family, friends, and neighborhood schools when their families become homeless. Children must also contend with the stigma associated with being homeless when navigating their new surroundings and making friends. COG's 2013 enumeration identified 3,246 homeless children. Children and youth homelessness accounted for 28 percent of the region's total homeless population (11,547), which represents a four percent decrease from last year. Children account for 60 percent of all

people in homeless families; this percentage remains essentially unchanged from 2010.

Some of the region's public schools have reported higher numbers of homeless children than reported in the annual Point-in-Time. 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 Point-in-Time count, which is a one-day snapshot of the region's homeless. 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 in area homeless shelters, and may be living in doubled up situations. Based upon HUD's guidelines, local jurisdictions cannot count people who live in doubled up situations.

Children in Households with Only Children

The region's Continua began providing data to HUD regarding homeless children in households without adults in 2012. In 2013, the Point-in-Time enumeration captured 27 homeless persons in households with only children. Of these 27 children, 23 were single individuals and 2 households were comprised of multiple children. This represents an increase in 80 percent from 2012, but the total number is small (an increase in 12 individuals). The region's CoCs are working to prevent and reverse the trend of increasing numbers of homeless households with only children in order to avoid a future adulthood of chronic homelessness. Table 6 provides a breakdown of households of homeless children without adults by jurisdiction.



**Table 6: Households with Only Children
by Jurisdiction, 2012 and 2013**

Jurisdiction	2012	2013	Change 2012 - 2013
Alexandria	0	0	0
Arlington County	0	2	2
District of Columbia	13	6	-7
Fairfax County	1	0	-1
Frederick County	0	0	0
Loudoun County	0	0	0
Montgomery County	1	0	-1
Prince George's County	0	18	18
Prince William County	0	1	1
TOTAL	15	27	12



Homelessness and the Working Poor

Employment, or an adequate and reliable source of income, is crucial to a household's ability to either afford a place to live or move out of homelessness. According to the U.S. Department of Labor's Bureau of Labor Statistics, the metropolitan Washington region's unemployment rate for February 2013 was 5.5 percent, compared to 8.1 percent for the nation. The region's unemployment rate decreased slightly, by 0.3 percentage points, from 5.8 percent in February 2012. Based on 2011 American Community Survey data, the region's average poverty rate stands at 8.3 percent. While the region's unemployment rate has fallen over the last year, the impact of the nation's economy is severely felt by the region's most vulnerable populations.

Figures 1 through 5 illustrate the employment status (including full- and part-time employment) for homeless households with single adults, households with adults and

children, and households with only children throughout the region. This year's report also breaks out percentages for homeless persons for whom employment was unknown.

Approximately 20 percent of all homeless adults in households without children are employed, which increased by three percent from 2012 (Figure 1). The lower rate of employment for homeless persons in Households without Children (compared to adults in families) is attributed to higher incidences of multiple behavioral and chronic health issues, including substance abuse, mental illness, and physical disabilities. Approximately 67 percent of adults in households without children are unemployed, and employment status could not be determined for 13 percent of the adults in this category.

Homelessness among the region's families with adults and children has decreased over the last year. Data from the 2013 enumeration suggests



that 36 percent of homeless adults in families with children are employed (Figure 2), but the picture varies significantly by jurisdiction. In Arlington County, for example, 73 percent of homeless adults in families are employed, compared to 24 percent in the District of Columbia (Figure 5). Approximately 61 percent of adults in these families are unemployed and employment status is unknown for three percent.

Only 11 percent of the region's homeless Households with Only Children are employed (Figure 3). This is attributed to the youths' age, levels of employability, and housing status. Approximately 89 percent are unemployed.

While the Washington region – when compared to other national metropolitan areas – has a lower unemployment rate, it remains one of the country's most expensive areas in which to live. Coupled with a slow economic recovery, the area's high housing costs further constrain a low income household's ability to remain housed. The reality is stark for the region's homeless households as evidenced in the following charts. Figure 4 shows that, in six of nine of the region's participating CoC's, less than 30 percent of single homeless adults (Households without Children) are employed. This trend remains unchanged from the past two years, although rates have varied for individual jurisdictions. For example, Arlington County's single adult employment percentage fell from 30 percent in 2012 to 21 percent in 2013.

In contrast, in six of nine local jurisdictions, more than 50 percent of homeless adults in households with children are employed (Figure 5). Frederick County's homeless adults in families' employment percentage again posted the greatest gain from the previous year, with an increase in 16 percent over last year. Employment also rose for homeless adults in families in Fairfax County, Prince George's County, and Prince William County. The overall

picture of employment is mixed, however. In five of the nine participating jurisdictions, although the percentage of working homeless adults in families remained above 50 percent, it represented a decrease from 2012. For example, in Alexandria, employment went from 86 percent in 2011 to 68 percent in 2012, a decrease of 18 percent. The availability of living wage jobs remains a key obstacle to ending homelessness, even for those individuals who are already employed.

FIGURE 1: EMPLOYED ADULTS IN HOUSEHOLDS WITHOUT CHILDREN

Source: COG 2013

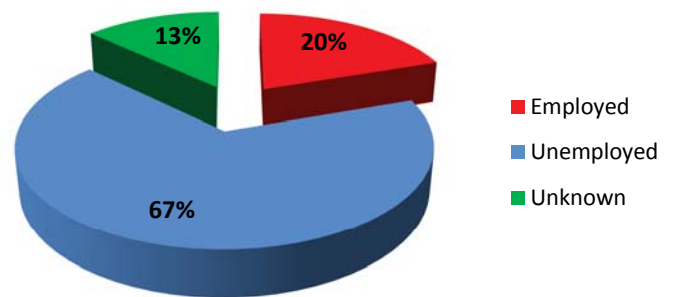


FIGURE 2: EMPLOYED ADULTS IN HOUSEHOLDS WITH ADULTS AND CHILDREN

Source: COG 2013

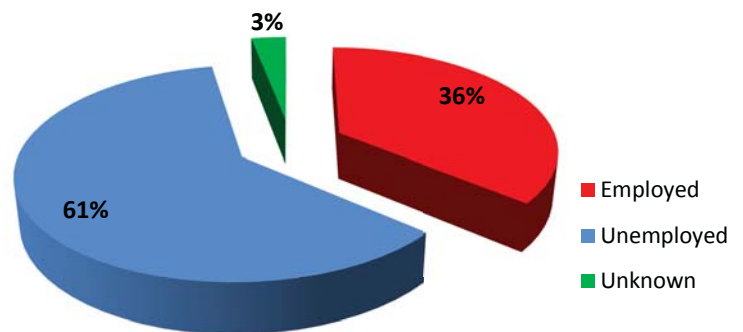
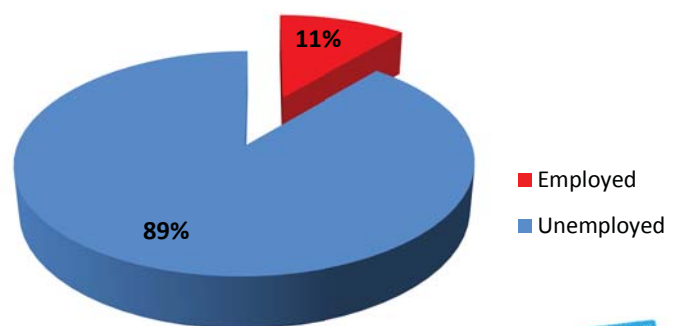


FIGURE 3: EMPLOYED CHILDREN IN HOUSEHOLDS WITH ONLY CHILDREN

Source: COG 2013



Income

While a portion of the region's homeless population reports receiving monthly income, a large number of homeless people do not receive any monthly income. In 2013, 77 percent of adults in families reported having income, but only 38 percent of single adults reported income. In 2012, 83 percent of adults in families reported income and 43 percent of single adults reported income.

Approximately 47 percent of all adults who have income reported that employment wages and salaries were their primary source of income. The next largest sources of primary income – for all homeless adults who reported income – following employment include: disability (such as Supplemental Security Income), followed closely by public assistance (such as Temporary Assistance for Needy Families), “other” sources of income, and retirement (such as Social Security). Figure 6 illustrates the primary source of income for the region's 4,165 homeless people who provided this information.

FIGURE 4: EMPLOYED ADULTS IN HOUSEHOLDS WITHOUT CHILDREN

Source: COG 2013

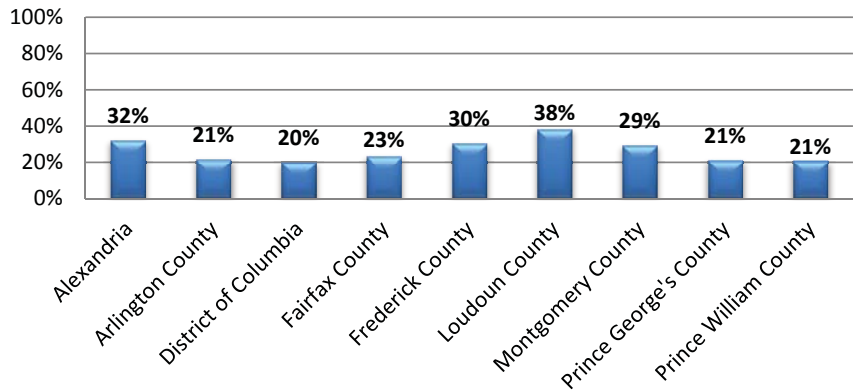


FIGURE 5: EMPLOYED ADULTS IN HOUSEHOLDS WITH ADULTS AND CHILDREN

Source: COG 2013

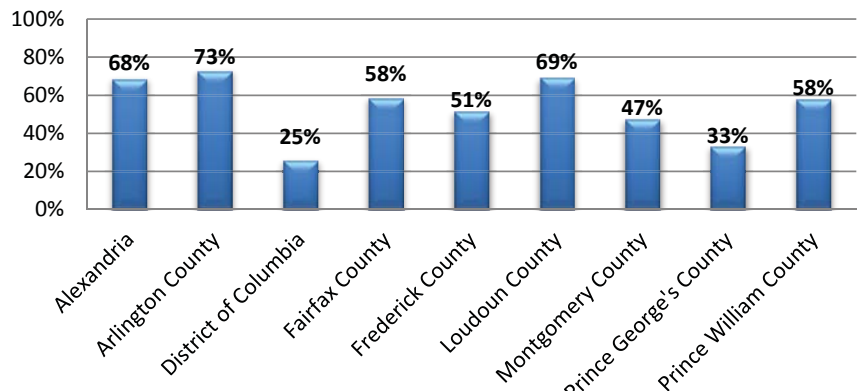
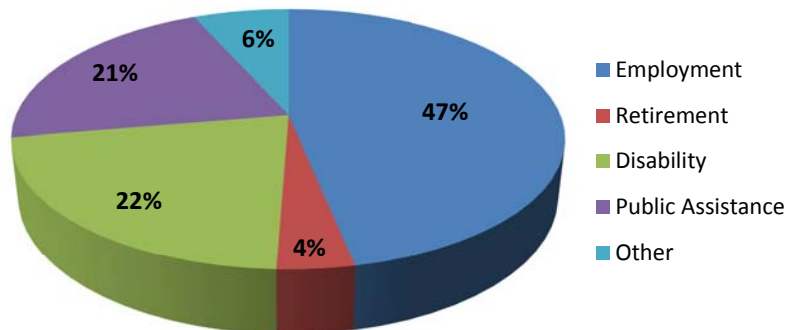


FIGURE 6: SOURCE OF INCOME FOR HOMELESS ADULTS IN HOUSEHOLDS WITHOUT CHILDREN

Source: COG 2013





Unsheltered Homeless

On January 30th and 31st, outreach workers for the region's Continuum of Care went into several communities to count the area's unsheltered homeless population. Outreach workers counted people living on the streets, in alleys, under bridges, in local parks, in camp sites, and in other places frequented by homeless people. According to the 2013 count, 1,347 persons (approximately 12 percent of the region's 11,547 homeless people) were unsheltered. Of these, 1,319 single adults, nine persons in four families with adults and children, and 19 children from households with only children were unsheltered. The 1,319 single adults represent an 11 percent decrease from 2012, which may be attributed to an increase in utilization of emergency beds and an increase in housing options this year.

Unsheltered Homeless in Households Without Children

Figure 7 provides the distribution of the region's total unsheltered homeless population of households without children by locality. The District of Columbia has the largest share of the region's unsheltered homeless households without children population, accounting for 39 percent of the region's unsheltered single adults. This figure decreased from 44 percent of the total in 2012. Arlington County and Prince George's Counties share of the region's unsheltered homeless single adult population both increased by two percent from last year. Fairfax County's share of the region's unsheltered homeless single adult population decreased from 12 percent last year to eight percent this year.

Table 7 provides the breakdown of the number and percentage of unsheltered homeless single adults within each locality from 2009 to 2013. Prince George's County had the greatest increase in its unsheltered adult population (105 percent) over the four-year period; Arlington County recorded the greatest decrease (29 percent). Overall, the region's percentage of unsheltered homeless persons in households without children increased by 24 percent from 2009 to 2013. Table 8 and Figure 8 graphically represent the proportion of each individual jurisdiction's literally homeless population which was unsheltered during the period of 2009 to 2013.

It is important to note that although the majority of the unsheltered homeless population consists of individuals in households without children, there are families with adults and children (four households, or a total of nine adults and children) and households with only children (19 children, including one household with two children) who were unsheltered on the nights of the Point-in-Time count on January 30th and 31st.

FIGURE 7: DISTRIBUTION OF REGION'S 1,319 UNSHELTERED SINGLE ADULTS

Source: COG 2013

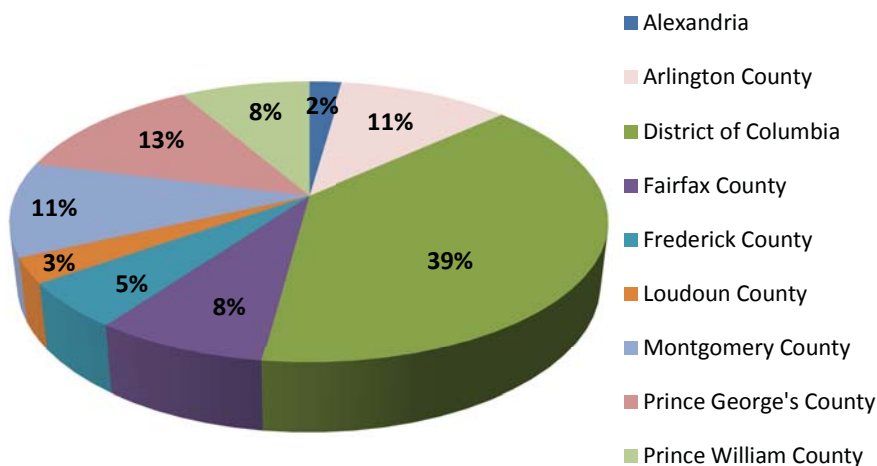


Table 7: Comparison of Unsheltered Individuals in Households without Children by Jurisdiction, 2009-2013

Jurisdiction	2009	2010	2011	2012	2013	% Change 2009-2013
Alexandria	32	38	42	22	29	-9%
Arlington County	207	223	137	131	146	-29%
District of Columbia	321	430	305	679	512	60%
Fairfax County	129	140	135	178	104	-19%
Frederick County	37	51	44	70	69	86%
Loudoun County	24	27	29	29	38	58%
Montgomery County	127	181	226	130	143	13%
Prince George's County	82	126	102	166	168	105%
Prince William County	106	88	101	89	110	4%
TOTAL	1,065	1,304	1,121	1,494	1,319	24%

Table 8: Percentage of Unsheltered Individuals in Households without Children to Total Literally Homeless by Jurisdiction, 2009-2013

Jurisdiction	2009	2010	2011	2012	2013
Alexandria	8.9%	10.6%	10.1%	6.3%	10.5%
Arlington County	40.5%	42.0%	29.7%	29.0%	30.5%
District of Columbia	5.2%	6.6%	4.7%	9.8%	7.5%
Fairfax County	7.5%	9.1%	8.7%	11.6%	7.7%
Frederick County	11.4%	16.8%	15.7%	24.6%	25.1%
Loudoun County	15.8%	17.2%	18.6%	17.7%	22.9%
Montgomery County	10.6%	17.0%	20.0%	13.2%	14.2%
Prince George's County	9.6%	16.0%	13.2%	25.9%	24.5%
Prince William County	16.8%	18.0%	17.8%	19.1%	24.6%

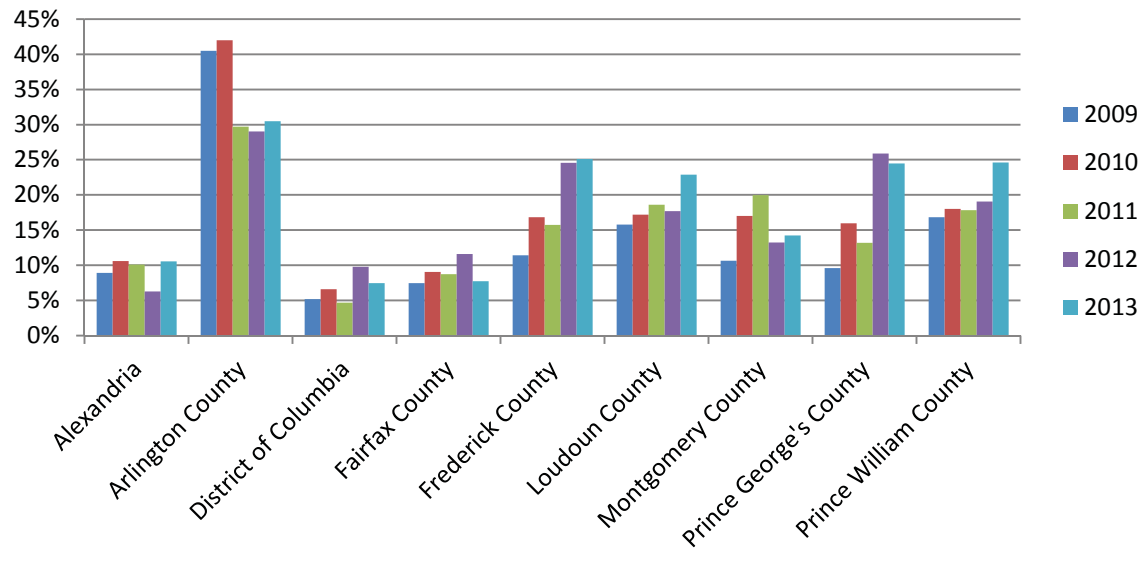


A staff volunteer in Prince George's County speaks with a homeless person during the 2013 count.



Figure 8: Percentage of Unsheltered Individuals in Households Without Children to Literally Homeless By Jurisdiction, 2009-2013

Source: COG 2013





Chronic Homelessness

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

Chronically Homeless Adults in Households Without Children

Approximately 23 percent of the region's homeless individuals in households without children are chronically homeless. The total represents a two percent decrease from last year and an eight percent decrease since 2009. The decrease in chronically homeless single adults may be attributable to Rapid Re-housing, permanent supportive housing placements, and other housing options. Six of the nine jurisdictions experienced decreases in their chronically homeless single counts during 2012. Two of the jurisdictions with the greatest percent reductions since 2012 include Fairfax County (31 percent) and Prince George's County (28 percent).

Table 9 provides the sheltered status breakdown of the chronically homeless single adults counted as part of the 2013 Point-In-Time Enumeration. Eliminating chronic homelessness is a major goal for many of the region's Continuum of Care jurisdictions. Most chronically homeless residents suffer from severe physical health, mental health, and domestic violence related impediments. Health impediments may include substance abuse and physical disabilities. The problem is more acute when individuals suffer from multiple challenges. To provide appropriate services for a person experiencing chronic homelessness, jurisdictions and service providers must ensure that individuals are adequately screened and diagnosed. Additionally, in many cases, people need medical assistance and/or other regimented methods of care and counseling. People may not immediately respond to the care they receive, or their care may be required for the remainder of their lives. In such instances, proper case management services are essential.

Chronically Homeless Households with Adults and Children

Most chronically homeless families across the region reside in emergency and/or winter shelters. There were 103 chronically homeless families (305 adults and children) counted in the region in 2013. The District of Columbia houses the largest number (83) of these families. Frederick County and Loudoun County were the only counties without any chronically homeless families. None of these families were unsheltered.



Table 9: Chronically Homeless Adults in Households without Children by Jurisdiction, 2009-2013

Jurisdiction	2009	2010	2011	2012	2013
Alexandria	90	80	109	60	69
Arlington County	138	113	154	175	156
District of Columbia	1,923	2,097	2,093	1,870	1,764
Fairfax County	297	242	258	353	243
Frederick County	66	54	88	95	58
Loudoun County	19	21	22	18	28
Montgomery County	152	180	344	199	222
Prince George's County	107	124	134	102	73
Prince William County	71	61	87	55	47
ALL COG CoCs	2,863	2,863	3,289	2,927	2,660

Table 10: 2013 Shelter Status of Chronically Homeless Adults in Households Without Children

Jurisdiction	Totally Chronically Homeless Single Adults	Number of Sheltered* Chronically Homeless Single Adults	Number of Unsheltered Chronically Homeless Single Adults
Alexandria	69	48	21
Arlington County	156	63	93
District of Columbia	1,764	1,303	461
Fairfax County	243	159	84
Frederick County	58	23	35
Loudoun County	28	12	16
Montgomery County	222	155	67
Prince George's County	73	20	53
Prince William County	47	8	39
ALL COG CoCs	2,660	1,791	869

**Note: Table refers to chronically homeless persons residing in emergency and winter shelters and safe havens and excludes transitional housing.*





Subpopulations

According to the 2013 enumeration, the majority of the region's homeless population suffers from domestic violence, chronic health problems, physical disabilities, substance abuse, or severe mental illness. More than two-thirds (68 percent) of Montgomery County homeless households without children reported chronic substance abuse, serious mental illness, or co-occurring disorders, which remains essentially unchanged since 2011, and 40 percent reported chronic health problems and/or a physical disability. In Fairfax County, 57 percent of the jurisdiction's homeless single individuals were reported as chronic substance abusers, seriously mentally ill, or both. The next most significant defining characteristic among the homeless population, particularly for adults in households without children, is an individual who is formerly institutionalized. A formerly institutionalized person may have been released from a treatment facility due to a mental or physical illness or was formerly incarcerated and released directly into homelessness. A possible solution for this problem is better discharge planning from institutions like correctional facilities and more housing options.

Beginning with the 2013 enumeration, HUD requested data on persons who had a history of domestic violence. Historically, the regional enumeration has only reported on persons whose current episode of homelessness was due to domestic violence. In order to maintain base data for trend comparison, both elements are now collected and are shown in the subpopulations for Figure 9. Domestic violence continues to be the largest subpopulation category for persons in families. As expected, the number of persons with a history of domestic violence at any time (DV-H) is much higher than the number for whom

domestic violence is the reason for the current episode of homelessness (DV-CE). Regionally, the number of single adults who became homeless as a result of domestic violence dropped from 317 in 2012 to 97 in 2013, a significant decrease of 69 percent; however, nearly six times this number of single adults (575) were identified as having a history of domestic violence at any time. There was a similar pattern for persons in families, though less pronounced. The numbers of persons in families who became homeless as a result of domestic violence dropped from 839 in 2012 to 750, a 13 percent decrease, but in the 2013 Enumeration, 1,491 persons in families were identified as having a history of domestic violence at any time. In 2012, 1,430 persons in families reported having a history of domestic violence at any time, which represents a small four percent increase in 2013.

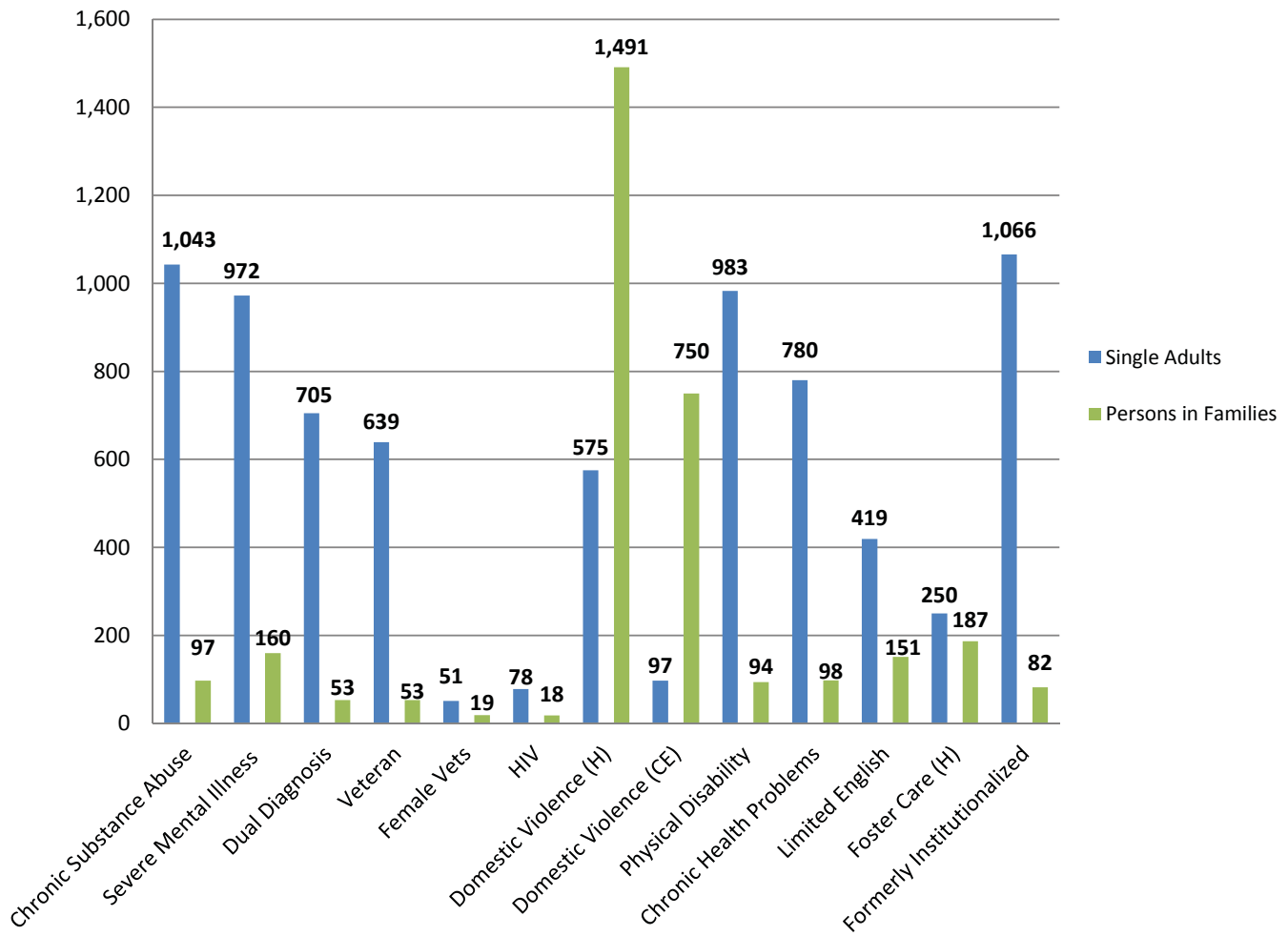
Veterans are another subset of the homeless population tracked by HUD and the U.S. Department of Veterans Affairs (VA). Nationally, veterans represent approximately 13 percent of the homeless population.³ In contrast, the percentage of homeless veterans in the metropolitan Washington region is six percent in 2013. Of the total 692 homeless veterans included in the 2013 enumeration, 70 were women (or 10 percent). Figure 9 graphically represents this homeless population; veterans are broken out separately as individuals in Households without Children as well as Households with Adults and Children. Female veterans are a subset of the "All Veterans" category. Homeless veterans, like other homeless persons, have a high incidence of chronic substance abuse, severe mental illness, or co-occurring disorders. HUD and the VA, through the VA's Supportive Housing program (VASH), have focused efforts to

³ National Coalition for the Homeless, Homeless Veterans fact sheet. <http://www.nchv.org/background.cfm>



FIGURE 9: THE REGION'S HOMELESS SUBPOPULATIONS

Source: COG 2013



increase the supply of housing choice vouchers to put more homeless veterans into permanent housing. As evidence of this joint effort, in 2013 funding for Housing Choice Vouchers for homeless veterans were exempt from budget cuts. With a coordinated, concerted effort, there is an opportunity for the region's CoC's to house significantly more homeless veterans during 2013.

As shown in Table 11, during the period of 2009 to 2013, the region reduced the number of homeless veterans by 31 percent. This

is significantly higher than the reductions achieved at the national level (17.2 percent since 2009).⁴

Newer Veterans' programs, such as the Supportive Services for Veterans and Families (SSVF) and VASH, may have contributed to the region's decrease in homeless veterans. Not all jurisdictions have access to these programs, however.

4 U.S. Department of Housing and Urban Development's 2012 Point-in-Time Estimates of Homelessness



Table 11: Homeless Veterans by Jurisdiction, 2009-2013

Jurisdiction	2009	2010	2011	2012	2013	% Change 2009-2013
Alexandria	23	19	27	20	11	-52%
Arlington County	25	17	29	24	14	-44%
District of Columbia	702	512	515	531	499	-29%
Fairfax County	89	66	55	60	67	-25%
Frederick County	12	12	7	7	13	8%
Loudoun County	8	4	10	8	9	13%
Montgomery County	64	56	41	37	31	-52%
Prince George's County	47	32	15	24	25	-47%
Prince William County	34	0	40	27	23	-32%
TOTAL	1,004	718	739	738	692	-31%





Continua of Care in the Washington Metropolitan Region

The metropolitan Washington region's inventory of facilities to shelter the homeless and house the formerly homeless has moved well beyond the 1980s model which primarily focused on emergency shelters. The current multi-faceted Continuum of Care (CoC) model focuses heavily on transitional and permanent supportive housing while continuing to provide emergency shelter. The model for assisting the homeless population has changed in part due to the recognition that it is difficult to adequately address the systemic and personal problems many homeless people have with the emergency shelter-based model. Emergency shelters cannot provide the intensive longer-term assistance many homeless people need in order to become more self-sufficient. Transitional and permanent supportive housing programs provide this assistance.

Table 12 provides the region's 2013 distribution of emergency, winter, transitional, safe haven, and permanent supportive housing beds for homeless individuals and families. These facilities were available in the winter months during the Point-In-Time enumeration and during the year's warmer months from April to October.

Between 2009 and 2013, the region added 4,536 permanent supportive housing beds to its year-round facility inventory. This represents an impressive 83 percent increase over four years. The region's increased supply of permanent supportive housing beds is consistent with the national initiative to use a Housing First model and Rapid Re-housing techniques to reduce homelessness. Persons in permanent supportive housing are no longer considered homeless; they are counted as formerly homeless persons.

The region continued to lose transitional beds from 2009 through 2013. During this period, the region provided 811 fewer beds, or a 15 percent decrease. 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. An additional factor is the high operating costs for transitional beds. Each year, operating costs increase. As funding to support transitional housing declines, the region's jurisdictions are faced with the need to eliminate beds as a result. Overall, the reduction in transitional housing beds reflects a change in approach that emphasizes Housing First. Similarly, over the past four years, the region lost 62 winter/hypothermia beds (a 3.6 percent decrease) of its winter homeless facility inventory. This represents a slight change in the trend noted during 2008 to 2012.

The percentage distribution of the region's homeless bed/facility type remains relatively unchanged from 2012. Permanent supportive housing beds in 2013 comprise 46 percent of the region's inventory serving homeless and formerly homeless households. This represents a small increase from 45 percent of the inventory in 2012. Transitional housing beds comprised 22 percent of the region's homeless beds, which is unchanged from last year. The distribution of emergency and winter shelter beds increased by two percent last year. The region currently has 21,516 beds, including winter beds, for its homeless population across each of the facility categories; this number has increased by 1,570 beds since 2012.



Table 12: 2013 Winter and Year Round Inventory of Beds in the Washington Region

Jurisdiction		Beds for Singles	Beds for Youth	Beds for Families	All Beds: Winter	% Distribution in Winter	All Beds: Warm Months	% Distribution in Warm Months
Winter Beds	2013	1,371	0	284	1,655	8%		
	2012	1,387	0	737	2,124	11%		
	2011	1,557	0	663	2,220	11%		
	2010	1,465	n/a	636	2,101	11%		
	2009	1,239	n/a	478	1,717	10%		
Emergency Shelter Beds	2013	2,783	6	2,354	5,143	24%	5,143	26%
	2012	2,777	16	1,676	4,469	22%	4,469	25%
	2011	2,941	22	1,343	4,306	21%	4,306	24%
	2010	2,965	n/a	1,315	4,280	23%	4,280	26%
	2009	3,135	n/a	1,277	4,412	26%	4,412	27%
Transitional Housing Beds	2013	1,392	2	3,269	4,663	22%	4,663	23%
	2012	1,541	13	2,775	4,329	22%	4,329	24%
	2011	1,738	4	3,605	5,347	27%	5,347	30%
	2010	1,826	n/a	3,245	5,071	27%	5,071	31%
	2009	1,858	n/a	3,616	5,474	32%	5,474	33%
Safe Haven	2013	66	n/a	n/a	66	0.3%	66	0.3%
	2012	64	n/a	n/a	64	0.3%	65	0.4%
	2011	65	n/a	n/a	65	0.3%	65	0.4%
	2010	53	n/a	n/a	53	0.3%	53	0.3%
	2009	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Permanent Supportive Housing Beds	2013	4,867	0	5,138	10,005	46%	10,005	50%
	2012	4,448	0	4,512	8,960	45%	8,960	50%
	2011	4,507	6	3,612	8,125	40%	8,125	46%
	2010	4,139	n/a	2,916	7,055	38%	7,055	43%
	2009	3,555	n/a	1,914	5,469	32%	5,469	33%
TOTALS	2013	10,479	8	11,045	21,532		19,877	
	2012	10,217	29	9,700	19,946		17,822	
	2011	10,808	32	9,223	20,063		17,843	
	2010	10,395	n/a	8,112	18,507		16,406	
	2009	9,787	n/a	7,285	17,072		16,610	
Percent Change Since 2009		7%	n/a	52%	26%		20%	





Permanent Supportive Housing

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

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

The ultimate goal of the metropolitan Washington region’s homeless Continuum of Care is to move people out of homelessness into a level of independent living. Permanent supportive housing facilities provide formerly homeless residents with much needed wrap-around services to assist them in their efforts to live as independently as possible. Some of these services may include substance abuse counseling, life skills 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 13 provides information on the region’s formerly homeless residents.

According to the 2013 enumeration, there are 9,517 formerly homeless people currently residing in permanent supportive housing. This number represents an additional 860 people (or 10 percent increase) from 2012. Permanent supportive housing comprises 46 percent of the region’s homeless bed inventory, as shown in Figure 10. This is a one percent increase from 2012. According to Figure 11, more than a third of the region’s literally homeless people utilized winter and emergency shelter. This remains unchanged from last year.

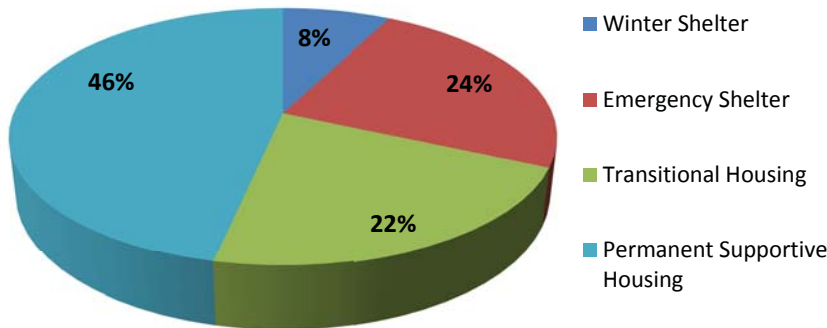
Between 2009 and 2013, the metropolitan Washington region’s supply of permanent housing beds increased by 82.6 percent or 4,520 beds. The region presently has 9,989 permanent supportive housing beds. Last year, the number stood at 8,960 beds; this figure represents an

Table 13: Formerly Homeless People in Permanent Supportive Housing				
		Households without Children	Households with Adults and Children	Total
ALL COG CoCs	2013	4,488	5,029	9,517
	2012	4,240	4,417	8,657
	2011	4,244	3,458	7,702
	2010	3,871	2,868	6,739
	2009	3,308	1,896	5,204
2009 - 2013 Percent Change		36%	165%	83%



FIGURE 10: REGIONAL DISTRIBUTION OF BEDS BY FACILITY TYPE

Source: COG 2013



supportive housing are not counted as part of the literally homeless that live on the streets, in emergency shelter or in transitional programs. By definition, the formerly homeless includes people presently living in permanent supportive housing following a period of living on the street or in emergency or transitional shelter.

In the past four years, there has been a significant increase in the region's formerly homeless population living in permanent supportive housing. In

2013, there were 283 fewer literally homeless people, but 860 more formerly homeless persons living in permanent supportive housing. This is consistent with the regional goal of increasing permanent supportive placements and other options.

As mentioned previously, it is important to note that the Point-in-Time count is only a one-day snapshot of the homeless population in the metropolitan Washington region. Although the number of literally homeless has remained stable for the past four years, people become homeless every day and this number is fluid. The lingering effects from the 2009 recession continue to negatively impact employable homeless households, and the lack of living wage jobs remains a critical obstacle to ending homelessness. The region's focus on preventing homelessness, Rapid Re-housing and creating more permanent supportive housing has constrained the number of literally homeless and prevented it from growing unchecked. However, the effect of the federal budget sequestration, which was implemented in March of 2013, has frozen or reduced the available number of vouchers and is already beginning to negatively affect the most vulnerable populations. Without a restoration of funds for HUD's Emergency Solutions grants, Shelter Plus Care grants, vouchers and other subsidized housing options, the gains produced in the past four years are at great risk of being lost.

increase in 1,029 beds (or 11.5 percent increase) in the region's supply of permanent supportive housing beds. The District of Columbia has 7,272 permanent supportive housing beds; this is 73 percent of the region's total number of permanent supportive housing beds, representing a two percent increase from 71 percent last year. The District's strategic plan identifies the need for increased permanent supportive housing dedicated to housing homeless individuals and families as one of the solutions to homelessness. Transitional housing comprises 22 percent of the region's bed inventory; this figure is unchanged from last year.

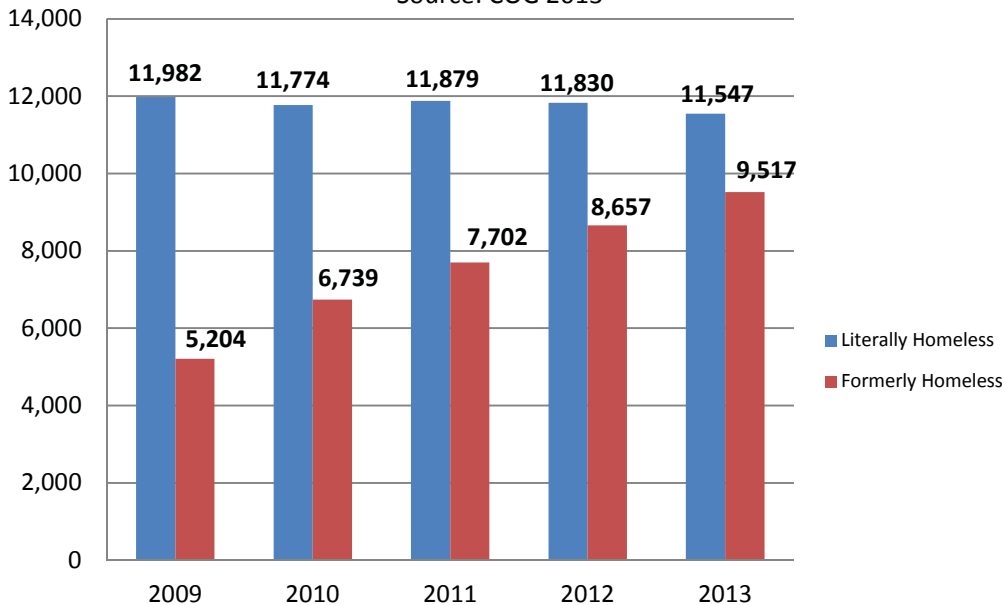
Montgomery County has 18 percent of the region's permanent supportive housing beds (down slightly by one percent from 2012). However, the County increased its beds to 1,762 from 1,654 last year. This increase supports the County's commitment to its Housing First Initiative which gives priority to the continued creation of more permanent supportive housing. Table 13 cites the region's number of formerly homeless adults living in permanent supportive housing.

Figure 11 compares the literally homeless and formerly homeless populations from 2009 through 2013. The total number of literally and formerly homeless adults is mutually exclusive and should not be combined. According to HUD, formerly homeless people living in permanent



FIGURE 11: REGION'S LITERALLY AND FORMERLY HOMELESS

Source: COG 2013



Numbers for the formerly homeless represent the total number of individuals placed in permanent supportive housing.





Conclusions and Recommendations

In 2013, the metropolitan Washington region's homeless population decreased slightly by 2.4 percent (or by 283 people) from 2012. As of January 30 and 31, 2013, 11,547 people throughout the metropolitan Washington region were homeless. Last year, a total of 11,830 people throughout the region were homeless. Two factors may explain the region's slight decrease in its homeless population. First, the slow economic recovery and high rents that continue to climb make it very difficult for extremely low income households to find or maintain housing that they can afford, and wages have not increased to keep pace with the rising cost of housing. The second, counter-balancing factor is the continued use of local and federal dollars to prevent homelessness, to rapidly re-house persons who become homeless, and to provide permanent supportive housing to chronically homeless individuals and others with disabling conditions.

Emergency shelters may not provide the intensive longer-term assistance many homeless persons need in order to become more self-sufficient. As a result, CoCs in the metropolitan Washington region's approach to shelter the homeless and house the formerly homeless has moved beyond the 1980s emergency housing model and focuses on permanent supportive housing while continuing to provide emergency shelter. As reflected in this year's report, 860 additional formerly homeless persons were in permanent supportive housing compared to 2012. ***The Homeless Services Planning and Coordinating Committee recommends that each of the region's CoC jurisdictions continuously increase its permanent supportive housing inventory.*** The provision

of supportive wrap-around services as part of this approach helps homeless people become more confident and independent once their challenges are diagnosed and addressed.

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

As of February 2013, the metropolitan region's unemployment rate stood at 5.5 percent, a decrease of 0.3 percentage points from 5.8 percent in February 2012. While unemployment continues to decrease for the region's overall population, the homeless continue to struggle with employment. For example, 72 percent of homeless single adults are unemployed and 59 percent of homeless adults in families do not have jobs. It is essential for employed homeless persons to earn a living wage in order for them to move into some form of permanent housing.

As such, affordable housing for all income levels, including subsidized housing for very low income households, needs to be available across the region in order for the metropolitan Washington region to realistically reduce and eliminate homelessness.

In addition to sharing approaches to ending homelessness through prevention, Rapid Re-housing and providing additional Permanent Supportive Housing, a number of the region's CoC's are members of the 100,000 Homes Campaign. The 100,000 Homes Campaign is a national movement of communities working



together to find permanent homes for 100,000 of the country's most vulnerable homeless individuals and families by July of 2014.⁵ The Campaign's approach embraces a Housing First model, and has developed a methodology to prioritize who to house according to who is most vulnerable. Arlington County, the District of Columbia, Fairfax County, Montgomery County, and Prince William County are members of the 100,000 Homes Campaign. Prince George's County and Frederick County are considering joining as well.

Last, and equally important, HUD implemented the new HEARTH Act definition of homeless effective January 2012. This change affected eligibility for homeless services and programs but did not change the definition of literally homeless for the Point-In-Time count. The same holds true for the 2013 enumeration. The impact of the HEARTH Act implementation may affect the Continuum of Care's ability to provide the same level of services and resources, and is an important ongoing concern.

In conclusion, the metropolitan Washington region successfully reduced its homeless count by 2.4 percent from last year. The nine jurisdictions comprising COG's Continuum of Care worked hard to decrease the region's homeless rate over the past year. Before this year's count, the CoCs implemented HUD's Homeless Prevention and Rapid Re-housing Program to provide homelessness prevention assistance to households who would otherwise become homeless – many due to the economic crisis – and to provide assistance to rapidly re-house persons who did become homeless. In recent years, the federal government's stimulus funds were a critical support to the region's efforts to provide more permanent housing and supportive services to its homeless population and to prevent homelessness. The HUD Emergency Solutions Grant (ESG) will provide the region's CoCs with additional resources to

reduce and eliminate homelessness throughout the metropolitan Washington region. The ESG program can be used to support homelessness prevention and rapid re-housing, enabling jurisdictions to continue successful programs initiated with the HPRP stimulus funding. However, across the board spending cuts (the sequester) enacted by Congress in August 2012 and implemented in March 2013 threaten to reduce grant funding available to the region's Continuum of Care. These reduced funding sources have the potential to stall or even reverse gains seen in providing housing to homeless persons over the past four years. ***The Homeless Services Planning and Coordinating Committee recommends that each member jurisdiction engage its local, state, and federal elected officials to inform them of the significant negative impacts that sequestration is likely to have on the ability of the region's CoCs to provide housing for the homeless.***

Despite these challenges, member local jurisdictions' Housing First models and emergency rental assistance programs have proven successful and the region must continue these efforts in order to realize the goal to provide permanent homes for all of its residents as opposed to merely providing emergency shelter.

⁵ <http://100khomes.org>



Table 14: Living Unsheltered, in Winter Beds, in Emergency Shelters, in Safe Havens, or in Transitional Housing

Jurisdiction/Year		Single Persons	Unaccompanied Youth	Persons in Families	All Persons
Alexandria	2013	185	0	90	275
	2012	213	0	139	352
	2011	264	0	152	416
	2010	208	0	151	359
	2009	223	n/a	137	360
2009-2013 Percent Change		-17.0%	N/A	-34.3%	-23.6%
Arlington County	2013	266	2	211	479
	2012	263	0	188	451
	2011	268	0	193	461
	2010	347	0	184	531
	2009	322	n/a	189	511
2009-2013 Percent Change		-17.4%	N/A	11.6%	-6.3%
District of Columbia	2013	3,690	6	3,169	6,865
	2012	3,754	13	3,187	6,954
	2011	3,832	26	2,688	6,546
	2010	4,001	15	2,523	6,539
	2009	3,934	n/a	2,294	6,228
2009-2013 Percent Change		-6.2%	N/A	38.1%	10.2%
Fairfax County	2013	603	0	747	1,350
	2012	696	1	837	1,534
	2011	666	0	883	1,549
	2010	651	1	892	1,544
	2009	663	n/a	1,067	1,730
2009-2013 Percent Change		-9.0%	N/A	-30.0%	-22.0%
Frederick County	2013	171	0	104	275
	2012	169	0	116	285
	2011	169	0	111	280
	2010	141	0	111	252
	2009	186	n/a	138	324
2009-2013 Percent Change		-8.1%	N/A	-24.6%	-15.1%



Table 14: Living Unsheltered, in Winter Beds, in Emergency Shelters, in Safe Havens, or in Transitional Housing

Jurisdiction/Year		Single Persons	Unaccompanied Youth	Persons in Families	All Persons
Loudoun County	2013	81	0	85	166
	2012	69	0	95	164
	2011	86	0	70	156
	2010	71	0	86	157
	2009	50	n/a	102	152
2009-2013 Percent Change		62.0%	N/A	-16.7%	9.2%
Montgomery County	2013	638	0	366	1,004
	2012	600	1	381	982
	2011	761	0	374	1,135
	2010	692	0	372	1,064
	2009	668	n/a	526	1,194
2009-2013 Percent Change		-4.5%	N/A	-30.4%	-15.9%
Prince George's County	2013	298	18	370	686
	2012	279	0	362	641
	2011	429	0	344	773
	2010	419	0	370	789
	2009	419	n/a	434	853
2009-2013 Percent Change		-28.9%	N/A	-14.7%	-19.6%
Prince William County	2013	183	1	263	447
	2012	161	0	306	467
	2011	175	0	500	675
	2010	182	0	306	488
	2009	224	n/a	406	630
2009-2013 Percent Change		-18.3%	N/A	-35.2%	-29.0%
ALL COG CoCs	2013	6,115	27	5,405	11,547
	2012	6,204	15	5,611	11,830
	2011	6,650	26	5,206	11,882
	2010	6,779	0	4,995	11,774
	2009	6,689	n/a	5,293	11,982
2009-2013 Percent Change		-8.6%	N/A	2.1%	-3.6%



Homelessness Enumeration Narrative Reports



Alexandria, VA

Description of Homeless Services

The Partnership to Prevent and End Homelessness in the City of Alexandria (The Partnership) with a current membership representative of 25 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) for the City of Alexandria. The Partnership, which replaced the discontinued Homeless Services Coordinating Committee (HSCC), develops and implements the strategic plan and coordinates and oversees the delivery of prevention and homeless services to persons at-risk of or experiencing homelessness in the City of Alexandria, Virginia.

The CoC service components include prevention, rapid rehousing, outreach, winter and emergency shelter, transitional housing, safe haven, permanent supportive housing, and permanent housing.

The three emergency shelters provided a total of 162 year-round beds (92 for households without children and 70 for those with adults

and children). From November 1 to April 15, an additional 67 undesignated beds are provided through Winter Shelter. Combined, the transitional housing programs provided 97 beds (35 for households without children and 62 for households with adults and children).

Program conversions, renovations, and changes in operating capacity resulted in an overall reduction of 41 transitional housing beds in the CoC inventory at the time of the 2013 enumeration. The transitional housing inventory changed due to the following: 1) the discontinuation of one program, removing 3 units (12 beds) in order to incorporate rapid rehousing opportunities; 2) the restructuring of one program, which resulted in the reallocation of beds from families to single women, removing 2 units (4 beds); and 3) the building renovation of one program, decreasing its units from 14 to 8, removing 11 beds. There is a total decrease of 11 units (27 beds).

Additionally, as a result of the 2013 PIT guidance, 14 beds serving homeless persons in non-HUD funded substance abuse and mental health treatment transitional housing, dedicated to single adults with severe mental illness, a diagnosis of chronic substance abuse or a dual-diagnosis, were omitted from the count. Thus, the 2013 inventory only includes program beds specifically designated for the homeless.



Table 15: City of Alexandria Continuum of Care Service Component Descriptions

Components	Description
Prevention	Intervention and temporary supportive services including linkage to mainstream resources, financial aid, landlord-tenant intervention, job readiness training and employment services, budgeting/financial management and housing counseling to persons at-risk of homelessness or those being discharged from the justice system.
Rapid Rehousing	Financial assistance and temporary supportive services to help homeless persons with lower barriers swiftly return to and successfully remain in permanent housing.
Outreach	Engagement with persons experiencing homelessness including advocacy, assessment, linkage to community services (e.g., day and emergency shelter, medical, mental health, detox and substance abuse treatment, educational, employment, meal programs, and assistance navigating the housing application process.)
Winter Shelter	Seasonal shelter including workshops and linkage to community services from November 1 to April 15 to protect persons experiencing homelessness from exposure-related conditions such as hypothermia and frostbite during cold weather months.
Emergency Shelter	Temporary shelter and supportive services for homeless individuals and families including a dedicated program for women and children fleeing domestic violence.
Transitional Housing	Temporary supportive housing programs for homeless individuals and families needing extended assistance to prepare for transition to independent living, including dedicated programs for individuals with severe mental illness and/or who are chronic substance abusers.
Safe Haven	Supportive housing for hard-to-reach severely mentally ill or dually-diagnosed with chronic substance abuse homeless individuals who have been unable or unwilling to participate in housing or supportive services, most of whom are chronically homeless.
Permanent Supportive Housing	Permanent housing with supportive services designed to allow severely mentally ill or dually-diagnosed with chronic substance abuse homeless individuals and family heads of households to live in the community as independently as possible. This inventory includes no barrier "housing first" units.
Permanent Housing	Affordable permanent housing opportunities including publicly-assisted, Housing Choice voucher-subsidized, and public housing with and without supportive services.

Significant Accomplishments Since the 2012 Count

CONTINUUM OF CARE RESTRUCTURING:

When the Homeless Services Coordinating Committee (HSCC) was established in the City of Alexandria, its primary role was to meet the "continuum of care" requirements to receive HUD funding. Over the years, the City of Alexandria's response to homelessness has moved well beyond the basic HUD

requirements to a coordinated, collaborative initiative involving federal, state, and local government, non-profit agencies, the business community, the faith community, people who have experienced homelessness, and citizen activists. Thus, a new structure with a broader mandate and membership was needed to facilitate the community's expanded efforts to prevent and end homelessness. The HSCC voted at its June 2012 meeting to dissolve itself and in accordance with its bylaws to establish a new entity, The Partnership to Prevent and End Homelessness in the City of Alexandria (The



**Table 16: City of Alexandria Continuum of Care
Unit & Bed Inventory**

Inventory Type	Units for Households with Adults and Children	Beds for Households with Adults and Children	Beds for Households without Children	Year-Round Beds
Winter Shelter	n/a	19*	48*	n/a
Emergency Shelter	20	70	92	162
Transitional Housing	20	62**	35	97
Safe Haven	n/a	n/a	12	12
TOTAL	40	132	139	271

* 67 undesignated Winter Shelter beds (not reflected in the totals above) serve households without children and those with children and adults. Designations were made for the 2012 and 2013 PIT counts based upon average occupancy during the Winter Shelter seasons.

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

Partnership). Committed to ensuring a broad, diverse, active membership reflective of the community, The Partnership is a collaborative group representing public and private stakeholders providing services or resources to persons experiencing or at risk of homelessness in the City of Alexandria.

The purpose of The Partnership is to develop the long-term Strategic Plan to Prevent and End Homelessness and manage the on-going community-wide planning and coordination efforts to identify and address the needs of persons at risk of or experiencing homelessness as well as the availability, accessibility and gaps in existing housing and services; and the opportunities for linkages with mainstream housing and services resources.

The work of The Partnership is accomplished by two groups: 1) The Governing Board, the primary decision-making group for The Partnership, which creates the vision, develops policy, ensures accountability, and provides leadership and advocacy for The Partnership’s efforts to prevent and end homelessness; and 2) The Interagency Work Group, which coordinates cooperative efforts, ensures accountability,

implements services, and recommends policy to the Governing Board.

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

CENTRALIZED HOMELESS SERVICES INTAKE SYSTEM

Historically, each emergency shelter operated independently with unique forms, referral and intake processes, and operating procedures. From October 2010 to August 2012 the City



of Alexandria utilized a dual intake system (a decentralized, coordinated intake for individuals; and a centralized intake for families with minor children.) Traditionally, persons seeking emergency shelter services were assisted solely based upon self-reported need. Individuals and families experiencing domestic violence were directed to the Domestic Violence Hotline. The CoC's Homeless Management Information System (HMIS) database was not utilized as part of the referral process.

Individuals self-referred to emergency shelter, including the domestic violence program. Emergency shelter contact information was provided to individuals by the Department of Community and Human Services (DCHS) Customer Call Center and reception staff and other community service agencies. CoC partners were advised daily of available bed space for individuals. Referrals for intake were accepted from agencies serving persons with special needs including the City of Alexandria DCHS Community Services Board Mental Health and Substance Abuse Services; the U.S. Department of Veteran Affairs; the City of Alexandria Detention Center/Jail; the City of Alexandria Criminal Justice Services (local probation); the Virginia Department of Corrections City of Alexandria Office of Probation and Parole; and local hospitals serving City of Alexandria residents including state and private psychiatric facilities.

For families with minor children, the City utilized a centralized intake system. The Family Shelter Waiting List was maintained and the screening process conducted by the DCHS Shelter Liaison to allow for triage and shelter placement based on the immediacy of need as well as the coordination of child care or child welfare services as needed.

Background Driving the Need for Change:
In 2005 the U.S. Department of Housing and Urban Development (HUD) conducted research

which revealed that persons seeking emergency shelter did not necessarily need a critical level of services. As a result the Virginia Department of Housing and Community Development (DHCD) recommended that continuums of care create a mechanism for service providers to assist households in assessing needs and identifying resources and alternatives to homelessness prior to service provision as opposed to occurring simultaneously with service provision.

Continuum of Care Response:

In order to streamline the intake process, more efficiently and effectively assess the needs of persons seeking shelter, offer diversion services, best utilize community resources, and reduce the number of households entering the shelter system; the CoC introduced a Homeless Services Centralized Intake System.

There are three key components to the Centralized Intake System: 1) the two Homeless Services Assessment Centers (HSACs) – individuals and families – through which members of the community request services and receive an eligibility screening and needs assessment; 2) the two emergency shelter providers (Alexandria Community Shelter and Carpenter's Shelter); and 3) the diversion services provider (DCHS/OCS).

The Continuum of Care's centralized intake system for individuals and families is standardized with written policies and procedures defining programmatic roles, responsibilities and expectations of all centralized intake system key component staff. Staff is trained in assessment, verification, referral, motivational interviewing, crisis response/de-escalation, the Mental Health First-Aid response system; and the emergency shelters utilize standardized intake forms.

Individuals and families are referred to diversion or emergency shelter services based on eligibility and need. The screening verifies that persons seeking services meet HUD-required emergency



shelter and diversion services eligibility criteria. The assessment thoroughly explores individual household situations identifying three categories of housing need: 1) that which can be resolved with mainstream supports; 2) that which can be resolved with targeted short-term financial assistance; and 3) that which requires long-term housing assistance.

From initial engagement until the end of service provision and follow up data is fully captured in the Homeless Management Information System (HMIS) by HSAC, emergency shelter and diversion services staff. The HMIS database is customized to 1) monitor households' length of engagement; 2) conduct need assessments; 3) catalogue community resources; 4) complete referrals; and 5) track services and outcomes.

2012 ANNUAL HOMELESS ASSESSMENT REPORT TO CONGRESS (AHAR):

The City of Alexandria successfully contributed data to the 2012 Annual Homeless Assessment Report (AHAR) for all possible general categories: 1) Emergency Shelters for Families; 2) Emergency Shelters for Individuals; 3) Transitional Housing for Families; 4) Transitional Housing for Individuals; 5) Permanent Supportive Housing for Families; and 6) Permanent Supportive Housing for Individuals. We also contributed data for two veteran-specific program categories: 1) Transitional Housing for Families – Veterans; and 2) Permanent Supportive Housing for Families – Veterans.

While the AHAR has been conducted since 2008; the City of Alexandria has participated since 2010, but until now only able to contribute data in two categories: 1) Permanent Supportive Housing for Families; and 2) Permanent Supportive Housing for Individuals.

The AHAR provides Congress the following information: 1) The number of sheltered and unsheltered homeless individuals and families

on a single night (at several points-in-time); 2) A 12-month count of the sheltered homelessness; 3) A descriptive analysis of characteristics and service use patterns of sheltered persons, HPRP recipients, and those residing in PSH programs over the course of the year; 3) Nationwide trends in homelessness; and 4) The size and use of the U.S. housing inventory of residential programs for homeless persons.

The AHAR pulls data directly from HMIS for the October 1 to September 30 reporting year using Universal Data Elements as well as some program specific data elements for emergency shelters (ES), transitional housing (TH), and permanent supportive housing (PSH). Each reporting category is assessed independently for data quality, using three thresholds: 1) HMIS bed coverage; 2) Reasonable bed utilization rates; and 3) Reasonable missing data rates.

While participation in the AHAR is voluntary, HUD strongly encourages it, and considers AHAR participation a benchmark of a high-quality HMIS implementation. However, only CoCs with adequate data quality can participate in the AHAR.

Point-in-Time Results

The Partnership conducted the 2013 Winter Point-in-Time count by collecting data through the Homeless Management Information System (HMIS) as well as manual surveys completed by homeless services program staff (i.e., outreach, day, winter and emergency shelters, transitional housing, and safe haven). A manual count of the unsheltered homeless was conducted with the leadership of the Homeless Services/PATH Coordinator and a team of volunteers including clinicians, police officers, sheriff's deputies, firefighters, paramedics and other City staff and community citizens. Reflected below are the demographic and sub-population comparisons of the 2011, 2012 and 2013 counts.



Homeless Numbers - Embargoed - Not For Release Until May 8, 2013 - NOON

The total number of persons identified experiencing homelessness in households without children and those with adults and children was 275, a 22 percent decrease from 2012 and a 34 percent decrease from 2011. There were no households with only children identified in the 2013 count. Eighty-nine percent of the persons experiencing homelessness were sheltered, while 11 percent were unsheltered on the street or in places unfit for human habitation.

There were 185 households without children, a 13.1 percent decrease from 2012 and a 30 percent decrease from 2011. There were 135 single men, a 14 percent decrease from 157 in 2012 and a 20.7 percent decrease from 198 in 2011. There were 50 single women, a 10.7 percent decrease from 56 in 2012, and a 24.2 percent decrease from 66 in 2011. Unsheltered men and women in households without children increase by 31.8 percent from 22 in 2012 to 29, a 31 percent decrease from 2011. Due to the omission of 14 homeless persons from the count served in non-HUD funded substance abuse and mental health treatment transitional housing beds not designated to serve the homeless, there was a significant decrease of 54.7 percent in the number of single adults in households without children served in transitional housing programs and 53 percent from 51 in 2011. Thirty-seven percent met HUD's definition of "chronic homeless," a 9 percent increase from 2012. Twenty-six percent

had a diagnosis of chronic substance abuse, 24 percent had a serious mental illness, and 13.5 percent were dually-diagnosed. Six percent had a physical disability, and 19.5 percent had chronic health problems.

On the night of the count 33 households with adults and children were literally homeless, a significant decrease of 32.7 percent from 2012 and a decrease of 36.5 percent from 2011. Forty-five percent were in emergency shelters and 55 percent in transitional housing programs. The number of persons in families decreased by 35.3 percent from 139 in 2012 to 90 and by 40.7 percent from 152 in 2011; and the number of adults decreased by 25.5 percent from 51 in 2012 to 38 and by 34.5 percent from 58 in 2011. The number of children in households with adults and children decreased by 41 percent to 52 from 88 in 2012, and by 44.7 percent from 94 in 2011. There was one chronically homeless family identified, which represents less than 1 percent of households with children. Slightly decreased from 2012, 36.4 percent of households were homeless as a direct result of domestic violence, all of which were single parent female households. Decreased from 24 percent in 2012, 12 percent the heads-of-household had such a limitation in English proficiency that it posed a major barrier to the access of services.

Table 17: City of Alexandria Homeless County by Household Type

Household Type	2013	2012	2011	% Change 2012-2013	% Change 2011-2012
Households without Children	185	213	264	-13.1%	-19.3%
Households with Adults and Children	33	49	52	-32.7%	-5.8%
Adults	38	51	58	-25.5%	-12%
Children	52	88	94	-41%	-6.4%
Total in Household	90	139	152	-35.3%	-8.6%
TOTAL	275	352	416	-21.9%	-15.4%



Table 18: City of Alexandria Homeless Count by Subpopulation

Subpopulation	Adults in Households without Children	Adults in Households with Children	Children in Households with Adults	Total
Chronic Substance Abuse	48	1	-	49
Seriously Mental Illness	44	0	-	44
Dual-Diagnosis	25	1	-	26
US Veterans	11	0	-	11
HIV/AIDS	6	0	-	6
Domestic Violence History	16	15	23	54
Homeless Due to Domestic Violence	4	12	20	36
Physical Disability	11	1	-	12
Chronic Health Problem	36	2	-	38
Limited English	2	4	-	6
History of Foster Care	6	2	0	8
Formerly Institutionalized	31	2	-	33

Down from 40 percent in 2012, 32 percent of homeless persons in households without children were employed (3 percent of the unsheltered, 8.5 percent of persons in winter shelter, 49 percent of persons in emergency shelters, and 54 percent of persons in transitional housing). Of those receiving income, 53.5 percent reported employment as their primary source of income. Although 100 percent of persons in the safe haven were unemployed, 83 percent received income (90 percent was disability income and 10 percent retirement), a 16 percent decrease from 2012 and 2011. Fifty-seven percent of individuals with income reported their monthly gross in the range of \$501-\$1000. Forty-one percent reported receiving no income. Four percent refused to provide income information, 100 percent of whom were unsheltered persons.

Increased from the 63 percent in 2011 and 86 percent in 2012, this year's count indicated that for 87 percent of adults in households with children, employment was the primary source of income (43 percent of those in emergency shelter and 57 percent of persons in transitional housing). For 13 percent of households with income, TANF was the primary source. Although there was an increase in the number of adults employed in households with adults and children, there was an overall decrease in the gross monthly income (20 percent – \$251 to \$500, 33 percent – \$501 to \$1,000, 17 percent – \$1,001 to \$1,500, 23 percent – \$1,501 to \$2,000, and 7 percent – greater than \$2,000). Four percent of children received income, 100 percent of which was disability income.

For the 2013 enumeration, the Alexandria CoC revamped the tool used to assist programs



in determining the housing need for persons experiencing homelessness in the City of Alexandria. The overall results of the assessment tool provided concrete data confirming what was known anecdotally - the greatest barrier to ending homelessness in our community is a lack of fixed affordable permanent housing opportunities for the lowest income households (i.e., those with an income 30 percent and below the area median of \$107,500 annually/\$8,958 monthly.) Overall, 32 percent of households experiencing homelessness needed affordable permanent housing, 14 percent needed permanent supportive housing, 12 percent needed transitional housing, 9 percent needed safe haven and 33 percent needed emergency shelter triage and additional assessment.

The CSB currently operates 27 permanent supportive housing beds for households without children and 3 permanent supportive housing units totaling 8 beds for households with adults and children whose heads of household have a severe mental illness or a dual-diagnosis of chronic substance abuse. On the night of the count 92.5 percent of the beds were occupied. Eleven percent of persons in permanent supportive housing was identified as ready to move on to permanent housing, but could not due to the lack of affordable housing.

At 275, the 2013 count is at its lowest in seven years, a 21 percent decrease from the 2008 count of 348, which is the second lowest. We attribute the decrease in sheltered persons experiencing homelessness on the night of the count in large part to the efforts of our Homeless Services Centralized Intake System, which allows us to more efficiently and effectively assess the needs of persons seeking shelter and best utilize community resources by offering diversion services to reduce the number of households entering the shelter system.

Additional contributing factors include our prevention and rapid-re-housing efforts, the

funding for which has supplemented the existing resources and strengthened the continuum's efforts toward ending homelessness. For FY2012 and FY2013 the CoC received a combined total of \$336,488 in Emergency Solutions Grant funding with a focus of Prevention and Rapid Re-Housing. Prevention funds in the amount of \$59,252 and Rapid Re-Housing funds in the amount of \$109,344 were allocated for direct client services and financial assistance.

The \$512,214 in HUD Homeless Prevention and Rapid Re-housing Program (HPRP) funds received by the City of Alexandria in 2009 were exhausted by December 2011 and detailed in the 2012 Jurisdictional Narrative Report.

For the majority of households without children and households with adults and children the gross monthly income is between \$500 and \$1,000. According to the Out of Reach 2013 report, jointly released by National Low Income Housing Coalition and the Virginia Housing Coalition, renters in the City of Alexandria must have a gross monthly income of \$4,706 (\$27.15 per hour) to afford a basic rental apartment. The Washington-Arlington-Alexandria, DC-VA-MD HUD Metro Fair Market Rent Area has the highest Housing Wage (\$27.15) in the state of Virginia, which has the highest Housing Wage among all of the states in the Southeast and is the 9th least affordable state in the nation. The Housing Wage is more than \$8 above the National Housing Wage of \$18.79.

The cost of permanent housing is expected to remain high in general. The City of Alexandria's Housing Master Plan, which is in the final stages of review, is intended to guide future preservation and enhancement of affordable housing opportunities, community diversity, and economic sustainability. The draft Housing Master Plan recommends policy initiatives in the form of zoning and financial tools to preserve and increase affordable housing opportunities including an Accessory Dwelling Unit Policy,



Additional Density in Exchange for Affordable Housing, and Increased Dedicated Real Estate Tax Revenue. However, the challenge continues to be the funding of these initiatives.

There has been a public outcry in response to the decline of limited affordable housing opportunities in the City of Alexandria. Given the housing and economic factors, it is difficult to predict future trends of homelessness for the City of Alexandria. However, we anticipate

that a continual loss of affordable housing in our community would result in extended stays in emergency shelter and transitional housing programs and/or a rapidly increasing outflow of City residents to outlying jurisdictions.

The City of Alexandria CoC is committed to finding ways to continue providing prevention and rapid re-housing assistance and has sought out federal, state and local funding to this end.



Arlington, VA

Description of Homeless Services

Arlington County has a 10-Year Plan to End Homelessness with two distinct governing bodies: the Leadership Roundtable (LR) and the Arlington County Consortium (ACC). The ACC is a collaborative relationship of private/public partnerships of over 100 members from the non-profit sector, faith-based organizations, and the local business community. Through the partnership, Arlington County has been able to move forward in implementing many of the goals and objectives set forth in the 10 Year Plan to End Homelessness. The plan's four major goal areas include the development of various components of affordable housing,

integrated supportive services, comprehensive prevention services, and increased access to income and training for homeless persons. Four Sub-Committees have been developed to address each one of above-mentioned goals. The sub-committees will use services and resources within Arlington County's Continuum of Care (CoC) to meet the needs of its homeless residents. The goal of Arlington's 10 Year Plan is to assist homeless individuals and families in obtaining and maintaining permanent housing and to prevent homeless recidivism.

Arlington County's homeless Point-In-Time (PIT) survey was conducted on January 30, 2013. The County's inventory of beds available to within the Continuum of Care on that day is outlined in Table 19.

Table 19: Arlington County Year-Round and Winter Inventory of Beds

Inventory Type	Beds for Households without Children	Beds for Households with children	Beds for Households with ONLY Children	Year-Round Beds	Winter Beds
Hypothermia/Overflow/Other (additional winter capacity)	73	0	0	0	73
Emergency Shelter Beds	46	80	0	126	0
Transitional Housing Beds	12	138	2	152	0
TOTAL	131	218	2	278	73



Since last year's 2012 PIT survey, the Arlington CoC has two key accomplishments which include the following:

100 Homes Project:

The CoC has continued to house individuals that were identified as the most vulnerable living on the streets of Arlington County. Since 2011, 52 households have been placed into permanent housing.

HPRP:

The CoC has continued the Homeless Prevention Rapid Re-Housing Program (HPRP) started by the efforts of federal funding. The CoC has secured funding at the State and Local levels and utilizes a collaborative team approach of County staff and homeless non-profits to re-house or prevent households from becoming homeless.

Point-in-Time Results

As part of the PIT survey on January 30, 2013, the Arlington CoC counted a total of 479 persons as being homeless. The break down by category is as follows:

Future Trend in Homeless

Arlington County will continue to move the most vulnerable households living on the streets of Arlington into permanent housing via the 100 Homes project. The goal is to house

100 persons into housing over the next two year period. Thus far 52 households have been housed. The CoC will also continue the HPRP with the use of state and local funding for financial and stabilization services. A major focus over the next 12 months will be to improve the coordinated intake process with the goal of identifying household needs and providing the necessary housing and stabilization services to move them into beds (e.g. emergency shelter, transition in place, and permanent housing) within the CoC or to prevent the household from becoming homeless.

Permanent and Permanent Supportive Housing

The jurisdiction continues to make progress in placing homeless people in permanent housing destinations. This outlines the number of households who were placed in regular permanent housing for Arlington County's jurisdiction's fiscal year 2012.

The jurisdiction continues to make progress in placing homeless persons with disabilities into Permanent Supportive Housing (PSH) programs. The number of individuals and families who were placed in Permanent Supportive Housing based on a comparison of 2013, 2012, and 2011 which are shown in Table 22.

Table 20: Arlington County Homeless County Homeless Count by Category				
Category	2013	2012	2011	% Change 2012-2013
Total Number of Households Counted	479	451	461	+6%
Households without Children	266	263	268	+1%
Households with Adults and Children	211	188	193	+12%
Households with ONLY Children	2	0	0	



Table 21: Arlington County Permanent Housing FY 2012

Permanent Destinations	Households without Children	Households with Children and Adults	Households with Only Children
Owned by Clients, No Ongoing Subsidy	0	0	0
Owned by Clients, With Ongoing Subsidy	1	1	0
Rental by Client, No Ongoing Subsidy	62	5	0
Rental by Client, with VASH Subsidy	4	2	0
Rental by Client, with other Ongoing Subsidy	89	21	0
PSH For Homeless Persons	13	13	0
Living with Family, Permanent Tenure	16	3	0
Living with Friends, Permanent Tenure	13	8	0
TOTAL	198	53	0

Table 22: Arlington County Permanent Supportive Housing

	PIT 2013	PIT 2012	PIT 2011
Singles	37	27	23
Adults in Families	3	0	5
Children in Families	6	0	6
Number of Families	3	0	5
TOTAL	49	27	39

Homeless Subpopulations

The 2013 PIT survey also yielded information about sub-populations of homelessness. Table 23 shows a comparison of subpopulations for PIT Surveys conducted in 2013, 2012, and 2011.



Table 23: Arlington County Homeless Subpopulations

	2013	2012	2011
Unsheltered	146	131	137
Chronically Homeless	156	175	154
Chronic Substance Abuse	99	76	44
Severe Mental Illness	45	46	34
Dual-Diagnosis	25	34	28
Chronic Health Problem	52	43	58
Living with HIV/AIDS	6	5	3
Physical Disability	26	29	28
Domestic Violence History	92	84	59
Limited English	69	71	133
U.S. Veterans	14	24	29



District of Columbia

Description of Homeless Services

The homeless services included in the District of Columbia's Continuum of Care (CoC) are prevention assistance and supportive services, street outreach, drop-in centers, meals, emergency shelter, transitional housing, rapid re-housing, and permanent supportive housing. In 1994, The District was one of the nation's first jurisdictions to implement the U.S. Department of Housing and Urban Development's CoC model in order to address homelessness in the city. The CoC model seeks to relieve the immediate suffering of homeless persons while working to help them obtain and maintain permanent or supportive housing in the most integrated setting possible.

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

The District's Point in Time information is collected primarily through the District of Columbia's Homelessness Management Information System (HMIS), a web-based repository of information collected from recipients of homeless services which is managed by TCP. The District was one of the first CoCs to use the HMIS to conduct Point in Time; in the 2013 count, more than 75 percent of the information collected was submitted through



the HMIS. The remaining information was submitted by providers via phone interviews or through paper form surveys conducted with consumers in their respective programs. Information on unsheltered persons was also collected by nearly 200 professional outreach workers and volunteers who collected surveys through direct engagement with homeless persons.

Utilization of the HMIS at Point in Time helps TCP ensure that the District's count is comprehensive and that the results accurately reflect the size of the city's homeless population on a given single day. The results of Point in Time are, in turn, used regularly by TCP, city leaders and stakeholders in implementing services for homeless persons living in the District.

The District of Columbia CoC includes 2,245 emergency shelter beds for unaccompanied persons that operate on a year-round basis. From November through March, an additional 229 additional emergency shelter beds for unaccompanied persons are opened nightly, and another 320 "hypothermia alert" beds open on nights when the wind chill is 32 degrees or below (which were open on the night of the 2013 Point in Time count).

The District's housing inventory for families on the night of Point in Time included 476 units of emergency shelter, including space at motels for 33 families facing housing crises. The DC General Shelter serves families year round and its capacity changes with demand throughout the year; on PIT 2013, the facility was serving 282 families.

There are 990 transitional housing units for unaccompanied men and women and another 601 for families that are available year round. The programs in District's transitional housing inventory work with special populations and or persons living disabilities such as mental health conditions or histories of substance abuse.

Included in these units are 156 beds for homeless veterans and 77 units for unaccompanied youth and young adults.

The District actively worked to bring more permanent supportive housing online in the city. The 2013 Point in Time count revealed that there are more than 3,600 units of permanent supportive housing for individuals and another 1,100 units for families – an increase of more than 10 percent from the housing inventory count conducted in January 2012.

Point-in-Time Results

The District's Point in Time count was conducted on January 31, 2013. Forecasted severe weather postponed the 2013 count which was originally scheduled to occur on January 30th.

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

The 2013 count of literally homeless persons in the District of Columbia was 6,865 – down 1.3 percent from the 2012 count. This is the second time since 2001 that a year-to-year decrease was recorded in the District's PIT count. The count included a decrease in both the number of homeless unaccompanied persons as well as persons in homeless families.

The number of unaccompanied homeless



persons counted at PIT was 3,696 which was a decrease of 1.9 percent from the 2012 count of 3,767. This decrease continues the trend seen over the last several Point-in-Time enumerations; the count of unaccompanied persons has decreased by six percent over the last four years.

The count of unaccompanied persons included 512 unsheltered persons, 2,459 men and women in emergency shelter and 725 unaccompanied persons in transitional housing. It should be noted that the counts of unsheltered persons and persons in emergency shelter vary significantly from the 2012 count because the "hypothermia alert" was not in effect on the night of the 2012 count, and as such, fewer cold-weather emergency shelter beds were available in 2012. This was not the case in 2013 as the alert was on and the entire emergency shelter inventory was available to those seeking shelter on the night of PIT.

There were 983 homeless families counted at PIT which is a 3.1 percent decrease from the counted conducted in 2012; the number of persons in families decreased by 0.6 percent from year to year. This marks a change in the trend of previous enumerations, though the 2013 count of persons in families is still higher than count done in 2011. Despite this year's decrease, the number of persons in families is 38 percent higher than it was four years ago.

The count of persons in homeless families included 464 families in the city's emergency shelters and 519 in the city's transitional housing facilities. No unsheltered families were counted during the enumeration.

Disabling Conditions and Homeless Subpopulations

Many disabling conditions are prevalent among literally homeless persons living in the District, though the rates at which these conditions occur differs between unaccompanied persons and persons in families. Within the District's homeless population, disabling conditions tend to be more prevalent among unaccompanied persons than persons in families. Conversely, histories of domestic violence histories are more frequently reported among persons in families more frequently than among unaccompanied persons.

Thirty-two percent of unaccompanied homeless persons in the District report a history of substance abuse and 28 percent report histories of mental illness. This is compared to eight percent of adults in families who report a substance abuse problem and 11 percent who report mental illness. Twelve percent of unaccompanied homeless persons report a chronic health problem, and 23 percent reported a physical disability; among adults in families

Table 24: District of Columbia Homeless Count by Category			
Category	2012	2013	% Change 2012-2013
Total Number Counted	6,954	6,865	-1.3%
Total Number of Singles	3,767	3,696	-1.9%
Total Number of Families	1,014	983	-3.1%
Total of Persons in Families	3,187	3,169	-0.6%
Total Adults in Families	1,307	1,301	-0.5%
Total Children in Families	1,880	1,868	-0.6%



these rates are three percent and six percent, respectively. Homelessness can worsen these conditions and dedicated permanent housing and supportive services are needed to help provide stability.

Resources are also needed for those who belong to other homelessness subpopulations. Victims of domestic violence, veterans and unaccompanied youth are groups in need of supportive housing that addresses their specific needs. Six individuals in households with only children and 473 veterans were counted in the enumeration. Among homeless families, 311 heads of household reported that they had histories of domestic violence, with 84 indicating that domestic violence directly caused their homelessness.

There are 1,764 unaccompanied homeless adults and 83 families in the District who meet the federal definition of being “chronically homeless.” HUD defines this population as homeless persons with a disabling condition who have either been continuously homeless

for a year or more, or who have four or more episodes of homelessness within the past three years.

Table 25 below charts the results of the disabilities and subpopulations portion of the Point in Time survey.

Income and Employment

Twenty percent of unaccompanied adults and 25 percent of adults in families surveyed during Point in Time reported that they were employed at the time of count. Income from employment was the most common income source reported among unaccompanied homeless adults, though Temporary Assistance for Needy Families (or “TANF”) was the most commonly reported income source among adults in families. Forty-five percent of unaccompanied adults reported that they had no income of any kind. This was also the case for 18 percent of adults in homeless families.

Table 25: District of Columbia Disabilities and Subpopulations

	Unaccompanied Single Persons	Adults in Families	Total (All Adults)
Chronic Substance Abuse (CSA)	16.9%	4.5%	13.3%
Severe Mental Illness (SMI)	14.7%	7.7%	12.7%
Dual Diagnosis (CSA & SMI)	13.2%	3.4%	10.3%
Chronic Health Problem	12.1%	3.2%	9.6%
Living With HIV/AIDS	1.8%	1.0%	1.6%
Physical Disability	23.0%	5.9%	18.2%
Domestic Violence (DV) History	10.2%	31.4%	15.1%
Homeless Due to DV	0.7%	10.9%	3.3%
Limited English Proficiency	7.8%	2.5%	6.1%
U.S. Military Veterans	15.3%	2.1%	11.6%



Permanent and Permanent Supportive Housing

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

During Point in Time 2013, a total of 3,690 formerly homeless unaccompanied men and women were in permanent supportive housing, as were 983 formerly homeless families, which include 1,301 adults and children.

The District’s plan to end homelessness includes the goal of increasing the city’s inventory of permanent supportive housing as well as investing in prevention and rapid re-housing efforts. Since the 2012 enumeration was conducted the District of Columbia CoC has expanded our PSH portfolio with several projects standing ready to house chronically homeless persons in the coming year. That expansion, along with our investments in rapid re-housing and prevention are directly responsible for the reductions in counts of literally homeless persons seen during the 2013 enumeration.

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



Fairfax County, VA

Description of Homeless Services

In 2008, the Fairfax County Board of Supervisors established the Office to Prevent and End Homelessness (OPEH) to manage, coordinate and monitor day-to-day implementation of the community’s plan to end homelessness within the next 10 years. OPEH supports the Fairfax-Falls Church Community Partnership to Prevent and End Homelessness which engages nonprofits, businesses, faith-based communities and county agencies in its efforts to implement the 10-Year plan, which focuses on rapid re-housing and prevention by increasing the availability of permanent affordable housing. OPEH also works closely with the independent Governing

Board of the Community Partnership to build awareness and provide strong leadership for the plan. In addition, OPEH supports a new prevention model (Housing Opportunities Support Teams or HOST) that provides services and resources to at-risk families and individuals, thus preventing them from becoming homeless, and a Housing Interagency Work Group which ensures coordination across housing and service providers. OPEH partners with a wide range of non-profit and governmental service providers who provide the entire range of homeless services, including outreach, prevention, community case management, housing locators network, rapid-rehousing, emergency shelter, hypothermia prevention, transitional housing programs, permanent supportive housing and affordable permanent housing. OPEH



Homeless Numbers - Embargoed - Not For Release Until May 8, 2013 - NOON

manages the HMIS and acts as the CoC lead, preparing and submitting the Continuum of Care application and ensuring compliance with all HUD mandates.

During 2012, the Fairfax-Falls Church Community Partnership to Prevent and End Homelessness continued progress in implementing the Ten-Year Plan. Initiatives included:

- Implementation of a short-term assistance program using local funds and the new Emergency Solutions Grant to replace the HPRP funded program. Due to the success of the HPRP program, federal and local funds were designated to continue this important work. This is a key component of our community's ability to prevent homelessness and rapidly rehouse those who find themselves experiencing homelessness.
- Expanded use of local Bridging Affordability funding for rental subsidies and services to move homeless individuals and families into permanent housing utilizing mainstream resources and programs. This locally funded program is a key component in the reduction of homelessness in our community.
- Completed an award winning family shelter intake redesign. A community-wide work group designed and implemented a new process which eliminated the family shelter waiting list and works with community case managers to prioritize clients in need so that those families who are literally homeless gain immediate access to shelter, while those at risk of homelessness receive assistance to prevent entrance to homelessness. This has already resulted in those with extreme housing barriers being able to enter shelter immediately.
- Implementation of a Consumer Advisory Council (CAC), always envisioned as a critical element for the 10-Year Plan's success.

The CAC was launched in May 2012 with an initial membership of 14 homeless or formerly homeless individuals. This group, which meets monthly, has already served as an important vehicle for consumer voice and involvement in the community. One member of the CAC sat on the CoC Projects Ranking Committee.

- Fairfax County officially joined Community Solutions' 100,000 Homes Campaign. A number of county and non-profit staff members attended Registry Week Boot Camp and initiated intensive planning for the 100,000 Homes Fairfax Campaign.
- The highly visible second Jean's Day community awareness and fund raising event was held. The Fairfax County Chamber of Commerce in partnership with the Fairfax-Falls Church Community Partnership to Prevent and End Homelessness, The Connection Newspapers and Apple Federal Credit Union engaged over 160 businesses, county agencies, public school employees, civic, faith and community based organizations, community leaders and individuals in the second annual Jeans Day awareness campaign and fundraiser. Employees are able to wear jeans to work in exchange for a \$5 donation to support the work of the Community Partnership.

Shelter programs include seven programs which are funded through contracts with the county and additional funds raised by the nonprofit operators. For single individuals, there were 145 year-round beds in four adult shelters serving men and women, plus a flexible number of beds for single women in family shelter programs for victims of domestic violence. There is also an eight-bed shelter for homeless youth owned and operated by a nonprofit, although youth served in that facility do not always meet the HUD definition of homeless and none were counted there in 2013.



Table 26: Fairfax County Year-Round and Winter Inventory of Beds

Inventory Type	Beds for Individuals	Beds/Units for Persons in Families	All Year-Round Beds	Winter Beds
Hypothermia/Overflow/Other (additional winter capacity)	270	39/12	39*	270
Emergency Shelter Beds (includes DV shelters)	145	257/74	402	(included in winter overflow)
Safe Haven	8	0	8	0
Transitional Housing Beds	84	544/166	628	n/a
TOTAL	507	840/281	1,077	270
*39 other beds for families (12 units) are in as-needed voucher based programs available year-round.				

During winter months, an additional 55 seasonal beds were available at three of the singles shelters and one additional winter only location in Falls Church; however, some of these seasonal programs are often over capacity during the coldest part of the winter. The hypothermia prevention program was again operated through four locations, with two fixed sites in addition to two rotating faith-based sites. A total of 270 individuals were counted in overflow and hypothermia prevention and related programs. One nine-bed singles shelter and one eight-bed safe haven are targeted to chronically homeless individuals. A total of 84 beds of transitional housing for singles were available in the point in time count. Most of these beds were in nonprofit operated programs, including two programs for Veterans. There was a reduction in the transitional housing for singles due to reclassification of a number of units because they serve homeless individuals on a regular basis but the beds are not designated as such.

The four main family shelter programs had a total capacity to serve 56 families with 203 beds. Two domestic violence shelter programs, one privately operated by a nonprofit and one supported with a contract from the county to another nonprofit operator, had 54 beds to serve a total of 18 families, with 6 additional beds to serve single women.

A total of 166 units of transitional housing with 544 beds for people in families were counted in 2013, including several programs serving victims of domestic violence, which had 28 units with 89 beds for these families. Most of this capacity is operated by nonprofit agencies with various combinations of HUD funds, private funding, and contracts with the county. The number of transitional housing units and beds for families is reduced from 2012 due primarily to reduction in the number of transitional units in transitional housing programs through conversion to permanent supportive housing and permanent housing rentals.

Point-in-Time Results

As shown in the table above, the overall point-in-time count for 2013 has declined significantly from 2012, from 1,534 to 1,350 people which is a 12 percent overall reduction. The number of persons in families decreased by 90 people since 2012, and the number of single individuals decreased by 94, for a total of 184 persons in the past year. This continues a pattern since 2009 of a decline in the number of families and persons in families, now with a decrease in the number of single individuals counted as well. The decrease in persons in families is largely due to strong prevention efforts and the continuing



Table 27: Fairfax County Homeless Count by Category

Category	2013	2012	2011	% Change 2011-2013
Total Number Counted	1,350	1,534	1,549	-12.8%
Total Singles	603	697*	666	-9.4%
Total Number of Families	230	249	265	-13.2%
Total Persons in Families	747	837	883	-15.4%
Total Adults in Families	295	332	344	-14.2%
Total Children in Families	452	505	539	-16.1%
*Includes one unaccompanied youth under age 18.				

strategy to shift toward housing first, utilization of mainstream resources, rapid re-housing from family shelters, and permanent supportive housing for families with more extensive needs. The housing first strategies for single adults is beginning to show results, and work has begun to reassess the homeless services access process for single adults with a goal of more effectively meeting the needs of this population.

The number of homeless individuals sheltered through winter seasonal overflow and hypothermia prevention programs was 30 more in 2013 than in 2012, increasing from 238 to 268 on the day of the count. The number of individuals who were identified as unsheltered decreased from 178 to 104. This data suggests that intensified outreach has been successful and that our winter seasonal and hypothermia prevention programs are successful in attracting and meeting the needs of this population. These numbers also point to the decrease in single individuals experiencing homelessness in our community.

The number of chronically homeless individuals declined significantly from 353 in 2012 to 243 in 2013. A number of these people have been housed through new and existing housing programs. In addition, staff has become more knowledgeable about accurate identification of this population.

Overall, single individuals represented 45 percent and families represented 55 percent of all people counted. Children under age 18 in families were 33 percent of all persons counted, remaining the same as last year. Among single individuals, 73 percent were male and 27 percent were female. Of this population 8 percent were between the ages of 18 -24 and 76 percent were older than 35. 82 percent of the persons age 18 and over in families were female, 57 percent of adults in families were under age 35, and 44 percent of the children were under age 6.

The major subpopulations are noted in the chart above. For single individuals, 57 percent were reported as chronic substance abusers, seriously mentally ill, or both, a decrease of 7 percent in these subpopulations from 2012. Among all persons in families, 27 percent were homeless due to domestic violence; a decrease from 40 percent in 2012, and 37 percent had a history of domestic violence currently or in the past. Limited English proficiency was an issue for 27 percent of adults in families, but only 12 percent of single individuals, while 28 percent of adults in families had no identified subpopulation.

Among single adults, only 23 percent were reported as employed and 59 percent had any income reported. In families, 57 percent of persons age 18 and over were employed and 84 percent reported having some source of income. These numbers are basically consistent with last year's numbers.



**Table 28: Fairfax County
Disabilities and Subpopulations**

	Individual Adults	Adults in Families	Children in Families*	Total
Chronic Substance Abuse (CSA)	120	4	-	124
Severe Mental Illness (SMI)	138	11	-	149
Dual Diagnosis (CSA & SMI)	83	4	-	87
Living With HIV/AIDS	9	5	-	14
Physical Disability	77	12	-	89
Chronic Health Problems	56	17	-	73
Domestic Violence - History	57	119	155	331
Domestic Violence - Current	27	72	131	230
Limited English Proficiency	97	81	-	178
U.S. Military Veterans	57	10	-	67
*Children under 18. Adult children 18 and over living in families are counted with adults in families.				

Permanent and Permanent Supportive Housing

Our CoC continued to increase the number of people moving into permanent housing by applying rapid rehousing and housing first strategies, as well as the utilization of mainstream resources and the expansion of permanent supportive housing.

Our continuum added 22 beds of permanent supportive housing through one new HUD funded program. In addition 22 people moved into permanent housing with VASH subsidies. Changes in utilization of other programs serving both homeless and non-homeless individuals resulted in the net change in permanent supportive housing for individuals.

The trend in our community towards the increase in housing options is positive. Our housing authority is expecting supplementary VASH vouchers and an application is pending with HUD for a new program to house 18 chronically homeless individuals. Construction is almost complete on the conversion of a shelter to 19 apartments of permanent supportive housing. In addition, the expectation is to garner additional resources as result of the 100,000 Home Fairfax Campaign.





Frederick County, MD

Description of Homeless Services

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

Established in 1983, the Frederick County Coalition for the Homeless (FCCH) is the oldest local coalition working to end homelessness in Maryland. The FCCH is a coalition comprised of governmental and 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 in order to coordinate the planning of local homeless services, discuss local needs and approve new projects, and advocate for additional resources to address homelessness.

Point-in-Time Results

The most recent Point-in-Time Survey for both sheltered and unsheltered homeless populations was conducted on January 30, 2013. Survey tools were distributed and thoroughly discussed at a regular monthly meeting of the Frederick County Coalition for the Homeless (FCCH). All emergency shelter, transitional housing, permanent supportive housing, and motel placement providers were instructed on how to use the survey instrument and when to conduct the Point-in-Time Survey. Whenever possible, surveys were to be completed directly by the

Table 29: Frederick County Year-Round and Winter Inventory of Beds

Inventory Type	Beds for Individuals	Beds/Units for Persons in Families	All Year-Round Beds	Winter Beds
Hypothermia/Overflow/Other (additional winter capacity)	65	0/0		65
Emergency Shelter Beds	22	35/11	57	0
Transitional Housing Beds	48	116/38	164	0
TOTAL	135 beds	151 beds 49 units	221 beds	65 beds



Table 30: Frederick County Homeless Count by Category

Category	2013	2012	2011	% Change 2011-2013
Total Number Counted	275	285	280	-1.7%
Total Number of Singles	171	169	169	1.1%
Total Number of Families	38	39	37	2.7%
Total of Persons in Families	104	116	111	-6.3%
Total Adults in Families	39	42	39	0%
Total Children in Families	65	74	72	-9.7%

people that were homeless; however, shelter staff could utilize administrative or HMIS data if a person was unable to directly complete the survey. A total of 275 homeless persons (comprised of 210 adults and 65 children) completed the point-in-time survey; the largest household type was 171 single-individuals.

The Point-in-Time Survey instrument contains specific questions regarding all HUD-defined homeless subpopulations (e.g., veteran, alcohol abuse problem, drug abuse problem) and contains specific questions about the length of time that a respondent has been homeless. With regard to disabling conditions, the following data was reported: 44 respondents reported a substance abuse problem/addiction; 38 respondents reported chronic health problems; 35 respondents reported having physical disabilities; 23 respondents reported severe mental health problems; 18 respondents reported substance abuse problems and co-occurring mental health problems; 33 respondents (including children) reported that they are survivors of current domestic violence; 13 respondents reported that they are veterans; 0 respondents reported a diagnosis of HIV or AIDS, and a total of 58 respondents (all single individuals) reported being "chronically homeless."

According to the 2013 Point-In-Time data, homelessness in Frederick County decreased slightly by a total of 5 persons from the 2011 PIT

count of 280 persons. It is important to keep in mind that the Point-in-Time survey is a "one-day snapshot" of homelessness and may not be reflective of all trends experienced in a local jurisdiction.

Table 31: Frederick County Homeless Employment

Category	Total Number Employed
Total Number of Single Individuals	52
Total Number of Adults in Families	20

Jurisdictional Movement

Jurisdictional movement or the movement of people that are homeless from one area to another is another interesting statistic to evaluate. Many people tend to believe that all homeless populations are highly transient and some homeless service providers have been criticized for "attracting" people that are homeless from other states or counties. However, 2013 PIT data indicates that the homeless population surveyed in Frederick County is nominally transient. When asked if the person (or family) had received shelter in another jurisdiction, only 8 out of 171 single individuals (or 4.6%) reported that they had received shelter in another jurisdiction (i.e., anywhere other than



Table 32: Frederick County Homeless Subpopulations			
	Single Individuals	Persons in Families	Total
Chronic Substance Abuse	44	0	44
Severe Mental Illness	23	0	23
Dual-Diagnosis	16	2	18
U.S. Veterans	10	3	13
Living with HIV/AIDS	0	0	0
Domestic Violence Survivor, including children	5	28	33
Physical Disability	34	1	35
Chronic Health Problem	37	1	38
Limited English	1	0	1
Chronically Homeless	58	0	58

Frederick County, Maryland). The percentage of homeless families that had received shelter in another jurisdiction dropped to 0 persons out of 104 family members. The statistics clearly indicate that homeless populations, at least in Frederick County, are less transient than previously thought.

Permanent and Permanent Supportive Housing

The availability of affordable or subsidized permanent housing continues to be a major problem in Frederick County. Subsidized permanent housing is provided by the Housing Authority of the City of Frederick (public housing and Housing Choice Vouchers), Frederick County Department of Housing and Community Development (Housing Choice Vouchers), Frederick Community Action Agency (Project-Based Section 8), Interfaith Housing Development Partnership, and by private landlords under contract with the U.S. Department of Housing and Urban Development. The Housing Authority of the City of Frederick currently completing an ambitious \$16,000,000 HOPE VI project that is committed to providing one-for-one replacement housing for each public housing unit that was demolished

for redevelopment. At present, the Housing Authority of the City of Frederick is developing market-rate and homeownership units in order to establish "mixed-income" communities on large sites that were once exclusively occupied by public housing. The following table depicts the number of homeless persons and households that accessed permanent housing during fiscal year 2012.

The Frederick County Government has enacted a Moderately Priced Dwelling Unit (MPDU) ordinance, but the handful of housing units developed under the ordinance are targeted for homeownership and typically remain out-of-reach for homeless families. The City of Frederick also enacted its own version of an MPDU ordinance and recently amended the ordinance to add a "payment-in-lieu" option, which stands to fund a wide-range of affordable housing opportunities.

Special needs housing providers operating in Frederick County include the Way Station, Family Services Foundation, Community Living, and the Frederick Community Action Agency. The Maryland Mental Hygiene Administration administers 20 HUD Shelter Plus Care vouchers in Frederick County and the Frederick Community



Action Agency administers 13 units/17 beds of HUD permanent supportive housing under a Housing First model for individuals who are disabled and chronically homeless. Table 33 provides additional data on formerly homeless

persons now residing in permanent supportive housing through the Shelter Plus Care and Housing First Programs.

Table 33: Frederick County Permanent Housing Placements of Homeless Persons, FY 2012		
Agency/Program	Housheolds	Persons
Frederick Rescue Mission	3	3
Hope Alive	3	10
Heartly House (Transitional Only)	10	16
Religious Coalition for Emergency Human Needs (Exodus Project)	7	7
Advocates for Homeless Families	9	23
Frederick Community Action Agency	6	19
Religious Coalition for Emergency Human Needs (Rapid Re-Housing)	33	78
TOTALS	71	156

Table 34: Frederick County Formerly Homeless Persons Now Residing in Permanent Supportive Housing	
Persons served as single individuals	33
Persons served as members of a family (adults and children)	8
Chronic Substance Abuser (CSA)	0
Severe Mental Illness (SMI)	12
Dually Diagnosed (CSA & SMI)	14
Chronic Health Problem	8
Living With HIV/AIDS	0
Physical Disability	10
Domestic Violence Survivor	2
Limited English	1
U.S. Veterans	2





Loudoun County, VA

Description of Homeless Services

Loudoun's continuum of homeless services includes seasonal cold weather shelter, "drop-in" services, emergency shelter, and transitional housing. Volunteers of America (VOA), under contract with Loudoun County Department of Family Services (DFS), operates the following programs at the County-owned Homeless Services Center: emergency shelter for women and families, emergency shelter for men, transitional housing (includes a scattered-site apartment program), "drop-in" program, and seasonal cold weather shelter for adults. DFS also funds a one unit supportive housing apartment, and provides clinical social work support at the Homeless Services Center one day per week. Loudoun Abused Women's Shelter (LAWS) operates a 12-bed shelter for women and children who are domestic violence victims. The Good Shepherd Alliance (GSA) has an emergency shelter site providing 22 beds for single women and families. GSA provides 2 units of transitional housing to single pregnant women and pregnant women with one infant or toddler. GSA also has a 4-bed transitional house for single women, and four family transitional homes serving up to 26 persons in families (this includes 3 new transitional units added since last year). Case management services to families with young children living in emergency homeless shelters and transitional housing facilities are provided by the non-profit INMED, through its "Opening Doors Program"; services are focused on helping families achieve self-sufficiency and to obtain permanent housing.

Services to prevent homelessness in Loudoun are available through several programs.

Loudoun DFS has local funds that can be used for first month's rent or eviction prevention. The state-funded Homeless Prevention Program (HPP) was implemented; the program, which replaced the former Homeless Intervention Program, provides rent aid and security deposit assistance to stabilize homeless and at-risk households in housing. DFS provided rapid re-housing assistance this year through state Homeless Solutions Grant funding. The Good Shepherd Alliance also provided rapid re-housing assistance through Emergency Solutions Grant funds. INMED's Family Homelessness Prevention program provides in-home services for families at imminent risk of homelessness due to job loss, family crisis or other circumstances, to help them regain stability. Case managers connect participants with resources for employment, affordable child care, and medical assistance, while helping them build new skills in saving, budgeting, goal setting, and accessing community resources and sources of emergency financial assistance.

Point-in-Time Results

The 2013 count identified 166 persons (81 singles and 85 persons in families) experiencing homelessness on January 30, 2013. Compared to 2011 results when 156 persons were counted, there was a 6 percent increase overall in the number of literally homeless persons. For the one-year period from 2012 to 2013 the results document a 17 percent decrease in the number of homeless families and a 17 percent increase in the number of homeless singles. Between 2011 and 2013 family homelessness increased by 9 percent (from 22 families up to 24 families), and the number of homeless singles decreased by 6 percent during the 2-year period. The number of chronically homeless individuals identified for



Table 35: Loudoun County Year-Round and Winter Inventory of Beds

Inventory Type	Beds for Individuals	Beds/Units for Persons in Families	All Year-Round Beds	Winter Beds
Hypothermia/Overflow/Other (additional winter capacity)	16	2 units overflow (hotel/motel)		16
Emergency Shelter Beds	16	61	77	0
Transitional Housing Beds	9	81	90	0

Table 36: Loudoun County Homeless Count by Category

Category	2013	2012	2011	% Change 2011-2013
Total Number Counted	166	164	156	6
Total Number of Singles	81	69	86	-6
Total Number of Families	24	29	22	9
Total of Persons in Families	85	95	70	21
Total Adults in Families	29	35	23	26
Total Children in Families	56	60	47	19

2013 is 28 and represents a significant increase from prior years; 18 were chronically homeless in 2012, and the number for 2011 was 22. No chronically homeless families were identified.

The employment rate among all homeless adults is 46 percent for 2013. This is slightly lower than 2012 when 49 percent of homeless adults were employed. Employment among single homeless adults fell to 38 percent in 2013, down from 42 percent in 2012. Adults in families show a 69 percent rate of employment for 2013, representing an increase over 2012 when 63 percent of adults in families were employed. The fact that stabilizing shelter and transitional housing options are greater for families may contribute to higher rates of employment among adults in families as compared to singles. Employment is the most common source of income among all homeless adults in 2013; however there are some adults who reported having no income. For 2013 results indicate that 21 percent of adults in families reported no income while 46 percent of single adults lacked any source of income.

The most commonly occurring sub-populations among the homeless in 2013 in order of prevalence are Domestic Violence Victim, Chronic Health Problem and Severe Mental Illness. In 2012 the top three sub-populations by order of prevalence were Domestic Violence Victim, Severe Mental Illness, and Chronic Health Problem. The number of Domestic Violence Victims reported this year increased from 31 in 2012 to 41 in 2013. The increase for 2013 is due to more single adults reporting a history of domestic violence. The number of single adults reporting Severe Mental Illness is consistent with that seen last year (18 in 2013 vs. 17 in 2012), and there is a decrease in this condition as reported for adults in families (2 in 2013 vs. 5 in 2012). Among single adults the numbers reporting Chronic Substance Abuse and Dual Diagnosis increased as compared to 2012; these increases are consistent with the overall increase for 2013 in the number of homeless singles identified. Table 37 provides more detail on sub-populations.



Table 37: Loudoun County Homeless Subpopulations

	Individual Adults	Adults in Families	Children in Families	Total
Chronic Substance Abuse	13	0	0	13
Severe Mental Illness	18	2	0	20
Dual-Diagnosis	16	1	0	17
Chronic Health Problem	23	3	0	26
Living with HIV/AIDS	0	0	0	0
Physical Disability	5	0	0	5
Domestic Violence Victim	21	9	11	41
Limited English	6	2	0	8
U.S. Veterans	9	0	0	9

The number of homeless persons increased slightly from 164 in 2012 to 166 for 2013. Both the number of homeless families and the total number of persons in the families have decreased since last year. In 2013 the number of homeless families counted was 24 (containing 85 total persons) down from 2012 when 29 homeless families (containing 95 persons) were counted. A significant increase in the number of homeless singles was observed between 2012 and 2013 (from 69 in 2012 up to 81 in 2013). The increase in homeless singles together with a decrease in homeless families observed this year is consistent with trends observed during the PIT counts of 2009 through 2011.

The rise in homelessness among singles may be due to several factors. Rental housing costs have increased in recent years during the period when foreclosure rates were highest and demand for rental housing increased. Single adult, one income households experience increased difficulty in locating affordable rental housing due to higher rental costs. Within the single adult homeless population, an increase in the number of chronically homeless persons was reported this year while opportunities for supportive housing for this population have not increased for many years. The number of Transitional Housing beds for single homeless

adults is also low, compared to the needs of this population.

The availability of Rapid Re-housing and Prevention services in Loudoun County has been a key factor in holding rates of homelessness fairly steady between 2012 and 2013. Both family units and single individuals have been served by these programs, and this year's decrease in the number of homeless families is likely directly related to the availability of these services.

It is difficult to predict the future of homelessness in Loudoun County, but the number of homeless identified during the PIT counts for the past three years is fairly stable. This is indicative that existing emergency shelter and transitional housing programs are working well for many that receive these services. Prevention resources have increased over the past three years in Loudoun. Rapid re-housing services have been available for the past three years, and during the past year two providers have offered this important service. Continuation of all of these services is planned.



Permanent and Permanent Supportive Housing

The number of family households exiting from Emergency Shelter and Transitional Housing into permanent housing during County Fiscal Year 2012 is 39. The number of single individuals exiting these programs into permanent housing is 53. Assistance was provided to a number of households in FY 2012 through the Virginia Promising Practices Program (providing both rapid re-housing and prevention assistance). Upon exit from this program 15 family households were permanently housed, and 6 single individuals were in permanent housing. Access to affordable housing and subsidized housing options continues to be limited in Loudoun. The federally funded Housing Choice Voucher (HCV) Program currently serves 660 households. Three of ten "homeless set-aside" HCV vouchers are currently in use. The HCV wait list is closed to new applicants at this time, and there are approximately 1073 households on the wait list. Three small subsidized senior housing projects also exist, serving persons aged 60 and over. The Affordable Dwelling Unit (ADU) rental program provides 336 rental units to households at income levels between 30 and 50 percent of Area Median Income (AMI). The majority of Loudoun's homeless have incomes at 0 to 30 percent of AMI, a level too low to qualify for the ADU rental program. Three new rental units affordable to households with incomes at 0 to 30 percent of AMI will be available within the next 12 months.

Loudoun County government is working to develop housing opportunities for the two greatest unmet housing needs in the County, which are rental housing affordable to households at 0 to 30 percent of AMI and for-purchase housing for households at 70 to 100 percent of AMI. The Loudoun CoC continues to advocate for, and to explore funding sources for, the development of housing options affordable to persons with extremely low incomes.

The inventory of permanent supportive housing is unchanged from last year. Mental Health (MH) Residential Services provides 14 permanent supportive housing (PSH) beds for individuals in group homes, supervised apartments, and private residences. This housing is not specifically for homeless persons, but homeless persons with severe mental illness, developmental disabilities or chronic substance abuse issues may be served if there are openings, and if eligibility criteria are met. This year 2 formerly homeless persons are being served by the MH residential program. Department of Family Services' one-unit supportive housing program is currently serving one individual. The Continuum of Care recognizes the need for additional supportive housing resources dedicated to the homeless population; however the high cost of providing PSH units presents a great challenge to public and private agencies in an economic climate where funding resources are scarce.





Montgomery County, MD

Description of Homeless Services

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

Continuing its commitment to the Housing First model, Montgomery County approved funding for an expansion of the County's deep rental subsidy program with supports known as the Housing Initiative Program (HIP). This expansion enabled the program to serve an additional 20 homeless households including ten (10) households without children and ten (10) households with children. Also included in this expansion was the set aside of 25 new

permanent supportive housing subsidies for medically vulnerable households. Participants for this new initiative are identified using a medical vulnerability assessment that is based on the vulnerability index utilized by the 100,000 Homes Campaign, which the CoC joined this year.

The Montgomery County CoC held its second "Homeless Resource Day" in November 2012, to continue its efforts to utilize innovative ways to reach out to and provide assistance to persons experiencing homelessness. More than 300 households attended this highly successful event. Participants were connected to wide range of community resources and supports including vision and health screenings, mainstream benefits, legal assistance, employment guidance, haircuts and more.

In addition, there has been a concerted effort to identify and engage homeless veterans living in Montgomery County including the creation of one-stop center in collaboration with the Veterans Administration where veterans can apply for benefits get linked to housing and receive case management. Montgomery County received ten (additional) VASH subsidies and many other veterans have ported their vouchers to the County.

The County continues to provide emergency shelter to households with children through three family shelters with the capacity to serve 27 families. An additional 15 families can be served through the County's domestic violence shelter. During this year's enumeration, twenty eight (28) families were residing in motels which serve as overflow when shelters are at capacity.

Emergency shelter for adults without children expands from a capacity of 128 year round beds (3



designated for domestic violence victims) to 398 beds during hypothermia which is designated for the months of November through March. On the day of the 2013 count, there were 337 emergency shelter beds occupied, 207 of which were designated as seasonal/hypothermia beds.

Transitional housing including Safe Havens provides 170 beds for households without children. On the day of the enumeration, there were 155 beds occupied. The number of transitional housing beds for households with children decreased to 183 beds in 2013 from 193 in 2012 as the conversion of a transitional program to permanent supportive housing was completed. The National Center for Children and Families developed a new transitional program targeted toward families headed by transition-aged youth mothers between 18 – 24 years old. This program will provide 8 additional beds.

Point-in-Time Results

Montgomery County's homeless point in time survey was conducted on January 30, 2013. A total of 1007 homeless persons were counted that day. This is a 2.5 percent increase over 2012. Despite this slight increase in the overall number of homeless persons, the County has seen a downward trend in homeless persons since the highest peak of homelessness during the 2009 PIT (1,194). This slight increase can be attributed to the lack of affordable housing, the continued challenges with the economy and employment, and bad credit including landlord debt.

Households without children (formerly referred to as homeless single adults) experienced a 6.3 percent increase from 600 in 2012 to 638 in 2013. Unsheltered persons increased by 10 percent in 2013. Though no increase in homelessness should be considered positive, there was an increase in homeless persons accepting shelter placements into Safe Havens, transitional housing, and emergency shelter. As noted previously, the County has developed a concerted effort to address this issue with new funding for permanent supportive housing and permanent housing with supports.

This enumeration indicated a 7.1 decrease in the overall total number of households with children. However, this number is not an accurate reflection of the true picture for homeless families in the County. The conversion of transitional units to permanent supportive units increased permanent housing, but reduced the movement in the CoC increasing the length of stay in emergency shelters. In FY12, 304 households were placed emergency shelters through Jan. 31, 2012; in comparison, in FY13 316 household were placed in emergency shelter through Jan. 31, 2013. This increase can be attributed to several factors: 1) Lack of housing that is affordable to low-wage working families; 2) an increase in head of household age 18 – 24 with limited education and work experience; and 3) the exhaustion of family and or friends that could provide any financial resources or temporary housing.

Table 38: Montgomery County Year-Round and Winter Inventory of Beds

Inventory Type	Beds for Individuals	Beds/Units for Persons in Families	All Year-Round Beds	Winter Beds
Hypothermia/Overflow/Other (additional winter capacity)	270	94/28	0	364
Emergency Shelter Beds	128	146/42	274	0
Transitional/Safe Housing Beds	170	183/54	353	0
TOTAL	568	423/124	627	364



Table 39: Montgomery County Homeless Count by Category

Category	2013	2012	2011	% Change 2011-2013	% Change 2012-2013
Total Number Counted	1007	982	1132	-11%	2.5%
Total Individuals	638	600	758	-15.8%	6.3%
Total Number of Families	117	126	125	-6.4%	-7.1%
Total Persons in Families	369	381	374	-1.3%	-03.4%
Total Adults in Families	140	152	143	-2.1%	-7.9%
Total Children in Families	229	229	231	-0.9%	0%

Table 39 provides a comparison of the past 3 years.

The total number of formerly homeless persons residing in permanent supportive housing increased to 1,695 in 2013, representing a 3.5 percent over 2012 and 15 percent over 2011. The increase reflects the continued commitment of Montgomery County to increasing the supply of permanent housing.

Subpopulations

More than two-thirds (68 percent) of Montgomery County homeless households without children reported chronic substance abuse, serious mental health issues, or co-occurring disorders, which remains consistent with the previous year (69 percent). During this enumeration 40 percent of homeless households without children reported chronic health problems and/or a physical disability.

Thirty-five percent of the County's households without children were considered chronically homeless, comparable to 2012 when thirty-three percent were reported to be chronically homeless. The CoC was awarded HUD funding for chronically homeless families during the 2011 competition to provide fourteen units for this population.

Fourteen percent of households without children report limited English skills as a barrier to securing housing. Though Montgomery

County has seen an increase in immigrant families, only four percent reported limited English as a barrier to housing. The veteran population continues to remain low at five percent of households without children and only one household reported veteran status during this enumeration.

HUD did not require domestic violence be counted during this enumeration; however, it is considered valuable information toward understanding the factors that lead to homelessness. Four percent of households without children and twenty-one percent in households with children reported that domestic violence contributed to their current episode of homelessness. In 2013 there was one chronically homeless family identified.

Employment and Monthly Income Employment – The number of households without children reporting employment increased from 16 in 2012 to twenty-seven percent in 2013. This can be attributed to the concerted effort to connect homeless persons with vocational and employment supportive services. Employment among adults in households with children increased slightly to 48 percent in 2013 from 46 percent in 2012.

Monthly Income – Fifty-eight (58) percent of households without children reported having some type of income, including those that were unsheltered. Thirty-one percent of the households with children reported monthly



income. During this enumeration HUD required collection of demographics information about transitional age youth (18-24), an area of growing concern for the Continuum of Care. Twenty-five percent of the households with children had a head of household headed by a transitional aged youth during this enumeration. Many entered the system with no income and receive support in applying for Temporary Cash Assistance and engaging in employment services.

Permanent and Permanent Supportive Housing

The high cost of housing in Montgomery County is a significant barrier to preventing and ending homelessness. A household would need to earn more \$56,400 annually to be able to afford the HUD Fair Market Rent of \$1,412 per month for a two-bedroom apartment. For many residents, living in Montgomery County is not possible without financial support.

The local housing authority, Housing Opportunities Commission (HOC), continues to play vital role in making housing affordable in Montgomery County. Unfortunately due to decreased funding from the Federal government, HOC has not been able to open its waitlist for affordable housing, and this has created a gap in low-income housing.

Other permanent housing options include the State Rental Assistance Program, which provides twelve months of deep subsidy. However, the household must be able to maintain housing after the subsidy ends. County Rental Assistance program, which provides shallow rent subsidies to special populations and the Moderately-Priced Dwelling Unit program offers units at reduced rates.

A review CoC data of households exiting homelessness with known destinations indicated that thirty-five (35) percent of homeless households with children exit homelessness to permanent housing, which includes returning to family or friends. Thirty-nine percent of households without children obtain permanent housing also including returning to friends or family.

Montgomery County has continued its commitment to its Housing First Model by increasing the number of permanent supportive housing beds. Over the past year, the County expanded the Housing Initiative Program (HIP) with twenty-five deep subsidies to serve medically vulnerable households without children. Permanent supportive housing was also increased with fourteen chronically homeless units for households without children. Additionally, the County received 15 VASH in 2012. In addition to these PSH expansions,

Table 40: Montgomery County Homeless Subpopulations

	Individual Adults	Adults in Families	Children in Families	Total
Chronic Substance Abuse	140	6	N/A	146
Severe Mental Illness	166	8	N/A	174
Dual-Diagnosis	130	4	N/A	134
Chronic Health Problem	169	15	N/A	184
Living with HIV/AIDS	2	0	N/A	2
Physical Disability	90	8	N/A	98
Domestic Violence Victim	26	29	45	100
Limited English	91	13	N/A	104
U.S. Veterans	30	1	N/A	31



the County increased the supply of permanent housing with supports by adding 20 additional subsidies in the Housing Initiative Program. Unlike permanent supportive housing, homeless persons receiving this assistance are not required to have a disabling condition, but do have significant barriers to housing such as criminal background, poor credit, landlord debt, large family size, or limited English proficiency.

In 2013, Montgomery County had 1,695 formerly homeless persons living in permanent supportive housing compared to 1,640 in 2012 and 1,442 in 2011. This represents a 15 percent increase over a three-year period.



Prince George's County, MD

Description of Homeless Services

The Prince George's County Continuum of Care (CoC) is coordinated through the Homeless Services Partnership. The Homeless Services Partnership (HSP) began in the 1980s as The Homeless Advisory Board. In 1994, The Homeless Advisory Board was renamed the Homeless Services Partnership (HSP) and became the official Advisory Board to the County Executive. In 1998, the County received its first U.S. Department of Housing and Urban Development (HUD) grant for a Continuum of Care program. In 1999, County Resolution CR-68-1999 was proposed by the County Executive and unanimously passed by the County Council emphasizing the County's commitment to alleviating homelessness in Prince George's County. In 2012, the County adopted a HEARTH – friendly "10 Year Plan to Prevent and End Homelessness" and began re-tooling its entire system of care. The Prince George's County Department of Social Services is the lead administering agency for the County's CoC and also serves as the Homeless Management Information System (HMIS) administrator; the Collaborative Applicant (CA) for the annual HUD Homeless Assistance grant application process; Co-Chair of the HSP; and the Maryland State Department of Human Resources' (DHR) local

administrating agency for homeless assistance programs in Prince George's County.

The County's CoC has more than 100 partner public, private, non-profit, faith and citizen representatives and its services are provided through a combination of street outreach, prevention, diversion, rapid re-housing, hypothermia and emergency shelter, transitional housing, permanent supportive housing and permanent housing interventions. All CoC services are coordinated through a central intake system (the "Homeless Hotline") which is accessible 24/7/365 and enhancements are currently in the beta testing phase with plans for full implementation in late 2013, including system-wide centralized assessment, prioritization and placement.

The system currently includes:

- 24/7/365 centralized shelter intake through the "Homeless Hotline";
- 24/7/365 centralized prevention / diversion / rapid re-housing intake through "2-1-1";
- Two 25-bed overflow overnight hypothermia shelters operating from November to April in partnership with 34 faith-based organizations;
- Four 24-hour emergency shelters;
- Four transitional housing programs; and
- Fourteen permanent supportive housing programs.



**Table 41: Prince George's County
Year-Round and Winter Inventory of Beds**

Inventory Type	Beds for Individuals	Beds/Units for Persons in Families	All Year-Round Beds	Winter Beds
Hypothermia/Overflow/Other (additional winter capacity)	30	20		50
Emergency Shelter Beds*	44	142/28	186	0
Transitional Housing Beds*	41	191/62	232	0
TOTAL	115	353/90	418	50
*Additional beds are anticipated in 2013-2014 due to new HHS funding for unaccompanied homeless youth.				

The County has been aggressively tackling challenges impeding the eradication of homelessness within its borders for the past 18 months and - with the assistance of the Freddie Mac Foundation, the National Alliance to End Homelessness, and national best practices for systems of care - we have made significant progress. Some of the most noteworthy achievements are mentioned here:

- Hosted two "Veteran Stand Down and Homeless Resource Day" events with more than 100 direct service providers providing basic care and support services to more than 300 homeless individuals and families, many of whom were chronic homeless and/or currently unsheltered. Services included medical, dental, podiatry, vision, eviction prevention, utility turn-off prevention, housing relocation, shelter placement, employment assistance, showers, haircuts, VA benefits and more.
- Completed HUD's Continuum of Care Check-up, a self-administered tool to determine CoC functional capacity, performance and readiness for HEARTH implementation, and development of a CoC Action Plan to guide self-improvement efforts over the next 24 months.
- Established a County-wide Homeless Youth Work Group which has resulted in development of a 10 year plan to address unaccompanied youth homelessness, a youth provider / leader training academy, 3 successful HHS awards - 2 basic centers and 1 transitional housing program, 2 structured homeless youth counts to examine the scope of homelessness and housing instability among unaccompanied children and youth between the ages of 16 and 24 (data from the 2nd count was included in the COG PIT for the first time in 2013), and expanded regional street outreach.
- Published the County's 10-Year Plan to Prevent and End Homelessness which aligns County efforts with the tenants of HEARTH and the federal goals; shifts system focus from short-term "shelter" to longer-term "housing"; prioritizes programming for special populations; enhances system accountability; builds on current system success; and provides increased flexibility and opportunity. Its creation marks the beginning of comprehensive homeless services system change and provides a roadmap for ending homelessness in the County.
- Conducted targeted outreach to chronically mentally ill persons living on the streets as well as those located within the shelter system to connect them to social security benefits for which they are eligible. In FY 2012, the SSI/SSDI Outreach, Access and Recovery (SOAR) initiative resulted in the collection of more than \$230,000 in benefits (plus an additional \$65,000 in retroactive payments) and an approval rating that exceeded the national average.



Point-in-Time Results

The Prince George's County homeless point-in-time count was conducted on January 30, 2013. The survey counted and interviewed unsheltered homeless persons living on the streets and sheltered individuals and families in overnight hypothermia shelters, 24-hour emergency shelters and transitional housing programs. A diverse group of volunteers and providers met weekly through conference calls and face to face sessions to plan and develop strategies for conducting the count. The County's HMIS system was used to conduct the sheltered count and volunteers were divided into teams for the unsheltered street count; each targeting specific zip codes and locations within in the county including known encampments, shopping malls, metro stations, libraries, soup kitchens and other areas where unsheltered homeless gather. Additional sites were identified by the police who were included on the teams assigned to visit those isolated campsites. 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.

Of particular note in 2013 was the new electronic process used to conduct the unsheltered 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 2013 unsheltered count. Training sessions not only prepared volunteers and team leaders to effectively use the electronic devices but enabled them to review and provide feedback about the survey questions in advance of the count. HMIS Data Specialists were assigned to each team on the day of the count to assist with user questions and overflow survey input to ensure accountability. Unlike

traditional paper forms, the new electronic format allowed the HMIS team to make real time updates which were immediately available on volunteer iPads and iPhones while in the field, program special settings that kept volunteers from accidentally overlooking questions which could have resulted in incomplete surveys, and ensure accuracy of data collection and analysis since responses were now typed and not handwritten.

On January 30, 2013 a total of 686 homeless persons were counted in Prince George's County (298 single adults, 137 adults in families, 233 children in families and 18 unaccompanied youth) and of that number, 27 percent (186 people) were unsheltered and living on the streets while 73 percent (500 people) were sheltered in County hypothermia, emergency shelter or transitional housing programs. The 2013 count reflects a slight increase of 7 percent (45 people) from the 2012 count of 641 but remains lower than prior year counts in spite of a weakened economy and reduction in resources (down 11 percent from the 2011 count of 772 and 13 percent from the 2010 count of 789). The increase was reflected in a 9 percent increase in single adults (279 in 2012 to 298 in 2013), a modest 2 percent increase in families (362 in 2012 to 370 in 2013) and a new 2013 initiative to formally count unaccompanied youth under the age of 18 who were living on the streets without adult supervision (0 in 2012 to 18 in 2013).

Although we acknowledge the small increase, it is clear from the 2013 count that the County has remained diligent and focused on the issues of homelessness and in spite of having the highest number of cost burdened households amongst neighboring jurisdictions and the largest foreclosure rate in the metropolitan area, the numbers of homeless remained relatively consistent with the prior year count.



Table 42: Prince George's County Homeless Count by Category

Category	2013	2012	2011	% Change 2012-2013
Total Number Counted	686	641	773	7.0%
Total Number of Singles	298	279	428	6.8%
Total Number of Families	123	113	106	8.8%
Total Persons in Families	370	362	344	2.2%
Total Adults in Families	137	124	120	10.4%
Total Children in Families	233	238	224	-2.1%
Total Children w/ONLY Children	18	0	0	N/A

One of the factors that likely impacted this success was the availability of the Homeless Prevention and Rapid Re-Housing (HPRP) ARRA program funds which gave the County significant additional financial resources and critical flexibility through June of 2012 to administer its prevention, diversion and rapid re-housing programs. These interventions were essential to restoring a place of permanency for 957 households (2,070 individuals) who were at risk of or currently experiencing homelessness and of those served over the three year period, less than one percent have returned to - or have subsequently become - homeless, clearly demonstrating the value and long-term impact of such prevention / intervention programs. Requests for this assistance exceed 2,000 families per year and we know that the absence of ARRA funding will adversely affect the County's capacity in this area however important lessons learned are being incorporated into existing systems to maximize the resources that remain and minimize any resulting increase in the numbers of individuals and families seeking shelter.

Of the adults counted in 2013; 29 percent of all sheltered adults (77 of 267) were gainfully employed while only 19 percent of all unsheltered adults (31 of 168) reported they were employed. Of those that were not employed, 23 percent of the sheltered adults (44 of 188) and 29 percent of the unsheltered adults (39 of 137) reported

income from Social Security, Retirement, SSI/SSDI or TANF/Public Assistance. An additional 12 percent of the sheltered adults (17 of 141) and 17 percent of the unsheltered adults (16 of 98) reported income from "other" sources which included unemployment, child support, and panhandling.

When reporting barriers, single adults reported severe mental illness (34 percent), chronic substance abuse (23 percent), domestic violence – past or current (16 percent), and history of institutionalization (10 percent) as presenting the greatest barriers to permanent housing and independence. For adults within families, the percentages and order of significance varied but the same barriers topped the list starting with domestic violence – past or current (60 percent), followed by severe mental illness (32 percent), and ending with chronic substance abuse (18 percent).

What is interesting and perhaps more enlightening as the County moves forward with re-engineering its homeless systems, is the shift in barriers that present when comparing the sheltered (267) to the unsheltered (168) adults populations. Among sheltered adults, the percentages changed but the top three barriers remained consistent with that of adults in families and in the same order; domestic violence – past or present (46 percent), severe mental illness (39 percent), chronic substance



abuse (18 percent). Among the unsheltered adult population however, the data collected indicates changes in order, severity and type of barrier(s) making up the top three; chronic substance abuse (27 percent), severe mental illness (24 percent), and physical disability / chronic health problems (16 percent).

supportive housing and 11 (4.4 percent) received VASH vouchers. An additional 21 were placed in Family Unification Program vouchers (FUP) set aside for child welfare system connected unaccompanied youth and/or families who are homeless or about to become homeless.

Permanent and Permanent Supportive Housing

In 2012, a total of 248 households exited the shelter system into permanent housing; 171 from the County's emergency shelter system and 77 from transitional housing. Of those, 231 (93.2 percent) secured regular unsubsidized housing, 6 (2.4 percent) entered permanent

While the County has experienced significant success with unsubsidized and non-traditional permanency efforts, there are clearly those individuals and families who require a more structured housing plan and because of that, the County's Continuum of Care system continues to emphasize the importance of permanent supportive housing. In 2013, the CoC successfully increased the number of supportive housing beds by 7 percent (up from 265 in 2012 to 284 in 2013) with 15 additional

Table 43: Prince George's County Homeless Subpopulations

	Individual Adults	Adults in Families	Children in Families	Unaccompanied Youth	Total
Chronic Substance Abuser	66	24	-	-	90
Severe Mental Illness	99	43	-	-	142
Dually Diagnosed	14	-	-	-	14
Chronic Health Problems	15	-	-	-	15
Living With HIV/AIDS	2	-	-	-	2
Physical Disability	11	-	-	-	11
Domestic Violence History	44	48	102	-	194
DV - Current Episode	3	34	76	-	113
Foster Care	4	5	-	1	10
Former Institutionalized	28	1	-	-	29
Limited English Proficiency	12	3	-	-	15
U.S. Veterans	15	10	-	-	25
U.S. Veterans – Females	-	1	-	-	1

Table 44: Prince George's County Permanent Supportive Housing Bed Inventory

	2011	2012	2013	% Change 2012-2013
Beds for Individuals	71	84	79	-6%
Beds for Families	176	181	205	13%
TOTAL	247	265	284	7%



Other CoC Activities

- Closing the front door: The County's diversion, prevention and rapid re-housing initiatives prevented 317 households in FY 2012 from ever entering the shelter system; 154 (48.5 percent) through non-financial diversion efforts and 163 (51.4 percent) through prevention and/or rapid re-housing efforts. In addition, HSP partner agencies managed an estimated 500 non-CoC beds for mentally ill, substance abusing, dually diagnosed and/or physically challenged persons who were homeless or at risk of homelessness and 120 VASH vouchers for homeless veterans further reducing new entries and system recidivism. Services provided by these programs include mobile street outreach and engagement, psychiatric evaluation and assessment, medication management, daily living skills, health promotion and guidance, psychotherapy and supportive counseling, 24-hour crisis intervention, specialized case management, advocacy, and after care.
- Faith Partnership: The County's Faith Based Outreach Initiative (FBOI) which is staffed by the Department of Social Services has strong member representation on the CoC and is an integral part of the homeless service delivery system. Established in 1995, the FBOI is made up of more than 400 partner faith organizations representing all denominations, including Christianity, Judaism, Islam, and Hinduism, and has been providing integrated public-private health and human services programs and services for more than 17 years. The FBOI hosts the County's church based hypothermia programs, provides volunteer staffing for the annual PIT, conducts street outreach, ministry and mentoring to the vulnerable and hard-to-reach homeless (including chronically mentally ill, non-English speaking, fragile seniors and disenfranchised youth), provides meeting space for homeless events, funds homelessness prevention / intervention services, and is working with the CoC to develop a plan for homeless outreach activities directly tied to the Patient Protection and Affordable Care Act.
- Re-Entry: Most returning citizens do not go back to family or friends, resulting in homelessness and/or an increased risk of falling into circumstances that lead them back to a life of crime so in 2012, the County restructured its' Reentry Roundtable and created a new "Office of Re-Entry". Together, these two entities are working to improve the collaboration between criminal justice agencies, community organizations and service providers and to promote successful re-entry and integration of returning citizens to their families and community by focusing on the following key areas:
 - 1) Developing a structured re-entry process since the current process is fragmented;
 - 2) Increasing collaboration between all organizations that specialize in returning citizens;
 - 3) Initiating the development of an Individual Service Plan upon entry into the system;
 - 4) Focusing effort on the subset of the population that are likely to remain in County facilities (many of those who are incarcerated will be sentenced to a facility outside of the County);
 - 5) Finalizing a discharge plan that ensures returning citizens are not discharged into homelessness; and
 - 6) Increasing housing and resource opportunities for returning citizens by submitting grant applications for new funding opportunities.





Prince William County, VA

On January 30, 2013, the Point in Time Count conducted in Prince William County resulted in 447 homeless persons surveyed. This included individuals, families and children. The Prince William County, Continuum of Care's (CoC), Emergency Shelters had 101 emergency beds occupied by singles and 123 beds occupied by families. The Prince William County Winter Shelter, which operates from November through March, had 41 beds occupied the night of the Point-in-Time count (PIT). The CoC's Transitional Housing program bed occupancy for families was 136. The count of unsheltered adults was 113. During the night of the PIT count, 115 adults reported being employed. Based on the results of the PIT count, 65.2 percent of those employed were members of a family while 16 percent of those employed were single.

Prince William County's CoC has eight Transitional Housing programs. Seven Transitional Housing programs serve families and one program provides services for single males. Six programs in the CoC receive partial funding from the Department of Housing and Urban Development (HUD) to provide supportive housing in Prince William County. The Homeless Management Information System (HMIS) program is also partially funded by HUD. HMIS provides data support to all programs that provide Transitional Housing, Emergency

Shelter, Permanent Supportive Housing and Rapid Re-housing in Prince William County. HMIS also provides data support to programs that provide supportive services, which includes but is not limited to mental health, case management, and educational liaison services.

The Cooperative Council of Ministries (CCoM), in partnership with the Prince William County Department of Social Services, operates a year round Drop In Center, serving 50 participants daily, many of them chronically homeless. The Drop In Center provides meals, showers, and other services. A Project for the Assistance in Transition from Homelessness (PATH) therapist from Prince William County Community Services Board (CSB) provides mental health services to both the Winter Shelter and Drop In Center programs. Prince William County Department of Social Services and CCoM has also implemented Case Management Services to the Winter Shelter and Drop In Center programs to assist with health care services, housing, life skills, GED classes, individual counseling and job readiness training.

In 2012 the Prince William County CoC began to research a process for Centralized Intake. A committee was formed to research locales that already have this system in place in order to implement the best possible design for Prince

**Table 45: Prince William County
Year-Round and Winter Inventory of Beds**

Inventory Type	Beds for Individuals	Beds/Units for Persons in Families	All Year-Round Beds	Winter Beds
Hypothermia/Overflow/Other (additional winter capacity)	48	-	-	48
Emergency Shelter Beds	51	123	174	-
Transitional Housing Beds	3	136	139	-



William County. The CoC developed a committee comprised of shelter program staff, the current chair of the CoC, the HMIS administrator, county representative, and other service providers. The committee has explored tools available in HMIS for managing workflow and bed space, as an initial step toward instituting Centralized Intake in Prince William County. The committee has developed a universal screening tool to be implemented by the three primary shelters as well as other homeless service providers. This tool will ensure that all clients seeking shelter are assessed consistently to determine if diversion is a potential option or if shelter is essential. The committee has made progress in establishing policies and procedures for the change in workflow and begun to seek resources to financially support Centralized Intake goals. Currently software, policies and procedures are being developed and the Prince William County CoC anticipates the launch of the Centralized Intake by summer of 2013.

Prince William CoC began submitting Annual Homeless Assessment Reports (AHAR) for all reporting categories, which were accepted by HUD for the 2011 and 2012 AHAR reporting year. The Homelessness PULSE project reporting has been suspended by HUD until further notice. Prince William CoC will be able to submit PULSE reports when HUD resumes PULSE reporting.

The homeless task force worked with Delegate Scott Lingamfelter in 2012 on developing a Single Room Occupancy (SRO) program. The initiative was not funded however, the SRO plan has not been entirely dismissed and there are currently agencies and churches in Prince William County that are working on the process.

Prince William County CoC Rapid Re-housing program assist families and individuals with services and financial assistance to prevent homelessness or maintain permanent housing. During 2012 CoC agencies Rapid Re-housing program assisted 141 families and 37 individuals. In Fiscal Year 2011- 2012, 226 persons exited

Prince William County CoC programs into permanent housing.

Prince William County Emergency Shelter beds for families was increased by 32 beds during the summer of 2012, due to the expansion of one non-profit program.

Prince William County CoC also has a Homeless Prevention Program (HPP) that has served 137 persons to date. There are currently 69 Permanent Supportive Housing beds in Prince William County. The CoC is planning to add an additional 3 Permanent Supportive Housing units in 2013 to serve 5 chronically homeless individuals.

The need for Permanent Supportive Housing remains intense as reflected in the 2013 PIT. The homeless service providers in the Prince William CoC are networking to provide the resources for more permanent supportive housing and affordable housing, which provides the stability most of the families and singles need to move forward.



Table 46: Prince William County Homeless Count by Category

Category	2013	2012	2011	% Change 2012-2013
Total Number Counted	447	467	566	< 1%
Total Number of Singles Individuals	183	161	175	< 1%
Total Number of Families	79	88	142	< 1%
Total of Persons in Families	263	306	500	< 1%
Total Adults in Families	95	103	190	< 1%
Total Children in Families	168	203	310	< 1%

Table 47: Prince William County Homeless Subpopulations

	Individual Adults	Adults in Families	Children in Families	Total
Chronic Substance Abusers	34	-	-	34
Severe Mental Illness	13	-	-	13
Dually Diagnosed	14	-	-	14
Chronic Health Problems	32	3	-	35
Living with HIV/AIDS	-	1	-	1
Physical Disability	21	2	-	23
Domestic Violence Victims*	6	5	4	15
Language Minority	5	3	-	8
U. S. Veterans	20	2	-	22

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





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Homeless Numbers - Embargoed - Not For Release Until May 8, 2013 - NOON

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AGENDA ITEM #10

EMERGENCY PREPAREDNESS COUNCIL 2013 PRIORITIES



NATIONAL CAPITAL REGION EMERGENCY PREPAREDNESS COUNCIL

May 8, 2013

What is the National Capital Region Emergency Preparedness Council?

- The National Capital Region Emergency Preparedness Council (EPC) is an advisory body established by the COG Board.
- The EPC is made up of:
 - Elected officials;
 - COG committee chairs;
 - Representatives of homeland security, emergency management services and transportation;
 - Nonprofit and business communities.
- The EPC serves as the custodian of the National Capital Region Homeland Security Strategic Plan, and:
 - Oversees the Regional Emergency Coordination Plan (RECP);
 - Helps to coordinate activities of various working groups; and
 - Assists in the carrying out of preparedness training and exercises.

EPC 2013 Objectives

- **OBJECTIVE 1:** Enhance NCR resilience to cyber security
- **OBJECTIVE 2:** Increase personal preparedness through workplace based initiatives
- **OBJECTIVE 3:** Provide leadership review and support to the update of the NCR Homeland Security Strategic Plan

Cyber attacks are a growing threat

- “Chinese hackers suspected in attack on The Post’s computers” – Washington Post 2/1/2013
- “Sophisticated cyber-attack hits Energy Department, China possible suspect” – Fox News 2/4/2013
- “Cyberattacks Seem Meant to Destroy, Not Just Disrupt” – New York Times 3/28/2013
- ‘Biggest cyber-attack in history’ slows internet – The Times 3/28/2013
- “Newest Cyberattacks On US Banks Are Destroying Data Rather Than Stealing It” – Business Insider 3/29/2013
- US government cyber-security database taken offline due to hacker attack – RT.com 3/15/2013

The Washington Post



WELLS
FARGO



BB&T

NIST

NCR Cyber Framework Project

- Cyber attacks are one of the biggest threats facing the NCR and the Nation.
- Focus of the project will be:
 - Cyber resiliency
 - Communications
 - Response to attacks
- Expected outcomes include:
 - Regional cyber security policies, standards, and procedures;
 - Development of a unified approach to cyber security in the NCR.
 - Improved information sharing about cyber threats.

Senior Leaders Seminar 2013

- Purpose: Provide key leaders in the NCR with an opportunity to discuss high-level decision making, communications, coordination, and collaboration during a cyber event.
- Date: Thursday, June 13th – location TBD.
- Goals Include:
 - Improve regional information sharing;
 - Identify regional resources needed to respond;
 - Discuss ability to recover from a regional cyber event;
 - Define outcomes of the NCR Cyber Framework Project;



AGENDA ITEM #11

LEGISLATIVE UPDATE

(NOTE: NO ATTACHMENTS)



AGENDA ITEM #12

OTHER BUSINESS

(NOTE: NO ATTACHMENTS)



AGENDA ITEM #13

ADJOURNMENT

NEXT MEETING: June 12, 2013