

# HOMELESSNESS IN METROPOLITAN WASHINGTON

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

May 2016



Metropolitan Washington  
**Council of Governments**

# HOMELESSNESS IN METROPOLITAN WASHINGTON

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Count of Persons Experiencing Homelessness

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## EXECUTIVE SUMMARY

For the 16<sup>th</sup> 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 28, 2016, one day later than originally planned due to the arrival of a blizzard in the Mid-Atlantic region four days before the enumeration. The report provides a one-night "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 night, and the count may be influenced by numerous variables, such as weather and bed availability by jurisdiction.

Key findings, highlights, and trends from the 2016 Point-in-Time (PIT) Enumeration follow below:

### *Literally Homeless Count:*

- The 2016 Point-in-Time (PIT) Enumeration resulted in a total count of **12,215 literally homeless individuals**.
- The region's population of persons experiencing homelessness **increased by 5 percent (or 592 people) from 2015**.

This represents a change from the 2015 PIT, when the number of persons experiencing homelessness declined by nearly three percent. Since 2012, the population of literally homeless persons has increased by 3.3 percent (or 385 people). The increase is attributed primarily to a rise in family homelessness in the District of Columbia.

- **Seven of nine jurisdictions recorded decreases in the number of persons experiencing homelessness in 2016.**

Arlington County reported the greatest percentage decrease (27 percent) in its literally homeless population yet again this year, and the second largest reduction in the number of persons counted between 2012 and 2016 (277 fewer individuals). Arlington also reported the greatest percentage reduction in the region over the four-year period from 2012 to 2016 (61 percent).

The City of Alexandria reported the second largest percentage reduction in its residents experiencing homelessness (36 percent), from 2012 to 2016. Alexandria counted 128 fewer literally homeless persons during that same period, which represents the third largest reduction in the region.

Fairfax County reported the greatest reduction in the number of persons experiencing homelessness from 2015 to 2016 (145 fewer persons) as well as from 2012 to 2016 (475 fewer persons counted). Fairfax County reported the third largest percentage reduction in the number of literally homeless counted between 2012 and 2016 (31 percent).

The District of Columbia and Frederick County reported increases in the number of persons experiencing homelessness from 2015 to 2016 as well as during the period of 2012 to 2016. The District of Columbia has the largest proportion of the region's homeless population (68 percent) and counted 1,396 additional persons between 2012 and 2016 (an increase of 20 percent). Frederick County, Maryland's increase from 2012 to 2016 (22 percent) is based upon 64 individuals and therefore the population size may be too small to be truly significant.

### *Veterans Experiencing Homelessness:*

- The Commonwealth of Virginia declared statewide that it had met the requirements of the federal definition of "functional zero" with regard to

veterans experiencing homelessness in November 2015;

- Arlington County, Virginia and Montgomery County, Maryland were recognized as being **two of only five jurisdictions nationwide to have reached “functional zero”** per the similar but more stringent Community Solutions definition, meaning, *“At any point in time, the number of veterans experiencing sheltered and unsheltered homelessness in a community will be no greater than the average monthly housing placement rate for veterans experiencing homelessness in that community.”*

Montgomery County and Arlington County attribute meeting this goal in part to participating in the Community Solutions’ Zero: 2016 Campaign. The Campaign’s goals are to end homelessness for veterans by December 2015 and chronic homelessness by December 2016.

Coordinated efforts from the local to the federal level at the U.S. Departments of Housing and Urban Development (HUD) and Veterans Affairs have also had a positive impact on reducing the number of veterans experiencing homelessness in our region.

Between 2012 and 2016, the region counted 254 fewer homeless veterans (34 percent reduction). This demonstrates the success that the region can achieve in ending homelessness with access to additional dedicated housing resources, such as HUD-VASH (Veterans Affairs Supportive Housing) and SSVF (Supportive Services for Veteran Families) housing subsidy vouchers.

#### *Chronically Homeless:*

Yet another regional success story is the continued decline in chronic homelessness. The number of chronically homeless persons declined by 831 persons (28 percent) between

2012 and 2016 and by 175 persons (8 percent) from 2015 to 2016.

Success is attributed in part to additional HUD-VASH vouchers; HUD Continuum of Care program funding targeting the chronically homeless; participation in the Zero: 2016 Campaign; and an increase in permanent supportive housing options.

- **Eight of the nine jurisdictions experienced decreases in their chronically homeless single counts since 2015;** and
- **Eight of nine jurisdictions experienced decreases between 2012 and 2016.**

The two jurisdictions with the greatest percentage reductions since 2015 are Prince George’s County for the second year in a row (41 percent) and Arlington County (40 percent).

The District of Columbia had the greatest reduction in the number of chronically homeless single adults from 2015 to 2016 (92 fewer persons counted in 2016) and the greatest regional reduction in the number of persons counted as chronically homeless between 2012 and 2016 (369 fewer individuals).

#### *Formerly Homeless:*

Although the overall regional total of people experiencing homelessness increased on the date of the 2016 PIT, the region also measured **an increase of 13% of the single individuals and family members who were counted in permanent supportive housing** on the night of the PIT and are no longer considered homeless.

In addition, in 2016:

- **4,719 formerly homeless individuals were rapidly re-housed** (a 25 percent increase from last year); and
- **2,699 formerly homeless persons were counted in other permanent housing** (a 43 percent increase from 2015).

This brings the regional total of formerly homeless persons in 2016 to 17,087, an additional 2,825 people housed than at this time last year. The significant number of people placed in permanent housing has constrained the incidence of homelessness in the region and helped prevent it from growing unchecked.

**Conclusion**

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

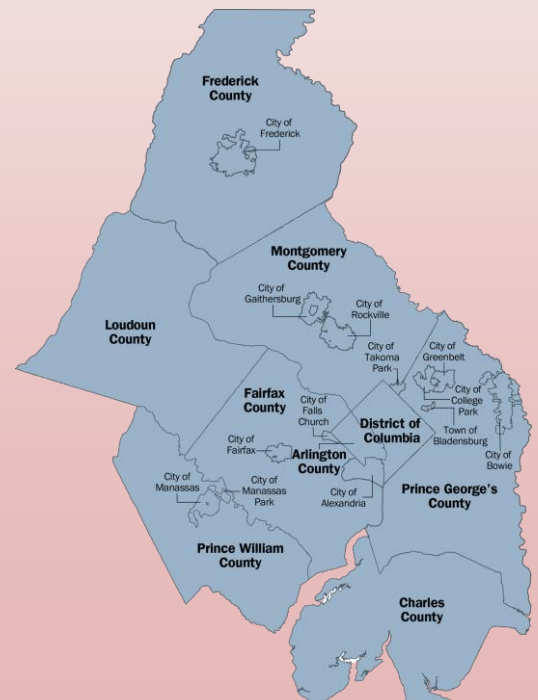
The 2016 report highlights several key, recurring themes:

1. The significant increase in the number of formerly homeless persons in permanent and permanent supportive housing;
2. The positive impact of shelter diversion and homeless prevention programs;
3. The need for additional resources to increase the supply of affordable housing available to the lowest-income households.

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, there remain significant challenges highlighted in this year’s numbers. Accurately counting and addressing the needs of homeless unaccompanied youth remains problematic, not just for our region, but nationwide. The rise in family homelessness throughout the region in particular reflects the stark reality about the lack of sufficient affordable housing. Reversing the trend in rising family homelessness observed during the past four years will require a renewed dedication to creating and preserving affordable housing opportunities for low-income families to allow them to be stably and independently housed for the long-term.

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 or other permanent housing who 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 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.*

# INTRODUCTION

The 2016 Point-in-Time (PIT) 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 and permanent supportive housing. The PIT also provides information on the extent to which homeless persons in each jurisdiction live with disabling conditions or belong to various subpopulations.

The metropolitan Washington region's homeless services system consists of nine jurisdictions, each representing 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 its homeless population.

The participating jurisdictions are:

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

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

The report includes narratives that were prepared by each of the respective jurisdictions. The narratives briefly describe each jurisdiction's homeless CoC 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 is 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 2016 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.hudexchange.info](http://www.hudexchange.info).

Due to the high housing cost burden and reduced affordable housing options, several local jurisdictions and service providers are concerned that many more of the region's residents are at risk of experiencing homelessness. While not yet considered homeless, many households are believed to be doubled up and/or living in overcrowded situations, due to difficult economic conditions. Homelessness is often the next step for such households once the family members or friends who have been sheltering them can or will no longer do so.

## ***How We Define Homelessness***

The region's jurisdictions use HUD's definition of **homelessness** which is defined as *people who reside in emergency shelter, transitional housing,*



*domestic violence shelters, runaway youth shelters, safe havens, or places not meant for human habitation, such as streets, parks, alleys, abandoned buildings, and stairways.*

**Literally Homeless** persons, which may also be referred to as “homeless” in this report, include Households without Children, Households with Adults and Children, and Households with Only Children, who may be **sheltered** or **unsheltered**, as described above.

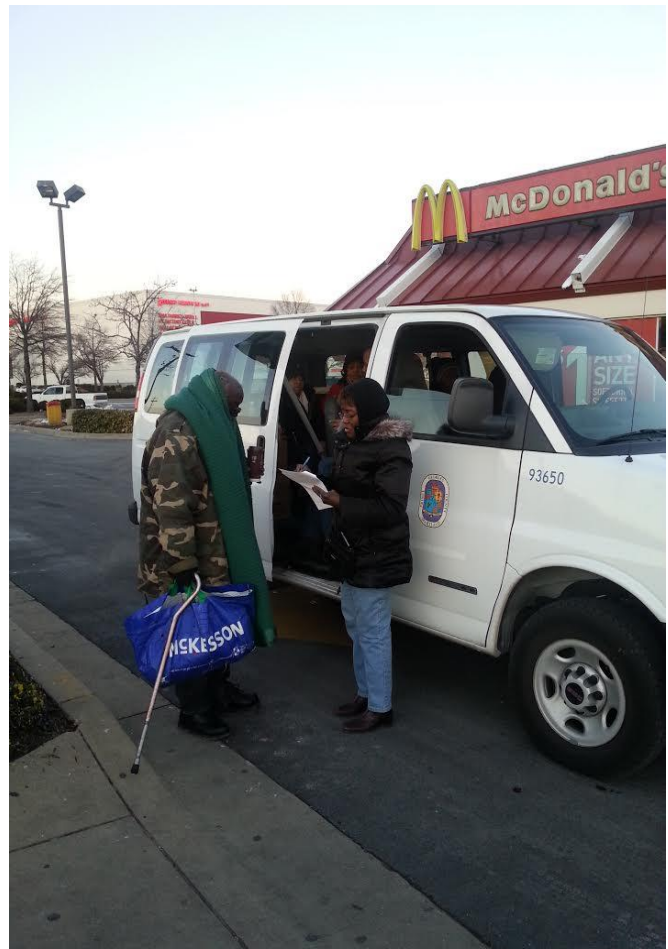
**Formerly Homeless** persons in this report include those who, on the night of the PIT, had moved into permanent supportive housing, were rapidly rehoused, or moved into other permanent housing. This does not include homeless persons who are able to secure other permanent housing outside of the homeless system, including a non-subsidized apartment or room, moving in with a relative or friend, or receiving a mainstream rental subsidy.

Data for the 2016 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. In this report, we also refer to households without children as “single adults.” The vast majority of households without children are single persons, although this category may include couples without minor children or a parent and an adult child over the age of 18. These households are counted as single adults for purposes of the Point-in-Time count.
2. **Households with Adults and Children.** Households with adults and children contain at least one adult age 18 or over and at least one child under age 18. In this report, we also refer to households with

adults and children as “homeless families.”

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



COG Homeless Services Committee member Vicky Frazer conducts a survey interview for the Point-in-Time count. Credit: Prince George's County Government

# HOW MANY LOCAL RESIDENTS ARE EXPERIENCING HOMELESSNESS?

As of January 28, 2016, 12,215 people throughout the metropolitan Washington region indicated that they were homeless, an increase of five percent (592 persons) from 2015. Table 1 illustrates the region’s 2016 homeless enumeration across jurisdictions compared to last year.

Arlington County experienced the largest percentage decrease in its homeless population count since last year for the second year in a row, reducing its literally homeless population by 27 percent. Several other CoCs experienced reductions in their homeless populations, such as in Loudoun County (20 percent), the City of Alexandria (16 percent), Prince George’s County (13 percent), Fairfax County (12 percent), and Montgomery County (11 percent).

The District of Columbia and Frederick County were the only jurisdictions which experienced an increase in their literally homeless populations from 2015 to 2016. The change in Frederick County (38 persons) is relatively small. The greatest increase was in the District of Columbia, which experienced a 14 percent increase (1,052 additional literally homeless persons) since 2015. The same trend is largely

true for the five year period of 2012 to 2016, as shown in Table 2, which illustrates the numerical and percentage change in the number of residents in the region experiencing homelessness.

### *How Has the Region’s Homeless Population Changed?*

Seven of nine of COG’s CoCs experienced decreases in their homeless populations between 2012 and 2016, and one jurisdiction, Montgomery County, remained within one person of their count in 2012. Arlington County and the City of Alexandria have the largest percentage decreases in the number of people experiencing homelessness at 61 percent and 36 percent, respectively.

Fairfax County experienced the largest decrease in the number of people experiencing homelessness during the same period (475 fewer individuals counted).

Arlington County attributes the reduction in its homeless population to several factors, including participation in the nationwide Zero: 2016 Campaign, which has set goals to end veteran homelessness by December 2015 and chronic homelessness by December 2016. Arlington also completed its first year of

TABLE 1: LITERALLY HOMELESS BY JURISDICTION 2015 - 2016				
Jurisdiction	2015	2016	Change in Number of Persons 2015-2016	Percent Change 2015 - 2016
City of Alexandria	267	224	-43	-16%
Arlington County	239	174	-65	-27%
District of Columbia	7,298	8,350	1,052	14%
Fairfax County	1,204	1,059	-145	-12%
Frederick County	311	349	38	12%
Loudoun County	168	134	-34	-20%
Montgomery County	1,100	981	-119	-11%
Prince George's County	627	544	-83	-13%
Prince William County	409	400	-9	-2%
<b>TOTAL</b>	<b>11,623</b>	<b>12,215</b>	<b>592</b>	<b>5%</b>

implementing its Centralized Access System, which has improved access to services across the entire CoC. Other critical services which contributed to the reduction in both single adults and persons in families experiencing homelessness include a robust menu of

eviction and homeless prevention services,

diversion services to keep people from entering the emergency shelter system, and a continuation of the Housing First model. Housing First emphasizes moving households into permanent housing as quickly as possible, and then providing supports as needed.

The City of Alexandria attributes its decrease in sheltered persons experiencing homelessness on the night of the count in part to the efforts of its Housing Crisis Response System, which has been in place since 2012. 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.

Fairfax County experienced decreases throughout the homeless system across all household categories; however, the County attributes the decrease in persons experiencing homelessness in 2016 primarily to a reduction in families experiencing homelessness. Contributing factors include continued development of a unified approach across the family homeless services system; contracts with specific outcomes, which have led to systemic change; increased homelessness prevention and rapid re-housing efforts; new permanent supportive housing for families developed by the county; additional

Veterans Affairs Supportive Housing (VASH) vouchers; and resumed access to Housing Choice Vouchers. Additional significant undertakings during 2015 include aligning new contracts with the community's 10 Year Plan to end homelessness; participation in the HUD Mayor's Challenge to End Veteran Homelessness; and increased effectiveness as the average length of stay in shelter decreased by 10 percent from 2015.

Two jurisdictions, the District of Columbia and Frederick County, experienced increases in their homeless populations since 2012. In Frederick County, the increase during four years is the result of 64 individuals; therefore, the population size may be too small to be truly significant. In addition, this year Frederick made a better use of available Homeless Management Information Systems (HMIS) data, which resulted in an increased number of homeless individuals being identified and counted. The District of Columbia has the largest local percentage increase in homeless people in the region, and accounted for 1,396 additional literally homeless persons during the same period.

The District of Columbia attributes the rise in families experiencing homelessness primarily to severe housing affordability challenges and increased demand for stable housing assistance. The increase is also attributable to

**TABLE 2: LITERALLY HOMELESS BY JURISDICTION, 2012-2016**

	2012	2013	2014	2015	2016	Percent Change 2012 - 2016
City of Alexandria	352	275	267	267	224	-36%
Arlington County	451	479	291	239	174	-61%
District of Columbia	6,954	6,865	7,748	7,298	8,350	20%
Fairfax County	1,534	1,350	1,225	1,204	1,059	-31%
Frederick County	285	275	246	311	349	22%
Loudoun County	164	166	179	168	134	-18%
Montgomery County	982	1,004	891	1,100	981	0%
Prince George's County	641	686	654	627	544	-15%
Prince William County	467	447	445	409	400	-14%
<b>TOTAL</b>	<b>11,830</b>	<b>11,547</b>	<b>11,946</b>	<b>11,623</b>	<b>12,215</b>	<b>3.3%</b>

a significant policy improvement in 2015. The District now offers year-round access to family shelter to provide services and assistance, which had been limited to the hypothermia season (November through March) in past years. As a seasonal right-to-shelter jurisdiction, many families in District who were experiencing or at-risk of homelessness had to wait until the weather was cold enough to access emergency shelter, when shelter is an entitlement, making families more vulnerable in warmer months. Seasonal access also contributed to inefficiencies in the crisis response system as a result of the District needing to meet a year's worth of emergency shelter in just a few months. From April to October 2015, 464 families received access to shelter because of the new policy, as compared to only 12 shelter placements from April to October 2014. In addition, the significant new housing resources for families funded in the District's FY 2016 budget had not come online in enough time to make an impact on the 2016 Point in Time count.<sup>1</sup>

A combination of factors, including the region's increased supply of permanent supportive housing, increased use of rapid re-

housing, and homeless prevention and diversion efforts account for some other jurisdictions' consistent declines in homelessness. Significant challenges remain, however, particularly given the trend of rising family homelessness. 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. In addition, wages have not increased to keep pace with the rising cost of housing. A shortage of living wage jobs compounds the difficulty in finding and maintaining affordable housing. Federal spending cuts due to sequestration enacted in 2013 have frozen or reduced the availability of Housing Choice Vouchers throughout the region, and without an increase in federal non-military discretionary spending budget caps, further reductions in housing programs may result in the further loss of rental subsidies during 2016.

A lack of affordable, permanent housing opportunities remains the most significant and persistent obstacle to ending homelessness in our region.



*Credit: Kai Hendry/Flickr*

<sup>1</sup> See the jurisdictional narrative section of this report for additional information on the District of Columbia's homeless services and 2016 PIT count results.

# 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 is essentially unchanged and represents a slight increase from 0.22 in 2015. Excluding the District, the incidence of homelessness is 0.08 percent for the region's suburban population, which is a minor decrease from 0.09 in 2015.

HUD's 2015 CoC Point-in-Time data state that there are 564,708 homeless people in the country. This figure represents 0.18 percent of the nation's total population of 320,436,085 (as of January 2015), compared 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

population. Of every 1,000 people in the District, 12 are homeless, an increase from last year when it was 11.

Another way to evaluate the size of the literally homeless population over time is to compare it to the region's population growth. Since the first regional enumeration in 2001, the total number of literally homeless persons has remained steady between 11,000 and 12,000, while the region's population has grown dramatically (Figure 1, following page). Therefore, compared to population growth, the rate of homeless persons per thousand (also described in Table 3) has declined over time.

### Household Composition

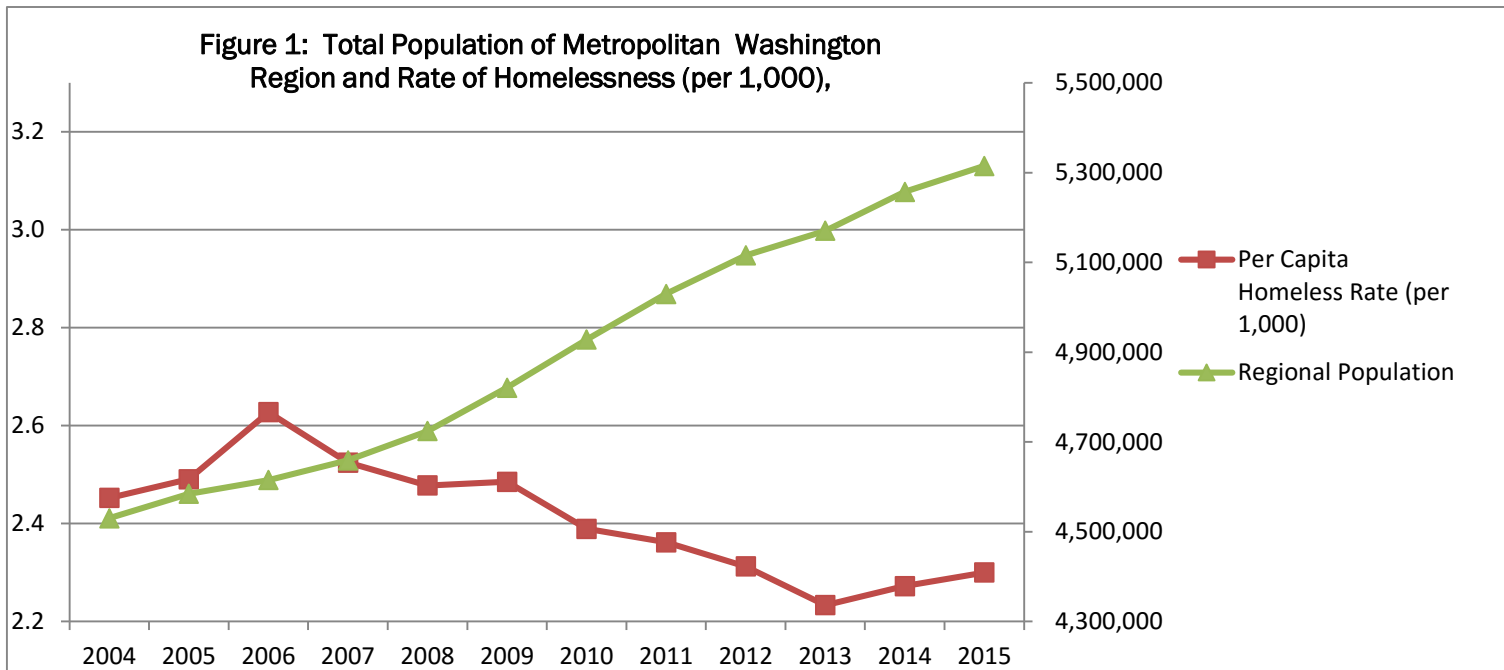
Table 4 (following page) compares the 2012 through 2016 enumeration survey responses from the three main categories of homeless households. Family homelessness (the number of persons in homeless families) increased 13

TABLE 3: 2016 SHARE OF POPULATION THAT IS HOMELESS				
Jurisdiction	2015 Total Population*	2016 Literally Homeless	Homeless as Percent of Total Population	Homeless Persons per 1,000 People
City of Alexandria	153,511	224	0.15%	1.5
Arlington County	229,164	174	0.08%	0.8
District of Columbia	672,228	8,350	1.24%	12.4
Fairfax County <sup>1</sup>	1,180,139	1,059	0.09%	0.9
Frederick County	245,322	349	0.14%	1.4
Loudoun County	375,629	134	0.04%	0.4
Montgomery County	1,040,116	981	0.09%	0.9
Prince George's County	909,535	544	0.06%	0.6
Prince William County <sup>2</sup>	509,211	400	0.08%	0.8
<b>Region with D.C.</b>	<b>5,314,855</b>	<b>12,215</b>	<b>0.23%</b>	<b>2.3</b>
<b>Region without D.C.</b>	<b>4,642,627</b>	<b>3,865</b>	<b>0.08%</b>	<b>0.8</b>

\*Source: Table 1. Annual Estimates of the Resident Population for the Metropolitan Washington Council of Governments: April 1, 2010 to July 1, 2015. U.S. Census Bureau, Population Division, March 2016.

<sup>1</sup> Includes the Cities of Fairfax and Falls Church

<sup>2</sup> Includes the Cities of Manassas and Manassas Park



percent from 2015 to 2016, and has increased 14.7 percent between 2012 and 2016. In contrast to the metropolitan Washington region, at the national level, family homelessness declined by 13 percent between 2011 and 2015 and 5 percent between 2014 and 2015.<sup>2</sup>

households were counted as homeless, an increase of 13 percent from 2015. The regional increase recorded this year is attributed primarily to the 34 percent increase (1,190 persons in families) in the District of Columbia from 2015 to 2016. One distinguishing characteristic of homeless families is that the age of adults in homeless families tends to be much younger than of homeless single adults. For example, in the District of Columbia, the median age of a

**Family Households**

Tables 5 and 6 illustrate the 2016 survey responses from the region’s homeless families. As of January 28, 2016, a total of 2,047 family

		Total Single Adults	Total Persons in Families	Total Persons in Households with ONLY Minor Children	Regional Total
<b>MWCOG REGION</b>	<b>2016</b>	5,764	6,435	16	<b>12,215</b>
	<b>2015</b>	5,929	5,678	16	<b>11,623</b>
	<b>2014</b>	6,057	5,880	9	<b>11,946</b>
	<b>2013</b>	6,115	5,405	27	<b>11,547</b>
	<b>2012</b>	6,204	5,611	15	<b>11,830</b>
<b>2012 - 2016 Percent Change</b>		<b>-7.1%</b>	<b>14.7%</b>	<b>6.7%</b>	<b>3.3%</b>

<sup>2</sup> <https://www.onecpd.info/resource/3031/pit-and-hic-data-since-2007/>

homeless single adult is 49, but the median age of a homeless adult with children is 25.<sup>3</sup>

For the 2016 enumeration, 27 percent of Households with Adults and Children were between the ages of 18 and 24, a slight increase from 25 percent in 2015.

Only one jurisdiction – the District of Columbia – experienced an increase in the number of homeless persons in families from 2015 to 2016. Beginning in the spring of 2015, the District of Columbia began implementing year-round access to shelter; at the same time, the District Council unanimously passed “Advancing Year Round Access to Shelter Policy and Prevention of Homelessness Act of 2015” which created an interim eligibility placement process for

**TABLE 5: 2016 LITERALLY HOMELESS PERSONS IN FAMILIES BY JURISDICTION**

Jurisdiction	Number of Families	Adults in Families	Children in Families	Persons in Families
City of Alexandria	28	31	64	95
Arlington County	18	22	28	50
District of Columbia	1,491	1,945	2,722	4,667
Fairfax County	178	236	339	575
Frederick County	32	41	59	100
Loudoun County	20	25	44	69
Montgomery County	109	128	230	358
Prince George's County	105	118	190	308
Prince William County	66	78	135	213
<b>ALL COG COCs</b>	<b>2,047</b>	<b>2,624</b>	<b>3,811</b>	<b>6,435</b>

*Note: Chart above does not include Households with Only Children.*

families whose eligibility for shelter is not immediately clear. This new policy and practice has contributed to the growth in the number of families counted as homeless at the Point-in-Time.

Reductions in the one year rate of family homelessness were greatest in Arlington County (33 percent) followed by Montgomery

**TABLE 6: CHANGE IN LITERALLY HOMELESS PERSONS IN FAMILIES BY JURISDICTION**

Jurisdiction	2012	2013	2014	2015	2016	Percent Change 2012-2016
City of Alexandria	139	90	88	108	95	-32%
Arlington County	188	211	113	75	50	-73%
District of Columbia	3,187	3,169	3,795	3,477	4,667	46%
Fairfax County	837	747	695	715	575	-31%
Frederick County	116	104	105	130	100	-14%
Loudoun County	95	85	102	88	69	-27%
Montgomery County	381	366	288	502	358	-6%
Prince George's County	362	370	441	359	308	-15%
Prince William County	306	263	253	224	213	-30%
<b>ALL COG COCs</b>	<b>5,611</b>	<b>5,405</b>	<b>5,880</b>	<b>5,678</b>	<b>6,435</b>	<b>15%</b>

<sup>3</sup> The Community Partnership for the Prevention of Homelessness, *Homelessness in the District of Columbia*,

*The 2014 Point in Time Enumeration:*  
<http://www.community-partnership.org/facts-and-figures>

County (29 percent), Frederick County (23 percent) and Fairfax County (20 percent).

The same trend is reflected in the longer period of 2012-2016. Eight of the nine regional CoCs recorded decreases in family homelessness during this time, with an increase in the District of Columbia of 46 percent. This increase in the District of Columbia accounted for the overall regional increase of 15 percent in homeless persons in families during this period.

The trend of rising family homelessness in the core is a major challenge the region faces in its efforts to end homelessness in a high-cost housing market. Although the numbers of homeless persons in families are small in outer suburban jurisdictions such as Loudoun and Frederick Counties, the numbers of people in families experiencing homelessness are persistent.

More populous jurisdictions, such as Fairfax County and the District of Columbia, are faced with increased competition for a diminishing number of affordable housing units (both subsidized and market rate), which is a major contributor to the growth in family homelessness recorded during this period.<sup>4</sup>

Another possible factor in the rise in family homelessness in the District is the right-to-shelter laws designed to assist persons experiencing a housing crisis. An analysis performed by the Urban Institute in 2015 found that at the national level, between 2007 and 2013, homelessness across the United States declined by 24 percent; however, in Right-to-Shelter jurisdictions such as the District of Columbia, homelessness increased 33.5 percent during the same period.<sup>5</sup>

According to the U.S. Census Bureau's 2014 American Community Survey 1-Year Estimates, the Washington Metropolitan Statistical Area's

(MSA) median monthly homeownership costs are \$2,202 and median monthly gross rent is \$1,525. More than 30 percent of the region's households pay more than a third of their incomes to satisfy these monthly housing costs. Almost half of all renter households in the region, many of whom are very low income, have struggled with high housing costs, including more than 150,000 with a severe housing cost burden (i.e. paying more than 50 percent of monthly income towards housing costs).<sup>6</sup> In the District of Columbia, a person earning the minimum wage (\$9.50 per hour) in 2015 would need to work 118 hours per week to be able to afford a two-bedroom apartment at the Fair Market Rent.<sup>7</sup> 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.



*Credit: Marica Idil/Flickr*

### **Children in Homeless Families**

It is important to note that children face particularly adverse effects from experiencing homelessness. Children are often dislocated from familiar surroundings, relatives, friends, and neighborhood schools when their families become homeless. Children must also

<sup>4</sup> <http://www.dcfpi.org/disappearing-act-affordable-housing-in-dc-is-vanishing-amid-sharply-rising-housing-costs>

<sup>5</sup> Leah Hendey, "Reducing Homelessness and Housing Instability", (presentation at Regional Homelessness Summit in Silver Spring, MD, March 17, 2015).

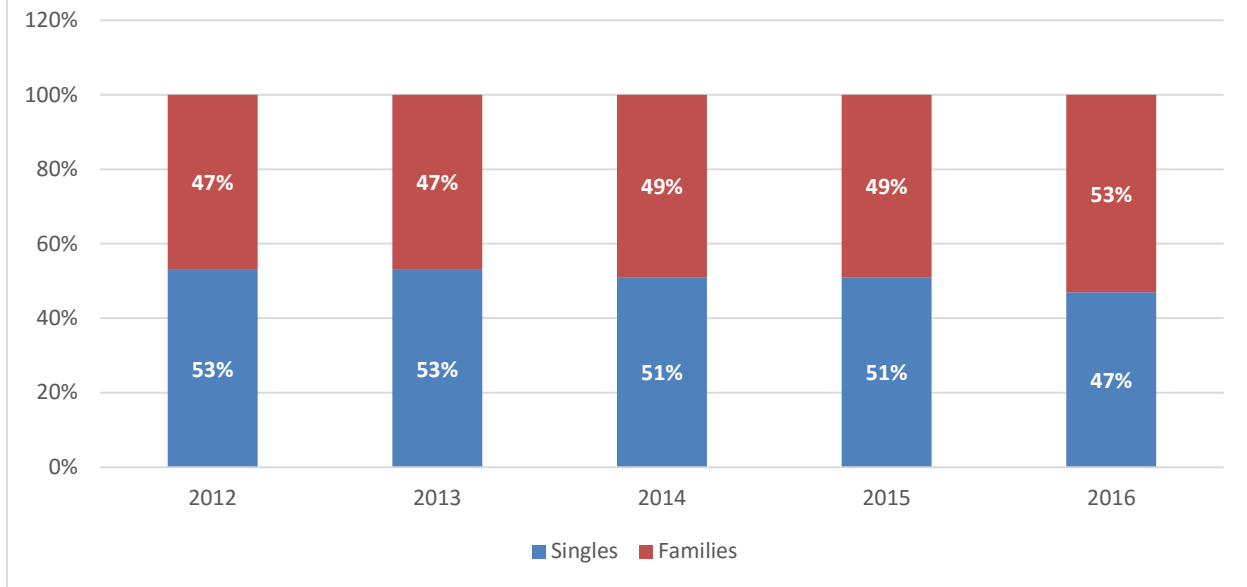
<sup>6</sup> [http://www.urban.org/research/publication/housing-security-washington-region/view/full\\_report](http://www.urban.org/research/publication/housing-security-washington-region/view/full_report)

<sup>7</sup> <http://nlihc.org/oor/district-columbia>



**Figure 2: Proportion of Homeless Single Adults to Homeless Persons in Families, 2012 - 2016**

Source: COG 2016



contend with the stigma associated with being homeless when navigating their new surroundings and making friends. Children experiencing homelessness may have poor nutrition, increased incidence of health impairments, higher exposure to violence, and severe emotional distress.<sup>8</sup> These conditions eliminate feelings of safety and predictability that are important for healthy growth.

COG's 2016 enumeration identified 3,811 homeless children, representing 31 percent of the region's total homeless population (12,215), which represents a slight increase of two percent from last year. Children account for 60 percent of all people in homeless families; this percentage has remained consistent since 2010.

Figure 2 shows the gradual change in the proportion of homeless families to single adult homeless persons between 2012 and 2016.

Some of the region's public schools have reported higher numbers of homeless children than are 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 one-day snapshot of the region's homeless provided by the Point-in-Time count. Also, the self-reported homeless information used by public schools is based upon definitions provided by the U.S. Department of Education. Children counted by public schools may or may not be literally homeless according to the HUD definition, and may be living in doubled up situations. The National Center for Homeless Education reported that during the 2011-2012 school year, 75 percent of students that self-identified as being homeless reported they were "doubled up" with family or friends;<sup>9</sup> and, the population of homeless and enrolled students rose during three consecutive school years (2011 to 2014) 15 percent.<sup>10</sup> Based upon

<sup>8</sup> National Center for Homeless Education, <http://center.serve.org/nche/briefs.php>, *Domestic Violence, Homelessness, and Children's Education*. Page 1.

<sup>9</sup> [http://wamu.org/news/14/03/18/dc\\_by\\_the\\_numbers\\_many\\_students\\_are\\_well\\_schooled\\_on\\_being\\_homeless](http://wamu.org/news/14/03/18/dc_by_the_numbers_many_students_are_well_schooled_on_being_homeless)

<sup>10</sup> National Center for Homeless Education, *Federal Data Summary School Years 2011-12 to 2013-14, Education for Homeless Children and Youth*. Accessed April 2016. <http://center.serve.org/nche/downloads/data-comp-1112-1314.pdf>

HUD's guidelines, local jurisdictions cannot count people who live in doubled up situations for the Point-in-Time count.

### ***Children in Households with Only Children (Unaccompanied Minors)***

The region's Continuum began providing data to HUD regarding homeless children in households without adults in 2012. In 2016, the Point-in-Time enumeration captured 16 homeless persons in Households with Only Children. Of these 16 children, 15 were single individuals and one household was comprised of two children. The region's CoCs are working to eliminate the numbers of homeless households with only children in order to prevent a future adulthood of chronic homelessness.

Table 7 provides a breakdown of households of homeless children without adults by jurisdiction. Beginning in 2015, the region also counted participants in Runaway and Homeless Youth (RHY) programs funded by the U.S. Department of Health and Human Services (HHS). HHS defines homeless youth slightly differently than HUD; these youth are individuals who are "not more than 21 years of age...for whom it is not possible to live in a safe environment with a relative and who have no other safe alternative living arrangement." This definition includes only those youth who are unaccompanied by families or caregivers.<sup>11</sup> The small number of Households with Only Children counted in 2016 reflects the challenges of counting homeless youth accurately. One difficulty is the HUD definition of homelessness, which excludes persons who are "doubled up" or "couch surfing," a form of shelter often used by youth. Also, methods often used for counting homeless adults do not accurately capture survival strategies particularly common to youth, such as being mobile and transient, latching onto friends and staying in groups, or trying to hide in plain sight. In addition, many homeless youth do not want to be found because they may be fleeing abuse or fear being placed in foster care. Most are not

connected to formal supports such as the child welfare, juvenile justice, and mental health systems and many avoid or are unaware of available services.<sup>12</sup>

There are many challenges with counting homeless youth, and because their experiences with homelessness are episodic, single point-in-time counts will always underestimate the true number of homeless youth. Taking note of seasonal conditions that affect whether youth will seek shelter or stay on the street, some homelessness researchers make sure they count in more than one season.<sup>13</sup>

Noting the importance of counting youth in more than one season, Prince George's County and the District of Columbia have held separate youth counts; Prince George's County has held four to date. Prince George's County is also one of six CoCs in the State of Maryland which participated in the Youth REACH (Reach out, Engage, Assist and Count to End Homelessness) 2015 demonstration pilot to count unaccompanied homeless youth and young adults.<sup>14</sup> The District of Columbia held its first youth count in September 2015.

### ***Demographic Profile of the Region's Homeless Population***

In 2014, COG began reporting questions regarding ethnicity and race in addition to age and gender. HUD specified the ethnic and racial categories included in the Point-in-Time questionnaire and generally reflect a social definition of race recognized in this country and are not an attempt to define race biologically, anthropologically, or genetically. The survey question on ethnicity asks respondents to identify whether or not they are Hispanic or Latino (people who identify their ethnic origin as Hispanic or Latino may be of any race<sup>15</sup>). In addition, the categories of the race item include racial and national origin or sociocultural groups. Race and ethnicity were self-reported and individuals were able to

<sup>11</sup> [http://findyouthinfo.gov/youth-topics/runaway-and-homeless-youth/federal-definitions#\\_ftn](http://findyouthinfo.gov/youth-topics/runaway-and-homeless-youth/federal-definitions#_ftn)

<sup>12</sup> The Urban Institute, *Youth Count! Process Study*: 10.

<sup>13</sup> <http://www.healthycal.org/archives/11079>

<sup>14</sup> <http://www.youthreachmd.com/>

<sup>15</sup> <http://www.census.gov/population/race/>

choose “multiple races” to indicate their racial mixture, such as “American Indian” and “White.”

Of the 5,360 homeless single adults (Figure 3) who responded to these questions, 94 percent were over the age of 24, and the majority (72 percent) was male. For those who responded to the question regarding ethnicity, 91 percent self-identified as non-Hispanic or non-Latino. The racial breakdown included 72 percent African-American, 23 percent white, and three percent as multiple races. Seven percent declined to respond or the information was not recorded. The remaining categories (Asian, American Indian or Alaska native, Native Hawaiian or Other Pacific Islander) all were one percent or less of the total literally homeless single adult population.

In Frederick and Loudoun Counties, the single adult racial profile differs slightly from the rest of the region. In Frederick and Loudoun, the majority of single adults experiencing homelessness are white (71 and 60 percent respectively), and in Fairfax County, 50 percent of the single homeless adults identified racially as white and 45 percent identified as African-American or black.

The demographic profile of families experiencing homelessness (Figure 4) differs from that of single adults in a few key characteristics. In homeless families, the majority of adults (80 percent) are female. The age of the adult in a homeless family also tends to be younger. Thirty-two percent are aged 18 to 24 and 68 percent are over age 24. Ethnically, 95 percent of adults in homeless families are Non-Hispanic/Non-Latino, and racially, 90 percent are African-American.

White adults in families experiencing homelessness make up 8 percent of the regional literally homeless family population, one percent is Asian or multiple races, with the other racial categories all one percent or less.

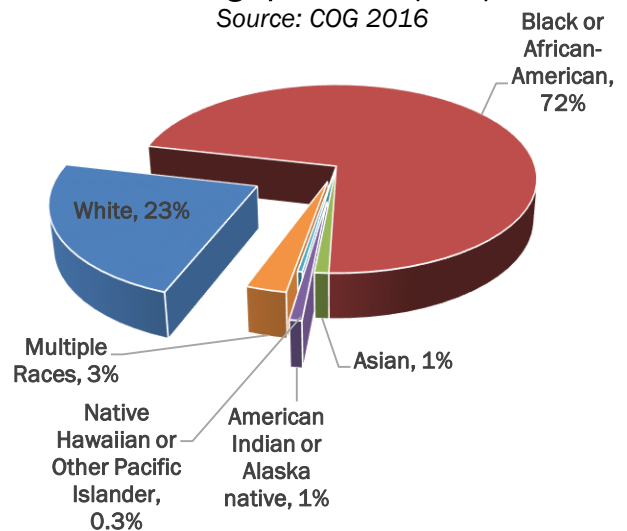
Again, the demographic profile of adults experiencing homelessness in families in Frederick County and Loudoun County differ

from the rest of the region. In Frederick County, 56 percent of homeless adults in families are white and 42 percent are African-American or black. In Loudoun County, 60 percent of adults in families are white, and 36 percent are African-American or black.

In contrast, the region’s racial breakdown (Figure 5) shows that 56 percent of the population is white and only 25 percent is African-American or black. With the exceptions of Frederick and Loudoun Counties, homeless

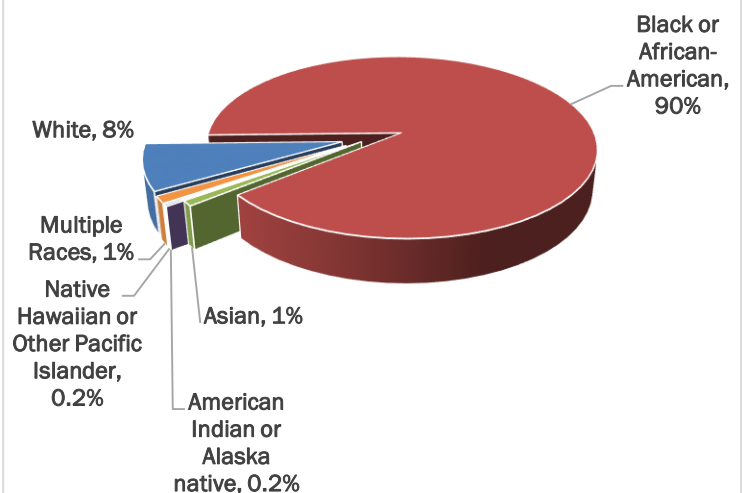
**Figure 3: Regional Homeless Single Adults Demographic Profile (Race)**

Source: COG 2016



**Figure 4: Regional Homeless Adults in Families Demographic Profile (Race)**

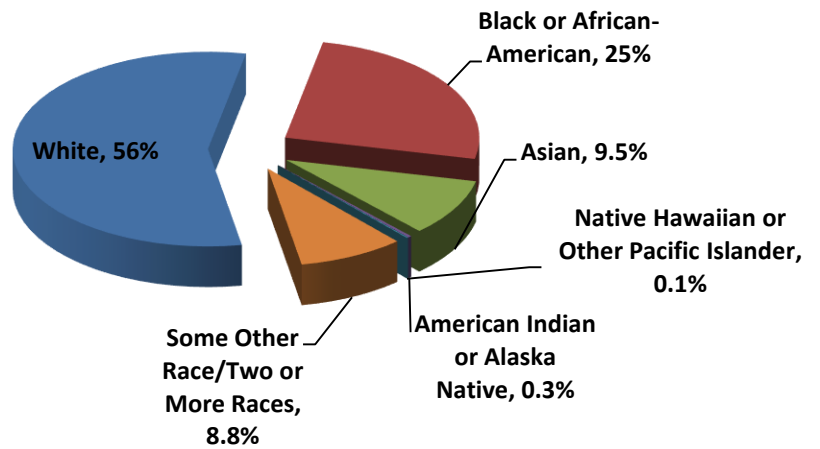
Source: MWCOG 2016



persons are disproportionately more likely to be black or African-American than they are in the general metropolitan Washington regional population.

**Figure 5: Regional Total Population Demographic Profile (Race)**

Source: American Community Survey 2010 - 2014 5-Yr



Outreach workers visit campsites in Frederick, Maryland as part of the annual Point-in-Time count. Credit: Harriet Wise Photography

# 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 2016 was 4.3 percent, compared to 5.5 percent for the nation. The region's unemployment rate decreased slightly, by 0.6 percentage points, from 4.9 percent in February 2015.<sup>16</sup> While the region's unemployment rate has remained largely unchanged over the last year, this obscures the economic outlook for many of the region's residents who struggle with housing instability. In particular, unemployment continues to be a concern for those without a high school diploma, bachelors or advanced degree. Employment rates for workers with less than a high school degree have fallen 9 percent since the great recession in 2009.<sup>17</sup>

Overall, 26 percent of adults experiencing homelessness are employed; employment status could not be determined for 8 percent. The rates of employment vary by household type, however. Figures 6 through 9 illustrate the employment status (including full- and part-time employment) for homeless single adults, homeless adults in families, and households with only children throughout the region. Also included are percentages for homeless persons for whom employment status was unknown.

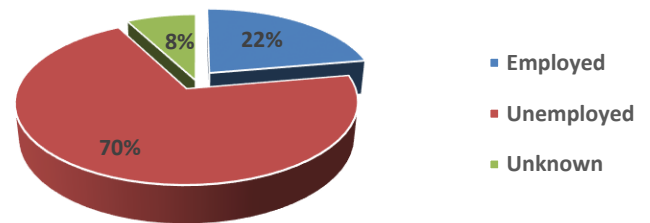
Approximately 22 percent of all single adults experiencing homelessness are employed, a slight increase of two percent from 2015 (Figure 6). The lower rate of employment for homeless single adults (compared to adults in families) is attributed to higher incidences of conditions that make securing and maintaining employment difficult, such as physical disabilities, and multiple behavioral and chronic health issues, including substance abuse and mental illness. Approximately 70 percent of single adults are unemployed, and

employment status could not be determined for 8 percent of the adults in this category.

Data from the 2016 enumeration suggests that 37 percent of homeless adults in families with children are employed (Figure 7), but the picture varies significantly by jurisdiction. In Prince George's County, for example, 82 percent of these adults are employed, compared to 27 percent in the District of Columbia (Figure 9). Approximately 54 percent of adults in these families region-wide are unemployed and employment status is unknown for 10 percent. Although the total numbers are small (six), three jurisdictions recorded children in homeless families who were employed on the night of the enumeration.

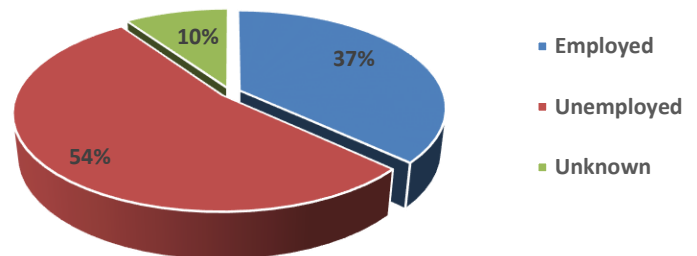
**Figure 6: Employed Single Homeless Adults**

Source: COG 2016



**Figure 7: Employed Adults in Homeless Families**

Source: MWCOG 2016



<sup>16</sup> [http://www.bls.gov/eag/eag.dc\\_washington\\_md.htm](http://www.bls.gov/eag/eag.dc_washington_md.htm)

<sup>17</sup> The Commonwealth Institute, DC Fiscal Policy Institute and Maryland Center on Economic Policy, *Bursting the*

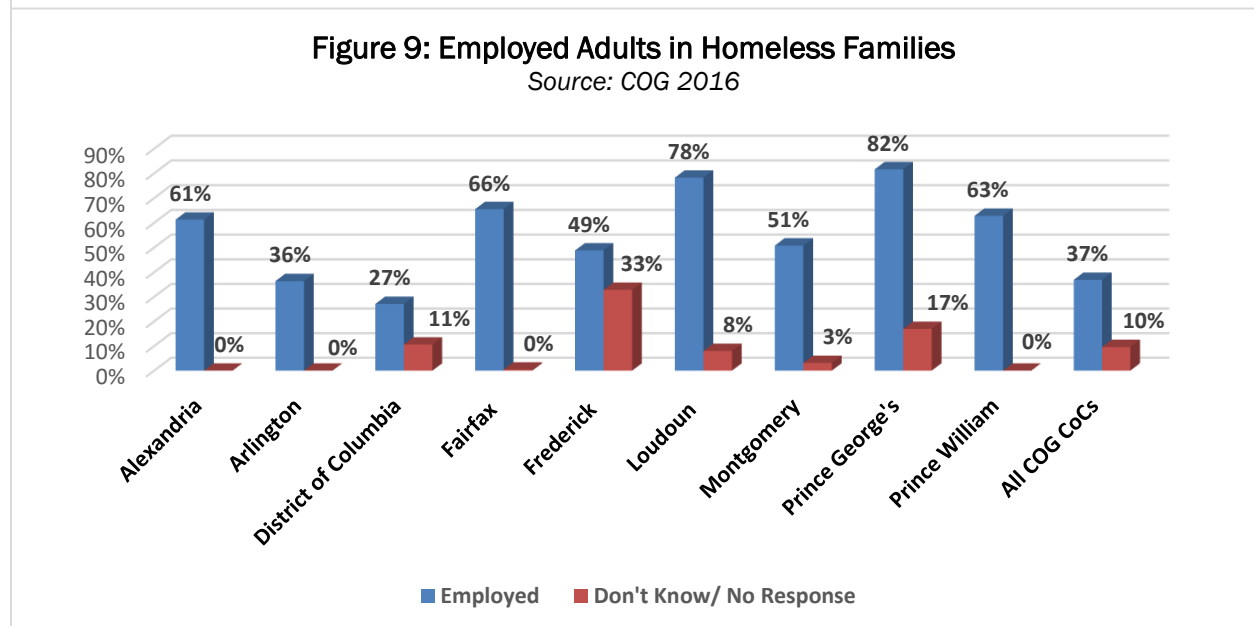
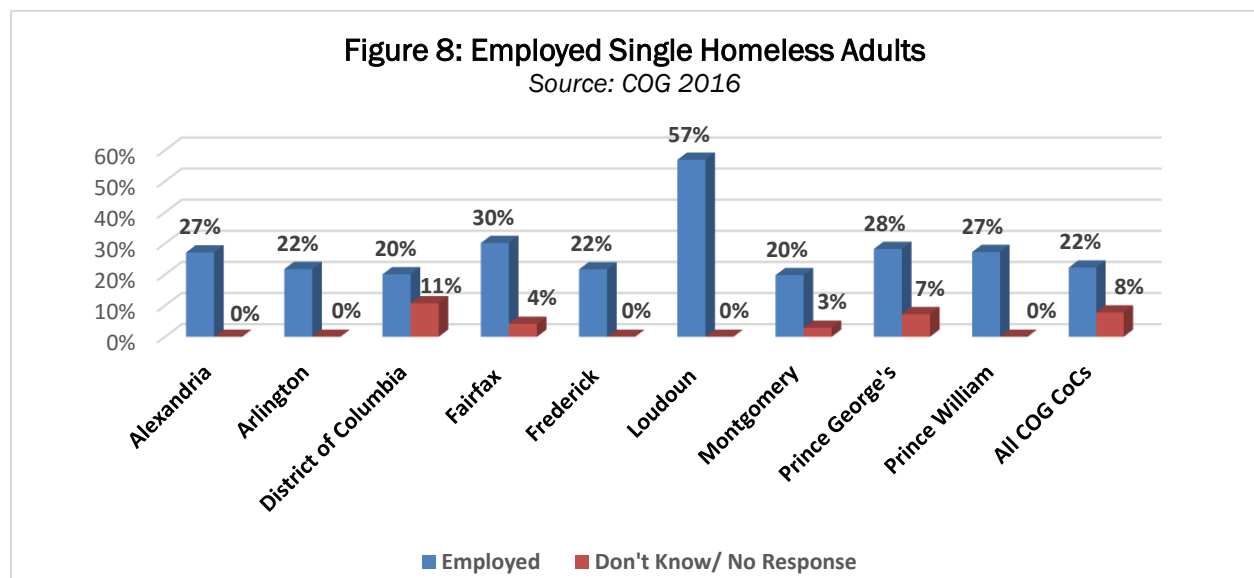
*Bubble, The Challenges of Working and Living in the National Capital Region: 5.*

Only two unaccompanied minors in the region's Households with Only Children were employed on the day of the PIT. This is attributed to the youths' age, levels of employability, and housing status.

While metropolitan Washington – 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 slow or negative wage growth, particularly for the lowest income

workers, the area's high housing costs further constrain a household's ability to remain housed.<sup>18</sup> The reality is stark for the region's homeless households as evidenced in the following charts.

Figure 8 shows that, in eight of nine of the region's participating CoCs, less than 40 percent of single homeless adults are employed. This trend remains essentially unchanged from the past three years, although rates have varied for individual jurisdictions.



<sup>18</sup><http://www.thecommonwealthinstitute.org/2014/06/22/bursting-the-bubble/>

For example, Fairfax County’s single adult employment percentage rose from 25 percent in 2015 to 30 percent in 2016.

In contrast, in six of nine local jurisdictions, more than 50 percent of adults in family households are employed (Figure 9, previous page). Prince George’s County had the greatest gain in this category, with a 37 percent increase over last year. Employment also rose for homeless adults in families in the District of Columbia, Fairfax County, Loudoun County, Montgomery County, and Prince George’s County. Four jurisdictions had decreases of varying degrees in their percentages of adult homeless family members who were employed; the City of Alexandria’s percentage of employed single adults dropped 17 percent and Prince William County’s change was negligible at 2 percent less than 2015.

As a region, the percentage of employed adults in families decreased 2 percent since 2015. Improving the employment picture for some of the region’s most vulnerable residents remains challenging. The availability of living wage jobs remains a key obstacle to ending homelessness, even for those individuals who are already employed.

**Income**

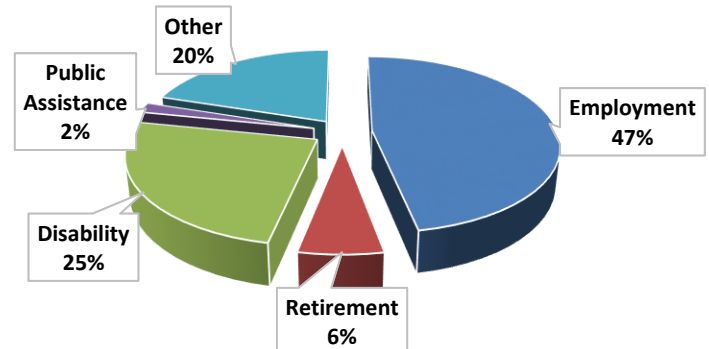
While a portion of the region’s homeless population reports receiving monthly income, a large number of homeless people do not receive any monthly income. In 2016, 72 percent of adults in families reported having income, but only 43 percent of single adults reported income.

Over half (52 percent) of all homeless adults report having some form of monthly income. Among single adults experiencing homelessness, 47 percent reported that employment wages and salaries were their primary source of income. The next largest sources of primary income following employment were: disability (such as Supplemental Security Income), followed by “other” sources of income, retirement (such as Social Security) and last, public assistance (such as Temporary Assistance for Needy

Families). In contrast, among homeless adults in families, only 32 percent reported the primary source of income being from employment; public assistance was the second most-reported source (20 percent). Figure 10 illustrates the primary source of income for the 2,485 single homeless people who provided this information; Figure 11 represents the responses from 1,897 adults in homeless families.

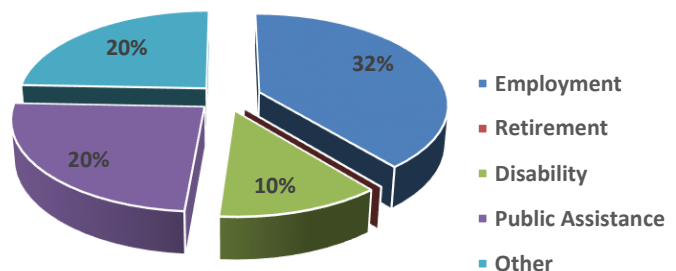
**Figure 10: Source of Income for Homeless Single Adults**

Source: MWCOG 2016



**Figure 11: Source of Income for Homeless Adults in Families**

Source: MWCOG 2016



# UNSHELTERED HOMELESS

On January 28, outreach workers and volunteers for the region's Continua of Care went into their communities to count the area's unsheltered persons experiencing homelessness. Outreach workers counted people living on the streets, in alleys, under bridges, in local parks, in camp sites, and in other places frequented by homeless people. According to the 2016 count, 857 persons (approximately 7 percent of the region's 12,215 homeless people) were unsheltered. Of these, 847 were single adults, nine were persons in four families with adults and children, and one child from Households with Only Children were unsheltered. The 857 unsheltered persons counted represents a 20 percent reduction from 2015, and the lowest number of individuals counted unsheltered during the previous four years. Overall, regional homelessness among single adults declined by 43 percent during the four year period between 2012 and 2016.

The fact that the unsheltered count declined from the Point-in-Time of 2015 may be attributed to a variety of factors. Typically, the number of individuals counted residing in areas unfit for human habitation can depend on weather conditions, the number of

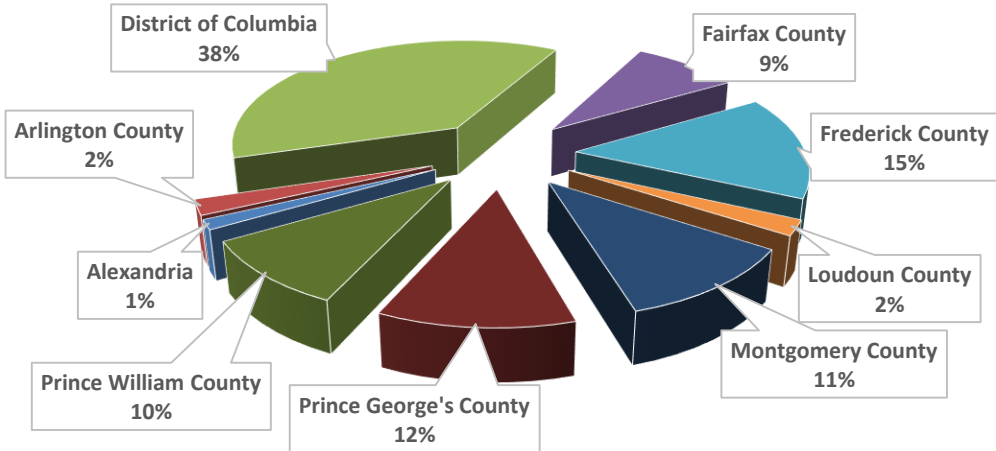
surveyors employed for the count, and methodology (complete coverage or sampling.) The most significant factor affecting the count on January 28, 2016, was the arrival of a blizzard in the Mid-Atlantic region four days before the planned enumeration date. The storm caused a regional delay of one day for 8 of 9 CoCs in the region, as two to three feet of snow covered the region, rendering many camp sites and other areas frequented by unsheltered homeless persons inaccessible or closed. Given the severe weather conditions, outreach workers thoroughly canvassed sites to ensure that no one remained outside during the dangerous weather conditions before, during, and after the snow storm arrived.

The trend of declining unsheltered persons during the prior four year period is encouraging; however, the results of the 2017 enumeration next year may better illuminate whether this is a trend or an anomaly caused by a severe weather event.

In those jurisdictions that recorded a decrease in the unsheltered count, a number attributed their success in part to housing the most vulnerable chronically homeless during the past year as part of the Zero: 2016 Campaign.

**Figure 12: Distribution of Region's 847 Unsheltered Single Adults**

Source: MWCOG 2016





The Zero: 2016 campaign is an effort created by Community Solutions, following the successful conclusion of the 100,000 Homes Campaign, to end chronic and veteran homelessness outright by December 2016.<sup>19</sup>

***Distribution of the Region’s Unsheltered Homeless Single Adults***

Figure 12 (previous page) provides the distribution of the region’s total unsheltered homeless single adults by locality. The District of Columbia accounts for 38 percent of the region’s unsheltered homeless single adults. This figure decreased from 51 percent of the region’s total in 2015.

Seven of nine jurisdictions recorded reductions in their unsheltered counts from last year, while Fairfax County and Frederick County noted increases. However, the numbers are small; in Fairfax the increase is attributed to 6 persons and in Frederick, the difference represents an increase in 69 unsheltered persons.

***Comparison of Unsheltered Homeless Single Adults by Jurisdiction***

Arlington County again recorded the greatest decline for the second year in a row, followed by Fairfax County (58 percent), the District of Columbia (53 percent), the City of Alexandria

(45 percent), Prince George’s County (42 percent), Loudoun County (34 percent), Montgomery County (34 percent) and Prince William County (7 percent). Overall, the region’s percentage of unsheltered homeless single adults decreased by an impressive 43 percent from 2012 to 2016. Table 9 (following page) represents the percentage of each individual jurisdiction’s literally homeless population that was unsheltered between 2012 and 2016.

It is important to note that although the majority of individuals who are unsheltered are single adults, there were families with adults and children (four households, or a total of nine adults and children) as well as one unaccompanied minor counted as unsheltered on the night of the 2016 Point-in-Time enumeration. Although the total numbers are small, this is the third year in a row that the region counted unsheltered youth and homeless persons in families.

TABLE 8: COMPARISON OF UNSHELTERED SINGLE ADULTS BY JURISDICTION, 2012-2016							
Jurisdiction	2012	2013	2014	2015	2016	Change in Number of Persons 2012 - 2016	Percent Change 2012 - 2016
City of Alexandria	22	29	23	23	12	-10	-45%
Arlington County	131	146	51	39	19	-112	-85%
District of Columbia	679	512	396	544	318	-361	-53%
Fairfax County	178	104	66	68	74	-104	-58%
Frederick County	70	69	49	60	129	59	84%
Loudoun County	29	38	26	38	19	-10	-34%
Montgomery County	130	143	95	103	96	-34	-26%
Prince George’s County	166	168	82	113	97	-69	-42%
Prince William County	89	110	98	84	83	-6	-7%
<b>TOTAL</b>	<b>1,494</b>	<b>1,319</b>	<b>886</b>	<b>1,072</b>	<b>847</b>	<b>-647</b>	<b>-43%</b>

<sup>19</sup> <http://cmtysolutions.org/zero2016>

**TABLE 9: UNSHELTERED SINGLE ADULTS AS A PERCENTAGE OF TOTAL HOMELESS BY JURISDICTION, 2012-2016**

Jurisdiction	2012	2013	2014	2015	2016	Percent Change 2012-2016
City of Alexandria	6%	11%	9%	9%	5%	-15%
Arlington County	29%	31%	18%	16%	11%	-62%
District of Columbia	10%	8%	5%	7%	4%	-61%
Fairfax County	12%	8%	5%	6%	7%	-40%
Frederick County	25%	25%	20%	19%	37%	50%
Loudoun County	18%	23%	15%	23%	14%	-20%
Montgomery County	13%	14%	11%	9%	10%	-26%
Prince George's County	26%	25%	13%	18%	18%	-31%
Prince William County	19%	25%	22%	21%	21%	9%



Survey volunteers during a training session on the night of the Point-in-Time count in January 2016.  
Credit: Montgomery County, Maryland Government

# CHRONIC HOMELESSNESS

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

Numerous studies<sup>20</sup> have found that housing chronically homeless individuals helps these individuals lead a more stable and independent life, can achieve significant reductions in the overall homeless population and can help communities save taxpayers' money, particularly for medical and other emergency services. One recent study, completed by the University of North Carolina at Charlotte in February 2014, found that an 85-bed facility for chronically homeless individuals saved \$1.8 million in health care costs, with 447 fewer emergency room visits (a 78 percent reduction) and 372 fewer days in the hospital (a 79 percent reduction) in its first year of operations.<sup>21</sup>

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<sup>20</sup><http://www.endhomelessness.org/library/entry/supportive-housing-is-cost-effective> and <http://www.upenn.edu/pennnews/news/housing-homeless-mentally-ill-pays-itself-according-university-pennsylvania>

## ***Chronically Homeless Single Adults***

Seventeen percent of the region's literally homeless population are chronically homeless; this represents a two percent decline from 2015. Among single adults experiencing homelessness, however, the incidence of being chronically homeless is much higher – 36 percent.

The decrease in chronically homeless single adults may be attributable to permanent supportive housing placements, in particular, increased availability of HUD-VASH (U.S. Department of Housing and Urban Development and Veterans Administration Supportive Housing) vouchers and other permanent housing options. Several of the region's CoCs also attribute success in reducing the number of persons experiencing chronic homelessness to participation in the Zero: 2016 Campaign, which builds on the successful precursor effort to house 100,000 chronically homeless persons nationwide by June 2014.<sup>22</sup> Arlington County and Montgomery County are both participants in the Zero: 2016 Campaign and are working toward the goal of ending chronic homelessness by December 2016.

Eight of the nine jurisdictions experienced decreases in their chronically homeless single counts since 2015 and eight of nine experienced decreases between 2012 and 2016. The two jurisdictions with the greatest percent reductions since 2015 are Prince George's County for the second year in a row (41 percent) and Arlington County (40 percent). The jurisdiction with the greatest reduction in the number of chronically homeless single adults was the District of Columbia (92 fewer persons counted in 2016).

Table 11 provides the sheltered status breakdown of the chronically homeless single

<sup>21</sup> [http://www.huffingtonpost.com/2014/03/25/housing-first-homeless-charlotte\\_n\\_5022628.html](http://www.huffingtonpost.com/2014/03/25/housing-first-homeless-charlotte_n_5022628.html) and <http://inside.uncc.edu/news/item/chhs-study-demonstrates-housing-program-helps-save-lives-money>

<sup>22</sup> [www.100khomes.org](http://www.100khomes.org) and <https://cmtysolutions.org/what-we-do/zero-2016>

adults counted as part of the 2016 Point-In-Time Enumeration. Most chronically homeless residents suffer from severe physical health and mental health-related impediments. Health impediments may include physical disabilities and substance use disorders. The problem is more acute when individuals suffer from multiple challenges. To provide appropriate services for a person experiencing chronic homelessness, jurisdictions and service providers must ensure that individuals 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 Families**

Most chronically homeless families across the region reside in emergency and/or winter shelters. There were 47 chronically homeless families (60 adults and children) counted in the region in 2016, a substantial reduction from the 84 families (244 adults and children) counted in chronically homeless families in

2015. In 2016, five Continua (City of Alexandria, Arlington County, Frederick County, Loudoun County, and Prince George’s County) did not count any homeless families. None of these families were unsheltered.



Survey volunteers visit a campsite in Prince George’s County, Maryland for the Point-in-Time count. Credit: Prince George’s County Government

TABLE 11: 2016 SHELTER STATUS OF CHRONICALLY HOMELESS SINGLE ADULTS				
Jurisdiction	Total Chronically Homeless Single Adults	Number of Sheltered* Chronically Homeless Single Adults	Number of Unsheltered Chronically Homeless Single Adults	Percentage of Chronically Homeless Single Adults Who Are Unsheltered
City of Alexandria	47	36	11	23%
Arlington County	41	28	13	32%
District of Columbia	1,501	1,261	240	16%
Fairfax County	146	103	43	29%
Frederick County	133	56	77	58%
Loudoun County	16	9	7	44%
Montgomery County	145	101	44	30%
Prince George's County	20	7	13	65%
Prince William County	47	4	43	91%
<b>All COG CoCs</b>	<b>2,096</b>	<b>1,605</b>	<b>491</b>	<b>23%</b>

\*Refers to chronically homeless persons residing in Emergency, Winter Shelters, and Safe Havens and excludes transitional housing.

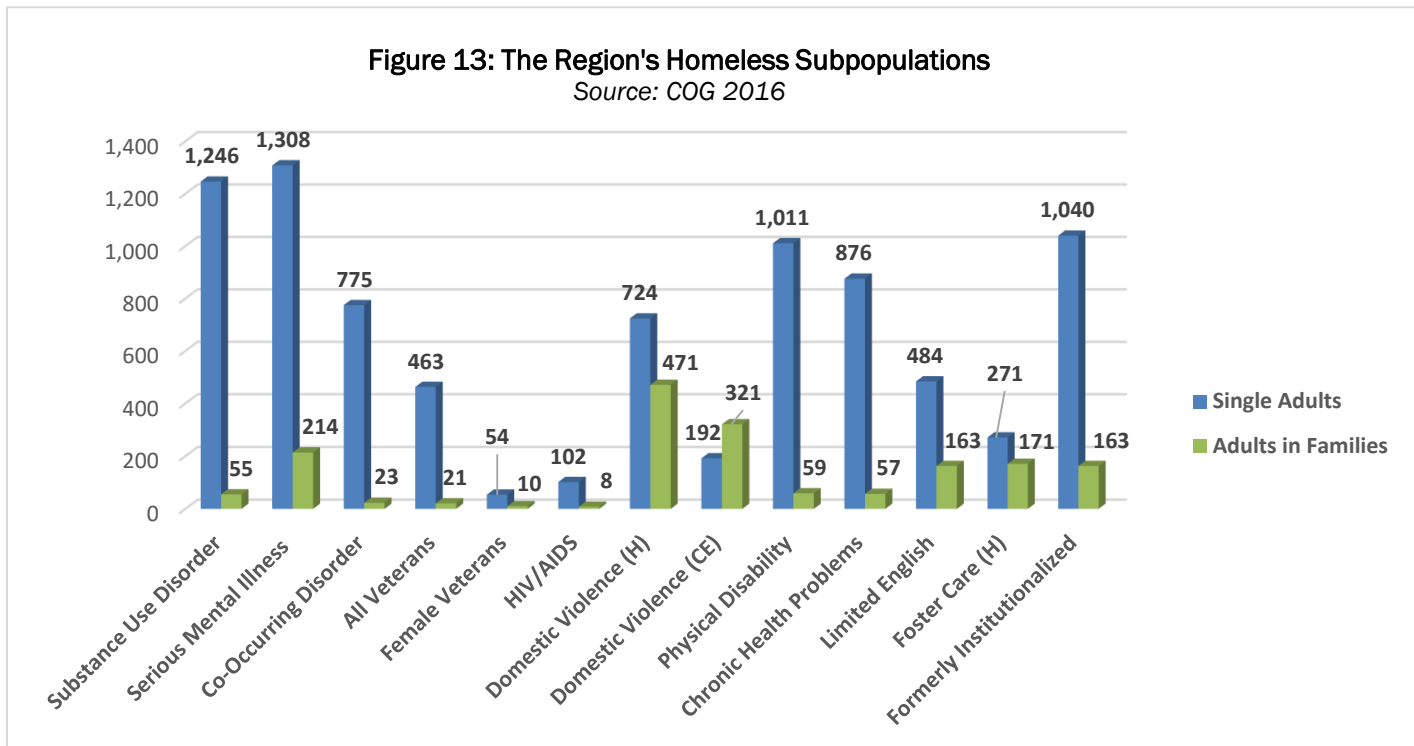
# SUBPOPULATIONS

According to the 2016 enumeration, a significant number of the region’s homeless population suffers from physical disabilities, substance use disorders, severe mental illness, or were formerly institutionalized and discharged directly into homelessness. The high incidence of substance use disorders, severe mental illness, or co-occurring disorders among the homeless population is similar among all CoCs in the region. Nationally, approximately 25 percent of the homeless population suffers from some form of severe mental illness, compared to only 6 percent in the population overall.<sup>23</sup>

Further, the experience of homelessness can exacerbate poor mental health - the stress of being without housing can contribute to anxiety, depression, sleeplessness, or lead to substance abuse.<sup>24</sup> During the 2016 enumeration, the two most prevalent characteristics among Households without Children were having a substance use disorder

or suffering from serious mental illness. Characteristics that were the next most prevalent were being formerly institutionalized and having a physical disability. 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. CoCs in the region are working to ensure there is better coordination for discharge planning from institutions like correctional facilities and more housing options to avoid placing individuals directly into homelessness.

Among families, the most defining characteristic is an incidence of domestic violence, either as a contributing factor to the current episode of homelessness on the night of the enumeration, or having a history of domestic violence. Eighteen percent of the adults in families who responded in the subpopulation categories indicated having



<sup>23</sup>[http://www.nationalhomeless.org/publications/facts/Mental\\_Illness.pdf](http://www.nationalhomeless.org/publications/facts/Mental_Illness.pdf)

<sup>24</sup><http://homelesshub.ca/about-homelessness/topics/mental-health>

experienced domestic violence in the past, and 12 percent reported their current episode of homelessness was related to domestic violence.

Beginning with the 2013 enumeration, HUD requested data on persons who had a *history* of domestic violence. In order to maintain base data for trend comparison, both elements are collected and are shown in the subpopulations for Figure 13 (previous page). Regionally, the number of single adults who were homeless as a result of a current episode of domestic violence (DV-CE) remained essentially unchanged from 203 in 2015 to 192 in 2016, although it is still below the number recorded in 2012 of 317. However, the number of single adults (724) who were identified as having a history of domestic violence at any time (DV-H) is more than three times the number of single adults whose current episode of homelessness was caused by domestic violence.

**Homeless Veterans**

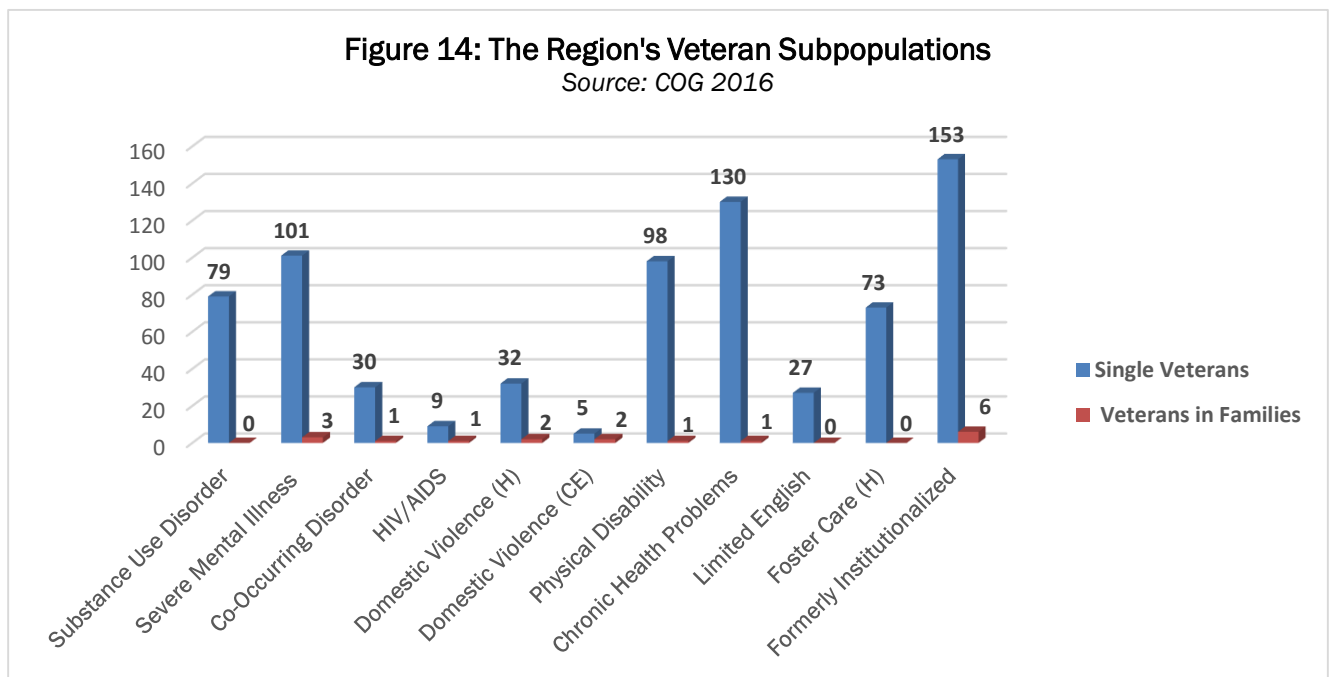
Veterans are another subset of the homeless population tracked by HUD and the U.S. Department of Veterans Affairs (VA). This is the third year that the region’s CoCs collected separate data on single adult homeless veterans as well as homeless veterans in

families to better understand this subpopulation.



*Veterans Stand Down and Homeless Services Day, Prince George’s County (2011) Credit: Maryland GovPics / Flickr*

Nationally, veterans represent approximately 9 percent of the homeless population. In contrast, the percentage of veterans experiencing homelessness in the metropolitan Washington region is 4 percent in 2016, representing a decline from 5 percent in 2015. Of the total 484 self-reported veterans experiencing homelessness in the 2016 enumeration, 64 were women (13 percent). Figure 13 (previous page) graphically represents this homeless population; veterans are broken out separately as individuals in

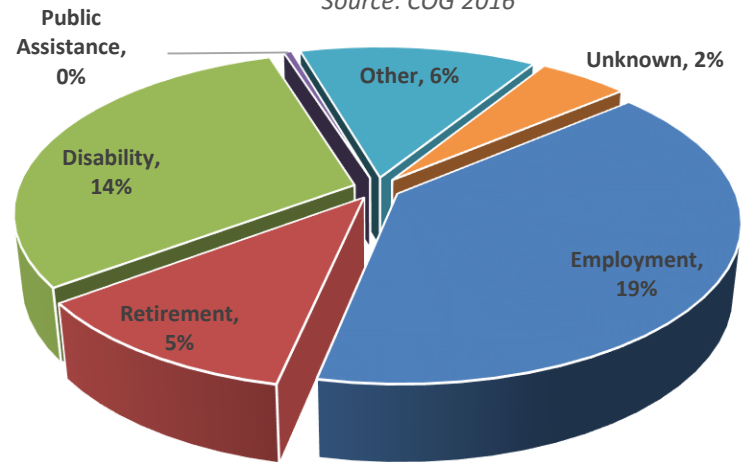


Households without Children as well as Households with Adults and Children. Female veterans are a subset of the “All Veterans” category. Homeless veterans, like other homeless persons, have a high incidence of substance use disorders and severe mental illness, or co-occurring disorders, as shown in Figure 14. However, veterans in Households without Children were more likely than others to have chronic health problems or a physical disability.

For those single veterans who reported having income in 2016, 19 percent reported that employment was the primary source of income. The likelihood of having a disability is reflected in the veteran populations’ source of income; 14 percent of veterans with income noted SSVI/SSI/VA disability and retirement as their primary source of income, as shown in Figure 15.

The majority of homeless veterans who reported their race selected Black or African-American (72 percent of single adults and 86 percent of adults in families). White veterans made up the next largest group, with 21 percent of single veterans and 14 percent of adult veterans in families (see Figures 16 and 17, following page). This remains essentially unchanged from 2015.

**Figure 15: Homeless Veteran Single Adults: Source of Income**  
Source: COG 2016



HUD and the VA, through the VA’s Supportive Housing program (VASH) and Supportive Services for Veteran Families (SSVF), have focused efforts to increase the supply of housing choice vouchers to put more homeless veterans into permanent housing.

At the end of 2015, our region was able to share in a rare achievement surrounding housing veterans experiencing homelessness. In November, the Commonwealth of Virginia announced that it was the first in the nation to meet the federal definition of “functional zero”

**TABLE 12: HOMELESS VETERANS BY JURISDICTION, 2012 - 2016**

Jurisdiction	2012	2013	2014	2015	2016	Change in Persons 2012 - 2016	Percent Change 2012 - 2016
City of Alexandria	20	11	18	12	5	-15	-75%
Arlington County	24	14	21	19	5	-19	-79%
District of Columbia	531	499	408	408	350	-181	-34%
Fairfax County	60	67	51	46	37	-23	-38%
Frederick County	7	13	10	13	12	5	71%
Loudoun County	8	9	7	6	4	-4	-50%
Montgomery County	37	31	34	24	17	-20	-54%
Prince George's County	24	25	20	34	26	2	8%
Prince William County	27	23	19	18	28	1	4%
<b>TOTAL</b>	<b>738</b>	<b>692</b>	<b>588</b>	<b>580</b>	<b>484</b>	<b>-254</b>	<b>-34%</b>

statewide, meaning that, “Virginia has no homeless veterans with the exception of those who have been offered housing but do not want it. The state must find a home for a veteran within 90 days and have more homes available than the number of veterans who have been identified as having no place to live.”<sup>25</sup>

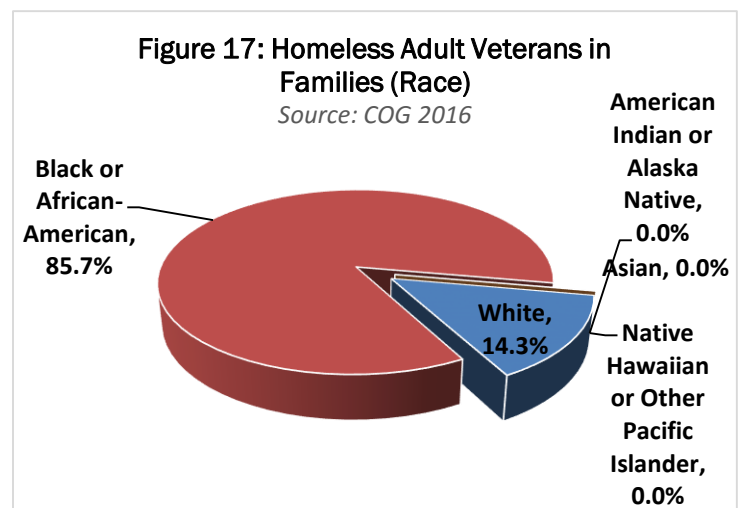
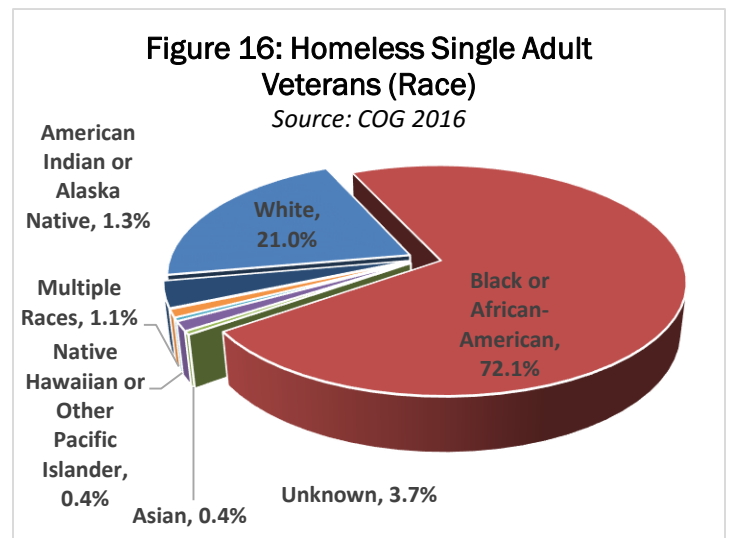
In addition, Arlington County and Montgomery County, through their participation in the Zero: 2016 Campaign, became two of only five jurisdictions in the nation to meet a similar but more stringent definition of functional zero, as described by the organization Community Solutions: “At any point in time, the number of veterans experiencing sheltered and unsheltered homelessness in a community will be no greater than the average monthly housing placement rate for veterans experiencing homelessness in that community.”<sup>26</sup>

At the time of the Enumeration, Arlington County had only five self-reported veterans experiencing homelessness and Montgomery County had only 17 self-reported veterans in need of housing. Key strategies used in achieving this goal include strong eviction and prevention services, diversion services, street outreach and implementation of a “Housing First” approach. Housing First, a successful and well-documented national best practice, focuses on placing residents experiencing homelessness in housing first and receiving wrap-around social services to maintain housing stability rather than requiring behavioral health changes to be eligible for housing assistance.

Six of nine CoCs reported reductions in the number of veterans experiencing homelessness. The three which did not record reductions (Frederick County, Prince George’s County, and Prince William County) measured increases in the single digits, from one to five persons. The District of Columbia experienced the largest reduction in veterans between

2012 and 2016, counting 181 fewer veterans. Fairfax County, Montgomery County, Arlington County and the City of Alexandria recorded similar decreases in the number of reported veterans (23 persons, 20 persons, 19 persons and 15 persons respectively) during the same four-year period.

Table 12 on the previous page demonstrates that during the period of 2012 to 2016, the region reduced the number of veterans experiencing homelessness by 34 percent. At the national level, veteran homelessness was



<sup>25</sup> [https://www.washingtonpost.com/local/virginia-politics/mcauliffe-to-announce-milestone-in-ending-veteran-homelessness/2015/11/11/3c6fdf32-87fb-11e5-be8b-1ae2e4f50f76\\_story.html](https://www.washingtonpost.com/local/virginia-politics/mcauliffe-to-announce-milestone-in-ending-veteran-homelessness/2015/11/11/3c6fdf32-87fb-11e5-be8b-1ae2e4f50f76_story.html)

<sup>26</sup> <https://cmtysolutions.org/blog/what-does-it-mean-end-and-prove-you%E2%80%99ve-ended-veteran-homelessness>

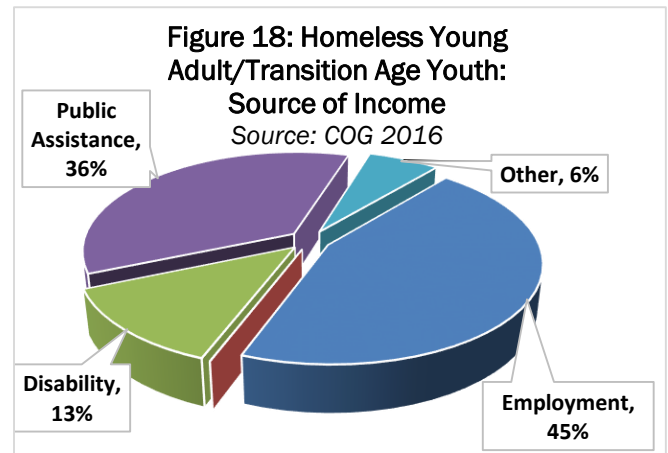


reduced by 36 percent between 2010 and 2015.<sup>27</sup>

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

### Transition Age Youth

For the first time in 2015, as required by HUD, the region's CoCs collected demographic information on persons experiencing homelessness who are considered young adults, or Transition Age Youth (TAY). Transition Age Youth are between the ages of 18 and 24 and face a number of unique challenges on their path to a successful adulthood, including finding employment with health benefits, as they may have become



facilities face significant challenges in finding affordable housing and employment as well.<sup>28</sup>

At the national level, every year, approximately 24,000 youth age out of foster care and are expected to transition to independent living. Of those youth aging out, approximately one in five will experience homelessness. Further, at

the national level, three in ten homeless adults have had experience in the foster care system.<sup>29</sup>

In 2016, the region counted 1,778 persons who were between the ages of 18 and 24, representing 15 percent of the total literally homeless population and 28 percent of the total persons in homeless families,

Jurisdiction	Single Adults (TAY)	Persons in Families (TAY)	Total (TAY)
City of Alexandria	8	18	26
Arlington County	6	15	21
District of Columbia	201	1,215	1,416
Fairfax County	43	50	93
Frederick County	16	10	26
Loudoun County	4	0	4
Montgomery County	24	51	75
Prince George's County	22	66	88
Prince William County	11	18	29
<b>TOTAL</b>	<b>335</b>	<b>1,443</b>	<b>1,778</b>

ineligible for Medicaid or SCHIP (State Children's Health Insurance Program). Youth who may be "aging out" of foster care (reaching age 18 without returning to their birth families or being adopted) or leaving juvenile detention

an increase of 7 percent from 2015. Persons who fit this age category were much more likely to be in families than single adults; 81 percent of all homeless persons in TAY households were in families.

<sup>27</sup> [http://www.va.gov/homeless/about\\_the\\_initiative.asp](http://www.va.gov/homeless/about_the_initiative.asp)  
<sup>28</sup> <http://findyouthinfo.gov/youth-topics/transition-age-youth>

<sup>29</sup> <http://findyouthinfo.gov/youth-topics/transition-age-youth/what-challenges-do-transition-age-youth-face-regarding-their-basic-needs-safety-and>

Similar to other homeless families, 57 percent of persons in homeless TAY families are children.

Single adult TAYs have one subpopulation characteristic that distinguishes them from the other single homeless adults: they are more likely to have a history of foster care (Figure 19). Similar to the larger adult single homeless population, they were also likely to suffer from severe mental illness and to have experienced trauma in the form of domestic violence.

Homeless persons in TAY families were most likely to have experienced domestic violence in the past, followed by having an episode of domestic violence, which led to their current experience of homelessness on the night of the count. They were slightly less likely than single adult TAYs to have a history of foster care. This is shown in Figure 19 (below).

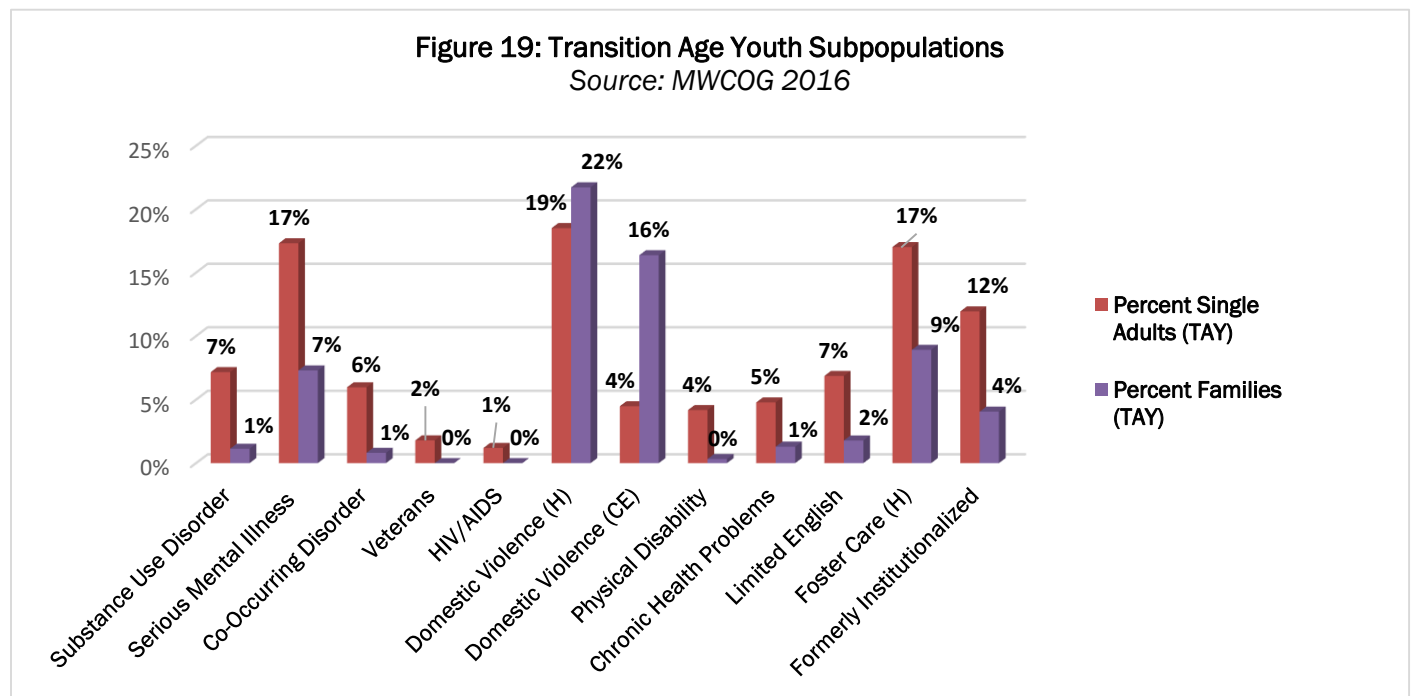
Transition Age Youth, or young adults, who report having income were most likely (45 percent) to report their primary source of income was from employment. However, perhaps reflecting their young age, they were nearly as likely (36 percent) to be receiving some form of public assistance, such as TANF

(Temporary Assistance for Needy Families). Similarly, none of the adult TAYs reported receiving income from retirement. Thirteen percent of those who responded reported disability funds as their primary source of income, with the remaining 6 percent as “other” (Figure 18, previous page).

Reflecting the same characteristics as the larger homeless population, the majority of single TAY adults who reported their race selected Black or African-American (68 percent) as well as adults in TAY families (95 percent). White Transition Age Youth made up the next largest group, with 18 percent of single adult TAYs and 4 percent of adult TAYs in families. These percentages remain essentially unchanged from 2015.



Credit: global childrenscharities /Flickr



# CONTINUA OF CARE IN THE WASHINGTON METROPOLITAN REGION

The metropolitan Washington region's inventory of facilities to shelter those residents experiencing homelessness 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 providing permanent housing solutions while continuing to provide emergency shelter for those facing a housing crisis. The model for assisting persons experiencing homelessness 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 people experiencing homelessness need in order to become more self-sufficient. Housing models such as transitional, rapid re-housing, and permanent supportive housing programs can provide this assistance.

Table 14 provides the region's 2016 distribution of emergency, seasonal and overflow, transitional, safe haven, rapid re-housing, and permanent supportive housing beds for homeless individuals, unaccompanied minors, 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 2012 and 2016, the region added 1,046 permanent supportive housing beds to its year-round facility inventory. This represents a 13 percent increase since 2015 and a 12 percent increase since 2012. The region added 1,195 rapid re-housing beds in 2016, bringing the total inventory of permanent supportive housing and rapid re-housing beds to 14,882. This represents an

increased supply of permanent supportive housing and rapid re-housing beds is consistent with the national initiative to use a Housing First<sup>30</sup> model. Persons in rapid re-housing and permanent supportive housing are no longer considered homeless; they are counted as formerly homeless persons. The region recorded 9,117 emergency, seasonal and overflow beds in 2016, an increase of 38 percent since 2012.

The region continued to lose transitional beds from 2012 through 2016. During this period, the region provided 790 fewer beds, or an 18 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. In several jurisdictions some transitional housing units have been converted to better meet the identified individual CoC needs, such as providing more rapid re-housing or permanent supportive housing. Overall, the reduction in transitional housing beds reflects a change in approach that emphasizes permanent housing solutions. The percentage distribution of the region's homeless bed/facility type remains relatively unchanged from 2012. Permanent supportive housing beds in 2016 comprise 36 percent of the region's inventory serving homeless and formerly homeless households. This represents a decrease of 9 percent since 2012. This is primarily attributable to the fact that in previous years, rapid re-housing placements were included in the permanent supportive housing count. In 2014, these categories were broken out, resulting in a slight

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<sup>30</sup> Housing First is an approach to solving homelessness that emphasizes providing housing first, and making use of clinical services optional. This strategy has proven successful in stabilizing persons experiencing homelessness, lowering returns to homelessness, and reducing the use of crisis services. For more information:

[http://usich.gov/usich\\_resources/fact\\_sheets/the\\_housing\\_first\\_checklist\\_a\\_practical\\_tool\\_for\\_assessing\\_housing\\_first\\_in](http://usich.gov/usich_resources/fact_sheets/the_housing_first_checklist_a_practical_tool_for_assessing_housing_first_in) and <http://www.endhomelessness.org/library/entry/what-is-housing-first>

decrease in the number of reported permanent supportive housing beds.

Transitional housing beds comprised 13 percent of the region's homeless beds in winter, a slight reduction of 2 percent from last year. The distribution of emergency, seasonal and overflow shelter beds remained unchanged from last year at 33 percent. The region currently has a total of 27,597 beds for its residents experiencing homelessness across each of the facility categories; this number has increased by 7,651 beds since 2012. Table 14 on the following page represents this regional resource.



*Credit (left and above): Stephanie Hood-Brown, COG 2016*

**TABLE 14: 2016 WINTER AND YEAR ROUND INVENTORY OF BEDS IN THE WASHINGTON REGION**

		Beds for Singles	Beds for Unaccompan ied Youth	Beds for Persons in Families	All Beds: Winter	Percent Distribution in Winter	All Beds: Warm Months	Percent Distribution in Warm Months
<b>Emergency, Seasonal &amp; Overflow Beds</b>	<b>2016</b>	<b>4,332</b>	<b>23</b>	<b>4,762</b>	<b>9,117</b>	33%		
	2015	4,203	30	3,802	8,035	33%		
	2014	4,443	19	3,980	8,442	39%		
	2013	4,154	6	2,638	6,798	32%		
	2012	4,164	16	2,413	6,593	33%		
<b>Transitional Housing Beds</b>	<b>2016</b>	<b>1,278</b>	<b>16</b>	<b>2,245</b>	<b>3,539</b>	<b>13%</b>	<b>3,539</b>	<b>19%</b>
	2015	1,249	0	2,418	3,667	15%	3,667	23%
	2014	1,311	0	2,416	3,727	17%	3,727	28%
	2013	1,392	2	3,269	4,663	22%	4,663	32%
	2012	1,541	13	2,775	4,329	22%	4,329	32%
<b>Safe Haven</b>	<b>2016</b>	<b>59</b>	<b>0</b>	<b>n/a</b>	<b>59</b>	<b>0.2%</b>	<b>59</b>	<b>0.3%</b>
	2015	56	0	n/a	56	0.2%	56	0.3%
	2014	66	0	n/a	66	0.3%	66	0.5%
	2013	66	0	n/a	66	0.3%	65	0.4%
	2012	64	0	n/a	64	0.3%	65	0.5%
<b>Permanent Supportive Housing Beds</b>	<b>2016</b>	<b>4,924</b>	<b>0</b>	<b>5,082</b>	<b>10,006</b>	<b>36%</b>	<b>10,006</b>	<b>54%</b>
	2015	4,442	0	4,389	8,831	36%	8,831	54%
	2014	5,020	0	4,408	9,428	44%	9,428	71%
	2013	4,867	0	5,138	10,005	46%	10,005	68%
	2012	4,448	0	4,512	8,960	45%	8,960	67%
<b>Rapid Re- Housing &amp; RRH Demonstration Beds</b>	<b>2016</b>	<b>524</b>	<b>0</b>	<b>4,352</b>	<b>4,876</b>	<b>18%</b>	<b>4,876</b>	<b>26%</b>
	2015	328	0	3,353	3,681	15%	3,681	23%
	2014	127	0	2,515	n/a	n/a	n/a	n/a
	2013	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	2012	n/a	n/a	n/a	n/a	n/a	n/a	n/a
<b>TOTALS</b>	<b>2016</b>	<b>11,117</b>	<b>39</b>	<b>16,441</b>	<b>27,597</b>		<b>18,480</b>	
	2015	10,278	30	13,962	24,270		16,235	
	2014	10,967	19	13,319	21,663		13,221	
	2013	10,479	n/a	11,045	21,532		14,733	
	2012	10,217	n/a	9,700	19,946		13,354	
<b>Percent Change Since 2012</b>		<b>9%</b>	<b>n/a</b>	<b>69%</b>	<b>38%</b>		<b>38%</b>	

# PERMANENT SUPPORTIVE HOUSING – THE FORMERLY HOMELESS

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

Housing First is an alternative model 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 can obtain the confidence and skills to manage challenges and control their lives.

The ultimate goal of the metropolitan Washington region’s homeless Continua of Care is to move people out of homelessness into a level of independent living. Permanent supportive housing provides 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 15 provides

information on the region’s formerly homeless residents living in permanent supportive housing.

According to the 2016 enumeration, there are 9,669 formerly homeless people currently residing in permanent supportive housing; this represents an increase of 1,082 people (13 percent) from 2015. Table 15 cites the region’s number of formerly homeless living in permanent supportive housing.

Between 2012 and 2016, the metropolitan Washington region’s supply of permanent

TABLE 15: FORMERLY HOMELESS PERSONS IN PERMANENT SUPPORTIVE HOUSING*				
		Persons in Households Without Children	Persons in Households with Adults and Children	Total
ALL COG CoCs	2016	4,747	4,922	9,669
	2015	4,287	4,300	8,587
	2014	4,835	4,296	9,131
	2013	4,488	5,029	9,517
	2012	4,240	4,417	8,657
Percent Change Since 2012		12.0%	11.4%	11.7%

\*Note: Excludes Rapid Rehousing and Other Permanent Housing

supportive housing beds increased by 12 percent or 1,046 beds. The region currently has 10,006 permanent supportive housing beds, representing 36 percent of the region’s total bed inventory (see Figure 22).

According to Figure 20, 33 percent of the region’s distribution of beds is for emergency, seasonal and overflow shelter. This remains unchanged from last year. A new bed category in 2014, rapid re-housing now accounts for 18 percent of the region’s inventory, up 3 percent from 2015. Transitional housing comprises 13 percent of the region’s bed inventory; this

figure decreased slightly by 2 percent from last year as the region continues to increase resources for rapid re-housing.

The District of Columbia's 6,620 permanent

Montgomery County has 20 percent of the region's permanent supportive housing beds at 1,984 beds, an increase of 53 beds from 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.

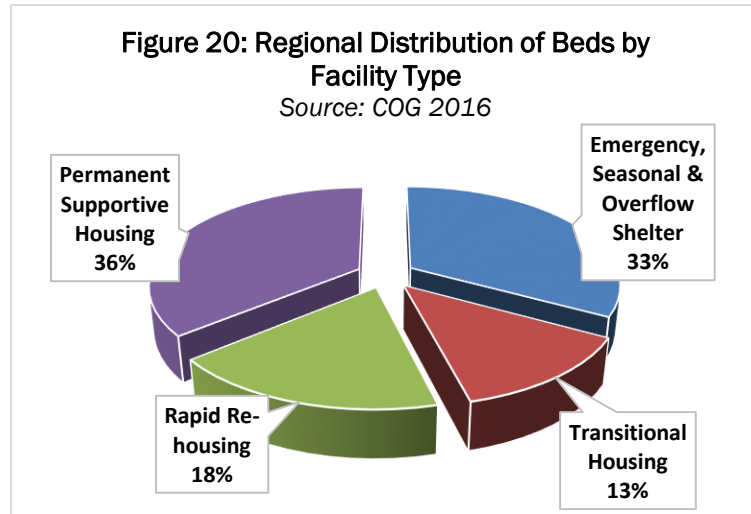
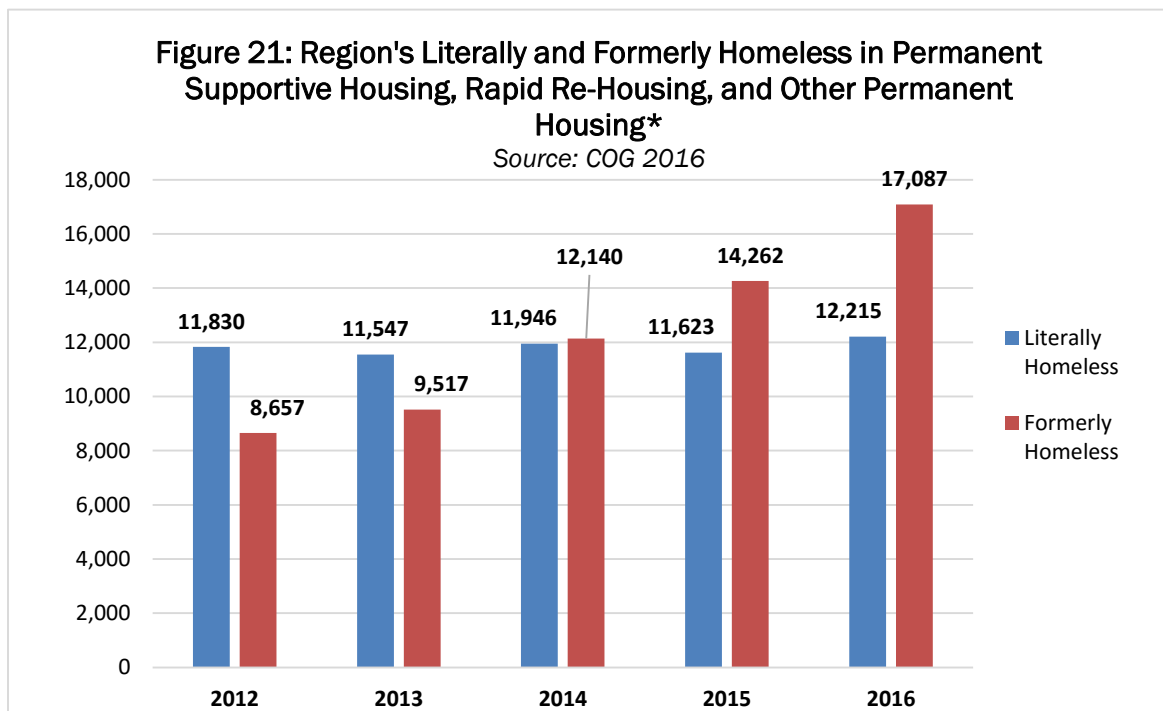


Figure 21 compares the literally homeless and formerly homeless populations from 2012 through 2016. The totals of literally and formerly homeless adults are mutually exclusive and should not be combined. The data for formerly homeless for 2014 through 2016 reflect not only persons in permanent supportive housing, but other forms of permanent housing such as rapid re-housing and other permanent housing. According

supportive housing beds for single adults and families represent 66 percent of the region's total number of permanent supportive housing beds, which is a two percent increase from last year.

to HUD, formerly homeless people living in permanent 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 housing



\*Note: Data for formerly homeless persons from 2014 through 2016 includes rapid re-housing and other permanent housing placements. Data collected prior to 2014 includes permanent supportive housing only.

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 2016, there were 9,669 formerly homeless persons living in permanent supportive housing.

Beginning in 2014, the nine participating Continua of Care gathered data on other permanent housing options in addition to permanent supportive housing. Other permanent housing options include rapid re-housing, which primarily serves homeless families, and other supportive housing options. When the definition of permanent housing is expanded beyond permanent supportive housing to include rapid re-housing and other permanent housing, the total number of beds in the region increases from 10,006 to 17,749 and the total number of persons placed in permanent housing solutions increases from 9,669 to 17,087. This represents an additional 7,743 beds and an additional 7,418 formerly homeless persons.

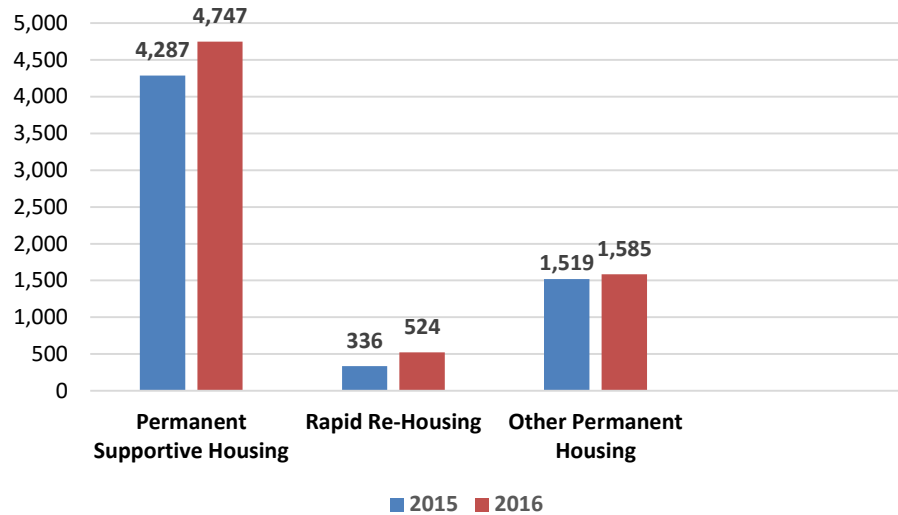
The differences in the use of permanent supportive housing and other permanent housing strategies are represented graphically by Figures 22 and 23.

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 great recession in 2009 continue to negatively impact employable homeless households and the stagnant or declining growth in wages for lower-skilled jobs remains a critical obstacle to

ending homelessness. The region's focus on preventing homelessness, rapidly re-housing those residents who do experience homelessness, and creating more permanent supportive housing has constrained the number of literally homeless and prevented it from growing unchecked.

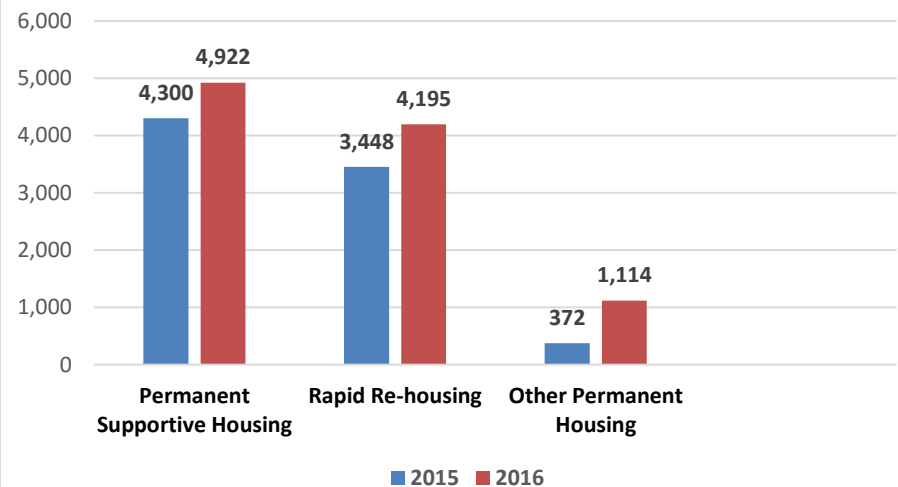
**Figure 22: Permanent Housing Solutions for Formerly Homeless Single Adults: 2015-2016**

Source: COG 2016



**Figure 23: Permanent Housing Solutions for Formerly Homeless Families: 2015 - 2016**

Source: COG 2016





# CONCLUSIONS AND RECOMMENDATIONS

As of January 28, 2016, 12,215 people throughout the metropolitan Washington region were homeless. This represents an increase of 5 percent over last year's count of 11,623 people experiencing homelessness. Seven jurisdictions experienced a decline in their homeless populations in 2016 on the night of the count. The decreases in most of the region may be attributed in part to 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. Several of these strategies were reflected in the Zero: 2016 Campaign in which several jurisdictions participated. These proven best practices, in use throughout the metropolitan Washington region, have kept the homeless population from growing unchecked during a time of rapid population growth and increasing housing prices. In fact, what may be more significant than the 5 percent increase in the regional homeless population is the fact that over 17,000 formerly homeless people were residing in some form of permanent housing on the night of the count in 2016.

Our region faces significant challenges in its efforts to end homelessness. Several of these key challenges include high rents that continue to climb and make it very difficult for extremely low-income households to find or maintain housing that they can afford,<sup>31</sup> and wages that have not increased to keep pace with the rising cost of housing, particularly for less-educated workers.<sup>32</sup> In addition, the region's declining supply of affordable housing continues to expand the gap between the options available for the lowest-income households and the increasing need.

To address these challenges, and others, **the COG Homeless Services Planning and Coordinating Committee recommends that each jurisdiction continue its efforts to reach out, assess, 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.

Emergency shelters do not provide the intensive longer-term assistance many chronically homeless persons need in order to become more self-sufficient. As a result, CoCs in the region are increasingly focusing on permanent supportive housing while continuing to provide emergency shelter. As reflected in this year's report, since 2012, 8,430 additional formerly homeless persons were placed in some form of permanent housing. **The Committee recommends that each of the region's CoC jurisdictions continuously increase its permanent supportive housing, rapid re-housing and other permanent housing inventory.** 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.

Permanent supportive housing is one solution to ending homelessness that is particularly effective for individuals who suffer from chronic homelessness. However, most individuals in emergency shelter do not require the high level of care associated with permanent supportive housing. The greatest need in the metropolitan Washington region is housing that is affordable to the lowest-income households, combined with a subsidy to be able to support the housing costs in this region and remain independently housed for the long-term. Rapid re-housing is a newer approach in our region to ending homelessness for families facing a short-term economic crisis. However, without adequate affordable housing options, we will not be successful in assisting these families achieve self-sufficiency and preventing a future return to homelessness. **As such, affordable housing for all income levels, including subsidized housing targeted for extremely low-income households, must be available across the region in order for the metropolitan Washington region to realistically reduce and eliminate homelessness. Resources from the local, state, and federal**

<sup>31</sup> [http://www.urban.org/research/publication/housing-security-washington-region/view/full\\_report](http://www.urban.org/research/publication/housing-security-washington-region/view/full_report), p. 5

<sup>32</sup> <http://www.thecommonwealthinstitute.org/2014/06/22/bursting-the-bubble/>

***level should be maximized in order to achieve an end to homelessness.***

In addition to sharing approaches to ending homelessness through prevention, Rapid Re-housing and providing additional permanent supportive housing, several of the region's CoCs participated in the Zero: 2016 Campaign, following the successful conclusion of the 100,000 Homes Campaign. The Zero: 2016 Campaign's goal is to end veteran homelessness by December 2015 and chronic homelessness by December 2016. 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 and Montgomery County are two of only five jurisdictions nationwide to have met Community Solutions' definition of "functional zero" homeless veterans, meaning that they are able to house more veterans experiencing homelessness per month than enter the homeless system. Several CoCs signed the HUD Mayor's Challenge to end homelessness for veterans by the end of 2015 (City of Alexandria, District of Columbia, and Fairfax County). The Commonwealth of Virginia reached the federal definition of "functional zero" homeless veterans (slightly different than the Community Solutions' definition) in November 2015. These are only two of several initiatives undertaken by the region's CoCs to prevent and end homelessness throughout the year.

While the provision of housing is the most important element of the solution to ending homelessness, the importance of jobs that pay wages high enough to allow individuals and families to be financially stable and remain housed for the long-term cannot be overstated. ***Jurisdictions should continue to provide job training opportunities to lower-skilled and low-wage workers, and partner with employers to create ladders of opportunity to careers with higher-paying jobs.***

In conclusion, the nine jurisdictions comprising COG's Continuum of Care worked hard to decrease the region's homeless rate over the

past year. For the past several years, 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 past 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. However, funding challenges at the federal level have the potential to stall gains seen in providing housing to homeless persons during the past five years.

Despite these challenges, member local jurisdictions' Housing First models and emergency rental assistance programs have proven successful and the region must continue these best practice efforts in order to realize the goal to provide permanent, affordable homes for all of its residents and end homelessness, rather than merely managing it through the provision of emergency shelter.



*Newly constructed affordable housing in Washington, DC (Eden Place at Beulah Crossing) Credit: Ray Nix*

**TABLE 16: LIVING UNSHELTERED, IN WINTER BEDS, IN EMERGENCY SHELTER, IN SAFE HAVENS, OR IN TRANSITIONAL HOUSING**

Jurisdiction/Year		Single Persons	Unaccompanied Youth	Persons in Families	All Persons
City of Alexandria	2016	129	0	95	224
	2015	159	0	108	267
	2014	179	0	88	267
	2013	185	0	90	275
	2012	213	0	139	352
2012-2016 Percent Change		-39.4%	N/A	-31.7%	-36.4%
Arlington County	2016	124	0	50	174
	2015	164	0	75	239
	2014	178	0	113	291
	2013	266	2	211	479
	2012	263	0	188	451
2012-2016 Percent Change		-52.9%	N/A	-73.4%	-61.4%
District of Columbia	2016	3,673	10	4,667	8,350
	2015	3,814	7	3,477	7,298
	2014	3,948	5	3,795	7,748
	2013	3,690	6	3,169	6,865
	2012	3,754	13	3,187	6,954
2012-2016 Percent Change		-2.2%	N/A	46.4%	20.1%
Fairfax County	2016	481	3	575	1,059
	2015	488	1	715	1,204
	2014	530	0	695	1,225
	2013	603	0	747	1,350
	2012	696	1	837	1,534
2012-2016 Percent Change		-30.9%	N/A	-31.3%	-31.0%
Frederick County	2016	249	0	100	349
	2015	181	0	130	311
	2014	141	0	105	246
	2013	171	0	104	275
	2012	169	0	116	285
2012-2016 Percent Change		47.3%	N/A	-13.8%	22.5%

**TABLE 16: LIVING UNSHELTERED, IN WINTER BEDS, IN EMERGENCY SHELTER, IN SAFE HAVENS, OR IN TRANSITIONAL HOUSING**

Jurisdiction/Year		Single Persons	Unaccompanied Youth	Persons in Families	All Persons
Loudoun County	2016	65	0	69	134
	2015	80	0	88	168
	2014	77	0	102	179
	2013	81	0	85	166
	2012	69	0	95	164
2012-2016 Percent Change		-5.8%	N/A	-27.4%	-18.3%
Montgomery County	2016	623	0	358	981
	2015	598	0	502	1100
	2014	603	0	288	891
	2013	638	0	366	1,004
	2012	600	1	381	982
2012-2016 Percent Change		3.8%	N/A	-6.0%	-0.1%
Prince George's County	2016	233	3	308	544
	2015	260	8	359	627
	2014	209	4	441	654
	2013	298	18	370	686
	2012	279	0	362	641
2012-2016 Percent Change		-16.5%	N/A	-14.9%	-15.1%
Prince William County	2016	187	0	213	400
	2015	185	0	224	409
	2014	192	0	253	445
	2013	183	1	263	447
	2012	161	0	306	467
2012-2016 Percent Change		16.1%	N/A	-30.4%	-14.3%
COG REGION	2016	5,764	16	6,435	12,215
	2015	5,929	16	5,678	11,623
	2014	6,057	9	5,880	11,946
	2013	6,115	27	5,405	11,547
	2012	6,204	15	5,611	11,830
2012-2016 Percent Change		-7.1%	N/A	14.7%	3.3%

# APPENDIX: HOMELESS ENUMERATION JURISDICTIONAL NARRATIVE REPORTS

## CITY OF ALEXANDRIA, VA

### DESCRIPTION OF HOMELESS SERVICES

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

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

### CITY OF ALEXANDRIA HOUSING CRISIS RESPONSE SYSTEM SERVICE COMPONENTS

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

<b><u>Domestic Violence Program</u></b>	Crisis intervention and supportive counseling services to victims of domestic and sexual violence. Services include temporary accommodations, 24-hour hotline, individual counseling, support groups, and court and medical facility accompaniment.
<b><u>Rapid Re-housing Assistance</u></b>	Temporary supportive services and limited financial assistance to aid persons experiencing homelessness to quickly return to and remain in permanent housing.
<b><u>Winter Shelter</u></b>	Seasonal shelter from November 1 to April 15 to protect persons experiencing homelessness from exposure-related conditions such as hypothermia and frostbite during cold weather months.
<b><u>Safe Haven</u></b>	Supportive housing for hard-to-reach homeless individuals with serious mental illness who have been unable or unwilling to participate in housing or supportive services.
<b><u>Transitional Housing</u></b>	Extended supportive housing targeting homeless individuals and families needing longer-term assistance to facilitate a move to permanent housing.
<b><u>Permanent Supportive Housing</u></b>	Permanent housing with supportive services including barrier-free units for individuals designed to allow formerly homeless adults with children and individuals with serious mental illness to live in the community as independently as possible.
<b><u>Other Permanent Housing Resources</u></b>	Public housing units with and without supportive services; private income-based apartment units; Housing Choice voucher-subsidies; as well as rent relief subsidy for seniors and the disabled.

The CoC provided a combined total of 124 emergency shelter beds including 124 year-round beds (70 for households without children and 54 for households with adults and children). This total does not include 4 motel voucher-funded emergency beds for homeless convicted sex offenders in the custody of the Virginia Department of Corrections who for safety reasons could not be housed in the emergency shelters. This reflects a 15% (21-bed) reduction as a result of successful targeted efforts in 1) efficiencies in preventing homelessness, diverting shelter entry and rapidly rehousing homeless persons; and 2) the increase in permanent supportive housing beds to serve the chronically homeless.

The Domestic Violence Program shelter provided 21 undesignated year-round beds to serve persons in imminent danger of domestic or sexual violence.

From November 1 to April 15, the Winter Shelter Program provided an additional 67 undesignated seasonal beds to protect unsheltered persons experiencing homelessness from exposure-related conditions such as hypothermia and frostbite during cold weather months.

Combined, the transitional housing inventory consisted of 56 beds (18 for male households without children and 38 for households with adults and children). In 2013 eight beds for female households without children were taken offline temporarily for renovation; however, in August 2015 they were repurposed to serve single parent female households with children. Thirty transitional housing beds serving households with adults and children were converted to permanent housing using HUD CoC rapid rehousing grant funding.

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

<b><u>INVENTORY TYPE</u></b>	<b><u>Units for Households with Adults &amp; Children</u></b>	<b><u>Beds for Households with Adults &amp; Children</u></b>	<b><u>Beds for Households without Children</u></b>	<b><u>Year-Round Beds</u></b>
<b><u>Winter Shelter</u></b>	-	19*	48*	-
<b><u>Emergency Shelter</u></b>	-	54	70+	<b>124</b>
<b><u>Domestic Violence Program Shelter</u></b>	-	18	3	<b>21</b>
<b><u>Transitional Housing</u></b>	12	38‡	18	<b>56</b>
<b><u>Safe Haven</u></b>	-	-	12	<b>12</b>
<b>TOTAL</b>	<b>12</b>	<b>129</b>	<b>151</b>	<b>213</b>

- Not Applicable

\* These numbers represent a combined total of 67 undesignated cold weather seasonal beds to serve households without children and those with adults and children. Designations are made each year based upon average occupancy during the Winter Shelter season.

\*Four beds not reflected in the year-round bed total represent motel vouchers used to shelter four convicted sex-offenders on the night of the count who for safety reasons could not be housed in emergency shelter.

‡This number includes operating capacity, which is determined by family size for occupied units, as well as maximum capacity for vacant units.

**SIGNIFICANT ACCOMPLISHMENTS SINCE THE 2015 WINTER ENUMERATION**

**FUNCTIONALLY ENDED VETERAN HOMELESS**

The City of Alexandria functionally ended veteran homelessness, contributing to the state of Virginia’s ability to do the same. Achieving a functional end to veteran homelessness, according to the U.S. Interagency Council on Homelessness, includes identifying all veterans experiencing homelessness; providing immediate shelter to any unsheltered veteran who wants it; maintaining the capacity for all veterans to move into permanent housing and providing a system to respond to any veteran who experiences homelessness in the future.

The Department of Community and Human Services (DCHS), Center for Economic Support, Office of Community Services took the lead in coordinating the effort—a City-wide collaboration between local homeless service providers, veteran service providers, Supportive Services for Veteran Families providers, the Office of Veteran Affairs, a retired Army Colonel and the DCHS PATH Homeless Outreach Coordinator. Utilizing a by-names list, the Veterans Initiative Committee meets monthly to discuss each case of veterans experiencing homelessness, assigning tasks to committee members that will assist in quickly rehousing veteran households. As a result of these efforts, the City of Alexandria’s current capacity to house homeless veterans is greater than the number of veterans becoming homeless in the community.

**2015 ANNUAL HOMELESS ASSESSMENT REPORT TO CONGRESS (AHAR)**

The City of Alexandria successfully contributed data in all possible categories to the 2015 Annual Homeless Assessment Report and the 2015 Veterans Annual Homeless Assessment Report. Each report consisted of the following six categories plus report summaries: 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.

The AHAR pulls data directly from HMIS for the October 1 to September 30 reporting year using universal as well as program specific data elements to provide Congress information on the number of persons experiencing homelessness on a single night (at several points-in-time); a descriptive analysis of characteristics and service use patterns; nationwide trends in homelessness; and the size and use of the housing inventory of residential programs for homeless persons. This is significant since only CoCs with adequate data quality are eligible to participate. HUD strongly encourages data contributions to the AHAR and awards bonus points in the CoC grant application for CoCs that do so, considering participation a benchmark of a high-quality HMIS implementation.

## **HOMELESS POINT-IN-TIME RESULTS**

The Partnership conducted the 2016 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 shelter, transitional housing, and safe haven). A manual count of unsheltered homeless persons was conducted under the leadership of the Alexandria Community Services Board Homeless Services/PATH Coordinator. Reflected below are the demographic and sub-population comparisons of the 2014, 2015 and 2016 enumerations.

### **HOMELESS COUNT BY HOUSEHOLD TYPE**

A total of 224 persons experiencing homelessness were identified, a 16% decrease from 2014 and 2015. There were no households with only children identified in the 2016 count. There were 129 households without children, a 19% decrease from 2015 and a 28% decrease from 2014. There were 97 single men, a 13% decrease from 111 in 2015 and a 24% decrease from 128 in 2014. There were 32 single women, a 33% decrease from 48 in 2015, and a 37% decrease from 51 in 2014. We attribute the decrease in large part to our increase of permanent supportive housing beds as well as improved screenings at the Homeless Services Assessment Center (HSAC) 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.

On the night of the count 28 households with adults and children were literally homeless, an 18% decrease from 34 in 2015 and a 12.5% decrease from 32 in 2014. The number of persons in families fell to 95 from 108, a 12% decrease from 2015, and a 7% increase from 88 in 2014. The number of adults decreased by 16% from 37 in 2015 to 31 and decreased by 12.5% from 32 in 2014. The number of children decreased to 64 from 71, a 10% decrease from 2015 and a 23% increase from 2014.



### TOTAL COUNT AND BREAKOUT BY HOUSEHOLD TYPE

<u>PERSONS EXPERIENCING HOMELESSNESS</u>	<u>2014</u>		<u>2015</u>		<u>2016</u>		<u>% Change 2014 - 2015</u>	<u>% Change 2015 - 2016</u>
<b>Total Persons</b>	<b>267</b>		<b>267</b>		<b>224</b>		<b>0%</b>	<b>-16%</b>
<u>HOUSEHOLD DEMOGRAPHICS</u>	<u>2014</u>		<u>2015</u>		<u>2016</u>		<u>% Change 2014 - 2015</u>	<u>% Change 2015 - 2016</u>
<u>HOUSEHOLDS WITHOUT CHILDREN</u>								
Men	128	72%	111	70%	97	75%	-13%	-13%
Women	51	28%	48	30%	32	25%	-6%	-33%
<b>Total Households</b>	<b>179</b>		<b>159</b>		<b>129</b>		<b>-11%</b>	<b>-19%</b>
<u>HOUSEHOLDS WITH ADULTS &amp; CHILDREN</u>								
Total Households	<b>32</b>		<b>34</b>		<b>28</b>		<b>6%</b>	<b>-18%</b>
Single Parent Households	30	94%	33	97%	26	93%	10%	-21%
Adults	36		37		31		3%	-16%
Children	52		71		64		37%	-10%
<b>Total Persons in Households</b>	<b>88</b>		<b>108</b>		<b>95</b>		<b>23%</b>	<b>-12%</b>

Ninety-one percent of households without children were sheltered, while 9% were unsheltered on the street or in places unfit for human habitation. The number of unsheltered households without children decreased from 2015 by a significant 48%. The numbers were unchanged from 2014 to 2015. One-hundred percent of households with adults and children were sheltered (46% in emergency shelters; 11% in the domestic violence program shelter; and 43% in transitional housing).

### BREAKOUT BY LOCATION ON THE NIGHT OF THE COUNT

<u>LOCATION ON THE NIGHT OF THE COUNT</u>	<u>2014</u>		<u>2015</u>		<u>2016</u>		<u>% Change 2014 - 2015</u>	<u>% Change 2015 - 2016</u>
Unsheltered	23	9%	23	9%	12	9%	0%	-48%
Sheltered	244	91%	244	91%	212	91%	0%	-13%
<b>Total Persons</b>	<b>267</b>		<b>267</b>		<b>224</b>		<b>0%</b>	<b>-16%</b>
<u>HOUSEHOLDS WITHOUT CHILDREN</u>								
Unsheltered	23	13%	23	14%	12	9%	0%	-48%
Winter Shelter	40	22%	35	22%	31	24%	-13%	-11%
Emergency Shelter	87	49%	71	45%	60	47%	-18%	-15%
Emergency Shelter for Registered Sex Offenders	2	1%	3	2%	4	3%	50%	33%
Domestic Violence Program Shelter	2	1%	3	2%	0	0%	50%	-100%
Transitional Housing	15	8%	15	9%	10	8%	0%	-33%
Safe Haven	10	6%	9	6%	12	9%	-10%	33%
<b>Total Households</b>	<b>179</b>		<b>159</b>		<b>129</b>		<b>-11%</b>	<b>-19%</b>
<u>HOUSEHOLDS WITH ADULTS &amp; CHILDREN</u>								
Unsheltered	0	0%	0	0%	0	0%	0%	0%
Winter Shelter	0	0%	0	0%	0	0%	0%	0%
Emergency Shelter	11	34.5%	15	44%	13	46%	36%	-13%
Domestic Violence Program Shelter	1	3%	4	12%	3	11%	300%	-25%
Transitional Housing	20	62.5%	15	44%	12	43%	-25%	-20%
<b>Total Households</b>	<b>32</b>		<b>34</b>		<b>28</b>		<b>6%</b>	<b>-18%</b>

- Data not collected.

### **HOMELESS COUNT BY SUBPOPULATION**

As reflected in the chart below, the 2016 enumeration yielded significantly lower counts in some of the subpopulation categories. We suspect that the substantial decreases are directly related to compliance with the new HUD standards, which, as anticipated by HUD, have resulted in a more accurate count than in the past.

Thirty-six percent of households without children met HUD's definition of "chronic homelessness," a 2% decrease from 2015. Seventeen percent had a diagnosable substance use disorder, a 34% decrease from 2015; 26% had a serious mental illness; and 11% had a co-occurring diagnosable substance use disorder and serious mental illness. Eight percent had a physical disability, and 9% had chronic health conditions.

There were no households with adults and children identified as chronically homeless in 2016. In 2015 there were three households identified, representing less than 9% of households with adults and children that year. There were none identified in 2014. Three percent of households with adults and children were homeless as a direct result of fleeing domestic violence. This represents a 63% decrease from 2015.

## CHRONICALLY HOMELESS AND SUBPOPULATION BREAKOUT

<u>CHRONIC HOMELESSNESS</u>	<u>2014</u>		<u>2015</u>		<u>2016</u>		<u>% Change 2014 - 2015</u>	<u>% Change 2015 - 2016</u>
Households without Children	63	35%	48	30%	47	36%	-24%	-2%
Households with Adults & Children	0	0%	3	0%	0	0%	UNDEF	-100%
<u>SUBPOPULATIONS (ALL ADULTS) ‡</u>	<u>2014</u>		<u>2015</u>		<u>2016</u>		<u>% Change 2014 - 2015</u>	<u>% Change 2015 - 2016</u>
Veterans	18	8%	12	6%	5	3%	-33%	-58%
Chronic Substance Abuse	53	25%	41	21%	27	17%	-23%	-34%
Serious Mental Illness	65	30%	43	22%	42	26%	-34%	-2%
Co-Occurring (formerly Dual-Diagnosis)	32	15%	29	15%	18	11%	-9%	-38%
Physical Disability	19	9%	16	8%	13	8%	-16%	-19%
Chronic Health Conditions	23	11%	20	10%	15	9%	-13%	-25%
HIV/AIDS	4	2%	1	1%	6	4%	-75%	500%
Limited English	12	6%	11	6%	10	6%	-8%	-9%
History of Foster Care	14	7%	7	4%	3	2%	-50%	-57%
Formerly Institutionalized <sup>^</sup>	14	6.5%	16	8%	23	14%	14%	44%
<u>Homeless Due to Domestic Violence</u>	<u>2014</u>		<u>2015</u>		<u>2016</u>		<u>% Change 2014 - 2015</u>	<u>% Change 2015 - 2016</u>
Total Households	11	5%	12	6%	4	3%	9%	-67%
Single Women	3	6%	4	8%	1	3%	33%	-75%
Women w/Minor Children	8	28%	8	25%	3	12%	0%	-63%
Children	11	21%	20	28%	9	14%	82%	-55%
<b>Total Persons</b>	<b>22</b>	<b>8%</b>	<b>32</b>	<b>12%</b>	<b>13</b>	<b>6%</b>	<b>45%</b>	<b>-59%</b>

‡Persons counted include singles and adults in families, and may be counted in more than one subpopulation.

<sup>^</sup>Discharged to homelessness from a hospital, jail/prison, mental health facility, foster care, long-term care facility, etc.

### EMPLOYMENT & MONTHLY INCOME FOR HOUSEHOLDS WITHOUT CHILDREN

Twenty-seven percent of persons in households without children were employed, a decrease from 36% in 2015 and 30% in 2014.

Forty-four percent of persons in households without children reported receiving no income. Of the 55% receiving income, the majority (55%) reported a gross monthly income of \$501-\$1,000. Twenty-eight percent had a monthly gross income higher than \$1,000. Forty-nine percent of persons receiving income reported employment as their primary or largest source. Thirty-eight percent reported disability income as the primary source.

### EMPLOYMENT IN HOUSEHOLDS WITHOUT CHILDREN

<u>EMPLOYMENT</u>	<u>2014</u>		<u>2015</u>		<u>2016</u>		<u>% Change 2014 - 2015</u>	<u>% Change 2015 - 2016</u>
<b><u>HOUSEHOLDS WITHOUT CHILDREN</u></b>	<b>179</b>		<b>159</b>		<b>129</b>			
Not Reported	2	1%	0	0%	0	0%	-100%	0%
No	123	69%	101	64%	94	73%	-8%	14%
Yes	54	30%	58	36%	35	27%	21%	-25%

## GROSS MONTHLY INCOME FOR HOUSEHOLDS WITHOUT CHILDREN

GROSS MONTHLY HOUSEHOLD INCOME	2014		2015		2016		% Change 2014 - 2015	% Change 2015 - 2016
<b>HOUSEHOLDS WITHOUT CHILDREN</b>	<b>179</b>		<b>159</b>		<b>129</b>			
Not Reported	2	1%	2	1%	1	1%	0%	0%
No	77	43%	71	45%	57	44%	5%	-2%
Yes	100	56%	86	54%	71	55%	-4%	2%
<b>Income Amount</b>								
\$1-150	0	0%	4	5%	0	0%	UNDEF	-100%
\$151-250	8	8%	3	3%	5	7%	-63%	133%
\$251-500	13	13%	5	6%	7	10%	-54%	66%
\$501-1,000	61	61%	39	45%	39	55%	-26%	22%
\$1,001-1,500	11	11%	16	19%	9	13%	73%	-32%
\$1,501-2,000	4	4%	13	15%	11	15%	275%	0%
More than \$2,000	3	3%	6	7%	0	0%	133%	-100%
<b>Primary Source of Income</b>								
Wages	51	51%	58	67%	35	49%	31%	-27%
Retirement	8	8%	1	1%	6	8%	-88%	700%
Disability	34	34%	24	28%	27	38%	-18%	36%
Public Assistance*	0	0%	0	0%	0	0%	0%	0%
Other**	6	6%	3	3%	3	4%	-50%	33%
No Reported	1	1%	0	0%	1	1%	-100%	UNDEF

\*General Relief or Refugee Support

\*\* Spousal Support, Panhandling, etc.

## EMPLOYMENT & MONTHLY INCOME FOR HOUSEHOLDS WITH ADULTS AND CHILDREN

Sixty-one percent of adults in households with adults and children were employed, a decrease from 78% in 2015 and 72% in 2014.

Eighty-seven percent of adults in households with adults and children reported receiving income, a decrease from 97% in 2015 and an increase from 86% in 2014. Of those receiving income, 70% reported employment as the primary source. Twenty-six percent reported TANF as the primary source. Additionally, there was an overall decrease in the gross monthly income amount. Only 7% of households with adults and children had an income greater than \$2,000.

## EMPLOYMENT IN HOUSEHOLDS WITH ADULTS AND CHILDREN

EMPLOYMENT (ADULTS)	2014		2015		2016		% Change 2014 - 2015	% Change 2015 - 2016
<b>HOUSEHOLDS WITH ADULTS &amp; CHILDREN</b>	<b>36</b>		<b>37</b>		<b>31</b>			
Not Reported	0	0%	0	0%	0	0%	0%	0%
No	10	28%	8	22%	12	39%	-21%	77%
Yes	26	72%	29	78%	19	61%	8%	-22%

## GROSS MONTHLY INCOME FOR HOUSEHOLDS WITH ADULTS AND CHILDREN

GROSS MONTHLY HOUSEHOLD INCOME	2014		2015		2016		% Change 2014 - 2015	% Change 2015 - 2016
<b>HOUSEHOLDS WITH ADULTS &amp; CHILDREN</b>	<b>36</b>		<b>37</b>		<b>31</b>			
Not Reported	0	0%	0	0%	0	0%	0%	0%
No	5	14%	1	3%	4	13%	-79%	333%
Yes	31	86%	36	97%	27	87%	13%	-10%
<b>Income Amount</b>								
\$1-150	0	0%	0	0%	0	0%	0%	0%
\$151-250	1	3%	0	0%	2	7%	-100%	UNDEF
\$251-500	2	6%	7	19%	5	19%	217%	250%
\$501-1,000	6	19%	11	31%	6	22%	63%	-29%
\$1,001-1,500	9	29%	10	28%	10	37%	-3%	32%
\$1,501-2,000	8	26%	5	14%	2	7%	-46%	-50%
More than \$2,000	5	16%	3	8%	2	7%	-50%	-13%
<b>Primary Source of Income</b>								
Wages	26	82%	29	81%	19	70%	-1%	-14%
Retirement	0	0	0	0%	0	0%	0%	0%
Disability	1	4%	1	3%	1	4%	-25%	33%
Public Assistance*	2	7%	6	17%	7	26%	143%	53%
Other**	2	7%	0	0%	0	0%	-100%	0%

\*General Relief, Refugee Support or TANF

\*\*Child Support, Spousal Support, Panhandling, etc.

### HOUSING NEED

The greatest barriers to ending homelessness in our community are 1) extremely low incomes (i.e., low fixed income and the lack of a living wage received by persons experiencing homelessness); and as reflected in the charts below, 2) the lack of fixed affordable permanent housing opportunities for the lowest income households (i.e., those with an income 30% and below the area median of \$109,200).

For households without children, 30% needed permanent supportive housing; 18% needed a rental subsidy; 24% needed affordable permanent housing; 2% needed assisted living; 13% needed transitional housing (the majority for substance use treatment); 7% needed safe haven, and 6% needed emergency shelter triage and additional assessment. For households with adults and children, 43% needed affordable permanent housing; 28.5% needed a rental subsidy; 5% needed transitional housing; 3.5% needed permanent supportive housing.

HOUSING NEEDED	2014		2015		2016	
<b>HOUSEHOLDS WITHOUT CHILDREN</b>	<b>179</b>		<b>159</b>		<b>129</b>	
Affordable Permanent Housing	2	1%	46	29%	31	24%
Permanent Housing w/Subsidy Assistance	40	22%	34	21%	23	18%
Assisted Living	2	0%	3	2%	2	2%
Permanent Supportive Housing	51	29%	30	19%	39	30%
Safe Haven	15	8%	22	14%	9	7%
Transitional Housing	32	18%	7	4%	17	13%
Emergency Shelter	37	21%	17	11%	8	6%

<b>HOUSING NEEDED</b>	<b>2014</b>		<b>2015</b>		<b>2016</b>	
<b>HOUSEHOLDS WITH ADULTS &amp; CHILDREN</b>	<b>32</b>		<b>34</b>		<b>28</b>	
Affordable Permanent Housing	5	16%	2	6%	12	43%
Permanent Housing w/Subsidy Assistance	20	63%	22	65%	8	28.5%
Permanent Supportive Housing	1	3%	3	9%	1	3.5%
Transitional Housing	6	19%	7	21%	7	25%
Emergency Shelter	0	0%	0	0%	0	0%

## HOMELESSNESS PREVENTION, SHELTER DIVERSION AND HOUSING PLACEMENT

### PERMANENT SUPPORTIVE HOUSING FOR CHRONICALLY HOMELESS INDIVIDUALS

To assist formerly homeless persons, the CoC currently operates 38 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 serious mental illness. On the night of the count 98% of the beds were occupied. One of the three households occupying the permanent supportive housing units was identified as ready to move on to permanent housing, but could not due to the lack of affordable housing.

From 2008 to 2016, the PIT enumerations have reflected that within the CoC on average 36% of individuals counted are chronically homeless. In 2013 the CoC began conducting an in depth analysis of housing need of persons experiencing homelessness and the efficiency of homeless bed utilization. This resulted in the bolstering of the permanent supportive housing inventory to better serve chronically homeless individuals many of whom are unsheltered, and therefore, the most vulnerable in our community.

At the time of the 2014 enumeration, the City of Alexandria designated ten additional permanent supportive housing beds to serve chronically homeless singles increasing the bed coverage from 7% to 32% in an effort to align it with the demonstrated community need. In July of 2014 the permanent supportive housing provider was able to add an additional bed to the inventory by successfully securing and occupying a 3-bedroom unit effectively bringing the total to 38 (34%).

Additionally, a bonus project proposed in the FY2015 Continuum of Care (CoC) Program Competition application would fund 5 units using a scattered site, housing first model to serve persons experiencing chronic homelessness (providing 2 to 4 beds for households without children and 8 to 12 beds for households with adults and children).

### HOMELESS PREVENTION, DIVERSION & RAPID RE-HOUSING

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

- **Prevention** – 53 households (14 without children and 39 with adults and children) totaling 159 people at-risk of homelessness were aided to retain permanent housing. Services included case management, linkage to mainstream resources, financial assistance, landlord-tenant intervention, job search assistance, employment services, budgeting/financial management and housing counseling.

- ***Diversion*** – 121 households with children sought shelter and 61 households (50%) were diverted from entering the City of Alexandria’s shelter system. 345 households without children sought shelter and 10 households (3%) were diverted from entering the City of Alexandria’s shelter system. While this is a slight increase from 2014 diverting households without children continues to be extremely difficult. The City of Alexandria is piloting a collaborative program between the Adult Detention Center and Office of Community Services Diversion Services to target persons experiencing or at risk of homelessness prior to discharge from jail to increase the number housed permanently without having to enter the shelter system. Diversion methods include financial and/or case management services to obtain or maintain housing, and when appropriate, linkage to supports and resources in communities of origin.
- ***Rapid Re-Housing*** – 42 households (32 without children and 10 with adults and children) totaling 58 people were assisted to quickly return to permanent housing after becoming homeless. Services included case management, housing search assistance, rental assistance and housing stability related financial aid.

Overall the rapid re-housing strategy appears to be having an impact on reducing homelessness in the City of Alexandria; however, it is not without its unique challenges: 1) Households still struggle to find affordable units for which they qualify; 2) The extent of need for rental assistance consistently exceeds original projections; 3) The assistance must be tailored to fit the household’s budget and ability to sustain housing costs post-assistance, which often limits the household’s ability to meet its housing need; and 4) Grantors’ guidelines for rapid re-housing funding assistance dictate that rental subsidies not exceed fair market rents, which creates a barrier for households to access the limited permanent housing for which they qualify. This is a result of the City of Alexandria’s high demand rental market where there is a huge gap between the fair market rents and the market rates.

## FUTURE TRENDS IN HOMELESSNESS

The disparity between high housing costs and extremely low household incomes remains the highest barrier to preventing and ending homelessness in the City of Alexandria. However, as the CoC continues to create efficiencies to right-size our system a few emerging needs have become evident:

1. The need for on-going supportive services to assist low income, formerly homeless households who remain extremely vulnerable – who are a crisis away from the risk of or recidivism into homelessness.
2. The need to revisit provider policies that have inadvertently resulted in cyclical shelter stays for persons with a diagnosable substance use disorder, and to incorporate CoC-level harm-reduction policies specifically related to service provision for this population.
3. The need for coordination and collaboration with and among community partners that provide emergency assistance (e.g., food, furniture, financial aid) to persons who are essentially at-risk of homelessness, but who never present as such in the Housing Crisis Response System, which results in duplicative, inefficient and costly service provision as well as a misrepresentation of the community need.

Given the housing and economic factors, it is difficult to predict future trends of homelessness for the City of Alexandria. Although a continued public outcry in response to the decline of limited affordable housing opportunities has resulted in planning and development for households at 60%

to 80% of the area median income (\$109,200), the cost of permanent housing is expected to remain high in general, particularly for the populations we serve with incomes of 30% or less. Therefore, the City of Alexandria CoC is committed to finding innovative and non-traditional ways to continue providing prevention and rapid re-housing assistance as well as seeking federal, state and local funding to this end.



# ARLINGTON COUNTY, VA

## Description of Homeless Services

### 10-Year Plan to End Homelessness and the Continuum of Care

Arlington County has a 10-Year Plan to End Homelessness, which is governed by the Arlington County Consortium (ACC). The ACC is a private/public partnership of more than 100 members from the non-profit, faith, affordable housing and landlord, and local business communities. The plan's primary goal is that no individual or family shall lack access to decent, affordable housing. Achievement of this goal is predicated on the following broad strategies:

- INCREASING housing affordability
- MOVING individuals and families from the streets and shelters quickly into permanent, stable housing
- PROVIDING the vital services that households need to maintain their housing
- PREVENTING homelessness at every opportunity

Four 10-Year Plan committees led by the Executive Committee support the implementation of goals by ensuring that best practice solutions are used within the Continuum of Care (CoC). Best practice approaches include centralized intake and assessment, progressive engagement within all programs, rapid re-housing and permanent supportive programs, and use of outcome-focused data to guide strategic decision making and planning. The 10-Year Plan committees work in concert to ensure that available federal, state and local resources are used strategically to meet the needs of Arlington homeless individuals and households and those at risk of becoming homeless.

The County's Department of Human Services coordinated the 2016 Point-in-Time (PIT) survey on January 27, 2016 in conjunction with the Metropolitan Washington Council of Governments (COG) and the Arlington County homeless non-profit partners. Due to weather conditions the actual street outreach count was conducted on January 28, 2016.

Arlington County's Continuum of Care is a network of interconnected programs and services to assist people who are homeless or at risk of becoming homeless. Arlington Continuum of Care includes:

**Street Outreach and Engagement:** Service workers connect with persons living on the street and other outdoor environments to help put individuals on the path to stability and housing.

**Homelessness Prevention:** Efforts to provide services to at-risk households in order to prevent homelessness before it occurs are an integral part of the CoC.

**Shelters:** Five Arlington County homeless shelters provide a safe, structured environment for singles and families who are experiencing homelessness as well as those surviving domestic violence.

**Transitional Housing:** Transitional housing programs provide housing services to help Arlington families and individuals get ready for permanent housing.

**Rapid Rehousing:** Rapid Rehousing programs move households quickly out of shelter into housing with rental support and services to help families maintain housing.

**Permanent Supportive Housing:** Permanent supportive housing programs provide rental assistance and case management services for households who are homeless and have (or a family member has) a disabling condition.

## **Recent Improvements in Continuum of Care Services**

### **Centralized Access System:**

Centralized Access System (CAS) completed its first year of implementation in 2015. CAS has improved access to services across the entire CoC. The Department of Human Services is the primary initial contact point for individuals and families who have become homeless or at risk of homelessness. CAS matches households, as quickly as possible, with the interventions that will most effectively and efficiently prevent or end their homelessness and lead to stability. CAS intervention services include: Prevention, Diversion, Rapid Rehousing, Permanent Supportive Housing, and Emergency Shelter.

As part of CAS implementation, the CoC implemented a dedicated hotline (known as the 1010 line) for people in a housing crisis to call 24/7, including after hours, on weekends, and on holidays.

### **Unified Shelter Approach and Homeless Services Center (HSC)**

Arlington's new Homeless Services Center (HSC) opened in fall 2015. The center features 50 year-round shelter beds, 25 hypothermia prevention beds, and five medical respite beds. With its three distinct service areas - shelter, day program, and medical respite - the Homeless Services Center is a critical component of the CoC's efforts to end homelessness.

The County's two year-round shelters for individuals, the Residential Program Center and the Homeless Services Center collaborated to align strategies and goals to create a unified approach to providing emergency shelter services. Both shelters operate a low barrier/high expectation shelter model. Shelter case managers engage individuals in a detailed housing plan to facilitate movement into permanent housing as quickly as possible. Both shelters also link individuals to community resources that support their housing goals.

### **Services for Domestic Violence (DV) Survivors and Families**

To meet the demand for specialized shelter for DV clients, the CoC's DV service provider, Doorways for Women and Families, has implemented a scattered-site program, offering an alternate emergency service to individuals not best served in a shelter environment. This project provides 4 additional beds for victims of domestic violence.

Doorways committed four units, co-owned with a community landlord partner, as Other Permanent Housing with Supports for Families and Transition Age Youth (TAY) or Youth Aging out of Foster Care. This addition to the CoC housing inventory provides permanent, affordable housing and services to households with significant long-term needs.

### **Current Inventory of Beds for Homeless Persons**

The table below illustrates the County's current inventory of beds (emergency shelter, safe haven, and transitional housing) available within the continuum of care on the day of the count.

Year-Round and Winter Inventory of Beds				
	Beds for Individuals	Beds for Families	All Year-Round Beds	Winter Beds
<i>Hypothermia/Overflow/Other (Additional winter Capacity)</i>	0	0	0	25
<i>Emergency Shelter Beds</i>	99	79	178	0
<i>Transitional Housing Beds</i>	12	9	21	0
<i>Safe Haven</i>	6	0	6	0
<b>TOTAL</b>	<b><u>117</u></b>	<b><u>88</u></b>	<b><u>205</u></b>	<b><u>25</u></b>

In 2015, the County closed its Emergency Winter Shelter and opened the Homeless Services Center. As a result, the number of hypothermia beds went down from 71 to 25 and the number of year-round beds for individuals increased by 55, including 5 medical respite beds.

### Point-in-Time Count

Arlington County experienced a decrease in the total number of persons counted for a fourth straight year.

Arlington County Point-in-Time Count					
	2013	2014	2015	2016	% Change 2015-2016
<i>Singles</i>	268	178	164	124	-24%
<i>Families</i>	211	113	75	50	-33%
<b>TOTAL</b>	<b><u>479</u></b>	<b><u>291</u></b>	<b><u>239</u></b>	<b><u>174</u></b>	<b><u>-27%</u></b>

Arlington County Point-in-Time Count					
	2013	2014	2015	2016	% Change 2015-2016
<i>Sheltered</i>	333	240	200	155	-23%
<i>Unsheltered</i>	146	51	39	19	-51%
<b>TOTAL</b>	<b><u>479</u></b>	<b><u>291</u></b>	<b><u>239</u></b>	<b><u>174</u></b>	<b><u>-27%</u></b>

The factors contributing to the reduction both family and singles homelessness include:

- **Eviction/Prevention Services:** The CoC has a robust menu of prevention services to assist households maintain their existing housing. Without these services, the CoC would have an increased number of individuals and families requesting and receiving emergency shelter services.
- **Diversion Services:** As part of the CAS, the CoC uses Diversion services to assess households and determine if a household could be diverted from emergency shelter altogether. As a result, only households most in need of emergency shelter access the shelters.
- **Continuation of Housing First Approach:** Housing First emphasizes moving households into permanent housing as quickly as possible, and then providing ongoing services to help those served to maintain housing and address personal needs/challenges. Households in shelter

programs, after an in-depth review of their circumstances, are matched to the best housing solution for them through a collaborative approach across providers. Households with leasing barriers (including little or no income), are quickly moved into permanent housing with rental assistance, service supports and a plan to sustain their housing.

- **Street Outreach:** Many individuals living on the street were housed through successful outreach efforts. Individuals moved into permanent housing with rental assistance and support services in Rapid Rehousing, Permanent Supportive Housing, and Veterans Affairs and Support Services (VASH) Voucher programs. Some then transitioned into the local Housing Grants program.

#### Chronically Homeless, Veterans & Domestic Violence Sub-Populations Count

Chronically Homeless Table				
	2014	2015	2016	% Change 2015 to 2016
<i>Chronically Homeless - Sheltered Households without Children</i>	74	79	45	-43%
<i>Chronically Homeless - Sheltered Households with Children</i>	0	2	0	-100%
<b>TOTAL</b>	<b>74</b>	<b>81</b>	<b>45</b>	<b>-44%</b>

Veteran Table				
	2014	2015	2016	% Change 2015 to 2016
<i>Veteran - Sheltered Households without Children</i>	19	17	6	-65%
<i>Veteran - Sheltered Households with Children</i>	3	2	0	-100%
<b>TOTAL</b>	<b>22</b>	<b>19</b>	<b>6</b>	<b>-68%</b>

- The 68% reduction in the number of homeless veterans counted is a result of the CoC Zero 2016 campaign. Arlington reached functional zero for homeless veterans in December 2015.
- The 44% reduction in the number of chronically homeless persons is also attributable to the Zero 2016 campaign.

Domestic Violence Table				
	2014	2015	2016	% Change 2015 to 2016
<i>Domestic Violence Current (DVC) – Sheltered Households without Children</i>	6	14	5	-64%
<i>Domestic Violence Current (DVC) – Sheltered Households with Children</i>	10	22	17	-22%
<b>TOTAL</b>	<b><u>16</u></b>	<b><u>36</u></b>	<b><u>22</u></b>	<b><u>-39%</u></b>

- From 2014 to 2016, the average number of people in shelter experiencing domestic violence was 25.

Transition Age Youth (18-24) TAY Table				
	2014	2015	2016	% Change 2015 to 2016
<i>TAY Youth - Households without Children</i>	N/A	5	6	20%
<i>TAY Youth Households with Children</i>	N/A	18	15	-16%
<b>TOTAL</b>	<b><u>N/A</u></b>	<b><u>23</u></b>	<b><u>21</u></b>	<b><u>-9%</u></b>

- In 2016, 8 households made up the 15 persons in TAY households with children
- Arlington did not have any Unaccompanied Youth under 18 at the time of the 2016 PIT count.

### Arlington County Permanent Housing Inventory Chart:

The chart below enumerates permanent housing options for homeless persons as of the day of the 2016 PIT count.

Arlington County Permanent Housing Inventory Chart			
Rapid Re-Housing			
Individuals		Families	
Number of Programs	Beds	Number of Programs	Beds
1	17	5	133
Permanent Supportive Housing Chart			
Individuals		Families	
Number of Programs	Individuals (Beds)	Number of Programs	Beds
6	156	2	29
Other Permanent Housing Chart			
Individuals		Families	
Number of Programs	Individuals (Beds)	Number of Programs	Beds
0	0	1	11

TOTAL Number of Programs	TOTAL Number of Beds	TOTAL Number of Programs	TOTAL Number of Beds
Individuals		Families	
<u>7</u>	<u>173</u>	<u>8</u>	<u>173</u>

- In 2015, the CoC added 14 new units of PSH for chronically homeless, 10 units of RRH for single adults, and 4 units of other permanent housing for families and TAY or Youth Aging out of Foster Care.

### Accomplishments and What We're Working On:

**Zero 2016:** Arlington County has been participating in the national campaign to end veteran homelessness and chronic homelessness – Zero 2016. In December 2015, Arlington officially became recognized as the second CoC nationwide to reach “functional zero.” Functional zero is defined as housing more veterans per month than those who remain homeless. By December 2015, Arlington had housed 22 veterans and had two veterans to be housed. A variety of local, state, and federal resources were used to provide permanent housing to veterans. All service providers touching homeless veterans worked together to reach this successful outcome. The County is on target to reach functional zero for chronically homeless households by December 2016.

**Homeless Youth Task Force:** The CoC has established a Youth Task Force (YTF) to examine the nature and scope of youth homelessness (both unaccompanied youth under 18 and transition age youth between 18 and 24 (TAY). The CoC will be conducting a Youth Point-in-Time count in May 2016.

**Landlord Partnership:** The 10-Year Plan has launched a partnership with community housing providers to enhance the tools available to landlords who provide housing to households with significant housing barriers, including poor credit, poor rental history, and criminal background. Through the Arlington Landlord Partnership (ALP), landlords are flexible in applying eligibility criteria and gain access to a Risk Reduction Fund to cover some vacancy loss and damage costs. CoC agencies provide rapid rehousing and permanent supportive housing services, including rental assistance and case management, to the households who come into housing under the ALP program.

### Conclusion

Arlington continues to reduce its Point-in-Time homeless count. This is the result of significant hard work from service providers, a legion of volunteers, and great community support along with federal, state, and county funding. Prevention services and permanent supportive housing strategies are showing particular promise. Challenges remain for families in rapid rehousing including generating sufficient income in low wage jobs to be able to afford the high cost of rental housing in Arlington, even when they transition to the local Housing Grants program.

In fall 2015, the County approved the Affordable Housing Master Plan which lays out a blueprint for developing affordable housing and providing rental assistance and support services for low-income households into the future. Implementation of the plan is critical to ensuring housing stability for formerly homeless households and new homeless households who come into the system.

Much work remains to be done. However, the Arlington 10-Year Plan Community Consortium is optimistic the challenges up ahead can be met. No one needs to experience homelessness in Arlington County.

# DISTRICT OF COLUMBIA

## Homeless Services in the District of Columbia

The District of Columbia's Continuum of Care provides to persons experiencing or at risk of homelessness a range of services including: prevention assistance, supportive services, outreach, drop-in centers, childcare services, meal programs, severe weather and emergency shelter, transitional housing, rapid rehousing, permanent supportive housing, and targeted affordable housing. These services are available to both individuals and families, and typically focus on specific populations such as persons living with disabilities, persons experiencing chronic homelessness, veterans, or youth.

In 1994, the District became one of the nation's first jurisdictions to implement the U.S. Department of Housing and Urban Development (HUD) Continuum of Care model, seeking to address immediate barriers to stable housing while working to connect those experiencing homelessness with permanent or supportive housing resources as quickly as possible. The Community Partnership for the Prevention of Homelessness (TCP) is responsible for the management, oversight, and operation of the programming funded by HUD's Continuum of Care Program as well as programming funded by the District of Columbia Department of Human Services (DHS). TCP also acts as the System Administrator for the District's Homeless Management Information System (HMIS), the primary repository for client-level information on persons receiving homeless services in the District. In carrying out the functions associated with these roles, TCP has completed the Point in Time on behalf of the District each year since 2001.

The District's Point in Time information is collected primarily through the HMIS. Some 90 percent of the Point in Time information was submitted to TCP by programs that enter information on persons served in their programs in HMIS. The remaining information was submitted to TCP by providers via phone interviews, through surveys conducted with consumers in their respective programs, or through direct outreach efforts. Strategic use of the HMIS for the purposes of Point in Time ensures that the District's count is comprehensive, unduplicated, and that the results accurately reflect the size and scope of the city's homeless population on a given day. The results of Point in Time are used throughout the year by TCP, District Government, and community stakeholders for planning and implementing new programming for individuals and families experiencing homelessness while living in the District.

## Changes since Point in Time 2015

Since the 2015 Point in Time, the District of Columbia has made significant policy improvements and unprecedented new investments in homeless services targeting key population groups and service needs with a focus on permanent housing solutions. This includes \$100 million in affordable housing in FY2016, and Mayor Bowser has called for another \$100 million investment in affordable housing in FY 2017 as well. As these new investments come online and key policy changes take effect in 2016, the District of Columbia expects to see the impacts on the Point in Time beginning in 2017 and beyond.

The investments targeting key population groups are:

- Families:
  - DHS has implemented year-round access to family shelter to provide services and assistance for families experiencing homelessness, which had been limited to the

Hypothermia season (November through March) in past years. As a seasonal right-to-shelter jurisdiction, many families in District who were experiencing or at-risk of homelessness had to wait until the weather was cold enough to access emergency shelter, when shelter is an entitlement, making families more vulnerable in warmer months. Seasonal access also contributed to inefficiencies in the crisis response system as a result of the District needing to meet a year's worth of need in five months. Year-round access to family shelter will give families the safety they need when they need it, and will create a more effective and efficient crisis response system;

- DHS launched targeted homelessness prevention programs through four community-based service providers to help stabilize families experiencing housing crises, preventing homelessness for more than 1,100 families, becoming the best cost to outcomes program in the family system. DHS expects to expand the prevention program considerably in FY 2017;
- DHS and TCP expanded the District-funded Family Rehousing Stabilization Program (FRSP), a rapid rehousing (RRH) program helping homeless families exit shelter, adding \$2.5 million in RRH resources for families in FY 2016. DHS expects to expand RRH again for families in FY17;
- DHS expanded permanent supportive housing for families in FY 2016, adding \$1.6 million in new resources;
- DHS and the District of Columbia Housing Authority launched a new program in 2016 that targets local affordable housing vouchers for families experiencing homelessness. The District expects to expand this program in FY 2017; and
- HUD awarded TCP and District's CoC three new projects for families through the annual HUD CoC Program NOFA. When fully implemented, these new projects will house 30 families currently experiencing homelessness in the District. These include:
  - *THC's Partner Arms 2*, which was approved to begin operating as Permanent Supportive Housing for families; and
  - *Catholic Charities' Families in Transition and Tenants Empowerment Network* programs, which were both approved to begin operating as Rapid Rehousing for families.
- Individuals:
  - The District has expanded street outreach services through the 3-year, \$9 million Cooperative Agreements to Benefit Homeless Individuals (CAHBI) grant awarded to the District of Columbia Department of Behavioral Health to serve homeless veterans and chronically homeless individuals living with substance use disorders, serious mental illnesses, or co-occurring disorders;
  - DHS developed a Daytime Services Center to provide additional employment, mental health, and substance use treatment programming for single adults;
  - DHS expanded its RRH program for singles in FY 2016, allocating \$3.7 million to expand on the pilot that was launched in FY 2015;
  - DHS expanded permanent supportive housing for individuals by \$4 million dollars in



FY 2016, and by \$600,000 for targeted affordable housing. DHS expects to expand these programs again in FY 2017; and

- Through the CoC Program NOFA HUD also awarded TCP two new programs for individuals that will house over 60 individuals once implemented. These include:
  - *Pathways to Housing's Home, Health & Hope DC*, which was selected as the CoC's applicant for the Permanent Supportive Housing Bonus opportunity, and will serve as PSH for persons experiencing chronic homelessness; and
  - *House of Ruth's New Horizons*, which will be the District's first Rapid Rehousing program for single women experiencing homelessness.
  
- Youth:
  - The District's Interagency Council on Homelessness' Youth Committee and TCP have implemented a youth-specific Coordinated Assessment and Housing Placement (CAHP) System to streamline referrals and better connect youth with housing and services resources;
  - DHS has funded new youth specific outreach to support Youth CAHP and has developed additional youth shelter, transitional, and drop in center programs; and
  - TCP conducted the District's first Homeless Youth Census in August 2015, modeled after Point in Time, to count youth experiencing homelessness and housing insecurity to inform strategic planning and further resource development for youth experiencing homelessness.
  
- Veterans:
  - The District's CAHP system connected 764 veterans experiencing homelessness with housing in calendar year 2015 through the increased coordination among dedicated veterans service providers; and
  - CAHP has also increased the rate at which veterans experiencing homelessness are engaged; among those counted at Point in Time, 78 percent had been assessed by CAHP providers to determine the housing intervention needed to help the veteran exit homelessness.

## 2016 Shelter and Housing Inventory

The following table shows the number of units for singles and families (*as well as total beds for persons in families*) in the District's Winter/Severe Weather Shelter, Emergency Shelter, Transitional Housing, Rapid Rehousing, and Permanent/Permanent Supportive Housing inventories. The counts here include beds funded by both public and private dollars. All categories of shelter and housing have increased since the 2015 Point in Time count when the last inventory was taken.

SHELTER & HOUSING INVENTORY			
Category	Units for Singles	Units for Families	Beds in Family Units
Winter Shelter	829	560	1,732
Emergency Shelter	2,276	623	2,073
Transitional Housing	993	436	1,244
Rapid Rehousing	322	1,113	3,502
Permanent & Permanent Supportive Housing	4,778	1,250	4,101

### Point in Time Results

In completing Point in Time, TCP coordinated with District and Federal government agencies, professional outreach providers, meal programs, drop in centers, public libraries, shelters, and transitional housing programs to conduct a census and survey of persons experiencing homelessness in the District on that date. The following table includes the total number of persons counted during Point in Time 2016. The number of single persons, the number families, and the number of persons in those families are also included along with the same information from Point in Time 2015 and 2014 for the purposes of comparison. As shown, between the 2015 and 2016 counts there was a reduction among single persons counted (-3.6 percent), though there was an increase in the number of families counted from year to year (+31.8 percent).

HOMELESS COUNT BY CATEGORY					
Category	2016	2015	2014	% Change from 2015	% Change from 2014
Total Number Counted	8,350	7,298	7,748	+14.4%	+7.8%
Total Number of Singles	3,683	3,821	3,953	-3.6%	-6.8%
Total Number of Families	1,491	1,131	1,231	+31.8%	+21.1%
Total of Persons in Families	4,667	3,477	3,795	+34.2%	+23.0%
Total Adults in Families	1,945	1,428	1,559	+36.2%	+24.8%
Total Children in Families	2,722	2,049	2,236	+ 32.8%	+21.7%

The decrease in the number of single individuals can be attributed to additional housing resources and the further development of the CAHP System in assessing and permanently housing veterans experiencing homelessness and persons experiencing chronic homelessness, with CAHP having housed 1,425 single individuals between Point in Time 2015 and 2016, including 903 persons experiencing chronic homelessness and 764 veterans experiencing homelessness (note that 489 persons were *both* chronically homeless and veterans). Due to these placements, the count of chronically homeless individuals decreased by 5.7 percent from 2015, while the total count of unaccompanied veterans experiencing homelessness decreased by 14 percent from the 2015 Point in Time count.

The increase in the number of families counted is primarily due to severe housing affordability challenges in the District and increased demand for stable housing assistance that is brought to bear on the homelessness system. The increase is also attributable to the shift in access to services

through the District’s implementation of year-round access to shelter that began in 2015. As previously stated, placements in past years had been limited to the District’s Hypothermia season (November through March). From April to October 2015, 464 families received access to shelter as a result of the new policy, as compared to only 12 shelter placements from April to October 2014. Also, the significant new housing resources for families funded in the District’s FY 2016 Budget had not come online in enough time to make an impact on the 2016 Point in Time results.

As a result of the move to year-round access, the District experienced higher family shelter occupancy in the January 2016 Point in Time than in 2015 by a count of 360 families. The District expects it will take time for new investments, policies and operational protocols (particularly with regard to prevention and permanent and affordable housing) to catch up with the pent-up demand. However, year round access to family shelter (which allowed families to receive the homeless services they needed before the Hypothermia season) and new prevention program (which helped more than 1,100 families avoid homelessness) did lead to an overall decrease in the number of families placed in shelter *during* Hypothermia 2016 as compared to Hypothermia 2015.

As part of the Point in Time count, unsheltered and sheltered persons were surveyed about their needs and other barriers related to housing. The following table indicates the rates at which persons included in the count self-reported that they are living with HUD-recognized disabilities or self-reported factors that indicate inclusion into the several categories of other HUD- and/or Metropolitan Washington Council of Governments-defined priority homeless populations such as: United States Military Veterans, persons for whom limited English proficiency is a barrier to receiving services, unaccompanied minors and transition age youth, and survivors of domestic violence.

Rates at which the various disabilities and subpopulations were reported among adults in families were relatively consistent with findings from Point in Time 2015 with the exception of adults in families reporting histories of domestic violence or reporting that the family was homeless directly due to domestic violence, which were lower in the 2016 count than in past years.

Among single persons experiencing homelessness, there were higher rates reported this year in all disability categories (such as histories of substance abuse, mental illness, physical disabilities, or chronic health problems) than in past years. Single persons also reported higher rates of domestic violence histories in 2016 than in 2015 though not at the level reported among adults in families.

<b>DISABILITIES &amp; SUBPOPULATIONS</b>			
	<b>Unaccompanied Single Persons</b>	<b>Adults in Families</b>	<b>TOTAL (All Adults)</b>
<b>Chronic Substance Abuse (CSA)</b>	28.3%	1.9%	19.2%
<b>Severe Mental Illness (SMI)</b>	26.5%	8.9%	20.4%
<b>Dual Diagnosis (CSA &amp; SMI)</b>	15.9%	0.9%	10.7%
<b>Chronic Health Problem</b>	14.3%	2.5%	10.8%
<b>Living With HIV/AIDS</b>	2.7%	0.6%	2.1%
<b>Physical Disability</b>	23.4%	2.8%	17.4%
<b>Domestic Violence (DV) History</b>	15.8%	19.6%	16.9%
<b>Homeless Due to DV</b>	3.6%	9.6%	5.7%
<b>Limited English Proficiency</b>	9.7%	5.3%	8.5%
<b>U.S. Military Veterans</b>	10.2%	0.8%	7.3%

### Chronically Homeless

The HUD definition of chronic homelessness was refined in 2015 to include any youth, adult, or person within a family with a disabling condition who has been continuously homeless for a year or more, or who has been homeless four times within the past three years *where the combined occasions of homelessness total a length of time of at least one year*. At Point in Time 2016, there were 1,501 unaccompanied single persons and 42 families who met the federal definition of chronic homelessness, a reduction of 5.7 percent and 36 percent respectively since 2015 (note that the overall population of persons experiencing chronic homelessness decreased by seven (7) percent when looking at individuals and families collectively). As stated, the decrease is primarily due to the work of the CAHP process which has helped to streamline connections to housing for some of the District's most vulnerable residents.

### Income & Employment

Persons surveyed at Point in Time also responded to questions about income and employment. At Point in Time, 57.3 percent of single persons and 21.1 percent of adults in families reported that they were not receiving income of any kind as of Point in Time though 20.1 percent of singles and 27.1 percent of adults in families reported that they were employed at the time of the survey. For unaccompanied individuals, employment was the most commonly reported source of income, while Temporary Assistance for Needy Families (TANF) was the most commonly reported source of income among adults in families. While the employment rates reported by both singles and adults in families were similar to last year's Point in Time, the rate of singles reporting that they had no income was five (5) percent lower in 2016 than 2015, but the rate of adults in families reporting that they had no income was seven (7) percent higher year to year.

### Permanent, Permanent Supportive Housing and Rapid Re-housing Placements

As a part of Point in Time, TCP also conducted a count of formerly homeless persons in permanent or permanent supportive housing and rapid rehousing programs. While this does not include all persons who were homeless at some point in the past, it is a comprehensive count of all persons who were homeless, but who are now permanently residing in housing and who might otherwise still be homeless were it not for these dedicated resources. During Point in Time 2016, a total of 4,901 formerly homeless unaccompanied single men and women were in permanent, permanent supportive housing or rapid rehousing, as were 2,994 adults and 4,522 children in 2,347 formerly homeless families. This is an 11 percent increase among formerly homeless individuals and a 16 percent increase among formerly homeless families from last year's Point in Time due to increased investments in the types of housing named above. The table below details the number of single persons and persons in families who were housed through permanent or permanent supportive housing and rapid rehousing programs at the time of this year's count.

	Number of Unaccompanied Individuals	Number of Family Households
Permanent Housing	1,426	295
Permanent Supportive Housing	3,153	939
Rapid Rehousing	322	1,113

## 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 prevention when possible, increasing affordable housing opportunities, and delivering integrated services to support those who find themselves experiencing homelessness. OPEH also works closely with the independent Governing Board of the Community Partnership as well as a wide range of committees and workgroups to build awareness and provide strong leadership for the plan. In addition, OPEH supports a homelessness prevention and rapid-rehousing model (regional Housing Opportunities Support Teams or HOST) that provides services and resources to at-risk and homeless families and individuals, thus preventing them from becoming homeless, or ending their homelessness quickly. OPEH partners with a wide range of non-profit and governmental partners who provide the entire range of homeless services, including homeless outreach, homelessness prevention, rapid re-housing, emergency shelter, hypothermia prevention, transitional housing, permanent supportive housing and other permanent housing. Our Continuum of Care (CoC) continues to increase the number of people moving into permanent housing by applying Housing First strategies, including the utilization of mainstream resources, rapid rehousing, and the expansion of permanent supportive housing. OPEH manages the Homeless Management Information System (HMIS) and acts as the CoC lead, preparing and submitting the Continuum of Care application and ensuring compliance with all US Department of Housing and Urban Development (HUD) mandates.

During 2015, the Fairfax-Falls Church Community Partnership to Prevent and End Homelessness continued progress in implementing the Ten-Year Plan. Significant accomplishments include:

- **Movement to Permanent Housing** - In FY 2015, a total of 1,161 people moved into permanent housing from the county's shelters for families with children and single adults, representing a 25 percent increase from the previous year.
- **\$9.4 Million in New Outcome Driven Contracts Awarded** - The Office to Prevent and End Homelessness awarded \$9.4 million in homeless services contracts which included shelter operations, hypothermia prevention, homelessness prevention, rapid re-housing, and permanent supportive housing programs. The implementation of these contracts was an important milestone, formalizing the paradigm shift in OPEH's work to end homelessness in the community. In the past a number of independent contracts were awarded; the design of this Request for Proposal and the way the contracts were awarded mandate a systemic approach in all programs. The RFP includes new performance measures, requires additional data sharing and final implementation of a Coordinated Access, Assessment and Assignment system, bringing all contracts in alignment with the community's 10-year plan.
- **New Funding for Permanent Supportive Housing (PSH) including \$1 Million Grant** - Our CoC has continued to add Permanent Housing through both reallocations and new projects as part of the HUD CoC Program competitions. A PSH project utilizing reallocated funds, awarded during the 2013 competition, housed 14 singles experiencing chronic homelessness in 2015. Our CoC received funding for a \$1 million bonus project in 2014; this project began serving 24 of the 50 individuals experiencing chronic homelessness it will

eventually house. In addition, we continued the process of reallocating transitional housing grants during the 2015 competition, reallocating two additional grants to permanent housing. The reallocated funds will be used in two new projects; one serving Transitioning Age Youth, both singles and families in a rapid re-housing program and one providing PSH to both singles and families experiencing chronic homelessness. Both projects were awarded funding in the 2015 Competition Tier 1 announcement from HUD.

- **Mayor's Challenge** - Fairfax County kicked off its participation in national Mayors' Challenge to End Veteran's Homelessness campaign. By December 2015 the partnership was housing homeless veterans in less than 90 days on average and more homeless veterans were being housed than newly identified in the average month.
- **Launching New Coordinated Access System** - A new coordinated entry and referral system continues to be developed for homeless programs that would ensure people in need of assistance have access to the most appropriate service types and move quickly out of homelessness to stability. Utilizing a prioritization list in the local HMIS, the partnership is piloting the coordinated referral process for a new 55-bed permanent supportive housing program that was funded by the HUD Continuum of Care Program.
- **\$48 Million Referendum to be Issued in 2016 to Rebuild/Renovate Shelters** - Fairfax County has agreed to place four of its six emergency shelters on a public finance bond due to be voted on in 2016. If the bond passes, there will be upwards of 48 million dollars available to renovate and reimagine these 30 year old shelters. One of the goals of the proposed renovations is to include within the buildings, where feasible, permanent supportive housing units for chronically homeless households with and without children.
- **Kate's Place PSH Opens** - In early 2015, six families with long histories of homelessness and child welfare/child protective services involvement moved into Kate's Place. Kate's Place was built as new PSH funded by Fairfax County and the HUD's HOME Investment Partnerships Program. The supportive services provided on-site have been essential in keeping every one of the six households continuously and safely housed through the end of 2015. This project has added much needed PSH for families to our housing inventory.
- **Increased Effectiveness** - In FY 2015, the county's homeless single adult shelters continued to improve efficiency in serving and rapidly moving people into permanent housing as the average length of stay in shelter was 36 days; a 10 percent decrease from the previous year.
- **Homeless Mannequin Campaign** - The campaign, initiated in 2015, was designed to raise awareness that homelessness does exist in one of the nation's wealthiest counties. A series of mannequins were on display in locations throughout the county, representing the faces of homelessness, people of all ages and backgrounds, and each with a unique story of someone local who experiences homelessness. The mannequins encouraged residents to take notice of the problem locally and get involved with local nonprofits and programs to help end homelessness.
- **Build a Village Campaign** - This campaign was also initiated in 2015 as a fundraising initiative involving chambers of commerce, businesses, civic, faith and community based organizations, and individuals through their engagement and financial support. Donors may buy a virtual brick or an entire house online by making donations to the Fairfax-Falls Church Community Partnership to Prevent and End Homelessness. Proceeds will go to non-profit partners who provide services and housing to homeless veterans and individuals residing in the hypothermia prevention program.

## - Emergency Shelter and Transitional Housing

Year-Round and Winter Inventory of Beds				
	Beds for Individuals	Beds/Units for Persons in Families	All Year-Round Beds	Winter Beds
Hypothermia/Overflow/Other (Additional winter Capacity)	245	0	*	245
Emergency Shelter Beds (includes DV shelters)	148	317/77	465	Counted in hypothermia/overflow
Transitional Housing Beds	31	445/139	476	n/a
<b>TOTALS</b>	<b>424</b>	<b>762 /216</b>	<b>941</b>	<b>245</b>

\*Overflow beds are available for both individuals and persons in families as necessary throughout the year.

There are currently eight regular emergency shelter programs in Fairfax County operating year round. All shelters are operated by non-profit partner organizations with funding through county contracts with additional funding secured by the non-profits. Two of these facilities serve families with children and single adults impacted by domestic violence. There are three family shelter programs, two utilizing congregate facilities and one using leased apartments. In addition, there is one shelter facility which serves both families and single male and female adults. This shelter also contains a medical respite section for those in need of nursing care. There are two emergency shelter facilities that serve male and female adults.

These shelters have the capacity to provide overflow beds as needed throughout the year. They are primarily used during the winter but are used for extreme heat or other emergencies as well. Our county also maintains a motel program as overflow for families. Significantly, there were no families sheltered in motels on the night of the point in time (PIT) count. In addition, for single adults there are 5 hypothermia prevention programs operated in three fixed sites and two that rotate among faith based congregations.

Our range of shelter programs includes a shelter for homeless youth operated by a nonprofit with federal and local funding. In addition, the county operates a small facility as a safe haven; targeting a chronically homeless seriously mentally ill population.

An experimental family shelter program is no longer functioning and resulted in a decrease in emergency shelter units for families. One domestic violence shelter added capacity this year.

There are two transitional housing programs that serve single adults in Fairfax County. One serves young adults who are still attending Fairfax County Public Schools and no longer reside with their families, and one serves men recently released from correctional institutions. There are 14 transitional housing programs for families with children. Six of these programs serve people impacted by domestic violence and one serves very young mothers and their children. These programs are operated by non-profit and government agencies with various combinations of HUD CoC Program funds, private funding, and contracts with the county. Overall, transitional housing

inventory for both single individuals and families has decreased due to shifting priorities and reallocations of HUD CoC Program funding.

**- Homeless Point-in-Time Results**

As shown in the table below, the overall point-in-time count for 2016 declined from 2015, from 1,204 people to 1,059 people, a 12 percent reduction. This number includes a decrease of 138 people in families and a decrease of 7 single individuals, for a total of 145 people. Counted among these numbers were one single minor and one minor parent with an infant. There were 34 fewer families than last year and decreases in every major category.

HOMELESS COUNT BY CATEGORY					
Category	2016	2015	2014	% Change 2015 to 2016	% Change 2014 to 2016
Total Number Counted	1,059	1,204	1,225	-12	-14
Total of Singles	482	489	530	-1	-9
Total Number of Families	179	213	211	-16	-15
Total of Persons in Families	577	715	695	-19	-17
Total Adults in Families	236	285	288	-17	-18
Total Children in Families	341	430	407	-21	-16

This year’s PIT enumeration documented a significant decrease in the number of families experiencing homelessness. On the night of the PIT there were vacancies throughout the system in mainstream emergency shelters, domestic violence emergency shelters and transitional housing programs. In addition, there were no families sheltered in the overflow motel program. Contributing factors include continued development of a unified approach across the family homeless services system; contracts with specific outcomes which have led to systemic change; increased homelessness prevention and rapid re-housing efforts; new PSH for families developed by the county; additional Veterans Affairs Supportive Housing (VASH) vouchers; and resumed access to Housing Choice Vouchers.

There was a slight decrease among the single adult population documented in the PIT count. Although our community increased rapid rehousing and PSH for singles there was not an equivalent reduction in numbers. The decrease was found in those utilizing the Hypothermia Prevention Program. The number of individuals who were identified as unsheltered marginally increased from 68 in 2015 to 74 in 2016. As the night of the PIT corresponded to the first day of mild weather following the blizzard, it appears that some of those counted were able to leave shelters for the first time in a week and did so. In addition, we have continued to improve our methodology for enumerating people sleeping in places not meant for human habitation, which might also be reflected in the increase.

The number of individuals experiencing chronic homelessness decreased significantly from 203 individuals in 2015 to 146 individuals in 2016. Only a small fraction of the decrease was due to the refinement in the definition of chronic homelessness which took effect on January 15, 2016. It



appears that targeting the longest time homeless and designating new PSH for those experiencing chronic homeless has had a considerable effect. Our CoC continues to have a minimal number of chronically homeless families; this year there was one family experiencing chronic homelessness, comprising two adults and one child on the night of the PIT.

Overall, single individuals represented 46 percent and people in families with children represented 54 percent of all people counted. Among adults in families 81 percent were female and 19 percent male. Among single individuals 75 percent were male, 25 percent female and there was one transgendered individual. Children under age 18 in families were 32 percent of all persons counted, decreasing slightly from last year. Youth households, consisting of families where all members were under the age of 25, comprised 12 percent (21) of the families and 9 percent (43) of the single individuals. Our CoC will be adding capacity to serve this population with a new rapid rehousing project funded through reallocated CoC Program funding.

<b>HOMELESS SUBPOPULATIONS</b>			
	<b>Individual Adults</b>	<b>Adults in Families</b>	<b>TOTAL</b>
<b>Chronic Substance Abuser</b>	67	4	71
<b>Severe Mental Illness</b>	95	9	104
<b>Dually Diagnosed</b>	40	1	41
<b>Living With HIV/AIDS</b>	2	0	2
<b>Physical Disability</b>	79	10	89
<b>Chronic Health Problems</b>	89	9	98
<b>Domestic Violence–History</b>	55	111	166
<b>Domestic Violence–Current</b>	18	90	108
<b>Limited English Proficiency</b>	65	59	124
<b>U.S. Military Veteran</b>	37	0	37

The major subpopulations are noted in the chart above. In addition, among single adults, only 28 percent were reported as employed and 50 percent reported having any income. In families, 66 percent of persons age 18 and over were employed and 77 percent reported having some source of income. The percent of people employed increased slightly. For single individuals, 42 percent were reported as chronic substance abusers, seriously mentally ill, or both, a significant decrease from last year. We believe the reduction is a consequence of the additional PSH developed during the year which targeted this population. Among families, 49 percent were homeless due to domestic violence, an increase from 44 percent last year. This increase in DV numbers reflects the expansion of capacity as programs have chosen to concentrate on serving those affected by domestic violence at the same time that the overall population has decreased. The actual number of families homeless due to domestic violence decreased seven percent, from 94 families in 2015 to 87 families in 2016.

The number of veterans reported to be experiencing homelessness on the PIT decreased from 51 individuals in 2014 to 37 individuals in 2016, a 27 percent reduction. This is driven by two variables. The amount of resources that have been dedicated to homeless veterans has significantly increased, specifically VASH vouchers and Supportive Services for Veterans Families (SSVF). Due to VASH vouchers many chronically homeless veterans in Fairfax have found permanent housing. The regional SSVF providers have enhanced local efforts to rapidly re-house homeless veterans. Secondly, greater collaboration among community partners has been essential in reducing the number of homeless veterans, especially since the launch of the Mayors Challenge to End Veterans

Homelessness, which Fairfax County joined in December 2014. Staff from the US Department of Veteran Affairs' DC medical center has been particularly helpful in forging partnerships with local emergency shelters and homeless outreach staff so that veterans can quickly secure necessary documentation and resources. We have increased outreach and engagement efforts; maintained a by-name list of all veterans experiencing homelessness; hosted biweekly case staffing meetings of providers; implemented a Housing First approach that focuses on quickly referring veterans to the most appropriate services determined by standardized assessment tools while reducing barriers; and utilized veterans-specific resources for housing employment and other supports whenever possible. There are four issues that are most challenging: securing studio efficiency and one-bedroom apartments, keeping up the pace required to rapidly rehouse more veterans than are being newly identified, data collection across multiple jurisdictions and CoC's, and successfully engaging unsheltered chronically homeless veterans so that they agree to take advantage of available housing options.

### **- Permanent, Permanent Supportive Housing and Rapid Re-housing Placements**

Our CoC continued to increase the number of people moving into permanent housing. During FY 2015 a total of 1,161 people were moved from emergency shelter to permanent housing, an increase of 25 percent from FY 2014. To accomplish this goal various Housing First strategies were utilized, including efforts by our Housing Locator Network and case managers to locate mainstream affordable housing as well as an increase in rapid re-housing, permanent supportive housing and other permanent housing, and a resumption of access to Housing Choice Vouchers.

Permanent Supportive Housing resources were expanded by strategic utilization of HUD CoC Program funding as well as development of a county funded PSH project for families. During FY 2015 a total of 69 individuals and 16 families moved into PSH via new programs and vacancies in continuing programs. In addition, VASH voucher expansion allowed for 33 additional people to be served by this significant resource. Additional VASH vouchers have already been allocated for utilization and funding has already been secured for increases of PSH for chronically homeless single adults and families. The ability to continue development of PSH in our community will be an important part of ending chronic homelessness among singles and adequately serving families with heads of households with significant disabilities.

Rapid re-housing continues to be an integral part of our CoC's homeless services system. During FY 2015 a total of 203 individuals and 167 families were served as part of a rapid re-housing program and moved to permanent housing. A range of funding was utilized to provide rapid re-housing, including the federal Emergency Solutions Grant program (ESG) and the Commonwealth of Virginia Homeless Solutions Program, along with funding from the County of Fairfax and private donations. In addition to these ongoing programs and funding sources our community has reallocated HUD CoC Program funds to create a rapid re-housing project specifically designed to serve Transitioning Age Youth, both singles and those with children.

In addition to rapid re-housing and PSH, our community has increased Other Permanent Housing through non-profits purchasing housing units, utilizing project based Housing Choice Vouchers as ongoing funding, and designating housing for formerly homeless households. As sequestration ended the Fairfax County Redevelopment and Housing Authority has once again been able to serve homeless households through its Homeless Preference, a vital mainstream resource assisting with our efforts. Even with these advancements, and although we continue to document substantial achievements in our efforts to prevent and end homelessness, extremely high rental costs and the severe shortage of very low-income housing in Fairfax County remain major challenges in full implementation of our 10-Year Plan.

## FREDERICK CITY AND 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. Major providers of homeless services include the Advocates for Homeless Families, Frederick Community Action Agency, Frederick Rescue Mission, Heartly House, Religious Coalition for Emergency Human Needs, Mental Health Management Agency of Frederick County, Student Homelessness Initiative Partnership, and the St. Vincent de Paul Society - all of these organizations 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.

Year-Round and Winter Inventory of Beds				
	Beds for Individuals	Beds/Units for Persons in Families	All Year-Round Beds	Winter Beds
Hypothermia/Overflow/Other (Additional winter Capacity)	37	0/0		37
Emergency Shelter Beds	58	36/2	94	0
Transitional Housing Beds	40	89/30	129	0
<b>TOTALS</b>	135 beds	125 beds 32 units	223 Beds	27 beds

### Homeless Point-In-Time Results:

The most recent Point-in-Time Survey for both sheltered and unsheltered homeless populations was conducted on January 28, 2016 (pushed back one day from January 27, 2016 due to a severe winter storm). 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 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 349 persons experiencing homelessness (comprised of 290 adults and 59 children) completed the point-in-time survey; the largest household type was 249 single-individuals. This year, the FCCH made a better use of available HMIS data, which resulted in an increased number of homeless individuals being identified and counted.

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: 61 adult respondents reported a substance abuse problem/addiction; 72 adult respondents reported chronic health problems; 65 adult respondents reported having physical disabilities; 57 adult respondents reported serious mental health problems; 41 adult respondents reported substance abuse problems and co-occurring mental health problems; 8 respondents (including children) reported that they are survivors of a current domestic violence episode; 12 respondents reported that they are veterans; 1 respondent reported a diagnosis of living with HIV or AIDS, and a total of 133 respondents (all single individuals) reported being “chronically homeless” for one (1) year or longer.

<b>HOMELESS COUNT BY CATEGORY</b>				
<b>Category</b>	<b>2016</b>	<b>2015</b>	<b>2014</b>	<b>% Change 2014 to 2016</b>
Total Number Counted	349	311	246	41.9%
Total Number of Singles Individuals	249	181	141	76.6%
Total Number of Families	32	37	36	-11.1%
Total of Persons in Families	100	130	105	-4.8%
Total Adults in Families	41	43	41	0%
Total Children in Families	59	87	64	-9.4%

<b>EMPLOYMENT</b>	
<b>Category</b>	<b>Total Number Employed</b>
Total Number of Single Individuals	36
Total Number of Adults in Families	21
Total Number of Children in Families	0

SUBPOPULATION DATA			
Subpopulations	Single Individuals	Persons in Families	Total
Substance Abuse	58	3	61
Serious Mental Illness	48	9	57
Dually Diagnosed	40	1	41
U.S. Veteran (adults only)	10	2	12
Living with HIV/AIDS (adults only)	1	0	1
Domestic Violence Survivor – Current Episode (adults only)	4	4	8
Physical Disability (adults only)	60	5	65
Chronic Health Problem (adults only)	68	4	72
Limited English (adults only)	0	5	5
Chronically Homeless	134	0	134

According to the 2016 Point-In-Time data, homelessness in Frederick County increased by a total of 103 persons from the 2014 PIT count of 246 persons. It is important to keep in mind that the Point-in-Time survey is a “one-day snapshot” of homelessness and may not be reflective of all trends experienced in a local jurisdiction.

**Permanent Supportive Housing:**

There are two programs that offer Permanent Supportive Housing (PSH) for people experiencing homelessness in Frederick County. The Continuum of Care (CoC) Housing Program is operated by the Mental Health Management Agency of Frederick County in partnership with the Maryland Department of Health and Mental Hygiene, Behavioral Health Administration. The CoC Housing Program serves both families and individuals that are homeless and diagnosed with a serious behavioral health issue. The program has 2 units with 4 beds for homeless families and 13 units with 16 beds for single individuals (there is fluidity with beds for families and individuals based on openings and needs).

The second program is a Housing First Program that is operated by the Frederick Community Action Agency. As the program name implies, this program serves chronically homeless individuals that have one or more disabling conditions. The Housing First Program has 16 units with a total of 20 beds (two units are two-bedroom units that are shared by unrelated roommates and two units are currently leased to couples). An additional 5 units with a total of 5 beds are “sponsored-based” Housing First units that are operated jointly by the Mental Health Management Agency of Frederick County and the Frederick Community Action Agency.

## LOUDOUN COUNTY, VA

### **Description of Homeless Services**

Loudoun’s continuum of homeless services includes seasonal cold weather shelter for adults (16 beds; flexible capacity), emergency shelter for adults and families (101 beds), and transitional housing for adults and families (52 beds). Daytime “drop-in” services are also provided. Services are provided by Loudoun County Department of Family Services (DFS) under contract with Volunteers of America Chesapeake, The Good Shepherd Alliance, Loudoun Citizens for Social Justice (12-bed domestic violence shelter), Tree of Life Ministries (transitional housing). Homelessness prevention services are provided by DFS, and also by INMED. INMED’s program provides longer-term case management to a smaller number of family households. INMED also provides intensive case management for families with young children living in Loudoun emergency homeless shelters and transitional housing facilities to help them gain stability to become self-sufficient in permanent housing. Rapid Re-housing assistance for adults and families is provided by The Good Shepherd Alliance and Volunteers of America at emergency shelter sites. Loudoun has been successful in launching a Permanent Supportive Housing Program for chronically homeless households by reallocating Transitional Housing units to PSH. Using this strategy Loudoun has increased PSH from 4 beds (in 2015) to a total of 21 beds (as of January 2016) for chronically homeless singles and families. The PSH program has 13 beds for singles with 8 beds allocated to families for a total of 21 PSH beds.

<b>Year-Round and Winter Inventory of Beds</b>				
	<b>Beds for Individuals</b>	<b>Beds\Units for Persons in Families</b>	<b>All Year-Round Beds</b>	<b>Winter Beds</b>
<b>Hypothermia/Overflow/Other (Additional winter Capacity)</b>	16			16 (flexible to serve more if needed)
<b>Emergency Shelter Beds</b>	38	63	101	0
<b>Transitional Housing Beds</b>	6	46	52	0

### **Homeless Point-in-Time Results**

The January 28, 2016 count identified 134 persons (65 single adults and 69 persons in families – 20 households) experiencing homelessness. Compared to 2015 results when 168 persons were counted, there was a 20 percent decrease in the number of literally homeless persons. For the one-year period from 2015 to 2016 the results document a 26% decrease in the number of homeless families and a 19% decrease in the number of homeless singles. The number of chronically homeless individuals identified for 2016 is 16; and represents a 20 percent decrease from 2015 when 20 chronically homeless adults were identified. For 2016 no chronically homeless families were identified.

HOMELESS COUNT BY CATEGORY				
Category	2016	2015	2014	2013
Total Number Counted	134	168	179	166
Total of Singles	65	80	77	81
Total Number of Families	20	27	31	24
Total of Persons in Families	69	88	102	85
Total Adults in Families	25	34	40	29
Total Children in Families	44	54	62	56

Employment is the most common source of income among *all* homeless adults in 2016, followed by Disability Income.

The most commonly occurring sub-populations among homeless adults for 2016 are Chronic Health Condition (10 adults) and Physical Disability (10 adults). In 2015 the top three sub-populations by order of prevalence were Domestic Violence Victim, Serious Mental Illness and Chronic Health Condition. The number of adults reporting Serious Mental Illness is down significantly from last year (9 in 2016 vs. 22 in 2015). The number of adults with a history of Domestic Violence is lower than last year (8 adults in 2016 and 22 adults for 2015). The number of adults with Substance Use Disorder remained the same over last year (9 in 2016 and in 2015). For 2016, there is a slight decrease in the number of adults with a Physical Disability (10 in 2016 vs. 13 in 2015). The table below provides more detail on sub-populations.

2016 HOMELESS SUBPOPULATIONS				
	Individual Adults	Adults in Families	Children in Families	TOTAL
Substance Use Disorder	4	5	0	9
Serious Mental Illness	9	0	0	9
Co-Occurring Disorder	4	1	0	5
Chronic Health Condition	6	4	0	10
Living With HIV/AIDS	0	0	0	0
Physical Disability	9	1	0	10
Domestic Violence Victim	3	5	0	8
Limited English	2	0	0	2
U.S. Veterans	3	0	0	3

### **Summary of Results**

The number of homeless persons decreased from 168 in 2015 to 134 in 2016. Both the number of homeless families and the total number of persons in the families have decreased significantly since last year. The number of homeless families counted for 2016 was 20 (containing 69 persons) down from 2015 when 27 homeless families (containing 88 persons) were counted. The decrease in the number of homeless families reported this year may be due to shorter lengths of stays by families in Transitional Housing and shelter programs. As with other jurisdictions, overall PIT numbers were down in 2016 due to record snowfall in the area. On the night of the count, some parts of Loudoun

County reported as much as 36 inches of snow. The number of homeless identified during the 2016 PIT count represents a significant decrease from the 2015 results. The availability of rapid of re-housing services at two emergency shelters is one factor that may have contributed to the lower number of homeless identified this year. The expansion of permanent supportive housing during the year has also contributed to a reduction in the number of unsheltered chronically homeless adults this year. It is difficult to predict if homeless numbers will decrease in the future, however, the availability of resources dedicated to prevention of homelessness, rapid re-housing, permanent supportive housing, and increased coordination within the Loudoun Continuum of Care demonstrates a strong commitment to assisting persons to remain in and obtain permanent housing.

### **Permanent Housing**

The number of households exiting to permanent housing (PH) from VOA-operated programs includes: 46 households from Emergency Shelter into PH and 18 households from Transitional Housing into PH. The Good Shepherd Alliance programs exited 22 households (combined total from Emergency Shelter and Transitional Housing) into PH.

Access to affordable housing and subsidized housing options continues to be limited in Loudoun. The federally funded Housing Choice Voucher (HCV) Program currently serves 620 households, with 75 of the vouchers designated for households with disabilities. The HCV wait list is closed to new applicants at this time. Reductions in federal funding for the program, coupled with high rental housing costs, limit the number of households that can be served and increase wait times for those 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 320 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. Developers of new rental housing units in Loudoun County have proffered some units for households at a variety of income limits including some units for households with extremely low and very low incomes. It is uncertain when these units will become available.

### **Permanent Supportive Housing**

The inventory of permanent supportive housing (PSH) for homeless persons increased during the year from four units up to fifteen units. In order to accomplish this expansion, one Transitional Housing Program was converted to PSH, and HUD CoC grants were reallocated from Transitional Housing to PSH. Three of the rental units housing the PSH consumers are rental units for households with incomes at 0 to 30 of AMI that became available in 2015. 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.

### **Rapid Re-Housing**

Rapid Re-housing (RRH) services are available for both single individuals and family households through The Good Shepherd Alliance and the Volunteers of America, Chesapeake (providers that also operate Emergency Shelter). Two regional Supportive Services for Veterans providers also offer RRH services to Veterans in Loudoun. On \*January 28, 2016 the number of formerly homeless households receiving RRH financial assistance included 15 single households and 7 family households (including 23 persons), for a total of 38 persons assisted by RRH.

*\*Note: The January 28, 2016 RRH data includes only households receiving RRH financial assistance for January 2016; it is NOT a year-to-date figure.*



## 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 preventing and ending homelessness. The Interagency Commission on Homelessness serves as the CoC's governing board and oversees the community's strategic plan that focuses on four overarching goals:

- Prevent and end homelessness among Veterans by the end of 2015.
- Finish the job of ending chronic homelessness by the end of 2017.
- Prevent and end homelessness for families, youth, and children by 2020.
- Set a path to ending all types of homelessness.

The CoC continues to provide a full continuum of outreach and engagement, emergency and transitional shelter, safe havens, rapid re-housing, permanent supportive housing and permanent housing with supports to reduce the length of time persons are homeless. The CoC also utilizes a range of strategies including emergency financial assistance, shallow rent subsidies, and energy assistance to stabilize at-risk households to prevent the loss of permanent housing.

The CoC has enhanced its coordinated entry system to include uniform community-wide standards that prioritize persons for housing using a common screening and assessment process. This ensures that households are “matched” with the appropriate housing option and are screened for diversion services that can resolve the housing crisis, reducing the length of time homeless.

Montgomery County CoC achieved the goal of ending Veteran Homelessness by December 2015 according to benchmarks established by two national efforts – the U.S. Mayors Challenge to End Homelessness and the Zero:2016 Campaign. Montgomery County was one of only four jurisdictions nationally to meet both of these benchmarks. Key strategies to reach this goal included collaboration with the U.S. Department of Veterans Affairs to identify veterans; prioritization of veterans for homeless housing opportunities; and an increase in the supply of housing options for homeless veterans through collaboration with Montgomery County, the Housing Opportunities Commission and the Veterans Administration. Montgomery County provided funding to create a permanent supportive housing program for 20 veteran households and a rapid rehousing program for 15 veteran households to support this effort.

Other important initiatives this year included:

- The CoC held its fifth, annual “Homeless Resource Day” as part of outreach efforts to connect residents experiencing homelessness with needed community resources and supports. Approximately 450 residents attended this highly successful event and were able to receive health screenings, flu shots, registration for mainstream benefits, personal care services (massages/haircuts) and much more. The event was supported by 270 volunteers from the community and 76 service providers or vendors.
- Young-Adult Rapid Re-Housing Program designed to meet the unique needs of young-adult headed families began operation with the capacity to serve 20 households. This program

pairs a rental subsidy with case management, independent living skills coaching, vocational and educational supports.

- Relocation of the Interfaith Works Community Visions Program and Shepherds Table to a new location is underway. Groundbreaking occurred in October 2015 and construction is projected to be complete by December 2016. This new facility will include 21 single room occupancy units for formerly homeless adults.
- Planning continues around relocation of the Wilkens Avenue Women Shelter to a new site. Cornerstone Montgomery in collaboration with Montgomery County is purchasing a new site which will enable the shelter to co-locate its program with behavioral health, medical and other vocational services.
- Montgomery County Department of Health and Human Services renovated three homeless located in downtown Rockville that will provide transitional housing for large families that have legally immigrated to the United States and have limited English proficiency, employment skills, or involved in domestic violence.

The CoC continues to provide emergency shelter to households with children through three family shelters with the capacity to serve 27 families. An additional 14 families can be served through the County’s domestic violence shelter. During this year’s enumeration, a total of 34 families were in residing overflow shelter – 30 in motels, which serve as overflow when shelters are at capacity, and 4 families at Winter Haven, a hypothermia shelter serving women and families, a reduction over the previous year.

Emergency shelter capacity for adults without children includes 135 year round beds including 5 designated for victims of domestic violence, 3 designated for Healthcare for the Homeless, and 2 designated for Aging and Disability. During hypothermia season from November 1 to March 31<sup>st</sup>, capacity expands to 384 beds. On the day of the 2016 enumeration, there were 375 emergency shelter beds occupied, 239 of which were designated as seasonal or hypothermia overflow beds.

Transitional shelter and Safe Havens programs provide 178 beds for households without children. The number of transitional beds increased when one program was re-classified from permanent housing with supports to a three year time-limited transitional housing program. On the day of the enumeration, there were 152 beds occupied, a decrease over the 2015 enumeration. Evaluation of transitional housing programs to improve utilization will be occurring.

For households with children, The National Center for Children and Families (NCCF) added two homes to serve undocumented families fleeing domestic violence who need additional time and supports to obtain permanent status or work permits for self-sufficiency. In addition, the House of Divine Guidance opened the Lighthouse program in Jan. 2016 to serve three young-adult headed families. The Dwelling Place Re-Entry transitional housing closed which reduced the number of transitional units.

<b>MONTGOMERY COUNTY’S YEAR-ROUND AND WINTER INVENTORY OF BEDS</b>				
	<b>Beds for Households w/o Children</b>	<b>Beds\Units for Households w/children</b>	<b>Total Year-Round Beds</b>	<b>Total Winter Beds</b>
<b>Hypothermia/Overflow/Other (Additional winter Capacity)</b>	243	111/34	0	354
<b>Emergency Shelter Beds</b>	135	135/41	270	0
<b>Transitional / Safe Haven Beds</b>	178	171/50	349	0
<b>TOTALS</b>	556	417/125	619	354

## HOMELESS POINT-IN-TIME RESULTS

Montgomery County's homeless point in time survey was conducted on January 28, 2016, one day later than initially planned as a result of the January blizzard. A total of 981 homeless persons were counted that day, a decline of 11% over the 2015 count.

This overall decrease in homelessness can be attributed to a 31% reduction in the number of homeless households with children, which fell from 159 in 2015 to 109 in 2016. This reduction can be attributed to a focus on diversion efforts to prevent entry to homelessness, use of an intensive teaming model for households in motel more than 30 days, an increase in rapid re-housing units, and the opening of the public housing authority waiting list, which enabled households that had stabilized in permanent supportive housing to move to mainstream housing.

Households without children experienced a 4% increase in 2016 from 598 in 2015 to 623 in 2016. The January blizzard likely contributed to this increase as the severe weather encourage people to come into shelter. The number of persons in emergency shelter was 11% higher than during the 2015 enumeration. Of the 375 homeless households without children surveyed 291 indicated they had lost housing in Montgomery County, while 19% indicated loss of housing from other jurisdictions.

The number of households with children headed by transition age youth (18-24 years old) decreased 42% from 31 in 2015 to 18 during the 2016 enumeration. The number of unaccompanied transition age youth also decreased in 2016 from 27 persons in 2015 to 24 in 2015, an 11% decline.

Montgomery County continues to experience high housing costs which make it difficult for households to obtain and maintain permanent housing. According to the National Low Income Housing Coalition, a family living in Montgomery County would need to earn a housing wage of \$28.04 per hour or \$58,344 annually to afford the fair market rent on a two-bedroom apartment of \$1,458 per month.

The table below provides a comparison of the past 3 years.

MONTGOMERY COUNTY'S HOMELESS COUNT BY CATEGORY					
Category	2014	2015	2016	Percent Change 2014 to 2016	Percent Change 2015 to 2016
Total Number Counted	891	1100	981	10%	-11%
Total Individuals	603	598	623	3%	4%
Total Number of Families	91	159	109	20%	-31%
Total Persons in Families	288	502	358	24%	-29%
Total Adults in Families	101	184	128	27%	-30%
Total Children in Families	187	318	230	23%	-28%

## MONTHLY INCOME AND EMPLOYMENT

Among all households without children including those who are unsheltered, veterans, and transition age youth, 336 reported some type monthly income, a total of 54% percent which is a slight decline from the 2015 enumeration when 55% reported income. Of those reporting monthly income, 34% percent reported employment as the primary source of income while 57% percent reported that Social Security Retirement, Social Security Disability, and/or Veteran Disability income was the primary source of income. The CoC has made a concerted effort to connect homeless persons with vocational and employment supportive services, but this remains a challenge.

Among households with children including veterans and transition age youth, the number of adults reporting monthly income was 106 (83%). However 63 (59%) reported income from employment, which is an increase over the 2015 enumeration when 48% percent reported employment income. This is a reflection of the prioritization of work force development in new housing programs, community outreach and education. Montgomery County recognizes the need to increase income given the high cost of living. Providers are partnering with employment specialist and job coaches to assist in obtaining and maintaining employment.

## SUBPOPULATIONS

Montgomery County saw a decrease in adults reporting serious mental illness from 204 in 2015 to 183 in 2016, a 10% decrease, but a 10% increase from 2014. There was a 21% increase in adults reporting co-occurring disorders but only a 3% decrease in chronic substance abuse only.

Over the past four years, the number of persons fleeing domestic violence has fluctuated, increasing in some years and decreasing in others. There was a 56% decrease during the 2016 enumeration from 291 in 2015 to 127 this year. In discussion with the CoC's domestic violence partners, there was no major explanation for this change; however, this enumeration did occur during the blizzard, and it may have been challenging to flee. Due to the additional needs of households reporting domestic violence including limited work experiences, poor to no social supports and limited resources, the CoC has created scattered site transitional housing that provides housing, case management for up to 12 months so that households have time to stabilize, and obtain and/or improve income via employment and entitlements.

The number of persons experiencing chronic homelessness decreased 8% from 162 in 2015 to 151 in 2016, a continuation of a three year trend during which chronic homelessness has declined 36% since 2013. In addition, there was a 10% decrease in the number of unsheltered persons experiencing chronic homelessness from 49 in 2015 to 44 in 2016. This decrease can be directly attributed to the CoC's collaboration to prioritize vacancies in permanent supportive housing for those experiencing chronic homelessness. Despite these efforts, however, 15% of the County's total homeless population counted during the enumeration still met the criteria for chronic homelessness including 2 households with children (6 persons), 101 sheltered adults without children and 44 unsheltered adults without children.

While Montgomery County achieved "Functional Zero" for homeless Veterans in December, 2015 as a part of its commitment to the Zero: 2016 Initiative, it was expected that additional veterans would become newly homeless over time. During the 2016 enumeration, 17 persons self-identified as Veterans, a 29% decrease over the 2015 count and a 51% decrease over the 2014 enumeration. However, after further evaluation, veteran status could only be verified for 6 of those who self-identified while the status of the other 11 could not be verified for the following reasons: limited information, not registered with the US Dept. of Veteran Affairs, and/or did not meet the Montgomery

County CoC definition. The CoC's defines a veteran as any individual experiencing homelessness who has served on active duty in the United States Military, regardless of discharge status who lost housing in Montgomery County. The active duty requirement is not time restricted, which means that it applies to any length of service beyond training/boot camp.

	Adults Only in all Households FY15	Adults Only in all Households FY16	Percent Change 2015 - 2016
Chronic Substance Abuse (CSA)	76	74	-3%
Severe Mental Illness (SMI)	204	183	-10%
Dual Diagnosis (CSA&SMI)	144	114	-21%
Chronic Health Problem	194	198	2%
Living with HIV/AIDS	15	7	-53%
Physical Disability	80	91	14%
Domestic Violence Victim History	291	127	-56%
Limited English	73	85	16%
U.S. Veterans	24	17	-29%
Chronically Homeless	164	151	-8%

Based on this year's data and the continued lack of affordable, low income housing, the County is attempting to address this growth by increasing a variety housing options.

#### **RAPID RE-HOUSING AND PERMANENT SUPPORTIVE HOUSING PLACEMENTS**

Montgomery County Continuum of Care is committed to providing a variety of housing options to address the needs of households experiencing homelessness. As previously mentioned a new rapid rehousing program began operation this year to serve 20 young adults households with children. In addition, Montgomery County's rapid rehousing program provides a time-limited, shallow rental subsidy (\$400 per month for singles, \$600 per month for families) and case management services for up to twelve months for an additional 35 families and 12 adults without children with the support of both County Federal Emergency Solutions Grant funding.

#### ***Permanent Housing***

In Montgomery County there has been little change in the availability of affordable housing for persons with low to extremely-low incomes. The CoC has been able to increase permanent supportive housing via both County and HUD funding. The number of persons residing in permanent housing including RRH increased to 2,071 in 2016 from 1,960 in 2015, representing a 6% increase over 2015 and a 12% increase over 2014. This increase reflects the continued commitment of Montgomery County to increasing the supply of permanent housing.

The Montgomery County CoC strategic plan to end homelessness continues to emphasize a variety of objectives including increase access to housing options; improve access to education and training and increase employment and community education and strengthen the capacity of organizations by increasing knowledge about collaboration and homelessness.

# PRINCE GEORGE'S COUNTY, MD

## DESCRIPTION OF HOMELESS SERVICES

The Prince George's County Continuum of Care (CoC) for homeless persons is coordinated through the County's Homeless Services Partnership (HSP); the local Homeless Advisory Board for the County Executive. The mission of the HSP is to ensure that episodes of homelessness are rare, brief and non-reoccurring and to that end, the HSP is responsible for needs assessments, gap analysis, service coordination, resource development, drafting and adoption of policy, and system performance evaluation of all homeless services. Membership includes over 100 public and private agencies, faith-based organizations, service providers, mainstream programs, consumers and concerned citizens which meet monthly and work collaboratively to establish strategic priorities, assess progress, and oversee full implementation of the County's efforts to end homelessness. The Prince George's County Department of Social Services is the lead administering agency for the County's CoC and serves as the Homeless Management Information System (HMIS) administrator; the Collaborative Applicant (CA) for the annual HUD Homeless Assistance grant application process; 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 has a network of hypothermic, emergency, transitional, and permanent supportive housing programs designed to provide a coordinated and systemic response to persons identified as literally homeless as well as a coordinated entry system that ensures prioritization of those who are most vulnerable. All CoC services are coordinated through a central call center allowing persons in need to gain services and shelter without having to navigate multiple systems. The system currently includes:

- 24/7/365 centralized shelter intake through the "Homeless Hotline" and centralized prevention / diversion / rapid re-housing intake through "2-1-1",
- Coordinated Entry and Housing First
- Street Outreach , Mobile Crisis and SOAR
- Two (2) 25-bed overnight hypothermia shelters in partnership with 30 faith-based organizations,
- Seven (7) 24-hour emergency shelters; including 1 specifically for veterans, 1 for DV / trafficking survivors, and 2 for unaccompanied youth
- Seven (7) transitional housing programs; including 2 specifically for unaccompanied youth, and
- Fourteen (14) permanent supportive housing programs

The County's strategic plan was derived from best practices evolving locally as well as nationwide and focuses on six (6) key strategies that have proven to be effective in reducing homelessness: 1. coordinated entry, 2. prevention assistance, 3. shelter diversion, 4. rapid re-housing, 5. permanent housing, and 6. improved data collection and performance measures. In addition, accommodations were made for six (6) subpopulations that have distinct needs requiring separate exploration: 1. homeless or at risk unaccompanied youth, 2. veterans, 3. chronic homeless and other homeless with severe behavioral health challenges (SMI, SUD and COD), 4. survivors of domestic violence and/or human trafficking, and 5. returning citizens. The strategies are carefully designed to achieve purposeful and intentional reduction in the incidents of homelessness and collectively they form a plan that aligns County efforts with federal strategic goals, shifts system focus from "shelter" to "housing", prioritizes programming for special populations, enhances system accountability, builds on current success, and provides new flexibility and opportunity. Success is measured by positive

movement in several key indicator areas including: Change in income, Recidivism, Length of Stay in Homelessness, Exits to Permanent Housing, and Reduction in new entry of first time homeless.

<b>PRINCE GEORGE'S COUNTY YEAR-ROUND AND WINTER BED INVENTORY</b>				
	<b>Beds for Individuals*</b>	<b>Beds for Families</b>	<b>All Year-Round Beds</b>	<b>Winter Beds</b>
<b>Hypothermia/Overflow/Other</b>	39	20	0	59
<b>Emergency Shelter Beds</b>	69	136	196	9
<b>Transitional Housing Beds</b>	45	181	226	0
<b>TOTAL</b>	<b>153</b>	<b>337</b>	<b>422</b>	<b>68</b>

\*includes beds for unaccompanied youth and young adults ages 14-24

## HOMELESS POINT-IN-TIME RESULTS

The Prince George's County homeless point-in-time count was conducted on January 28, 2016. 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, webinars and face to face sessions to plan and develop strategies for conducting the count. The County's homeless management information system (HMIS) was used to conduct the sheltered count. The unsheltered count was conducted by volunteers who were divided into seven teams 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 homeless gather. 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.

An electronic process was 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 2016 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. IT Specialists were assigned to each team on the day of the count to assist with user questions and overflow survey input to ensure accountability.

On January 28, 2016 a total of 544 homeless adults and children were counted in Prince George's County, Maryland: (233 single adults, 118 adults in families, 190 children in families and 3 unaccompanied children) reflecting a 13% decrease from 627 persons counted in 2015. Of this number, 19 percent (102) were unsheltered and 81percent (442) were sheltered in County hypothermia, emergency counts and transitional housing programs. The following charts provides a comparison of the 2014, 2015, and 2016 counts and It is clear that the County has remained diligent and focused on the issues of homelessness. In spite of having the highest number of cost burdened households amongst neighboring jurisdictions and the largest foreclosure rate in the metropolitan area, the overall number of homeless continues to show a slight decline over prior year counts.

PRINCE GEORGE'S COUNTY HOMELESS COUNT BY CATEGORY				
Category	2016	2015	2014	% Change - 2015 to 2016
<b>Total Number Counted</b>	<b>544</b>	<b>627</b>	<b>654</b>	<b>-13.2%</b>
<b>Total Number of Singles</b>	<b>233</b>	<b>260</b>	<b>209</b>	<b>-10.4%</b>
Total TAY (18-24)	22	15	N/A	46.7%
Total Veterans	26	34	20	-23.5%
<b>Total Number of Families</b>	<b>105</b>	<b>112</b>	<b>144</b>	<b>-6.3%</b>
<b>Total Number Persons in Families</b>	<b>308</b>	<b>359</b>	<b>441</b>	<b>-14.2%</b>
Total Adults in Families	118	139	168	-15.1%
Total Number of Children in Families	190	220	273	-13.6%
Total TAY (18-24) – Head of Household	25	18	N/A	38.9%
Total TAY (18-24) – Children in Household	41	27	N/A	51.9%
Total Veterans – Head of Household	0	0	1	0%
Total Veterans – Children in Household	0	0	1	0%
<b>Total Children w/ONLY Children</b>	<b>3</b>	<b>8</b>	<b>4</b>	<b>-62.5%</b>

\*TAY = Transition Age Youth



The following chart provides a summary of those surveyed by income type and as in prior years, the largest source of income remains employment for both sheltered and unsheltered, followed closely by SSI / SSDI and public assistance for sheltered versus SSI / SSDI and social security for the unsheltered:

HOMELESS COUNT BY INCOME TYPE - ADULTS ONLY				
Category	Sheltered		Unsheltered	
	Individuals	%	Individuals	%
<b>Total Number of Adults</b>	<b>252</b>		<b>99</b>	
<b>Income</b>	<b>166</b>	<b>66%</b>	<b>36</b>	<b>36%</b>
Employment	96	58%	10	28%
Social Security / Retirement	3	2%	9	25%
SSI / SSDI	25	15%	11	30%
TANF / Public Assistance	20	12%	6	17%
Other Sources *	18	11%	0	0%
<b>Don't know / refused / no income</b>	<b>4</b>	<b>2%</b>	<b>0</b>	<b>0%</b>

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

The following chart provides a summary of barriers impacting sheltered and unsheltered adults surveyed on the night of the count. When reporting barriers, single adults reported substance abuse (22%) and severe mental illness (19%) as presenting the greatest barriers to permanent housing and independence while for adults in families, the barriers shift significantly to severe mental illness (18%) and DV history (13%).

PRINCE GEORGE'S COUNTY SUB-POPULATIONS –SINGLE ADULTS AND ADULTS IN FAMILIES					
Category	Adults in Families		Single Adults		Total
Population	Sheltered	Unsheltered	Sheltered	Unsheltered	ALL
Number of Adults (includes TAY)	116	2	136	97	351
Chronic Homeless *	0	0	7	13	20
Substance use Disorder	2	1	3	49	55
Severe mental Illness	21	0	24	20	65
Co-occurring Disorder	1	0	1	4	6
HIV/AIDS	1	0	1	0	2
DV History ( <i>any time in the past</i> )	15	0	9	0	24
Domestic Violence ( <i>this episode</i> )	0	0	0	0	0
Physical Disability	0	0	0	18	18
Chronic Health Condition	0	0	0	17	17
Limited English	0	0	0	0	0
Foster Care**	0	0	2	0	2
Former Institutionalized***	0	0	0	0	0
Veteran	0	0	19	7	26
None of the above	83	1	90	20	194

\*Adults meeting the HUD definition who were unsheltered or in Emergency, safe haven, or hypothermia shelters on the day of the PIT Count.

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

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

## PERMANENT AND PERMANENT SUPPORTIVE HOUSING PLACEMENTS

While the County has experienced significant success with unsubsidized and non-traditional permanency efforts, there remain individuals and families who require a more structured and supportive housing plan. In 2016, the County's Continuum of Care system continued to emphasize expansion of permanent supportive housing beds, adding 5 *housing first* beds for singles (2% overall increase) and prioritizing those for chronically homeless persons on the CoC registry.

PRINCE GEORGE'S COUNTY PERMANENT SUPPORTIVE HOUSING (PSH) BED INVENTORY				
	2016	2015	2014*	% Change 2015 to 2016
<b>Beds for Individual</b>	93	88	81	5%
<b>Beds for Families</b>	204	204	195	0%
<b>TOTAL</b>	297	292	276	2%

\*Corrected bed count

PRINCE GEORGE'S COUNTY RAPID-REHOUSING (RRH) BED INVENTORY				
	2016	2015	2014	% Change 2015 to 2016
<b>Beds for Individual</b>	0	0	N/A	0%
<b>Beds for Families</b>	30	30	N/A	0%
<b>TOTAL</b>	30	30	N/A	0%

PRINCE GEORGE'S COUNTY OTHER PERMANENT HOUSING BED (OPH) INVENTORY				
	2016	2015	2014	% Change 2015 to 2016
<b>Beds for Individual</b>	2015	43	43	0%
<b>Beds for Families</b>	43	142	142	0%
<b>Total</b>	142	185	185	0%

## OTHER NOTEWORTHY CONTINUUM OF CARE ACTIVITIES

In addition to its system wide efforts to aggressively prevent and/or rapidly re-house residents who are experiencing an episode of homelessness with every intervention, the County has been working on two parallel but equally important CoC development tracks; one regional in nature and the other a myopic focus on several sub-populations of concern to the CoC with an intent to significantly impact episodes, recidivism and reduced lengths of stay in homelessness.

Track 1 – Regional Solutions: The County is serving with Montgomery County and the District of Columbia on a high level Regional Action Council on Homelessness to develop and implement an actionable plan to ensure regional episodes of homelessness are rare, brief and non-recurring. The homeless charter which established this collaborative in March of 2015, targeted four strategic areas; each offering opportunities for sharing of data and best practices, regional planning and development, collaborative client focused system of services and joint funding and fundraising: 1. Affordable Housing, 2. Workforce Development (livable wage jobs, 3. Economic Development, and 4. Coordinated Services (including specialized chronic homeless and behavioral health responses). During the past 9 months, the partner jurisdictions have created an outline of a strategic plan, collaborated on a regional pay for success application, submitted an 1115 waiver that would create billable opportunities in Maryland for certain supportive services to the homeless, and drafted a data sharing agreement that is under review by the legal branches of the three jurisdictions.

Track 2 – Sub Population Solutions: The County has identified five (5) homeless sub-populations for targeted program development and has made much progress in the past few years as a result of that intentional focus. Highlights include but are not limited to:

1. *Domestic violence and Human Trafficking:* The County has launched a very aggressive “Stop the Silence” campaign to raise awareness and ensure victims get connected quickly to the help they need (DV victims can get confidential help 24/7/365 through the County’s 2-1-1 service) and a County wide task force that includes decision making representatives from the state’s attorney’s office, the Court system, health and human service agencies, the CoC, the military, Crisis Response, DV shelters and other direct service providers, human trafficking service providers and public safety is developing a series of strategies targeting reduction in new incidents of domestic violence and elimination of repeat episodes. Over the past year and a half, the County has: created a domestic violence and human trafficking supportive services division within the HHS network to ensure survivors are connected to care and immediate resources, created set aside vouchers for persons impacted by violence who are homeless and unable to stabilize using traditional CoC housing options, established a Family Court that have DV experts in place to assist with individual cases, and secured funding for rapid re-housing efforts.
2. *Unaccompanied Youth and Young Adult ages 13-24:* The County has a countywide taskforce comprised of decision making representatives from the public school system, health and human service agencies, youth providers (including those addressing human trafficking, gangs, LGBTQ and unaccompanied minors), HHS and HUD funded shelter providers, the CoC, public safety, youth employers, post secondary educational institutions, youth ministries, and the juvenile justice system that has developed a strategic plan to build a comprehensive system of care for this population including magnet events and street outreach at places where youth are currently known to congregate. Over the past three years, this taskforce has established a Training Academy that provides key trainings on youth and young adult related issues for providers serving youth to expand both capacity and competency, conducted 4 annual County-wide counts of homeless and unaccompanied youth ages 13-24 (the last of which was done in coordination with five other jurisdictions as part of a pilot statewide count (“Youth REACH MD”), renovated a 4,000 sq. ft. county facility to create an emergency shelter for youth, established 2 emergency and 2 transitional programs for homeless youth and raised more than \$1 million dollars in federal, state, local and private funding to support those operations, and secured 39 Family Unification Program (FUP) vouchers that provide 18 months of subsidized housing for former foster youth experiencing homelessness and working currently on an MOU with HUD to participate in a demonstration project to expand that timeframe to 5 years.
3. *Veterans:* The County has a taskforce comprised of decision making representatives from the Veterans Administration, veteran services and all SSVF providers, HUD shelter providers, RRH and prevention assistance providers, the CoC, the Department of Health and Mental Hygiene/Maryland’s Commitment to Veterans, the Maryland Department of Veteran Affairs, Retired military organizations, and veterans that is developing a series of strategies for eliminating homelessness among veterans. Over the past three years, the County has hosted the annual veterans stand down (a daylong event that provides a one-stop location where veterans can access a multitude of services including: VA benefits, haircuts, medical and dental care, mainstream benefits, housing assistances, linkages with employers, counseling and legal support), established a Veteran Court which strategically aligns legal response systems to these strategies, set aside housing vouchers and increased VASH vouchers to support homeless veterans unable to stabilize using traditional CoC housing

options, and secured funding for homeless prevention, rapid re-housing and other crisis intervention efforts.

4. *Chronically homeless and other homeless persons experiencing severe behavioral health challenges:* Mobile crisis teams, the police, the County's SOAR team, soup kitchens and faith ministries collaborate to care for this very vulnerable population. Regular visits to known encampments to drop off food, warm blankets and other necessities create opportunities to build trust and ensure the relative health and safety of this population. In addition, the County has established a Threat Assessment Team that routinely looks at high risk cases identified by the police as well as a Behavioral Health taskforce comprised of decision making representatives from public safety, Corrections, the CoC, Health and Human Services agencies, the hospitals, Crisis Response, the public school system, post-secondary education institutions, mental health and substance abuse providers, medical providers and hospitals, and others that is developing a series of strategies for reducing behavioral health crisis and improving the overall health of all County residents. Over the past two and a half years, the County has: established 2 specialty courts (a Mental Health Court and a Drug Court) that strategically align legal response systems with the supportive services and housing response systems available to these vulnerable sub-populations, secured more than \$6.5 million dollars in funding for behavioral health system work, led the State in successful SOAR applications with an approval rate of 100%, partnered with the State to create 12 new SOAR time limited transitional housing units, and set aside housing vouchers to support homeless persons with behavioral health challenges who are unable to stabilize using traditional CoC housing options.
5. *Returning citizens:* The County has established a re-entry taskforce comprised of decision making representatives from public safety, Corrections, the CoC, Health and Human Services agencies, second chance landlords and others working on a standardized discharge plan that will enable the County to identify returning citizens who are at risk of exiting the correctional system into homelessness or becoming homeless soon after exit as well as a series of strategies aimed at reducing repeat arrests typically plaguing the homeless including trespassing, vagrancy and public nuisance type charges and developing the system capacity break this cycle. Over the past two years, the County has created and maintains a list of "frequent flyers" that routinely cycle between the correctional system and the homeless system and develops individual case responses to prevent continued recidivism upon release, established a Re-Entry Court that strategically aligns legal response systems with appropriate the supportive services and housing response systems, and secured more than \$1.5 million dollars in funding for this population.

## PRINCE WILLIAM COUNTY, VA

The Prince William Area Continuum of Care (PWA CoC) is comprised of nonprofit, faith-based and government agencies. The PWA CoC has a total of three emergency shelter facilities for singles and families, a Domestic Violence shelter, a Winter Shelter program that operates annually from November 1<sup>st</sup> through March 31<sup>st</sup>, and two hypothermia shelter programs that are operated by volunteer faith-based groups. There are currently a total of 88 winter/ hypothermia shelter beds in the Prince William Area. PWA CoC has a total of 40 single emergency shelter beds and a total of 118 family emergency shelter beds. There are seven Transitional Housing programs within the PWA CoC. Of the seven Transitional Housing programs, five serve families and two provide services for singles. There are a total of 149 transitional housing beds, six of which are dedicated to single males and 143 are dedicated to families. A total of five programs within the PWA CoC receive funding from the US Department of Housing and Urban Development (HUD), to provide Permanent Supportive Housing and Transitional Housing programs in the Prince William Area. There are currently five rapid re-housing providers in the PWA CoC.

PWA CoC recognized the need to provide housing for medically fragile, homeless individuals with chronic health conditions. A PWA CoC non-profit agency secured a private grant, funded through the Potomac Health Foundation, to provide four permanent supportive housing beds and two temporary emergency beds for medically fragile homeless individuals. The permanent supportive housing program provides housing for individuals that have disabling/chronic medical conditions, which create a barrier that prohibit the individuals' abilities to be self-sufficient. The temporary emergency beds are reserved to provide temporary shelter for medically fragile homeless individuals being discharged from hospitals and not medically stable to return to the streets or campsites.

In 2015, PWA CoC rapidly rehoused a total of 379 individuals and families through the Virginia Department of Housing and Community Development- Virginia Homeless Solutions Program Grant (VHSP) ) and the HUD -Emergency Solution Grant (ESG). Rapid Re- Housing initiatives have been vital in assisting PWA CoC reduce individual or family length of stay in homelessness.

A total of three PWA CoC agencies provide permanent supportive housing services throughout Prince William County in scattered site locations. PWA CoC offers Homeless Prevention services which are funded through the Virginia Department of Housing and Community Development. The PWA CoC also provides a daytime Drop-In Center program for homeless individuals, which is funded by a faith-based organization in partnership with the Prince William County Department of Social Services. The Drop-In Center program offers case management services, showers, meals, life skills classes, wellness groups, peer substance abuse groups, mental health services, and referrals.

All PWA CoC agencies that provide homeless services and receive local, state, or federal funding are required to enter data in the PWA Homeless Management Information System (HMIS) database. PWA HMIS database is funded by HUD and PWA CoC. HMIS has data from all programs that provide Transitional Housing, Emergency Shelter, Permanent Supportive Housing, Rapid Re-housing, and Homeless Outreach in the Prince William Area. Programs that provide supportive services, which include but are not limited to mental health, case management, and education liaison services also input their data into HMIS. To ensure HMIS data quality, all PWA CoC agencies providing the above mentioned services are required to complete HMIS data inputs by 2pm each business day. The PWA CoC has actively used HMIS to aide in the collection of needed data for the Annual Homeless Assessment Report (AHAR) and the Point-In Time (PIT) reports that are submitted to HUD annually. The HMIS system is also used to manage the PWA CoC Centralized Intake System. HMIS has a key function in the management of centralized intake for prevention/diversion, emergency shelter, transitional housing, and rapid re-housing services. The Centralized Intake System has been in

operation for two years. PWA CoC believes the Centralized Intake System has greatly improved the delivery of services to homeless individuals/families and those at risk of becoming homeless.

### **PIT Count Results**

On January 28, 2016, PWA CoC conducted the annual Point-in-Time (PIT) Count. The PIT Count is comprised of sheltered homeless individuals and families, as well as, unsheltered homeless individuals. The 2016 PIT reflected 400 homeless persons. The PWA CoC emergency and hypothermia shelters had 98 beds occupied by individuals and 75 beds occupied by families on the night of the 2016 PIT count. There was a decrease of 11% from the 2015 PIT Count of Emergency Shelter bed occupancy which totaled 195 during the 2015 PIT Count. During the 2016 PIT, there were a total of 149 transitional beds, in which six were occupied by singles and 133 occupied by families. This represents an increase of 12% from the 2015 PIT count for occupied Transitional beds, which totaled 124 during the 2015 PIT. The results of the 2016 unsheltered person count totaled 88 persons. This represents a decrease of 2% from the 2015 PIT count, which totaled 90 persons.

### **Permanent Housing**

An affordable Housing inventory remains limited and a needed resource within PWA. The PWA CoC has funded two housing locator positions to establish relationship with area landlords and to development a housing inventory list. In 2015, a total of 379 persons exited the PWA CoC Homeless System into a permanent housing situation. These individuals reported having their own rental/housing unit and/or reported residing permanently with family or friends. Homeless persons that obtained rentals without on-going subsidy at program discharge totaled 132 persons. Homeless persons that obtained permanent housing with family upon program discharge totaled 98 persons. Homeless person that obtained permanent housing with friends and on-going subsidy totaled 143 persons. Homeless person that obtained permanent housing for formerly homeless persons totaled six persons.

### **Permanent Supportive Housing**

Of a total of seven CoC permanent supportive housing programs, five are funded by HUD, one is funded by the Prince William County Government, and one is funded by the Potomac Health Foundation. The permanent supportive housing programs are offered through scattered site housing and are coupled with intensive case management. These programs provide individuals the opportunity to remain integrated within the community while achieving individual goals and developing life skills. There is still a great need for Permanent Supportive Housing in PWA as reflected in the 2016 PIT.

### **Rapid Re-Housing**

PWA CoC Rapid Re-housing programs provide rental assistance, rental arrears, security deposits, and utility deposits for homeless families and individuals. PWA CoC agencies have worked in collaboration to rapidly rehouse a total of 379 individuals and families in FY15. The PWA CoC has one homeless prevention program that is funded through the Virginia Department of Housing and Community Development. In FY15, a total of 116 persons have been assisted with homeless prevention services.

### **Veterans**

To better service veterans, PWA CoC agencies work closely with community partners such as the Veterans Administration and agencies receive Supportive Services for Veteran Families (SSVF) funds dedicated to serving veterans. PWA CoC partners actively make appropriate referrals for veterans in need of mental health, substance abuse, medical, benefits, housing, and stabilization services. In addition to VASH and SSVF funds, PWA CoC has funding through the VHSP to rapid re-house veterans and their families. PWA CoC is able to link veterans to the services that are needed to

rapidly rehouse them and their families. These connections are vital to the success of veterans as they reenter the community.

### Outreach Efforts

During the 2016 PIT, PWA CoC coordinated outreach teams to canvas the homeless campsites located in the eastern and western end of the Prince William Area during a multiple-day count of the unsheltered homeless. A multiple-day count is done to ensure an accurate count of the unsheltered homeless population. PWA CoC worked in collaboration with area law enforcement and outreach organizations to actively map unsheltered campsites. The campsites maps are updated annually prior to the PIT to ensure that outreach teams engage all active sites to obtain an accurate count of the unsheltered homeless population. PWA CoC, with faith-based community partners, provides luncheon and dinner functions at area churches and restaurants to encourage participation of unsheltered homeless individuals and families.

### Prince William Area Bed Inventory

PRINCE WILLIAM COUNTY'S YEAR-ROUND AND WINTER BED INVENTORY				
	Beds for Individuals	Beds/Units for Persons in Families	All Year-Round Beds	Winter Beds
Hypothermia/Overflow/Other (Additional Winter Capacity)	88	-	-	88
Emergency Shelter Beds	40	118	158	-
Transitional Housing Beds	6	143	149	-

### PWA – Point In Time Three Year Trends

Category	2016	2015	2014
Total Number Counted	400	409	445
Total Number Singles	187	185	192
Total Number Families	24	71	74
Total Number of Persons in Families	213	224	253
Total Adults in Families	78	85	92
Total Children in Families	135	139	161
Total Number of Persons in Household with Children Only	0	0	0

### 2016 – Subpopulation

Category	Individual Adults	Adults in Families	Total
Chronically Homeless	47	5	52
Chronic Substance Abusers (CSA)	25	4	29
Severe Mental Illness (SMI)	17	7	24
Co -Occurring Disorder	15	0	15
Chronic Health Problems	21	2	24
Living with HIV/AIDS	0	0	0
Physical Disability	12	7	19
Domestic Violence Victims*	5	4	9
Limited English	24	0	24
Veterans	27	4	31

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



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