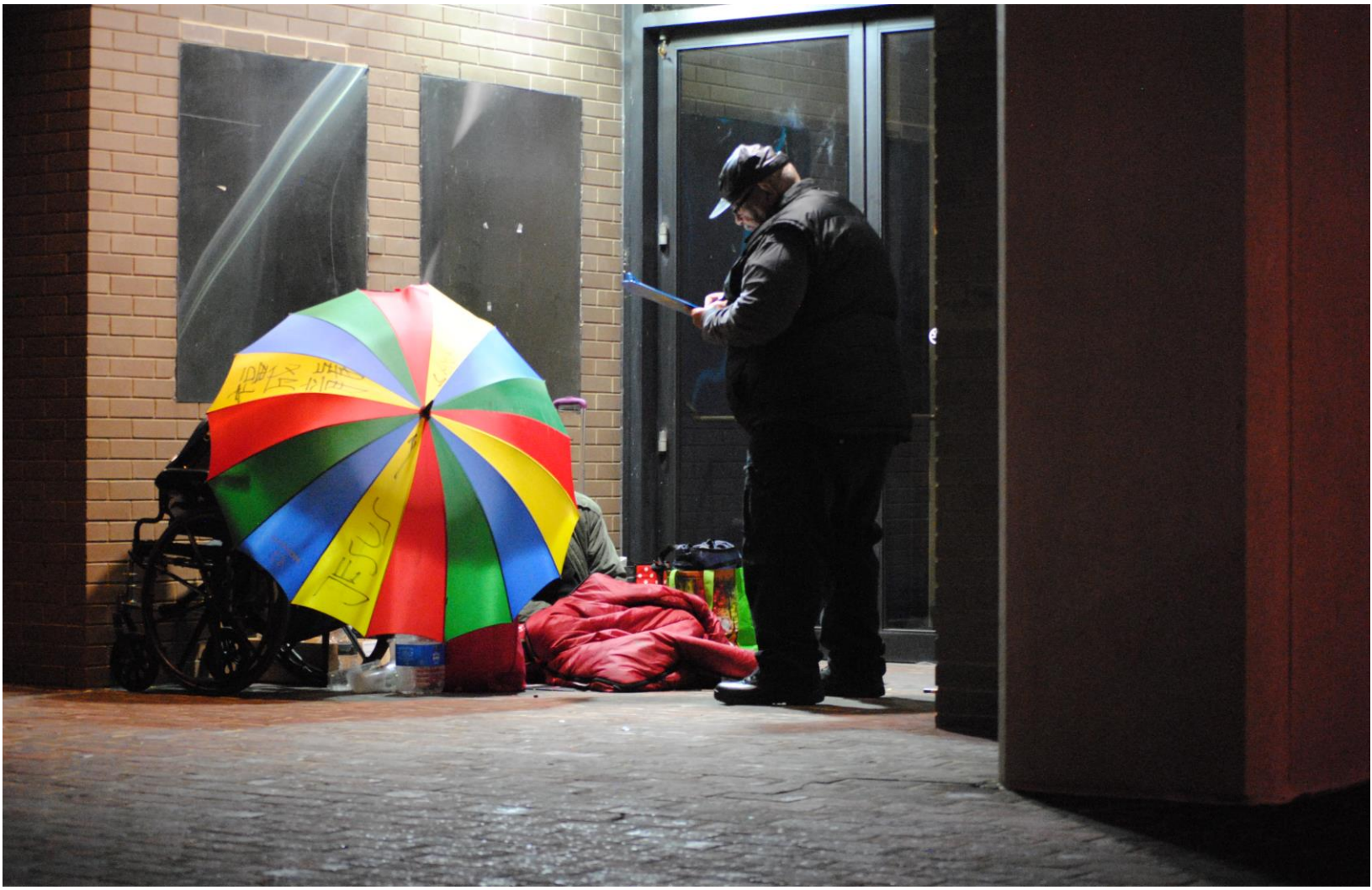
HOMELESSNESS IN METROPOLITAN WASHINGTON

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

May 2017



Metropolitan Washington
Council of Governments

HOMELESSNESS IN METROPOLITAN WASHINGTON
Prepared by the Homeless Services Planning and Coordinating Committee
Adopted May 10, 2017

ABOUT COG
The Metropolitan Washington Council of Governments (COG) is an independent, nonprofit association that brings area leaders together to address major regional issues in the District of Columbia, suburban Maryland, and Northern Virginia. COG's membership is comprised of 300 elected officials from 24 local governments, the Maryland and Virginia state legislatures, and U.S. Congress.

CREDITS
Report Author: Hilary Chapman, COG Housing Program Manager
Assistance from: Greg Goodwin, Stephanie Hood-Brown, and Nicole McCall, COG
Cover Photo: (City of Alexandria, Department of Community and Human Services)

ACCOMMODATIONS POLICY
Alternative formats of this document are available upon request. Visit www.mwcog.org/accommodations or call (202) 962-3300 or (202) 962-3213 (TDD).

TITLE VI NONDISCRIMINATION POLICY
The Metropolitan Washington Council of Governments (COG) fully complies with Title VI of the Civil Rights Act of 1964 and related statutes and regulations prohibiting discrimination in all programs and activities. For more information, to file a Title VI related complaint, or to obtain information in another language, visit www.mwcog.org/nondiscrimination or call (202) 962-3300.

El Consejo de Gobiernos del Área Metropolitana de Washington (COG) cumple con el Título VI de la Ley sobre los Derechos Civiles de 1964 y otras leyes y reglamentos en todos sus programas y actividades. Para obtener más información, someter un pleito relacionado al Título VI, u obtener información en otro idioma, visite www.mwcog.org/nondiscrimination o llame al (202) 962-3300.

Copyright © 2017 by the Metropolitan Washington Council of Governments

TABLE OF CONTENTS

EXECUTIVE SUMMARY 1

INTRODUCTION 5

HOW MANY LOCAL RESIDENTS ARE EXPERIENCING HOMELESSNESS? 7

THE REGION'S HOMELESS BY TOTAL POPULATION 10

HOMELESSNESS AND THE WORKING POOR 21

UNSHELTERED HOMELESS 26

CHRONIC HOMELESSNESS 30

SUBPOPULATIONS 34

SHELTER FACILITIES AND PERMANENT HOUSING SOLUTIONS 43

PERMANENTLY HOUSED: THE FORMERLY HOMELESS 47

CONCLUSIONS AND RECOMMENDATIONS 50

APPENDIX: HOMELESSNESS ENUMERATION JURISDICTIONAL NARRATIVE REPORTS 54

City of Alexandria 55
Arlington County 66
District of Columbia 73
Fairfax County 82
City of Frederick and Frederick County 88
Loudoun County 91
Montgomery County 98
Prince George's County 104
Prince William County 112
Homeless Services Committee Members 116

TABLE OF FIGURES

TABLE 1: LITERALLY HOMELESS BY JURISDICTION, 2016 - 2017 7

TABLE 2: LITERALLY HOMELESS BY JURISDICTION, 2013-2017 8

TABLE 3: 2017 SHARE OF POPULATION THAT IS EXPERIENCING HOMELESSNESS 10

TABLE 4: HOUSEHOLD COMPOSITION 12

TABLE 5: 2017 LITERALLY HOMELESS PERSONS IN FAMILIES BY JURISDICTION 13

TABLE 6: CHANGE IN LITERALLY HOMELESS PERSONS IN FAMILIES BY JURISDICTION 14

TABLE 7: HOUSEHOLDS WITH ONLY CHILDREN UNDER AGE 18 BY JURISDICTION, 2016 AND 2017 16

TABLE 8: COMPARISON OF UNSHELTERED SINGLE ADULTS BY JURISDICTION, 2013-2017 28

TABLE 9: UNSHELTERED SINGLE ADULTS AS A PERCENTAGE OF TOTAL HOMELESS BY JURISDICTION, 2013 - 2017 29

TABLE 10: CHRONICALLY HOMELESS SINGLE ADULTS BY JURISDICTION, 2013 - 2017 30

TABLE 11: 2017 SHELTER STATUS OF CHRONICALLY HOMELESS SINGLE ADULTS 32

TABLE 12: HOMELESS VETERANS BY JURISDICTION, 2013 - 2017 38

TABLE 13: HOMELESS TRANSITION AGE YOUTH (TAY) BY JURISDICTION: 2017 39

TABLE 14: HOMELESS TRANSITION AGE YOUTH (TAY) BY JURISDICTION: 2015 -2017 40

TABLE 15: 2017 WINTER AND YEAR-ROUND INVENTORY OF BEDS IN THE WASHINGTON REGION 45

TABLE 16: FORMERLY HOMELESS PERSONS IN PERMANENT HOUSING 48

TABLE 17: LITERALLY HOMELESS BY JURISDICTION, 2013- 2017 52

FIGURE 1: TOTAL POPULATION OF METROPOLITAN WASHINGTON REGION AND PER CAPITA HOMELESSNESS RATE 11

FIGURE 2: REGIONAL HOMELESS SINGLE ADULTS DEMOGRAPHIC PROFILE (RACE) 17

FIGURE 3: REGIONAL HOMELESS ADULTS IN FAMILIES DEMOGRAHIC PROFILE (RACE) 18

FIGURE 4: REGIONAL TOTAL POPULATION DEMOGRAPHIC PROFILE (RACE) 19

FIGURE 5: EMPLOYMENT STATUS OF SINGLE HOMELESS ADULTS 21

FIGURE 6: EMPLOYMENT STATUS OF ADULTS IN HOMELESS FAMILIES 22

FIGURE 7: EMPLOYED SINGLE HOMELESS ADULTS 23

FIGURE 8: EMPLOYED ADULTS IN HOMELESS FAMILIES 23

FIGURE 9: SOURCE OF INCOME FOR HOMELESS SINGLE ADULTS 24

FIGURE 10: SOURCE OF INCOME FOR HOMELESS ADULTS IN FAMILIES 25

FIGURE 11: COMPARISON OF TOTAL SINGLE HOMELESS ADULTS (SHELTERED AND UNSHELTERED) TO UNSHELTERED SINGLE HOMELESS ADULTS, 2013-2017 27

FIGURE 12: DISTRIBUTION OF REGION'S 1,484 UNSHELTERED SINGLE ADULTS 27

FIGURE 13: SOURCE OF INCOME FOR CHRONICALLY HOMELESS SINGLE ADULTS 33

FIGURE 14: SOURCE OF INCOME FOR CHRONICALLY HOMELESS ADULTS IN FAMILIES 33

FIGURE 15: THE REGION'S HOMELESS SUBPOPULATIONS 34

FIGURE 16: THE REGION'S VETERAN SUBPOPULATIONS 35

FIGURE 17: HOMELESS VETERAN SINGLE ADULTS: SOURCE OF INCOME 36

FIGURE 18: HOMELESS SINGLE ADULT VETERANS (RACE) 37

FIGURE 19: HOMELESS ADULT VETERANS IN FAMILIES (RACE) 37

FIGURE 20: TRANSITION AGE YOUTH SUBPOPULATIONS 40

FIGURE 21: HOMELESS SINGLE YOUNG ADULT/TRANSITION AGE YOUTH SOURCE OF INCOME 41

FIGURE 22: HOMELESS YOUNG ADULTS IN FAMILIES/TRANSITION AGE YOUTH SOURCE OF INCOME 41

FIGURE 23: SINGLE YOUNG ADULT/TRANSITION AGE YOUTH (RACE) 42

FIGURE 24: YOUNG ADULT/TRANSITION AGE YOUTH IN FAMILIES (RACE) 42

FIGURE 25: REGIONAL DISTRIBUTION OF BEDS BY FACILITY TYPE 44

FIGURE 26: REGION'S LITERALLY AND FORMERLY HOMELESS IN PERMANENT SUPPORTIVE HOUSING, RAPID RE-HOUSING, AND OTHER PERMANENT HOUSING 48

FIGURE 27: PERMANENT HOUSING SOLUTIONS FOR FORMERLY HOMELESS SINGLE ADULTS, 2015 - 2017 49

FIGURE 28: PERMANENT HOUSING SOLUTIONS FOR FORMERLY HOMELESS ADULTS IN FAMILIES, 2015 - 2017 49

EXECUTIVE SUMMARY

For the 17th 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 25, 2017 during unseasonably warm weather. 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 2017 Point-in-Time (PIT) Enumeration follow below:

Literally Homeless Count:

- The 2017 Point-in-Time (PIT) Enumeration resulted in a total count of **11,128 literally homeless individuals.**

- The region's number of persons experiencing homelessness **decreased by 9 percent (or 1,087 people) from 2016.**

This represents a change from the trend in 2016, when the PIT count found the number of persons experiencing homelessness increased by five percent. **Seven of nine jurisdictions recorded decreases in the number of persons experiencing homelessness in 2017 from the 2016 count, and one jurisdiction's count remained the same.**

Short-term Changes in the Homeless Enumeration, 2016 to 2017:

- The District of Columbia had the greatest reduction in the number of persons experiencing homelessness from 2016 to 2017 (877 fewer individuals), followed by Fairfax County (95 fewer persons) and Montgomery County (87 fewer persons counted).

- The greatest reduction in the percentage rate of persons experiencing homelessness was recorded in Loudoun County. Loudoun County's 16 percent decrease from 2016 to 2017 in its literally homeless population represents 21 fewer individuals counted.

- Prince William County's count remain unchanged in 2017 from 2016; in both years, the total number of people experiencing homelessness on the night of the PIT count was 400.

- Arlington County recorded an increase from 2016 to 2017 of 33 percent (or 58 individuals).

Longer Term Changes in the Homeless Enumeration, 2013 to 2017:

- During the period from 2013 to 2017, Fairfax County experienced the greatest reduction in persons experiencing homelessness, counting 386 fewer persons. Arlington County had the second largest reduction, with 247 fewer homeless persons observed, followed by Prince George's County (154 persons) and Montgomery County (110 persons).

- Arlington County reported the highest percentage reduction in its literally homeless count from 2013 to 2017 (52 percent) as well as the second largest reduction in the number of persons counted on the night of the PIT.

- The District of Columbia has the largest proportion of the region's homeless population (67 percent) and counted 608 additional persons between 2013 and 2017 (an increase of 9 percent).

- While Frederick County observed an increase of 12 percent (34 individuals) between 2013 and 2017, this was the smallest change observed in the jurisdictions.

Veterans Experiencing Homelessness:

The region continued to make progress in achieving a reduction in the number of veterans experiencing homelessness.

- In 2017, the total number of veterans counted on the night of the PIT was 408, or 76 fewer individuals than were counted in 2016; and

- Since 2013, every jurisdiction in the region has reduced the number of veterans experiencing homelessness and the region overall has reduced the incidence of veteran homelessness by 41 percent, exceeding the national rate of reduction (35 percent between 2012 and 2016).

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), a time-limited housing prevention and rental assistance program.

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

Chronically Homeless:

Yet another positive regional trend is the continued decline in chronic homelessness.

- The number of chronically homeless persons in Households Without Children declined by 585 persons (22 percent) between 2013 and 2017.

- Seven of the nine participating jurisdictions experienced decreases in their chronically homeless single adult counts since 2013, and four of nine jurisdictions experienced decreases between the PIT counts of 2016 and 2017.

- The District of Columbia had the greatest reduction in the region in the number of chronically homeless single adults from 2013 to 2017 (294 fewer persons counted in 2017), followed by Arlington County and Fairfax County, both of which counted 93 fewer chronically homeless persons.

- The jurisdiction with the greatest percentage reduction in chronically homeless single adults since 2016 is Frederick County (46 percent), representing a decrease of 61 individuals.

Success is attributed in part to additional HUD-VASH vouchers; HUD Continuum of Care program funding targeting the chronically homeless; participation in the Community Solutions' Built for Zero (formerly the Zero: 2016 Campaign)[1]; and an increase in permanent supportive housing options.

Formerly Homeless:

The number of individuals who are in permanent housing and no longer experiencing homelessness continued its positive upward trend in 2017. The region measured an increase of 12% of the single individuals and persons in families who were counted in permanent housing on the night of the PIT and are no longer considered homeless.

In addition, in 2017:

- 5,477 formerly homeless individuals were rapidly re-housed (a 16 percent increase from last year); and

- 4,401 formerly homeless persons were counted in other permanent housing (a 63 percent increase from 2016).

This brings the regional total of formerly homeless persons in 2017 to 19,104, an additional 2,017 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.

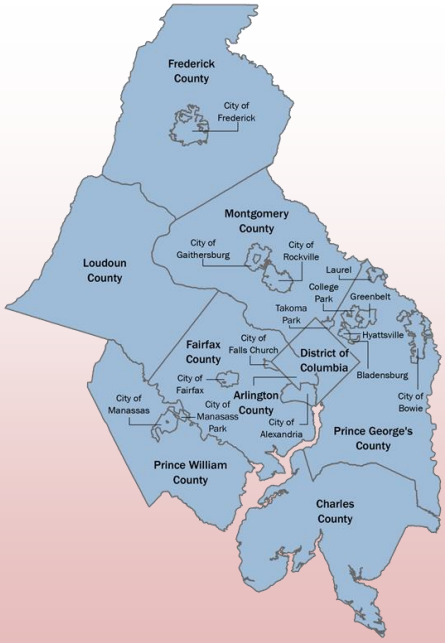
Conclusion

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 2017 report highlights several key, recurring themes:

1. The significant increase in the number of formerly homeless persons in permanent 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.

[1] https://www.community.solutions/what-we-do/built-for-zero



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.

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 continued challenge of family homelessness throughout the region reflects the stark reality about the lack of sufficient affordable housing. The number of families counted in 2017 represents an improvement from the 2016 PIT count, but numbers are still above 2013 levels. Reversing the trend in rising family homelessness to match gains in housing veterans and chronically homeless single adults will require a continued focus on creating and preserving affordable housing opportunities for low-income families to allow them to be stably and independently housed for the long-term.

INTRODUCTION

The 2017 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 several permanent housing solutions. 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, D.C. 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 2017 count *does not* include people who "double up" with relatives or friends, in accordance with HUD guidelines. 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.

Due to the high housing cost burden and limited 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 2017 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.

HOW MANY LOCAL RESIDENTS ARE EXPERIENCING HOMELESSNESS?

As of January 25, 2017, 11,128 people throughout the metropolitan Washington region indicated that they were homeless, a decrease of nine percent (1,087persons) from 2016. Table 1 illustrates the region's 2017 homeless enumeration across jurisdictions compared to last year.

The District of Columbia, Fairfax County, and Montgomery County experienced the largest decrease in the number of literally homeless counted from the previous year's enumeration. Several other CoCs experienced reductions in the number of people experiencing homelessness, such as in Frederick County (40 fewer persons), Loudoun County (21 fewer persons), the City of Alexandria (13 fewer persons), and Prince George's County (12 fewer persons).

Arlington County was the only jurisdiction which experienced an increase in its literally homeless count from 2016 to 2017. Arlington County experienced a 33 percent increase (58 additional literally homeless persons) since 2016. Prince William County's count remained the same from 2016 to 2017.

The same trend is not true for the five-year period of 2013 to 2017, 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 Number of People Experiencing Homelessness Changed?

Seven of nine of COG's CoCs experienced decreases in their homeless populations between 2013 and 2017. Arlington County and Loudoun County have the largest percentage decreases in the number of people experiencing homelessness at 52 percent and 32 percent, respectively.

TABLE 1: Literally Homeless By Jurisdiction, 2016 - 2017

Jurisdiction	2016	2017	Change in Number of Persons 2016-2017	Percent Change 2016 - 2017
City of Alexandria	224	211	-13	-6%
Arlington County	174	232	58	33%
District of Columbia	8,350	7473	-877	-11%
Fairfax County	1,059	964	-95	-9%
Frederick County	349	309	-40	-11%
Loudoun County	134	113	-21	-16%
Montgomery County	981	894	-87	-9%
Prince George's County	544	532	-12	-2%
Prince William County	400	400	0	0%
TOTAL	**12,215**	**11,128**	**-1,087**	**-9%**

Fairfax County experienced the largest decrease in the number of people experiencing homelessness during the same period (386 fewer individuals counted). Arlington County experienced the second largest decrease in the region, counting 247 fewer people in 2017 than in 2013.

TABLE 2: Literally Homeless By Jurisdiction, 2013-2017

	2013	2014	2015	2016	2017	Change in Number of Persons 2013 - 2017	Percent Change 2013 - 2017
City of Alexandria	275	267	267	224	211	-64	-23%
Arlington County	479	291	239	174	232	-247	-52%
District of Columbia	6,865	7,748	7,298	8,350	7,473	608	9%
Fairfax County	1,350	1,225	1,204	1,059	964	-386	-29%
Frederick County	275	246	311	349	309	34	12%
Loudoun County	166	179	168	134	113	-53	-32%
Montgomery County	1,004	891	1,100	981	894	-110	-11%
Prince George's County	686	654	627	544	532	-154	-22%
Prince William County	447	445	409	400	400	-47	-11%
TOTAL	**11,547**	**11,946**	**11,623**	**12,215**	**11,128**	**-419**	**-4%**

Fairfax County attributes the decrease in persons experiencing homelessness in 2017 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; and most importantly the strategic reduction in the number of transitional housing units for families.

Arlington County attributes the longer-term trend in reducing the number of its residents experiencing homelessness to several factors, including building on the lessons learned from participation in the 100 Homes campaign and the nationwide Zero: 2016 Campaign, which set goals to end veteran homelessness by December 2015 and chronic homelessness by December 2016. Arlington's new Homeless Services Center continues to bolster efforts to house veterans and chronically homeless individuals. 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.

Two jurisdictions, the District of Columbia and Frederick County, recorded increases in the number of people experiencing homelessness since 2013. In Frederick County, the increase during the previous four years is the result of 34 individuals; therefore, the population size may be too small to

be truly significant. The District of Columbia has the largest local percentage increase in homeless persons in the region, and accounted for 608 additional literally homeless persons during the same period.

The increased numbers of persons experiencing homelessness in the District of Columbia is attributed primarily to the rise in families experiencing homelessness. Significant contributing factors are severe housing affordability challenges and an increased demand for stable housing assistance. The District of Columbia has implemented program and policy changes, such as providing year-round access to shelter and increased prevention services, to address this growing need. Results from the 2017 count show evidence of reversing or slowing the growing rate of family homelessness.[2]

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. 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. At the federal level, uncertainty about the possibility of cuts in non-military discretionary spending threatens housing programs of all types and may result in the further loss of rental subsidies and rising homelessness during 2017.



(*Montgomery County, MD*)

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

[2] For more information on the changes recorded in the District of Columbia's Continuum of Care from Point-in-Time 2016 to 2017, see the Appendix jurisdictional narrative report.

THE REGION'S HOMELESS BY TOTAL POPULATION

The prevalence of homelessness can also be understood by determining the number of persons experiencing homelessness counted in the metropolitan Washington region as a percentage of its total population. Including the District of Columbia, there was a 0.21 percent incidence of homelessness in the region. This figure is essentially unchanged and represents a slight decrease from 0.23 in 2016. Excluding the District, the incidence of homelessness is 0.08 percent for the region's suburban population, which remains unchanged from 2016.

HUD's national 2016 CoC Point-in-Time data state that there were 549,928 people experiencing homelessness in the country. This figure represents 0.17 percent of the nation's total population of 324,118,787 (as of January 2016), compared to the region's rate of 0.21 percent.

As shown in Table 3, of every 1,000 residents in the region, 2.1 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, 11 are homeless, a decrease from last year when it was 12.

TABLE 3: 2017 Share of Population That Is Experiencing Homelessness

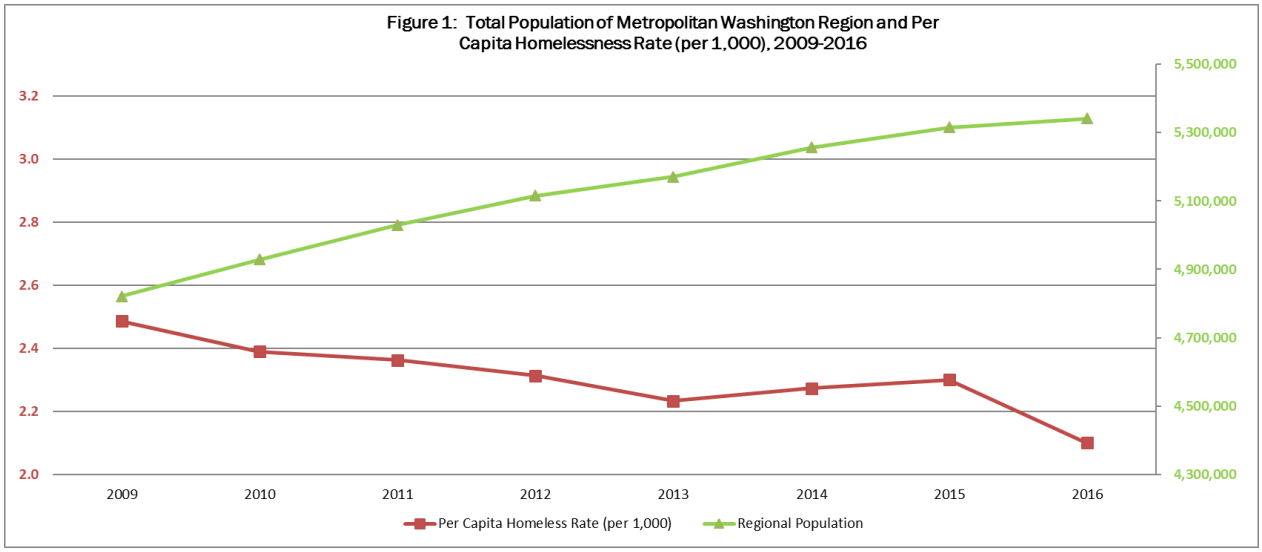
Jurisdiction	2016 Total Population*	2017 Literally Homeless	Homeless as Percent of Total Population	Homeless Persons per 1,000 People
City of Alexandria	155,810	211	0.14%	1.4
Arlington County	230,050	232	0.10%	1.0
District of Columbia	681,170	7,473	1.10%	11.0
Fairfax County[1]	1,176,830	964	0.08%	0.8
Frederick County	247,591	309	0.12%	1.2
Loudoun County	385,945	113	0.03%	0.3
Montgomery County	1,043,863	894	0.09%	0.9
Prince George's County	908,049	532	0.06%	0.6
Prince William County[2]	512,608	400	0.08%	0.8
Region with D.C.	**5,341,916**	**11,128**	**0.21%**	**2.1**
Region without D.C.	**4,660,746**	**3,655**	**0.08%**	**0.8**

***Source: Table 1. Annual Estimates of the Resident Population for the Metropolitan Washington Council of Governments: April 1, 2010 to July 1, 2016. U.S. Census Bureau, Population Division, March 2017.**

[1] Includes the Cities of Fairfax and Falls Church

[2] Includes the Cities of Manassas and Manassas Park

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 (visually illustrates the rate of homelessness compared to the rate of regional population growth since the end of the Great Recession in 2009. 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 compares enumeration survey responses from the three main categories of homeless households from 2013 to 2017. Regional family homelessness (the number of persons in homeless families) decreased 15 percent from 2016 to 2017, reversing the 13 percent increase recorded from 2015 to 2016. However, during the longer period between 2013 to 2017, the incidence of family homelessness has increased 1.6 percent. In contrast to the metropolitan Washington region, at the national level, family homelessness declined by 19 percent between 2012 and 2016 and declined 6 percent between 2015 and 2016.3 The regional rise in family homelessness largely reflects the increased numbers of families experiencing homelessness in the District of Columbia. Not all jurisdictions counted a rise in homeless families during 2013 to 2017.

[3] https://www.onecpd.info/resource/3031/pit-and-hic-data-since-2007/

TABLE 4: Household Composition					
		Total Households without Children	Total Persons in Households with Adults and Children	Total Persons in Households with ONLY Children* (Unaccompanied Minors)	Regional Total
COG REGION	2017	5,630	5,489	9	**11,128**
	2016	5,764	6,435	16	**12,215**
	2015	5,929	5,678	16	**11,623**
	2014	6,057	5,880	9	**11,946**
	2013	6,115	5,405	27	**11,547**
2013 - 2017 Percent Change		**-7.9%**	**1.6%**	**-18**	**-3.6%**

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

Family Households

Families represent 49 percent of all persons experiencing homelessness in the metropolitan Washington region, and since 2013, the regional trend has shown increasing numbers of young families facing housing instability and homelessness. Tables 5 and 6 (next page) illustrate the 2017 survey responses from the region's homeless families. As of January 25, 2017, a total of 1,653 family households were counted as homeless, a decrease of 19 percent from 2016. The regional decrease recorded this year is attributed primarily to the 17 percent decrease (777 fewer persons in families) in the District of Columbia from 2016 to 2017. 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 homeless single adult is 52, but the median age among adults in homeless families with children is 27.4

Two jurisdictions, Arlington County and Prince George's County, experienced an increase in the number of homeless persons in families from 2016 to 2017 (an additional 33 and 30 persons in families respectively). During the longer period of 2013 to 2017, however, both jurisdictions have reduced the total number of persons in families experiencing homelessness (128 fewer persons in Arlington County and 32 fewer persons in Prince George's County).

Reductions in the one-year rate of family homelessness were greatest in Loudoun County (39 percent) followed by Montgomery County (22 percent), Fairfax County (18 percent) and the District of Columbia (17 percent).

The same trend is reflected in the longer period of 2013 to 2017. Seven of the nine regional CoCs recorded decreases in family homelessness during this time, with an increase in the District of Columbia of 23 percent and one percent in the City of Alexandria. The increase noted in the District

[4] The Community Partnership for the Prevention of Homelessness, *Homelessness in the District of Columbia, The 2016 Point in Time Enumeration:* http://www.community-partnership.org/facts-and-figures

TABLE 5: 2017 Literally Homeless Persons In Families By Jurisdiction				
Jurisdiction	Number of Families	Adults in Families	Children in Families	Persons in Families
City of Alexandria	30	35	56	91
Arlington County	30	32	51	83
District of Columbia	1,166	1,609	2,281	3,890
Fairfax County	142	186	286	472
Frederick County	32	39	53	92
Loudoun County	11	15	27	42
Montgomery County	86	106	172	278
Prince George's County	103	124	214	338
Prince William County	53	72	131	203
ALL COG COCs	**1,653**	**2,218**	**3,271**	**5,489**

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

of Columbia contributed to the regional 2 percent increase during this period, given that 70 percent of persons in families experiencing homelessness in 2017 reside in the District of Columbia.

The longer-term trend of rising family homelessness in the urban core of the region 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.[5] Other major cities and metropolitan areas, such as Seattle and Los Angeles, are facing rising numbers of residents experiencing homelessness, as they face high housing costs and an insufficient supply of housing affordable to the lowest-income residents. The U.S. Conference of Mayors' *2016 Report on Hunger and Homelessness* studied 24 cities in 32 states and found that the majority (75 percent) of study cities had rates of homelessness higher than the national rate of homelessness.[6]

Another possible factor in the trend of rising family homelessness in the District of Columbia 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.[7]

[5] http://www.dcfpi.org/disappearing-act-affordable-housing-in-dc-is-vanishing-amid-sharply-rising-housing-costs

[6] https://endhomelessness.atavist.com/mayorsreport2016

[7] Leah Hendey, "Reducing Homelessness and Housing Instability", (presentation at Regional Homelessness Summit in Silver Spring, MD, March 17, 2015).

According to the U.S. Census Bureau's 2015 American Community Survey 1-Year Estimates, the Washington Metropolitan Statistical Area's (MSA) median monthly homeownership costs are $2,243 and median monthly gross rent is $1,553. 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).[8] In the District of Columbia, a person earning the minimum wage ($10.50 per hour) in 2016 would need to work 119 hours per week to be able to afford a two-bedroom apartment at the Fair Market Rent.[9] The region's lowest-income households face significant challenges affording housing, especially as the area's increased housing demand drives up rental rates. This trend makes otherwise affordable units unaffordable for households, especially as they compete with the general population for housing.

Children in 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 contend with the stigma associated with being homeless when navigating their new surroundings and making friends. Children who experience homelessness may have poor nutrition, increased incidence of health impairments, higher exposure to violence, and severe emotional distress.[10] These conditions eliminate feelings of safety and predictability that are important for healthy growth.

COG's 2017 enumeration identified 3,271 children experiencing homelessness, representing 29 percent of the region's total homeless population (11,128). This represents a slight decrease of two

TABLE 6: Change In Literally Homeless Persons In Families By Jurisdiction

Jurisdiction	2013	2014	2015	2016	2017	Percent Change 2013-2017
City of Alexandria	90	88	108	95	91	1%
Arlington County	211	113	75	50	83	-61%
District of Columbia	3,169	3,795	3,477	4,667	3890	23%
Fairfax County	747	695	715	575	472	-37%
Frederick County	104	105	130	100	92	-12%
Loudoun County	85	102	88	69	42	-51%
Montgomery County	366	288	502	358	278	-24%
Prince George's County	370	441	359	308	338	-9%
Prince William County	263	253	224	213	203	-23%
ALL COG COCs	**5,405**	**5,880**	**5,678**	**6,435**	**5,489**	**2%**

[8] http://www.urban.org/research/publication/housing-security-washington-region/view/full_report

[9] http://nlihc.org/oor/district-columbia

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

percent from last year. Children account for 60 percent of all people in homeless families; this proportion of persons in homeless families has remained consistent since 2010.

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 per the HUD definition, and may be living in doubled up situations. The National Center for Homeless Education reported that during the 2014-2015 school year, 76 percent of students that self-identified as being homeless reported they were "doubled up" with family or friends; and, the population of homeless and enrolled students rose 4 percent from the 2012-2013 school year to the 2014-2015 school year.[11] Based upon HUD's guidelines, local jurisdictions cannot count people who live in doubled up situations for the Point-in-Time count.



(Homeless Children's Playtime Project)

Children account for 60 percent of all people in homeless families and represent nearly one-third of all persons experiencing homelessness in the metropolitan Washington region in 2017.

Table 7 (following page) provides a breakdown of households of homeless children without adults by jurisdiction. The small number of Households with Only Children counted in 2017 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.[12]

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

[11] National Center for Homeless Education, *National Overview, Education for Homeless Children and Youth.* Accessed April 2017. http://center.serve.org/nche/downloads/data-comp-1112-1314.pdf http://profiles.nche.seiservices.com/ConsolidatedStateProfile.aspx

[12] The Urban Institute, *Youth Count! Process Study:* 10.

stay on the street, some homelessness researchers make sure they count in more than one season.[13]

TABLE 7: Households With Only Children Under Age 18 By Jurisdiction, 2016 and 2017

Jurisdiction	2016	2017	Absolute Change 2016 - 2017
City of Alexandria	0	0	0
Arlington County	0	0	0
District of Columbia	10	5	-5
Fairfax County	3	3	0
Frederick County	0	0	0
Loudoun County	0	0	0
Montgomery County	0	0	0
Prince George's County	3	1	-2
Prince William County	0	0	0
TOTAL	**16**	**9**	**-7**

Noting the importance of counting youth during non-winter months, Prince George's County and the District of Columbia have held separate youth counts; Prince George's County has held four to date. The youth counts conducted in Prince George's County included individuals between the ages of 13 and 24, and have resulted in higher numbers of youth than were counted in the Point-in-Time enumeration of literally homeless persons in January. For example, Prince George's County outreach workers counted 122 children and young adults in 2016 and 147 in 2014. Counts in 2013 and 2012 resulted in slightly higher numbers (149 and 185 youth respectively).

Prince George's County is also one of six CoCs in the State of Maryland which has participated in the Youth REACH (Reach out, Engage, Assist and Count to End Homelessness) demonstration pilot since 2015 to count unaccompanied homeless youth and young adults.[14] The enumeration involved surveying youth through shelter counts, service-based counts (meaning youth/young adults who used services from participating providers during the count), and kick-off/magnet events and street counts.[15] Further, results from this state-wide effort concluded that combining survey data and administrative data (via HMIS or Homeless Management Information Systems) result in a more accurate picture of youth homelessness than survey data alone.[16]

The District of Columbia has conducted two youth counts since 2015. These counts built on a 2011 survey conducted by the DC Alliance of Youth Advocates over the course of two weeks that found expanding the definition of literally homeless to include youth who are "doubled up", or staying with

[13] http://www.healthycal.org/archives/11079

[14] http://www.youthreachmd.com/

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

[16] Ibid.

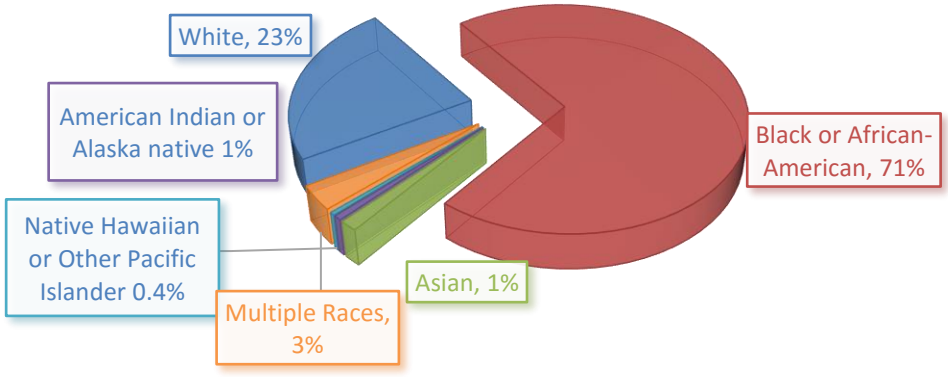
friends and family, resulted in a count of 330 youth experiencing homelessness.[17] The Government of the District of Columbia conducted its first youth count during ten days in August of 2015, and created an action plan to address the unique needs facing youth and young adults aged 18 to 24 who are precariously housed or experiencing homelessness.[18]

Demographic Profile of the Region's Residents Experiencing Homelessness

In 2014, COG began reporting questions regarding ethnicity and race in addition to age and gender. HUD specified the ethnic and racial categories included in the Point-in-Time questionnaire 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 they are Hispanic or Latino (people who identify their ethnic origin as Hispanic or Latino may be of any race[19]). In addition, the categories of the race item include racial and national origin or sociocultural groups. Race and ethnicity were self-reported and individuals could choose "multiple races" to indicate their racial mixture, such as "American Indian" and "White."

Of the 5,150 homeless single adults (Figure 2) who responded to these demographic questions, 90 percent were over the age of 24, and the majority (73 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 71 percent African-American, 23 percent white, and three percent as multiple races. Nine 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.

Figure 2: Regional Homeless Single Adults Demographic Profile (Race)
Source: COG 2017



[17] http://www.dc-aya.org/sites/default/files/content/ya_essay_r3.pdf

[18] https://dhs.dc.gov/sites/default/files/dc/sites/dhs/release_content/attachments/Homeless%20Youth%20Census%20One%20Pager.pdf

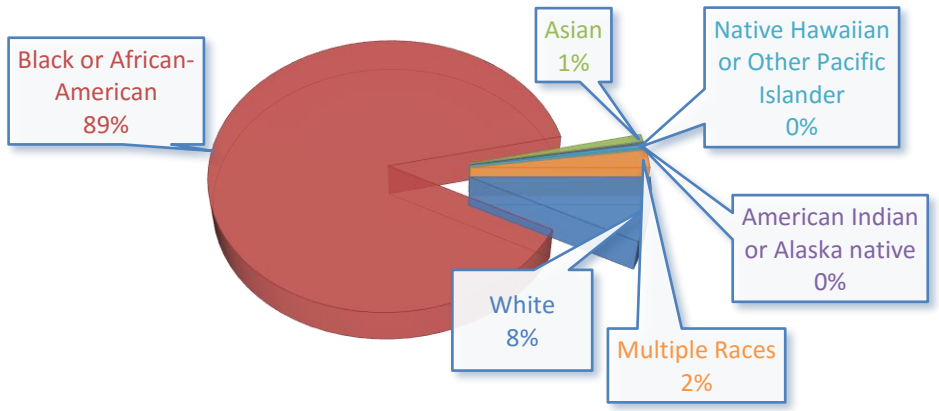
[19] http://www.census.gov/population/race/

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 (66 and 70 percent respectively), and in Prince William County and Fairfax County, nearly 50 percent of the single homeless adults identified racially as white (47 percent and 44 percent) and 46 percent in both jurisdictions identified as African-American or black.

The demographic profile of families experiencing homelessness (Figure 3) differs from that of single adults in a few key characteristics. In homeless families, the majority of adults (77 percent) are female. The age of the adult in a homeless family also tends to be younger. Twenty-six percent are aged 18 to 24 and 74 percent are over age 24. Ethnically, 93 percent of adults in homeless families are Non-Hispanic/Non-Latino, and racially, 89 percent are African-American.

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

Source: COG 2017

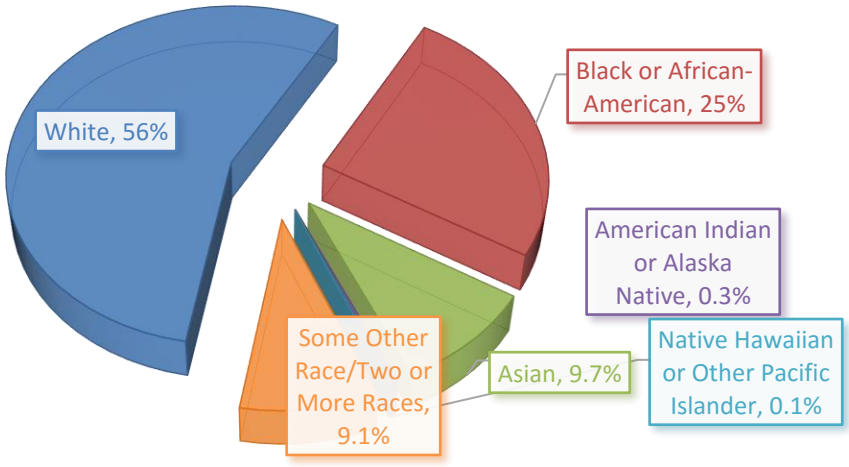


White adults in families experiencing homelessness make up 8 percent of the regional literally homeless family population, one percent is Asian, two percent are multiple races, with the other racial categories all one percent or less.

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 36 percent are African- American or black. In Loudoun County, 67 percent of adults in families are white, and 33 percent are African-American or black.

Figure 4: Regional Total Population Demographic Profile (Race)

Source: American Community Survey 2011 - 2015 5-Yr Estimates



In contrast, the region's racial breakdown (Figure 4) 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 persons are disproportionately more likely to be black or African-American than they are in the general metropolitan Washington regional population.

Senior Citizens Experiencing Homelessness

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

Elderly persons experiencing homelessness face unique vulnerabilities due to health or mobility limitations. They may also have more significant health concerns not typically seen in homeless services systems, such as Alzheimer's disease or cancer.[20]

National demographic trends suggest that there will be a dramatic increase in the number of people age 65 or older as the Baby Boomer generation reaches retirement age. This means the region's policy makers and service providers may need to adjust their systems' approach to accommodate this growing segment of persons experiencing homelessness. The National Alliance to End Homelessness projected that homelessness among the elderly may ". . .increase by 33 percent from 44,172 at the national level in 2010 to 58,772 in 2020, and more than



(Ben Osteen/Flickr)

[20] http://www.seniornavigator.org/article/12426/special-concerns-elderly-who-are-homeless

double between 2010 and 2050, when over 95,000 elderly persons are projected to be homeless."[21]

In the metropolitan Washington region, 12 percent of persons in Households without Children (607 individuals) were over the age of 60, and 70 seniors were unsheltered. In more than one CoC, an individual over age 80 was experiencing homelessness on the night of the Point-in-Time count.

The number of facilities which are set aside to house seniors are limited; one example of an organization that serves seniors experiencing homelessness is So Others Might Eat (SOME) in the District of Columbia. It can temporarily house 42 persons but has closed its waiting list because it became too oversubscribed.[22] Most CoCs in the region have medical respite beds for persons discharged from the hospital who need rest to recover which elderly persons may be able to use. However, many seniors require ongoing medical assistance and lack access to adequate care. The region's CoCs are working to address the unique needs of senior citizens while anticipating a growing need to expand resources to assist this subpopulation in the future.

[21] M William Sermons and Meghan Henry, *Demographics of Homelessness Series: The Rising Elderly Population,* National Alliance to End Homelessness, Homeless Research Institute. Accessed at http://www.endhomelessness.org/page/-/files/2698_file_Aging_Report.pdf

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

HOMELESSNESS AND THE WORKING POOR

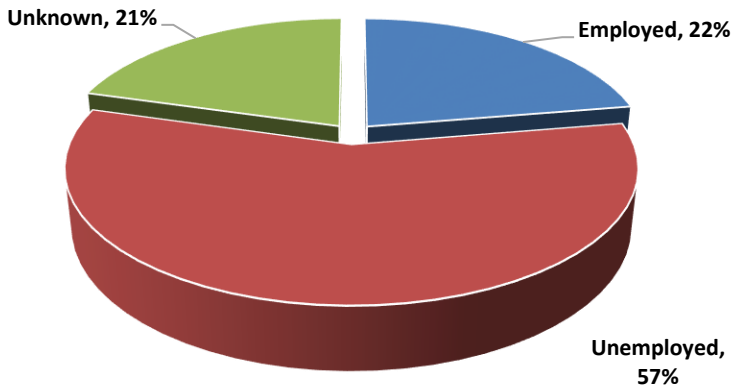
Employment, or an adequate and reliable source of income, is crucial to a household's ability to either afford a place to live or move out of homelessness. According to the U.S. Department of Labor's Bureau of Labor Statistics, the metropolitan Washington region's unemployment rate for February 2016 was 3.9 percent, compared to 4.7 percent for the nation. The region's unemployment rate decreased slightly, by 0.4 percentage points, from 4.3 percent in February 2015.[23] 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.[24]

Overall, 22 percent of adults experiencing homelessness are employed; employment status could not be determined for 21 percent. The rates of employment vary by household type, Figures 5 through 8 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, which remains unchanged from 2016 (Figure 5). 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 57 percent of single adults are unemployed, and employment status could not be determined for 21 percent of the adults in this category.

Figure 5: Employment Status of Single Homeless Adults

Source: COG 2017

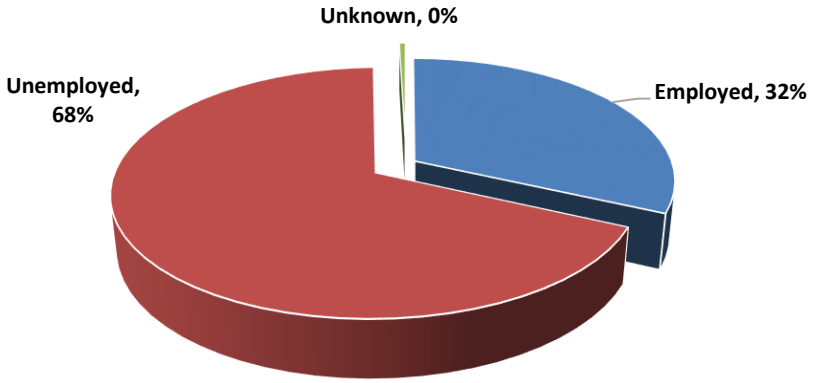


[23] https://www.bls.gov/web/metro/laummtrk.htm

[24] 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.

Data from the 2017 enumeration suggests that 32 percent of all homeless adults in families with children are employed (Figure 6), but the picture varies significantly by jurisdiction. In Prince William County, for example, 68 percent of these adults are employed, compared to 25 percent in the District of Columbia (Figure 7). Approximately 68 percent of adults in these families region-wide are unemployed and employment status is unknown for less than one percent. Although the total numbers are small (nine), five jurisdictions recorded children in homeless families who were employed on the night of the enumeration.

Figure 6: Employment Status of Adults in Homeless Families
Source: COG 2017



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

While metropolitan Washington has a lower unemployment rate compared to other national metropolitan areas, 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.[25] The reality is stark for the region's homeless households as evidenced in the following charts.

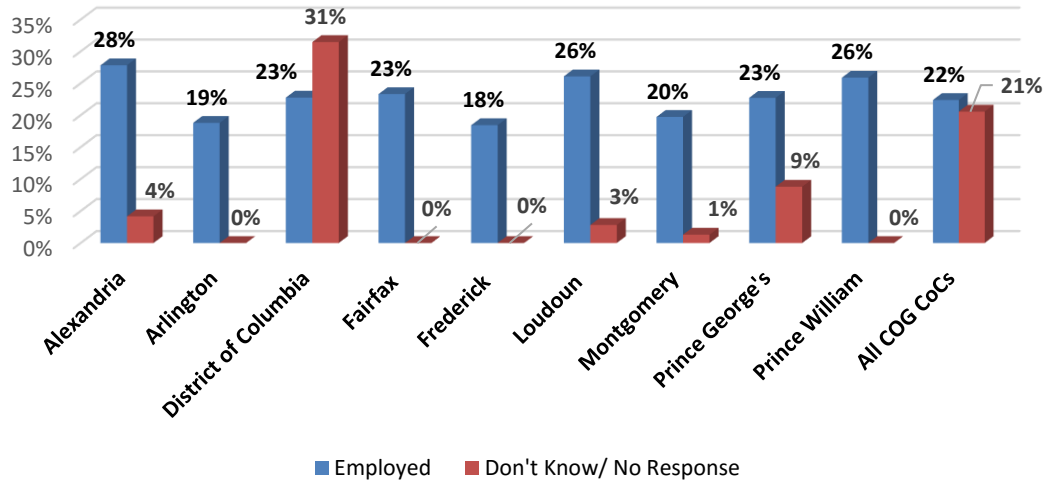
Figure 7 shows that, in eight of nine of the region's participating CoCs, less than 30 percent of single homeless adults are employed. This trend remains essentially unchanged from the past four years, although rates have varied for individual jurisdictions. For example, Loudoun County's single adult employment percentage declined from 57 percent in 2016 to 26 percent in 2017. This may be attributed in part to a rising trend in seniors experiencing homelessness in Loudoun County whose age and health status prevents employment.

In contrast, in seven of nine local jurisdictions, more than 40 percent of adults in family households are employed (Figure 8). Arlington County had the greatest gain in this category, with a 12-point increase over last year.

[25]http://www.thecommonwealthinstitute.org/2014/06/22/bursting-the-bubble/

Figure 7: Employed Single Homeless Adults

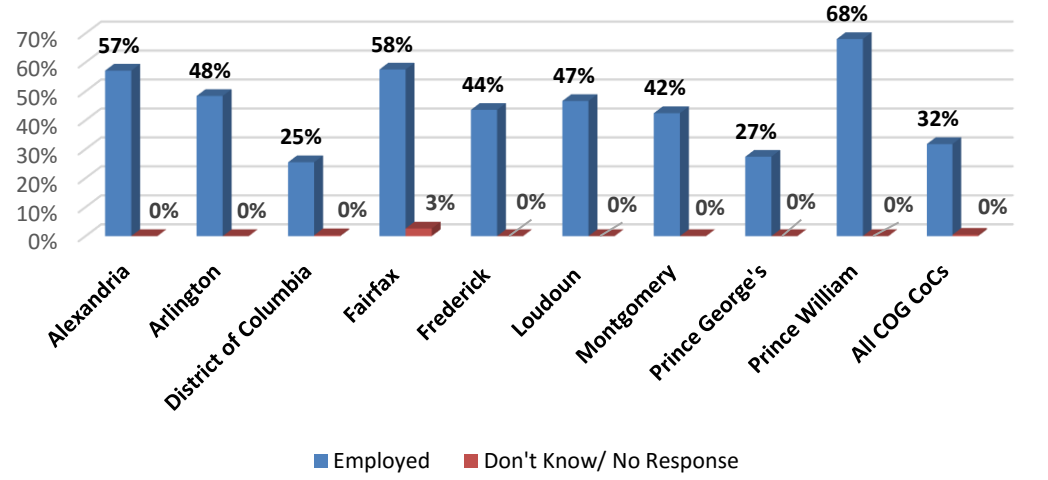
Source: COG 2017



Employment also rose for homeless adults in families in Prince William County. Seven jurisdictions had decreases of varying degrees in their percentages of adult homeless family members who were employed; Prince George's County percentage of employed adults in families dropped from 82 percent in 2016 to 27 percent in 2017.

Figure 8: Employed Adults in Homeless Families

Source: COG 2017



As a region, the percentage of employed adults in families decreased 5 percent since 2016. 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.

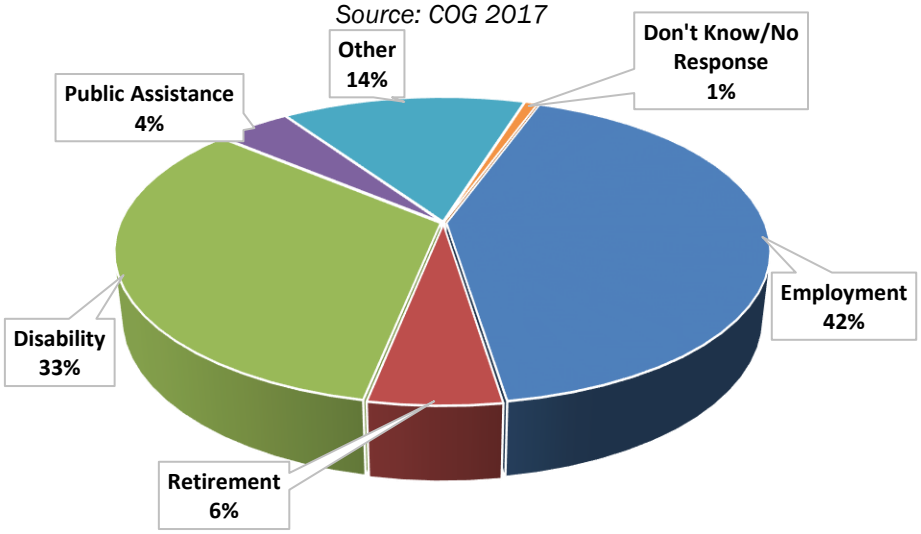
Income

While a portion of the region's homeless population reports receiving monthly income, many people experiencing homelessness do not receive any monthly income. In 2017, 68 percent of adults in families reported having income, but only 41 percent of single adults reported income.

Nearly half (48 percent) of all homeless adults report having some form of monthly income. Among single adults experiencing homelessness, 42 percent reported that employment wages and salaries were their primary source of income (see Figure 9). The next largest sources of primary income following employment were: disability (such as Supplemental Security Income), followed by retirement (such as Social Security), other sources of income, and last, public assistance.

Figure 9: Source of Income for Homeless Single Adults

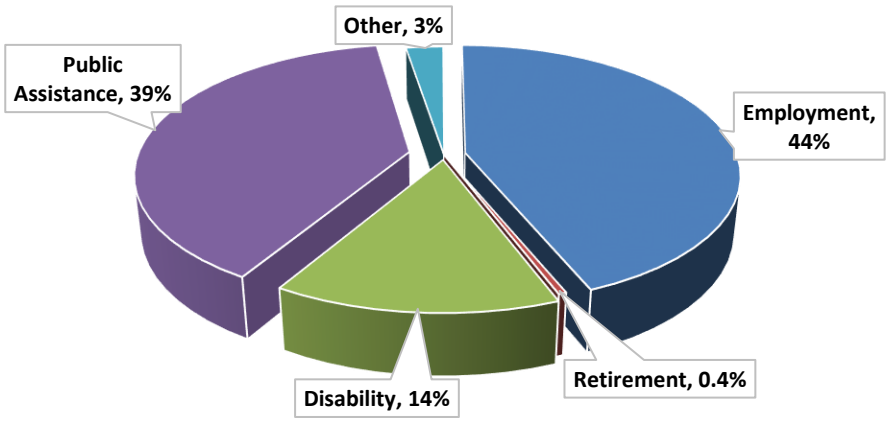
Source: COG 2017



Similarly, among homeless adults in families, 44 percent reported the primary source of income being from employment. However, public assistance was the second most-reported income source for 39 percent of respondents and supports a much larger number of families than single individuals experiencing homelessness.

Figure 9 illustrates the primary source of income for the 2,284 single homeless people who provided this information; Figure 10 represents the responses from 1,497 adults in homeless families.

Figure 10: Source of Income for Homeless Adults in Families
Source: COG 2017



UNSHELTERED HOMELESS



(Princess Scarlet/Flickr)

On January 25, outreach workers and volunteers for the region's Continua of Care surveyed their communities to count the area's unsheltered persons experiencing homelessness. Outreach workers counted people living on the streets, in alleys, under bridges, in local parks, in camp sites, and in other places frequented by people experiencing homelessness. According to the 2017 count, 1,510 persons (approximately 14 percent of the region's 11,128 homeless people) were unsheltered. Of these, 1,484 were single adults, 26 were persons in seven families with adults and children, and no children from Households with Only Children were unsheltered. The 1,484 unsheltered single persons counted is significantly greater than the number of unsheltered adults in Households without Children counted in 2016 (75 percent increase). This may be attributable to the significantly different weather conditions on the night of the PIT count in 2016 and 2017. In 2016, the PIT count was delayed by one day due to a blizzard. Overall, regional homelessness among unsheltered single adults increased by 14 percent during the period between 2013 and 2017. The increase may also be attributed to better survey methodologies, volunteer training and improved processes to ensure that every person experiencing homelessness outside of the shelter system is counted.

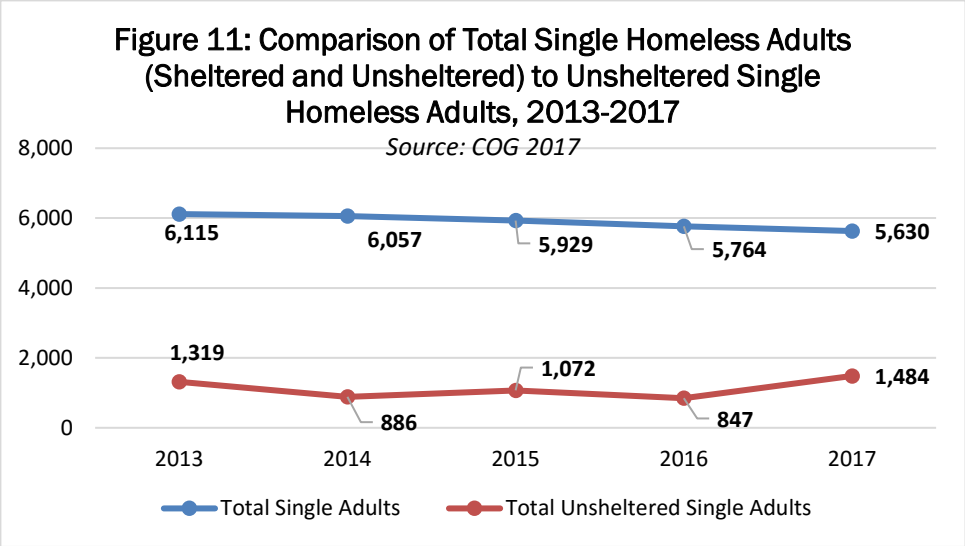
The fact that the unsheltered count increased from the Point-in-Time of 2016 may be attributed to a variety of factors. Typically, the number of individuals counted residing in areas unfit for human habitation can depend on weather conditions, the number of surveyors employed for the count, and methodology (complete coverage or sampling.) The most significant factor affecting the count on January 25, 2017, was the unseasonably warm weather. This year's weather conditions were unlike any in the previous four counts, with temperatures recorded as a high of 61 degrees and a low of 45 degrees.[26]

In contrast, in 2016, the arrival of a blizzard in the mid-Atlantic region created severe weather conditions, resulting in a delay in the PIT count of one day, 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. As a result of the extreme weather, unsheltered persons experiencing homelessness may have been more likely to seek shelter on the night of the count in 2016.

The dramatic difference in the weather conditions between the enumerations of 2016 and 2017 may have impacted the unsheltered count in both years. Individuals may have chosen not to seek shelter on the night of the count in 2017 due to the relatively mild conditions. The variation in the unsheltered count by year makes discernment of a real trend difficult. This is represented

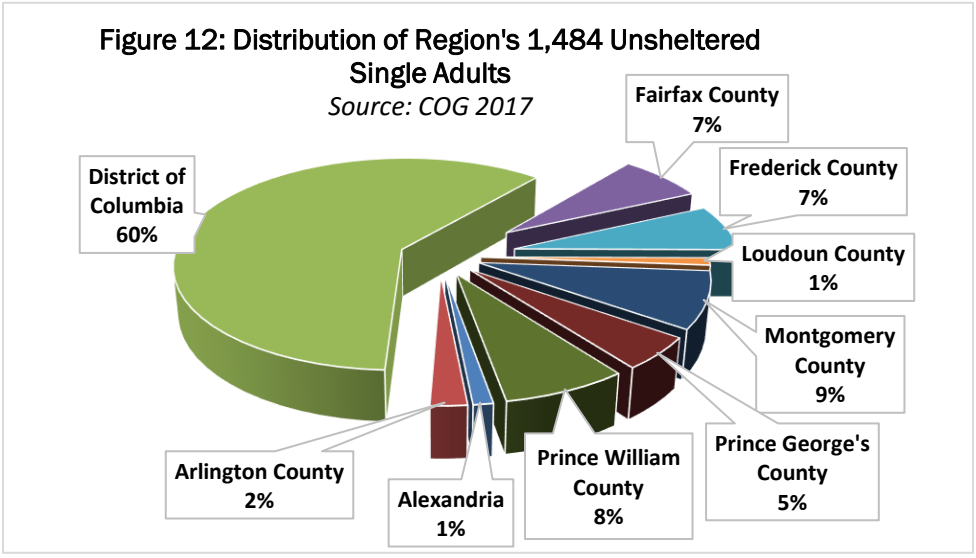
[26] http://www.accuweather.com/en/us/washington-dc/20006/month/327659?monyr=1/01/2017

graphically in Figure 11. While the prior four counts reflect a slight downward trend in the total number of homeless single adults, the count of single adults who were unsheltered on the night of the enumeration does not precisely correspond.



Distribution of the Region's Unsheltered Homeless Single Adults

Where are people experiencing homelessness outside the shelter system in the metropolitan Washington region? Figure 12 indicates where survey volunteers interviewed persons experiencing homelessness in places not meant for human habitation, such as streets, parks, alleys, abandoned buildings, stairways, and rural campsites. The District of Columbia accounts for 60 percent of the region's unsheltered homeless single adults. This figure increased from 38 percent of the region's total in 2016.



In almost the reverse of 2016's findings, a minority of three out of nine jurisdictions recorded reductions in their unsheltered counts, while six CoCs noted increases. Overall, the region counted 77 percent more unsheltered single adults in 2017 than in 2016. The largest reduction from 2016 to 2017 recorded was in Frederick County (26 fewer persons); the largest increase during the same period was in the District of Columbia (579 more unsheltered single adults counted).

Comparison of Unsheltered Homeless Single Adults by Jurisdiction

Reviewing the unsheltered count for a longer period than one year provides a different perspective of the PIT count results. During the counts from 2013 to 2017, five of nine CoCs recorded reductions in their unsheltered counts.

Arlington County recorded the greatest decline both in its rate (77 percent) and in number of persons (113 fewer) counted during the period of 2013 to 2017. Prince George's County recorded the next greatest decline in the number of unsheltered persons experiencing homelessness (95 fewer individuals), followed by Loudoun County (22 fewer persons), Montgomery County (17 fewer persons), and the City of Alexandria (11 fewer persons). The District of Columbia recorded the greatest increase in the number of unsheltered single adults experiencing homelessness (385), followed by Frederick County (34 more individuals). Fairfax County and Prince William County's counts were essentially unchanged (1 more and 3 more persons counted respectively). Overall, the region's percentage of unsheltered homeless single adults increased by 13 percent from 2013 to 2017. Table 9 (following page) represents the percentage of each individual jurisdiction's literally homeless population that was unsheltered between 2013 and 2017.

It is important to note that although the majority of individuals who are unsheltered are single adults, there were families with adults and children (seven households, or a total of 14 adults and 12 children) counted as unsheltered on the night of the 2017 Point-in-Time enumeration. Although the

TABLE 8: Comparison Of Unsheltered Single Adults By Jurisdiction, 2013-2017

Jurisdiction	2013	2014	2015	2016	2017	Change in Number of Persons 2013 - 2017	Percent Change 2013 - 2017
City of Alexandria	29	23	23	12	18	-11	-38%
Arlington County	146	51	39	19	33	-113	-77%
District of Columbia	512	396	544	318	897	385	75%
Fairfax County	104	66	68	74	105	1	1%
Frederick County	69	49	60	129	103	34	49%
Loudoun County	38	26	38	19	16	-22	-58%
Montgomery County	143	95	103	96	126	-17	-12%
Prince George's County	168	82	113	97	73	-95	-57%
Prince William County	110	98	84	83	113	3	3%
TOTAL	**1,319**	**886**	**1,072**	**847**	**1,484**	**165**	**13%**

total numbers are small, this is the fourth year in a row that the region counted unsheltered homeless persons in families.

TABLE 9: Unsheltered Single Adults As A Percentage Of Total Homeless By Jurisdiction, 2013 - 2017

Jurisdiction	2013	2014	2015	2016	2017	Percent Change 2013-2017
City of Alexandria	11%	9%	9%	5%	9%	-19%
Arlington County	31%	18%	16%	11%	14%	-53%
District of Columbia	8%	5%	7%	4%	12%	60%
Fairfax County	8%	5%	6%	7%	11%	41%
Frederick County	25%	20%	19%	37%	33%	33%
Loudoun County	23%	15%	23%	14%	14%	-38%
Montgomery County	14%	11%	9%	10%	14%	-1%
Prince George's County	25%	13%	18%	18%	14%	-44%
Prince William County	25%	22%	21%	21%	28%	15%

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[27] 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 may help communities save taxpayers' money, particularly for the most frequent users of medical, judicial, and other emergency services. One 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.[28]

TABLE 10: Chronically Homeless Single Adults By Jurisdiction, 2013 - 2017

Jurisdiction	2013	2014	2015	2016	2017	Percent Change 2013 - 2017
City of Alexandria	69	63	48	47	43	-38%
Arlington County	156	74	68	41	63	-60%
District of Columbia	1,764	1,609	1,593	1,501	1,470	-17%
Fairfax County	243	196	203	146	150	-38%
Frederick County	58	90	89	133	72	24%
Loudoun County	28	20	20	16	15	-46%
Montgomery County	222	176	156	145	158	-29%
Prince George's County	73	47	34	20	28	-62%
Prince William County	47	38	60	47	76	62%
All COG CoCs	**2,660**	**2,313**	**2,287**	**2,096**	**2,075**	**-22%**

[27] 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

[28] 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

The more important benefit to housing chronically homeless persons using a Housing First approach, however, may be in achieving an improved quality of life rather than basing the value of this approach solely from a cost-savings perspective. This may have the unintended effect of implicitly devaluing the lives of people experiencing homelessness[29].

Chronically Homeless Single Adults

Nineteen percent of the region's literally homeless population were chronically homeless single adults on the night of the PIT count in 2017. This represents a slight two percent increase from 2016, although the total number of single adults counted as chronically homeless declined from 2016 by 18 persons, continuing the five-year trend of reduced incidences of chronic homelessness. Among all single adults experiencing homelessness, however, the incidence of being chronically homeless is much higher – 37 percent.

Four of the nine jurisdictions experienced decreases in their chronically homeless single counts since 2016 and seven of nine experienced decreases between 2013 and 2017. The two jurisdictions with the greatest reductions in total persons counted as chronically homeless single adults since 2016 are Frederick County (61 fewer persons) and the District of Columbia (31 fewer persons). Prince William County experienced the largest increase in the number of chronically homeless single adults from 2016, counting an additional 29 persons; Arlington County had the second highest increase with 17 additional persons counted.

Overall, the region has worked successfully to decrease the number of chronically homeless single adults since 2013 by 22 percent. Although the total decrease this year is smaller than in years past, the downward trend is consistent.

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) time-limited rental support and other permanent housing options. The use of a coordinated entry system and a by-name list to prioritize housing for the most vulnerable residents has been an important development throughout the region. Several of the region's CoCs also attribute success in reducing the number of persons experiencing chronic homelessness to participation in the Built for Zero campaign, which builds on the successful precursor effort Zero: 2016. The Zero: 2016 campaign worked to end veteran and chronic homelessness by December 2016.[30]

Table 11 provides the sheltered status breakdown of the chronically homeless single adults counted as part of the 2017 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

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

[30] https://www.community.solutions/what-we-do/built-for-zero

receive, or their care may be required for the remainder of their lives. In such instances, proper case management services are essential.

TABLE 11: 2017 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	43	29	14	33%
Arlington County	63	42	21	33%
District of Columbia	1,470	932	538	37%
Fairfax County	150	87	63	42%
Frederick County	72	30	42	58%
Loudoun County	15	8	7	47%
Montgomery County	158	109	49	31%
Prince George's County	28	13	15	54%
Prince William County	76	14	62	82%
All COG CoCs	**2,075**	**1,264**	**811**	**39%**

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

For the first time in 2017, the nine participating Continua of Care gathered more detailed demographic information as a region on persons experiencing chronic homelessness. The information gathered on chronically homeless persons in Households without Children does not vary significantly from the larger household category of homeless persons in Households without Children.

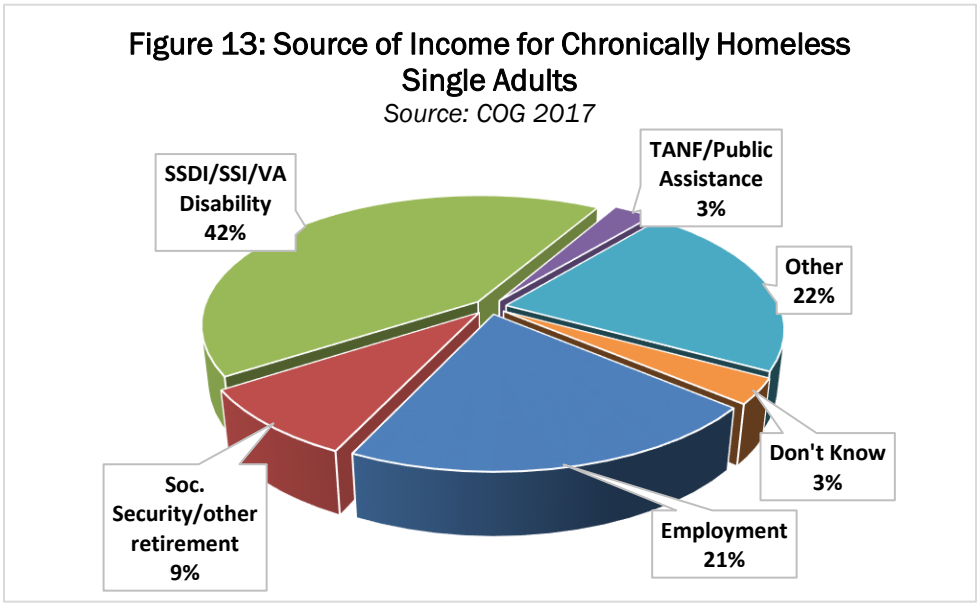
Thirty-seven percent of all persons in Households without Children were counted as chronically homeless in 2017. Nearly all (99 percent) were over the age of 24, and the majority of respondents were male (69 percent). Persons in all Households without Children are 70 percent male.

Thirty-five percent of chronically homeless adults in Households without Children reported having income (see Figure 13). Unlike the larger universe of persons in Households without Children with income, the percentage of chronically homeless adults who reported employment as their primary source of income is much lower (21 percent versus 47 percent). Reflecting one of the key criterion of being considered chronically homeless, single adults in this category are more likely to report receiving income from disability, such as SSI or SSDI (42 percent) than in the larger household category (25 percent).

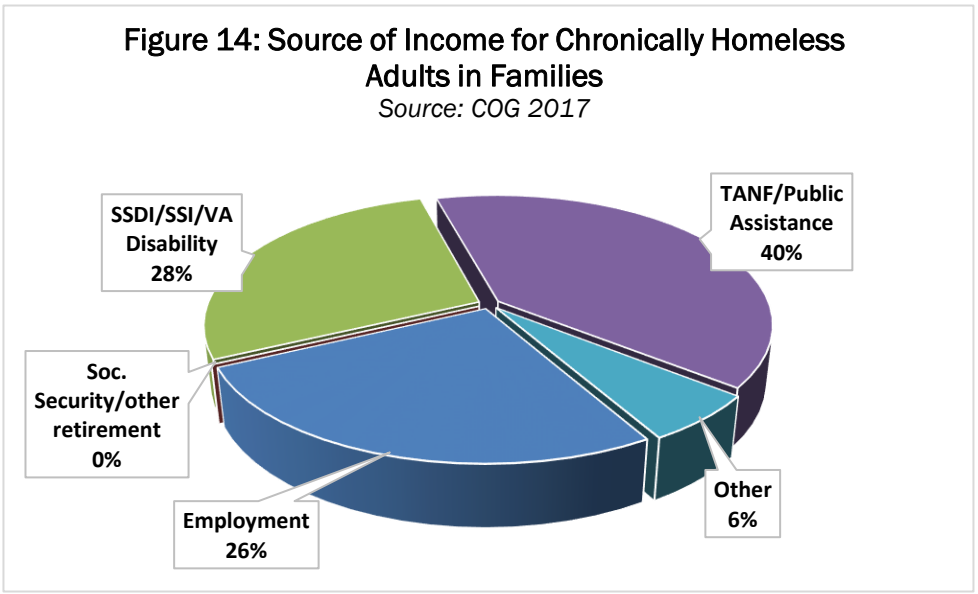
Chronically Homeless Families

Most chronically homeless families across the region reside in emergency and/or winter shelters. There were 130 chronically homeless families (198 adults and 249 children) counted in the region in 2017, a substantial increase from the 47 families (60 adults and children) counted in chronically homeless families in 2016. In 2017, four Continua (City of Alexandria, Fairfax County, Loudoun County, and Prince William County) did not count any chronically homeless families. Unlike in years

past, two jurisdictions counted an unsheltered chronically homeless family (two households totaling two adults and five children).



Like other persons in homeless Households with Adults and Children, the majority of adults in chronically homeless families are female (67 percent) and nearly all (93 percent) selected Black or African-American for race. Adults in chronically homeless families reporting having income at the exact same rate as all adults in Households with Adults and Children (67 percent). However, the number of adults in chronically homeless families whose primary source of income is employment is lower than for all adults in homeless families (26 percent versus 44 percent for all adults in families). Similar to chronically homeless single adults, a higher percentage of adults in chronically homeless families report receiving their primary source of income from disability (28 percent versus 14 percent).



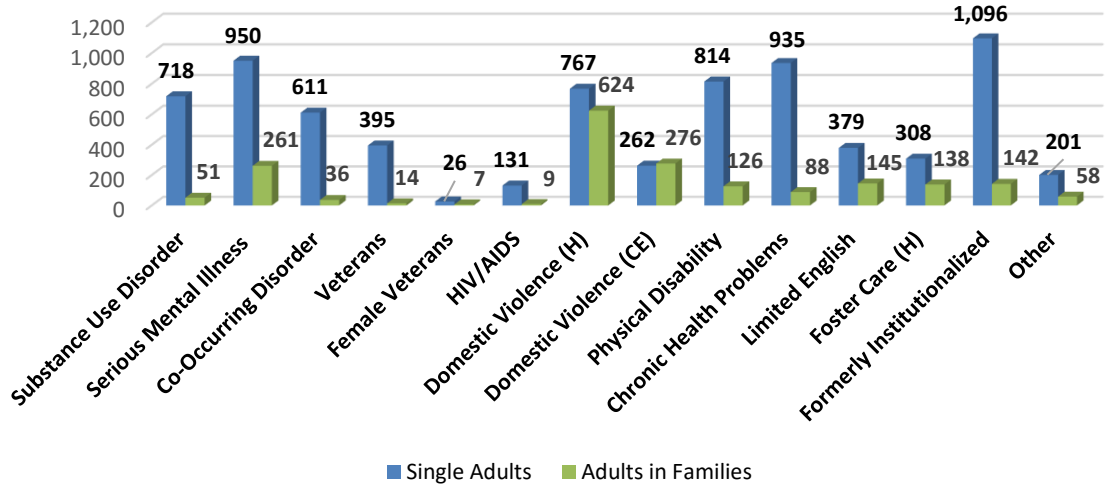
SUBPOPULATIONS

According to the 2017 enumeration, a significant number of the region's homeless population suffers from chronic health conditions, physical disabilities, substance use disorders, severe mental illness, or were formerly institutionalized and discharged directly into homelessness. The high incidence of substance use disorders, severe mental illness, or co-occurring disorders among the homeless population is similar among all CoCs in the region. Nationally, approximately 25 percent of people experiencing homelessness suffers from some form of severe mental illness, compared to only 6 percent in the population overall.[31]

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.[32] During the 2017 enumeration, the most prevalent characteristic among Households without Children was an experience of being formerly institutionalized. A formerly institutionalized person may have been released from a treatment facility due to a mental or physical illness or was formerly incarcerated and released directly into homelessness. 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. The next most prevalent characteristics for single adults experiencing homelessness were having a chronic health problem or suffering from serious mental illness. Characteristics that were the next most prevalent were having a physical disability and a history of domestic violence trauma, closely followed by a substance use disorder.

Figure 15: The Region's Homeless Subpopulations

Source: COG 2017



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

[31] http://www.nationalhomeless.org/publications/facts/Mental_Illness.pdf

[32] http://homelesshub.ca/about-homelessness/topics/mental-health

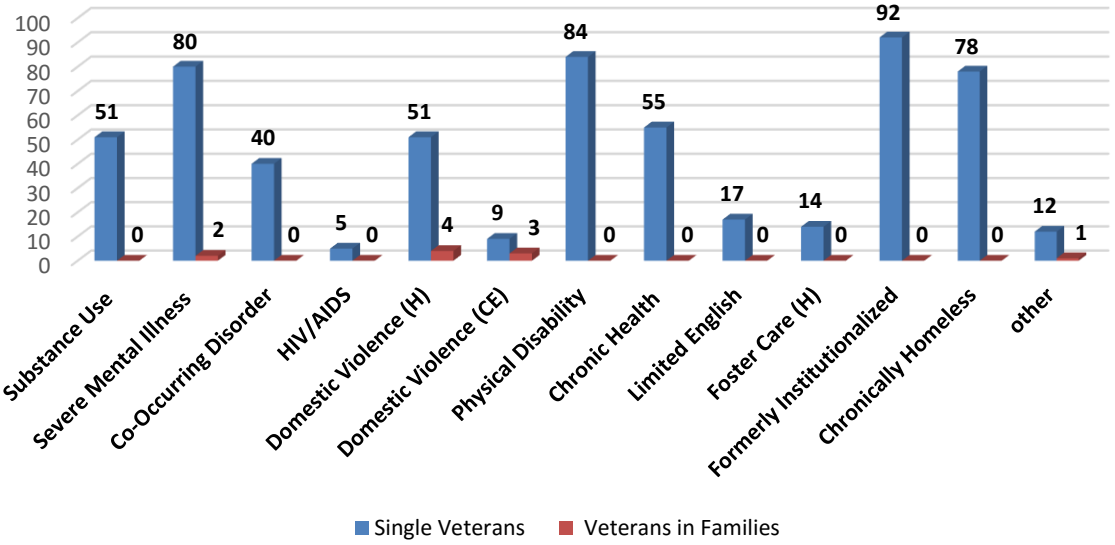
Among families, the most defining characteristic is an incidence of domestic violence, either as a contributing factor to the current episode of homelessness on the night of the enumeration, or having a history of domestic violence. Twenty-eight percent of the adults in families who responded in the subpopulation categories indicated having 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 15 (previous page). Regionally, the number of single adults who were homeless as a result of a current episode of domestic violence (DV-CE) remained fairly consistent from 192 in 2016 to 276 in 2017, although it is still below the number recorded in 2012 of 317. However, the number of single adults (773) who were identified as having a history of domestic violence at any time (DV-H) is higher (24 percent) than 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 fourth 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.

Figure 16: The Region's Veteran Subpopulations
Source: COG 2017

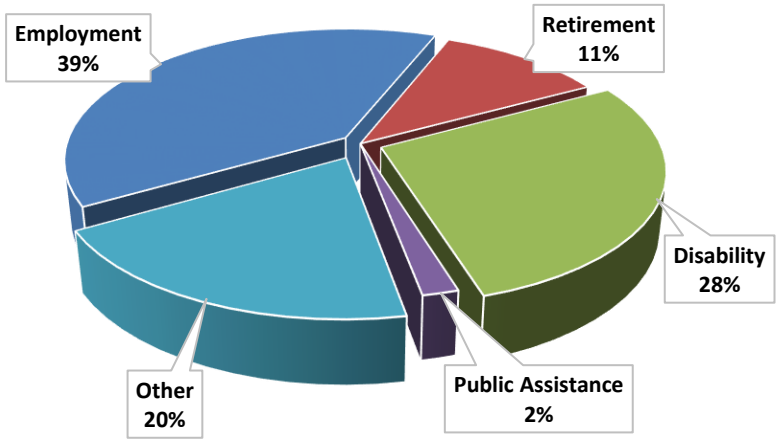


Nationally, veterans represent approximately 7 percent of the homeless population.[33] In contrast, the percentage of veterans experiencing homelessness in the metropolitan Washington region was 4 percent as of the Point-in-Time count in 2017, which remains unchanged from 2016. Of the total 408 self-reported veterans experiencing homelessness in the 2017 enumeration, 36 were women (8

[33] As of the 2016 Point-in-Time Count. See https://www.hudexchange.info/resource/3031/pit-and-hic-data-since-2007/

percent). Figure 15 (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 persons experiencing homelessness, have a high incidence of being formerly institutionalized, have substance use disorders and severe mental illness, or co-occurring disorders, as shown in Figure 16. However, veterans in Households without Children were more likely than others to have chronic health problems or a physical disability.

Figure 17: Homeless Veteran Single Adults: Source of Income
Source: COG 2017



For those single veterans who reported having income in 2017, 38 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; 41 percent of veterans with income noted SSVI/SSI/VA disability and retirement as their primary source of income, as shown in Figure 17.

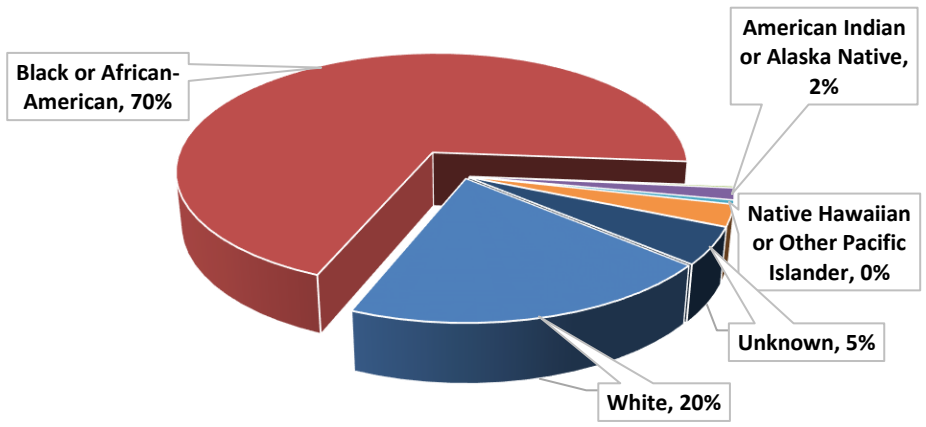
The majority of homeless veterans who reported their race selected Black or African-American (69 percent of single adults and 86 percent of adults in families). White veterans made up the next largest group, with 21 percent of single veterans and 14 percent of adult veterans in families (see Figures 18 and 19, following page). This remains unchanged from 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.

The region's CoCs continue to build on their achievements surrounding housing veterans experiencing homelessness in 2016, when the Commonwealth of Virginia and Montgomery County, Maryland announced they had met the definition of "functional zero."[34]

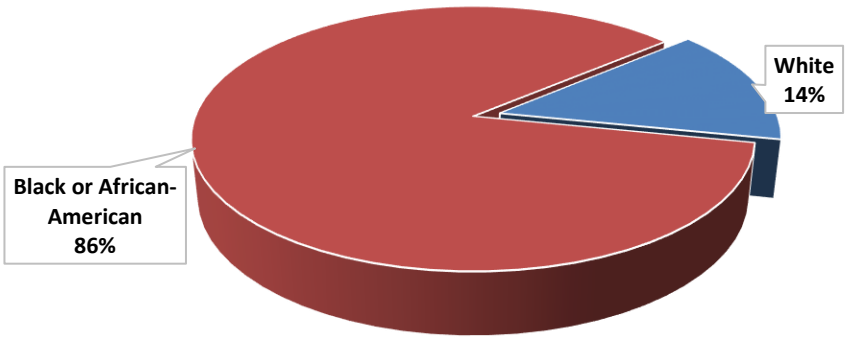
[34] https://www.washingtonpost.com/local/virginia-politics/mcauliffe-to-announce-milestone-in-ending-veteran-homelessness/2015/11/11/3c6fdf32-87fb-11e5-be8b-1ae2e4f50f76_story.html and https://cmtysolutions.org/blog/what-does-it-mean-end-and-prove-you%E2%80%99ve-ended-veteran-homelessness

Figure 18: Homeless Single Adult Veterans (Race)
Source COG 2017



Key strategies used throughout the region in reducing the number of veterans experiencing homelessness include strong eviction prevention services, diversion services, street outreach and implementation of a "Housing First" approach. Housing First, a successful and well-documented national best practice, focuses on placing residents experiencing homelessness in housing first and receiving wrap-around social services to maintain housing stability rather than requiring behavioral health changes to be eligible for housing assistance.

Figure 19: Homeless Adult Veterans in Families (Race)
Source: COG 2017



Six of nine CoCs reported reductions in the number of veterans experiencing homelessness from 2016 to 2017. Those CoCs which did not record reductions (City of Alexandria, Arlington County, and Loudoun County) measured increases in small numbers, from one to five persons. The District of Columbia experienced the largest reduction in the number of veterans between 2013 and 2017, counting 214 fewer veterans. Montgomery County recorded the greatest rate of reduction in

veterans during the same period (55 percent), followed by Fairfax County (49 percent), and the City of Alexandria (45 percent fewer veterans).

Table 12 demonstrates that during the period of 2013 to 2017, the region reduced the number of veterans experiencing homelessness by 41 percent. This is significant not only for the clear downward trend in the numbers, but because all nine participating CoCs recorded a decrease during this period. The regional reduction exceeded the rate at the national level, where veteran homelessness was reduced by 35 percent between 2012 and 2016.[35]

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

Between 2013 and 2017, all nine participating Continua of Care in the metropolitan Washington region reduced the number of veterans experiencing homelessness in their communities.



(Maryland GovPics Veterans Stand Down & Homeless Services Day, Prince George's County)

TABLE 12: Homeless Veterans By Jurisdiction, 2013 - 2017

Jurisdiction	2013	2014	2015	2016	2017	Change in Persons 2013 - 2017	Percent Change 2013 - 2017
City of Alexandria	11	18	12	5	6	-5	-45%
Arlington County	14	21	19	5	10	-4	-29%
District of Columbia	499	408	408	350	285	-214	-43%
Fairfax County	67	51	46	37	34	-33	-49%
Frederick County	13	10	13	12	10	-3	-23%
Loudoun County	9	7	6	4	6	-3	-33%
Montgomery County	31	34	24	17	14	-17	-55%
Prince George's County	25	20	34	26	21	-4	-16%
Prince William County	23	19	18	28	22	-1	-4%
TOTAL	**692**	**588**	**580**	**484**	**408**	**-284**	**-41%**

[35] https://www.hudexchange.info/resource/3031/pit-and-hic-data-since-2007/

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 ineligible for Medicaid or SCHIP (State Children's Health Insurance Program). Youth who may be "aging out" of foster care (reaching age 18 without returning to their birth families or being adopted) or leaving juvenile detention facilities face significant challenges in finding affordable housing and employment as well. [36]

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 youths aging out, approximately one in five will experience homelessness.

In 2017, the region counted 1,439 persons who were between the ages of 18 and 24, representing 13 percent of the total literally homeless population and 26 percent of the total persons in homeless families, a decrease of 2 percent from 2016. Persons who fit this age category were more likely to be in families than single adults; 56 percent of all homeless adults in TAY households were in families. Similar to other homeless families, 55 percent of persons in homeless TAY families are children.

TABLE 13: Homeless Transition Age Youth (TAY) By Jurisdiction: 2017

Jurisdiction	Single Adults (TAY)	Persons in Families (TAY)	Total (TAY)
City of Alexandria	4	13	17
Arlington County	3	24	27
District of Columbia	223	879	1,102
Fairfax County	46	58	104
Frederick County	21	8	29
Loudoun County	10	3	13
Montgomery County	32	47	79
Prince George's County	20	32	52
Prince William County	16	0	16
TOTAL	**375**	**1,064**	**1,439**

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 20). 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 more likely than single adult TAYs to have a physical disability to chronic health condition. This is shown in Figure 20 (below).

[36] http://youth.gov/youth-topics/transition-age-youth

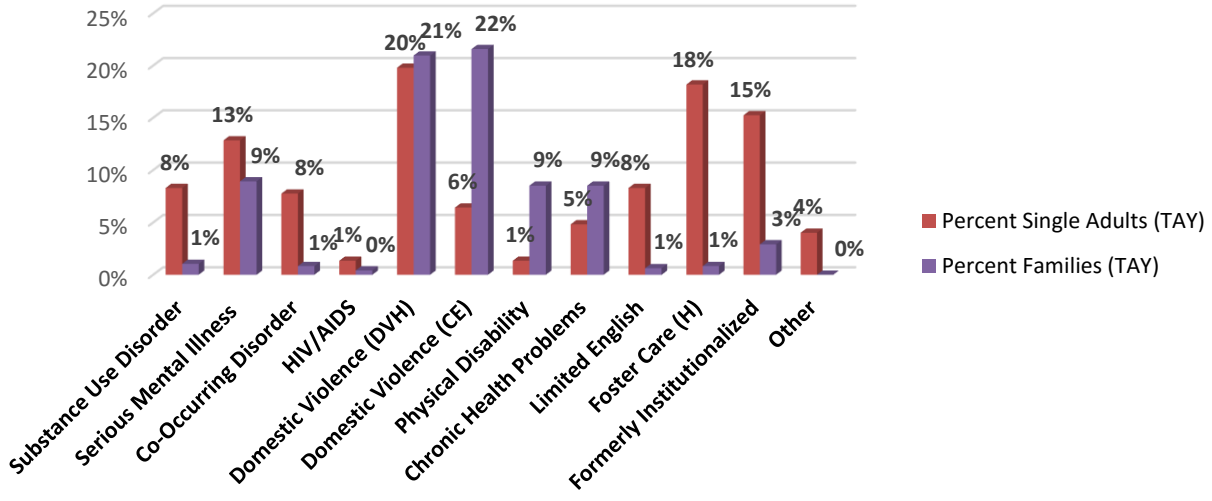
TABLE 14: Homeless Transition Age Youth (TAY) By Jurisdiction: 2015 -2017				
Jurisdiction	2015	2016	2017	Change in Persons 2015 - 2017
City of Alexandria	33	26	17	-16
Arlington County	23	21	27	4
District of Columbia	1,103	1,416	1,102	-1
Fairfax County	119	93	104	-15
Frederick County	22	26	29	7
Loudoun County	16	4	13	-3
Montgomery County	114	75	79	-35
Prince George's County	60	88	52	-8
Prince William County	49	29	16	-33
TOTAL	**1,539**	**1,778**	**1,439**	**-100**

Transition Age Youth, or young adults in Households without Children who report having income were most likely (58 percent) to report their primary source of income was from employment. However, perhaps reflecting their lack of access to affordable child care, adult TAYs in families received the same percentage of income (58 percent) from public assistance, such as TANF (Temporary Assistance for Needy Families). Twenty-four percent of adults in TAY families' primary form of income was from employment. The next largest category of income for single adult TAYs was "other" at 28 percent. None of the adult TAYs reported receiving income from retirement. Similar proportions of single adult TAYs and adults in TAY families reported disability funds as their primary source of income (9 percent for single TAY adults and 12 for adults in TAY families). (Figures 21 and 22, following 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 (72 percent) as well as adults in

Figure 20: Transition Age Youth Subpopulations

Source: COG 2017



TAY families (92 percent). White Transition Age Youth made up the next largest group, with 20 percent of single adult TAYs and 4 percent of adult TAYs in families. These percentages remain essentially unchanged from 2016.

Figure 21: Homeless Single Young Adult/Transition Age Youth Source of Income
Source: COG 2017

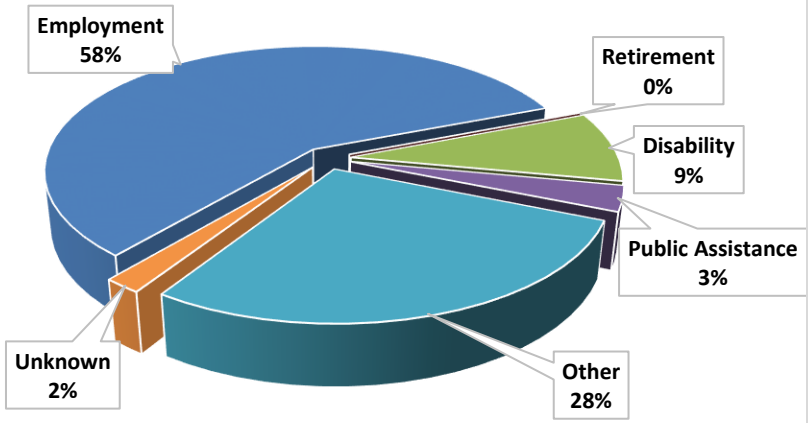


Figure 22: Homeless Young Adults in Families/Transition Age Youth Source of Income
Source: COG 2017

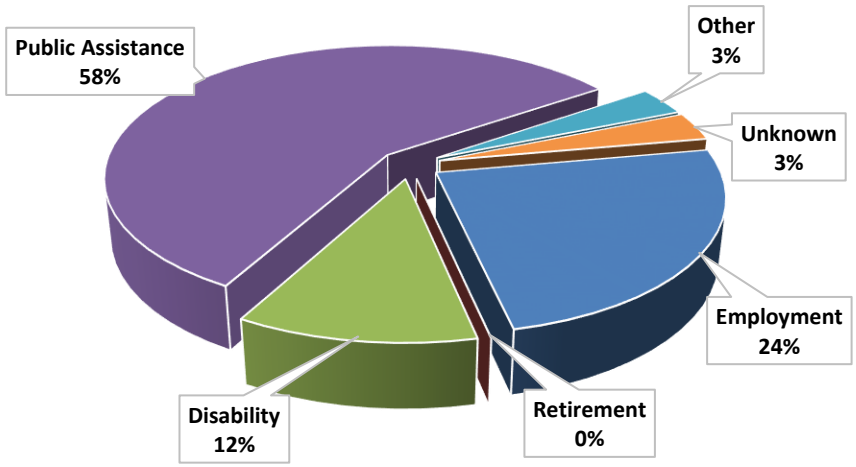


Figure 23: Single Young Adult/Transition Age Youth (Race)
Source: COG 2017

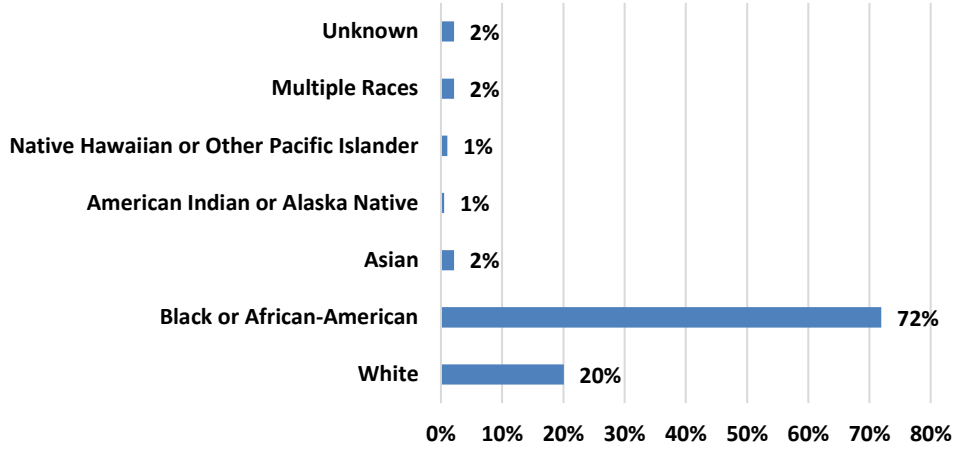
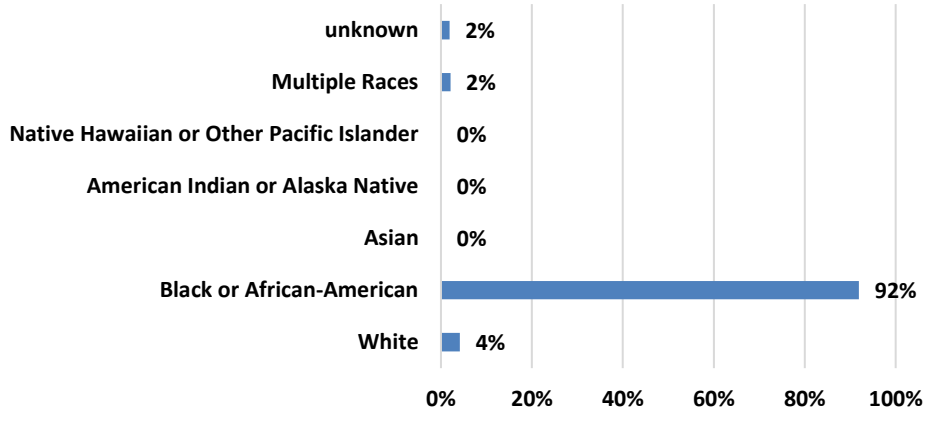


Figure 24: Young Adult/Transition Age Youth in Families (Race)
Source: COG 2017



SHELTER FACILITIES AND PERMANENT HOUSING SOLUTIONS

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 people without permanent housing 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, based on each individual's needs and circumstances.

Table 15 provides the region's 2017 distribution of emergency, seasonal and overflow, transitional, safe haven, rapid re-housing, permanent supportive housing and other permanent housing beds for persons experiencing homelessness, 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 2013 and 2017, the region added 60 permanent supportive housing beds to its year-round facility inventory. This represents a one percent increase since 2016 and the same percentage increase since 2013. However, the region added a larger number of 586 rapid re-housing beds in 2017, bringing the total inventory of permanent supportive housing and rapid re-housing beds to 15,527. This year's data includes beds categorized as "other permanent housing" and represents another significant source of permanent housing options. The region's increased supply of permanent housing is consistent with the national initiative to use a Housing First[37] model. Persons in rapid re-housing, permanent supportive housing, or other permanent housing are no longer considered homeless; they are counted as formerly homeless persons. The region recorded 9,203 emergency, seasonal and overflow beds in 2017, an increase of 35 percent since 2013.

The region continued to lose transitional beds from 2013 through 2017. During this period, the region provided 2,138 fewer beds, or a 46 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. As funding to support transitional housing declines, primarily due to changed policy and practice at HUD, the region's jurisdictions are faced with the need to eliminate beds as a result. In several jurisdictions, some transitional housing units have been converted to better meet the identified individual CoC needs, such as providing more rapid re-housing or permanent supportive housing. Overall, the reduction in transitional housing beds reflects a change in approach that emphasizes permanent housing solutions, as transitional housing programs are inconsistent with a Housing First approach. The percentage distribution of the region's homeless bed/facility type remains relatively unchanged from 2013. Permanent supportive housing beds in

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

2017 comprise 31 percent of the region's inventory serving homeless and formerly homeless households. This represents a decrease of two percent since 2016. 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 and the addition of the category of Other Permanent Housing to the inventory count in 2017 has resulted in a slight decrease in the number of reported permanent supportive housing beds.

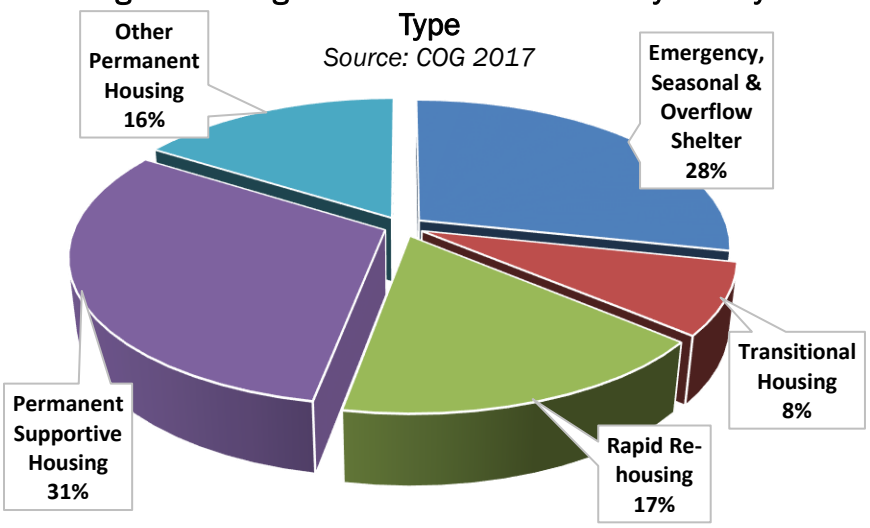
Other permanent housing is also included in Table 15 for the first time in 2017. Other permanent housing is housing that is specifically targeted for persons experiencing homelessness. Examples of other permanent housing in the metropolitan Washington region includes non-profit agency partners purchasing housing units and designating them for persons who are formerly homeless and using project-based Housing Choice Vouchers to provide a longer-term rental subsidy. The data on other permanent housing are also reported to HUD and reflect a more complete picture of the number of formerly homeless beds available in the metropolitan Washington region. Including other permanent housing in the bed count shows an additional 5,226 beds that would otherwise not be counted.

Transitional housing beds comprised 8 percent of the region's literally homeless beds in winter in 2017, a decrease from 13 percent in 2016. The distribution of emergency, seasonal and overflow shelter beds decreased slightly to 28 percent from last year (33 percent). The region currently has a total of 32,543 beds for its residents experiencing homelessness across each of the facility categories; this number has increased by 11,011 beds since 2013. Table 15 on the following page represents this regional resource for persons who are literally or formerly homeless.

Between 2013 and 2017, the metropolitan Washington region's supply of permanent housing beds increased by 17 percent or 3,004 beds. This in part reflects the addition of other permanent housing to the inventory count; the inventory of permanent supportive housing and rapid re-housing increased 2 percent from 2016 to 2017. The region currently has 20,753 permanent housing beds, representing 64 percent of the region's total bed inventory.

Figure 25: Regional Distribution of Beds by Facility Type

Source: COG 2017



According to Figure 25, 28 percent of the region's distribution of beds is for emergency, seasonal and overflow shelter. A new bed category in 2014, rapid re-housing now accounts for 17 percent of

the region's inventory, up one percent from 2016. Transitional housing comprises 8 percent of the region's bed inventory, which represents a decrease from 2016. This is in part due to the addition of other permanent housing as well as a representation of how the region continues to increase resources for permanent housing options.

The District of Columbia's 6,761 permanent supportive housing beds for single adults and families represent 67 percent of the region's total number of permanent supportive housing beds, which is a one percent increase from last year.

Montgomery County has 20 percent of the region's permanent supportive housing beds at 1,980 beds, a number that is essentially unchanged from 2016.

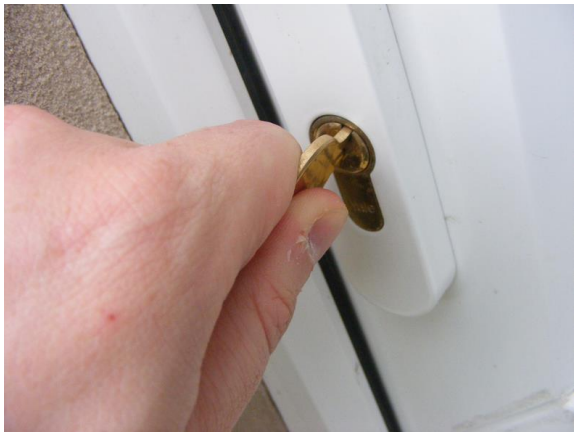
TABLE 15: 2017 Winter And Year-Round Inventory Of Beds In The Washington Region

		Beds for Singles	Beds for Unaccompanied Youth	Beds for Persons in Families	All Beds: Winter	Percent Distribution in Winter	All Beds: Warm Months	Percent Distribution in Warm Months
Beds for Literally Homeless								
Emergency, Seasonal & Overflow Beds	**2017**	**4,505**	**31**	**4,667**	**9,203**	28%		
	2016	4,332	23	4,762	9,117	30%		
	2015	4,203	30	3,802	8,035	30%		
	2014	4,443	19	3,980	8,442	34%		
	2013	4,154	6	2,638	6,798	32%		
Transitional Housing Beds	**2017**	**1,149**	**8**	**1,368**	**2,525**	**8%**	**2,525**	**11%**
	2016	1,278	16	2,245	3,539	12%	3,539	19%
	2015	1,249	0	2,418	3,667	14%	3,667	24%
	2014	1,311	0	2,416	3,727	15%	3,727	23%
	2013	1,392	2	3,269	4,663	22%	4,663	32%
Safe Haven	**2017**	**62**	**0**	**n/a**	**62**	**0.2%**	**62**	**0.3%**
	2016	59	0	n/a	59	0.2%	59	0.3%
	2015	56	0	n/a	56	0.2%	56	0.4%
	2014	66	0	n/a	66	0.3%	66	0.4%
	2013	66	0	n/a	66	0.3%	66	0.4%

TABLE 15: 2017 Winter And Year-Round Inventory Of Beds In The Washington Region (Continued)								
Beds for Formerly Homeless								
Permanent Supportive Housing Beds	**2017**	**5,033**	**0**	**5,032**	**10,065**	**31%**	**10,065**	**43%**
	2016	4,924	0	5,082	10,006	33%	10,006	54%
	2015	4,442	0	4,389	8,831	33%	8,831	59%
	2014	5,020	0	4,408	9,428	38%	9,428	58%
	2013	4,867	0	5,138	10,005	46%	10,005	68%
Rapid Re-Housing & RRH Demonstration Beds	**2017**	**491**	**0**	**4,971**	**5,462**	**17%**	**5,462**	**23%**
	2016	524	0	4,352	4,876	18%	4,876	26%
	2015	328	0	3,353	3,681	15%	3,681	24%
	2014	127	0	2,515	2,642	12%	2,642	16%
	2013	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Other Permanent Housing	**2017**	**1,998**	**0**	**3,228**	**5,226**	**16%**	**5,226**	**22%**
	2016	1,699	0	1,168	2,867	9%	2,867	16%
	2015	1,519	0	972	2,491	9%	2,491	17%
	2014	141	0	300	441	2%	441	3%
	2013	n/a	n/a	n/a	n/a	n/a	n/a	n/a
TOTALS	**2017**	**13,238**	**39**	**19,266**	**32,543**		**23,340**	
	2016	11,117	39	16,441	30,464		18,480	
	2015	10,278	30	13,962	26,761		15,045	
	2014	10,967	19	13,319	24,746		16,304	
	2013	10,479	n/a	11,045	21,532		14,734	
Percent Change Since 2013		**26%**	**n/a**	**74%**	**51%**		**58%**	

PERMANENTLY HOUSED: 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 people experiencing homelessness and were less likely to receive permanent housing.



(Tim Parkinson/Flickr)

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 person experiencing homelessness is more responsive to interventions and social services support after they are in their own housing, rather than while living in temporary or transitional housing facilities. Under a Housing First model, 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 (previous page) provides information on the region's formerly homeless residents living in permanent supportive housing.

According to the 2017 enumeration, there are 19,104 formerly homeless people currently residing in some form of permanent housing; this represents an increase of 2,017 people (12 percent) from 2016. Table 16 cites the region's number of formerly homeless living in permanent supportive housing (PSH), rapid re-housing (RRH) and other permanent housing (OPH) by household category and reflects the evolving pattern of permanent housing solutions for persons experiencing homelessness in the metropolitan Washington region.

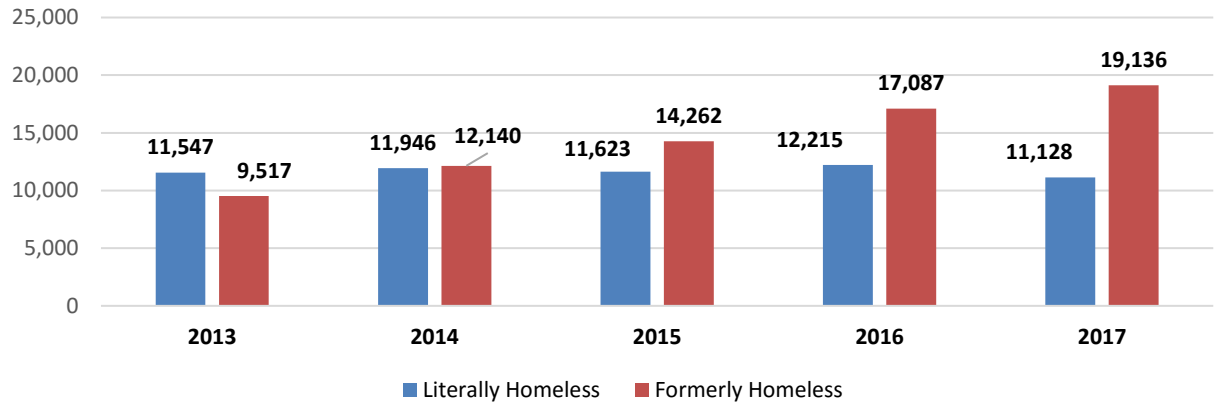
Figure 26 compares the literally homeless and formerly homeless populations from 2013 through 2017. The totals of literally and formerly homeless adults are mutually exclusive and should not be combined. The data for formerly homeless for 2014 through 2017 reflect not only persons in permanent supportive housing, but other forms of permanent housing such as rapid re-housing and other permanent housing. According 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 following a period of living on the street or in emergency or transitional shelter. Beginning in 2014, the nine participating Continua of Care gathered data on permanent housing options in addition to permanent supportive housing. Other permanent housing options include rapid re-housing, which primarily serves homeless families, and other supportive housing options.

TABLE 16: Formerly Homeless Persons In Permanent Housing								
		Permanent Supportive Housing (PSH): Persons in Households Without Children	PSH: Persons in Households with Adults and Children	Rapid Re-Housing (RRH): Persons in Households Without Children	RRH: Persons in Households with Adults and Children	Other Permanent Housing (OPH): Persons in Households Without Children	OPH: Persons in Households With Adults and Children	Total Permanent Housing
ALL COG CoCs	2017	4,552	4,663	497	4,980	1,798	2,646	19,136
	2016	4,747	4,922	524	4,195	1,585	1,114	17,087
	2015	4,287	4,300	336	3,448	1,519	372	14,262
	2014	4,835	4,296	115	2,501	115	278	12,140
	2013	4,488	5,029	N/A	N/A	N/A	N/A	9,517
Percent Change Since 2013		1.4%	-7.3%	332.2%	18.7%	13.4%	137.5%	101.1%

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 10,065 to 20,753 and the total number of persons placed in permanent housing solutions increases from 9,226 to 19,104. This represents an additional 10,688 beds and an additional 9,878 formerly homeless persons. The differences in the rates of use of permanent supportive housing and other permanent housing strategies by household type are represented graphically by Figures 27 and 28.

Figure 26: Region's Literally and Formerly Homeless in Permanent Supportive Housing, Rapid Re-Housing, and Other Permanent Housing*

Source: COG 2017



**Note: data for 2014 through 2017 includes rapid re-housing and other permanent housing placements. Data collected prior to 2014 includes permanent supportive housing only.*

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 27: Permanent Housing Solutions for Formerly Homeless Single Adults, 2015 - 2017

Source: COG 2017

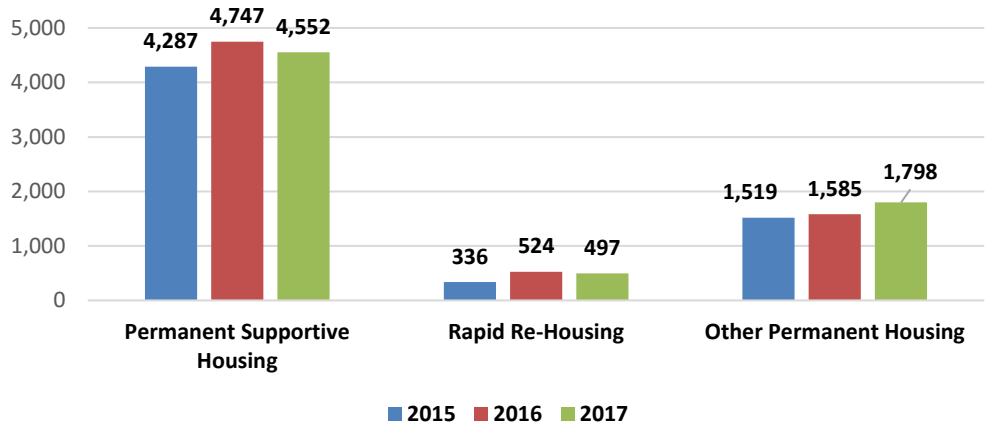
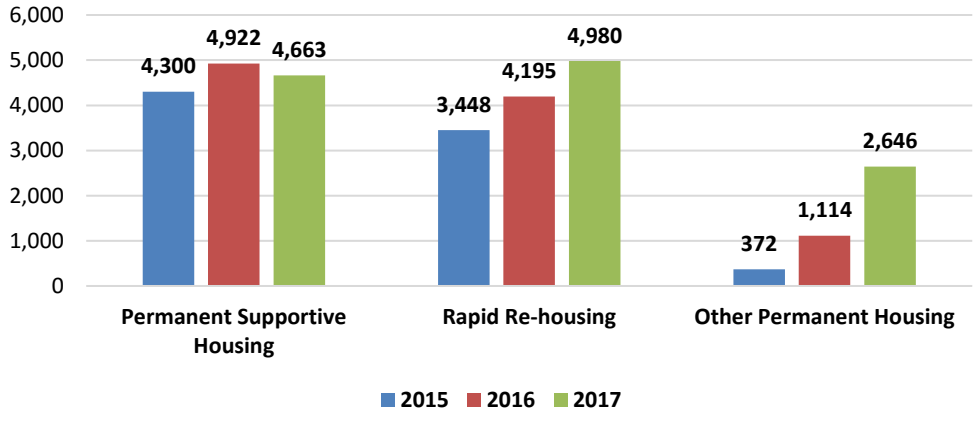


Figure 28: Permanent Housing Solutions for Formerly Homeless Adults in Families, 2015 - 2017

Source: COG 2017



CONCLUSIONS AND RECOMMENDATIONS

As of January 25, 2017, 11,128 people throughout the metropolitan Washington region were homeless. This represents a decrease of 9 percent over last year's count of 12,215 people experiencing homelessness. Seven jurisdictions experienced a decline in their homeless populations in 2017 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. 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 9 percent decrease in the regional homeless population is the fact that over 19,000 formerly homeless people were residing in some form of permanent housing on the night of the count in 2017.

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,[38] and wages that have not increased to keep pace with the rising cost of housing, particularly for less-educated workers.[39] 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 2013, 9,587 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 people experiencing homelessness become more confident and independent once their challenges are diagnosed and addressed.

Permanent supportive housing is one solution to ending homelessness that is particularly effective for individuals who suffer from chronic homelessness. However, some individuals in emergency shelter do not require the high level of care associated with permanent supportive housing. There is no "one size fits all" solution to ending a person's housing crisis. The greatest need in the metropolitan Washington region is permanent housing that is affordable to the lowest-income households, combined with a subsidy to be able to support the housing costs in this region and remain independently housed for the long-term. Rapid re-housing is a newer approach in our region to ending homelessness for families and single adults facing a short-term economic crisis. However, without adequate affordable housing options, we will not be successful in assisting these families

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

[39] http://www.thecommonwealthinstitute.org/2014/06/22/bursting-the-bubble/

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 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 are part of the Built for Zero campaign, based on their prior participation in the Zero: 2016 Campaign and the 100,000 Homes Campaign. The Built for Zero's goal is to end veteran and chronic homelessness. 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 participants in the campaign in the region. This is only one of several initiatives undertaken by the region's CoCs to prevent and end homelessness throughout the past 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 whose housing crisis could not be averted and experienced homelessness. 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.

TABLE 17: Literally Homeless by Jurisdiction, 2013- 2017					
Jurisdiction/Year		Households Without Children	Unaccompanied Youth/Households with Only Children	Households with Adults and Children	All Persons
City of Alexandria	2017	120	0	91	211
	2016	129	0	95	224
	2015	159	0	108	267
	2014	179	0	88	267
	2013	185	0	90	275
2013-2017 Percent Change		-35.1%	N/A	1.1%	-23.3%
Arlington County	2017	149	0	83	232
	2016	124	0	50	174
	2015	164	0	75	239
	2014	178	0	113	291
	2013	266	2	211	479
2013-2017 Percent Change		-44.0%	N/A	-60.7%	-51.6%
District of Columbia	2017	3,578	5	3,890	7,473
	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
2013-2017 Percent Change		-3.0%	N/A	22.8%	8.9%
Fairfax County	2017	489	3	472	964
	2016	481	3	575	1,059
	2015	488	1	715	1,204
	2014	530	0	695	1,225
	2013	603	0	747	1,350
2013-2017 Percent Change		-18.9%	N/A	-36.8%	-28.6%
Frederick County	2017	217	0	92	309
	2016	249	0	100	349
	2015	181	0	130	311
	2014	141	0	105	246
	2013	171	0	104	275
2013-2017 Percent Change		26.9%	N/A	-11.5%	12.4%

TABLE 17: Literally Homeless by Jurisdiction, 2013- 2017					
Jurisdiction/Year		Households Without Children	Unaccompanied Youth/Households with Only Children	Households with Adults and Children	All Persons
Loudoun County	**2017**	**71**	**0**	**42**	**113**
	2016	65	0	69	134
	2015	80	0	88	168
	2014	77	0	102	179
	2013	81	0	85	166
2013-2017 Percent Change		-12.3%	N/A	-50.6%	-31.9%
Montgomery County	**2017**	**616**	**0**	**278**	**894**
	2016	623	0	358	981
	2015	598	0	502	1,100
	2014	603	0	288	891
	2013	638	0	366	1,004
2013-2017 Percent Change		-3.4%	N/A	-24.0%	-11.0%
Prince George's County	**2017**	**212**	**1**	**341**	**554**
	2016	233	3	308	544
	2015	260	8	359	627
	2014	209	4	441	654
	2013	298	18	370	686
2013-2017 Percent Change		-28.9%	N/A	-7.8%	-19.2%
Prince William County	**2017**	**197**	**0**	**203**	**400**
	2016	187	0	213	400
	2015	185	0	224	409
	2014	192	0	253	445
	2013	183	1	263	447
2013-2017 Percent Change		7.7%	N/A	-22.8%	-10.5%
COG REGION	**2017**	**5,649**	**9**	**5,492**	**11,150**
	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
2013-2017 Percent Change		-7.6%	N/A	1.6%	-3.4%

APPENDIX: HOMELESSNESS ENUMERATION JURISDICTIONAL NARRATIVE REPORTS

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

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

COMPONENTS	DESCRIPTION
Projects for Assistance in Transition from Homelessness (PATH)	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.
Day Shelter	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.
Homeless Services Assessment Center	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.
Diversion and Prevention Services	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.
Emergency Shelter	Temporary lodging and supportive services for homeless individuals and families.
Domestic Violence Program	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.
Rapid Re-housing Assistance	Temporary supportive services and limited financial assistance to aid persons experiencing homelessness to quickly return to and remain in permanent housing.
Winter Shelter	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.
Safe Haven	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.
Transitional Housing	Extended supportive housing targeting homeless individuals and families needing longer-term assistance to facilitate a move to permanent housing.
Permanent Supportive Housing	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.
Other Permanent Housing Resources	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). Combined, the transitional housing inventory consisted of 56 beds (18 for male households without children and 38 for households with adults and children). Since the 2016 PIT enumeration, there have been no changes in shelter bed inventory.

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.

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

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

- 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.
‡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 2016 WINTER ENUMERATION

2016 Annual Homeless Assessment Report to Congress (AHAR)

The City of Alexandria successfully contributed data in all possible categories to the 2016 Annual Homeless Assessment Report and the 2016 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.

Reduction in Chronic Homelessness

The City of Alexandria has seen in a 9% reduction in chronic homelessness, down from 47 to 43 persons. We attribute this to utilizing a by-names list and the City of Alexandria's Community Services Board (CSB) switching to a 'Housing First' model. Our Chronic Homeless Initiatives Committee, using a by-names list, meets monthly to identify those experiencing homelessness; providing immediate shelter to any unsheltered person who wants it; maintaining the capacity for all to move into permanent housing and providing a system to

respond to any person who experiences homelessness in the future. The CSB moving to a 'Housing First' model meant that all referrals to permanent supporting housing programs came through a coordinated entry.

HOMELESS POINT-IN-TIME RESULTS

The Partnership conducted the 2017 Winter Point-in-Time count for those sheltered solely by collecting data through the Homeless Management Information System (HMIS). We feel this provides us more accurate, client-level specific data in our reporting. It allows us the capability to potentially do a Summer Point-in-Time in the future. 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 2015, 2016 and 2017 enumerations.

HOMELESS COUNT BY HOUSEHOLD TYPE

A total of 211 persons experiencing homelessness were identified, a 6% decrease from 2015 and 2016. There were no households with only children identified in the 2017 count. There were 120 households without children, a 7% decrease from 2016 and a 19% decrease from 2015. There were 83 single men, a 14% decrease from 97 in 2016 and a 13% decrease from 111 in 2015. There were 36 single women, a 13% increase from 32 in 2016, and a 33% decrease from 48 in 2015. We attribute the decrease in singles in our community due to the increase in the Rapid Re-Housing of singles this past fiscal year, from 43 to 60 singles.

On the night of the count 30 households with adults and children were literally homeless, a 7% increase from 28 in 2016 and an 18% decrease from 34 in 2015. The number of persons in families fell to 91 from 95, a 4% decrease from 2016, and a 12% decrease from 108 in 2015. The number of adults increased by 13% from 31 in 2016 to 35 and decreased by 16% from 37 in 2015. The number of children decreased to 56 from 64, a 13% decrease from 2016 and a 10% decrease from 2015.

TOTAL COUNT AND BREAKOUT BY HOUSEHOLD TYPE

PERSONS EXPERIENCING HOMELESSNESS	2015		2016		2017		% Change 2015 - 2016	% Change 2016 - 2017
Total Persons	**267**		**224**		**211**		-16%	**-6%**
HOUSEHOLDS WITHOUT CHILDREN								
Men	111	70%	97	75%	83	69%	-13%	**-14%**
Women	48	30%	32	25%	36	30%	-33%	**13%**
Transgender	0	0%	0	0%	1	1%	0%	**100%**
Total Households	**159**		**129**		**120**		-19%	**-7%**
HOUSEHOLDS WITH ADULTS & CHILDREN								
Total Households	**34**		**28**		**30**		-18%	**7%**
Single Parent Households	33	97%	26	93%	26	29%	-21%	**0%**
Adults	37	34%	31	33%	35	38%	-16%	**13%**
Children	71	66%	64	67%	56	62%	-10%	**-13%**
Total Persons in Households	**108**		**95**		**91**		-12%	**-4%**

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 increased from 2016 by a 50% from 12 to 18 people. We attribute this to the warmer weather on the night of the count and the decrease in shelter utilization. One-hundred percent of households with adults and children were sheltered (33% in emergency shelters; 3% in the domestic violence program shelter; and 33% in transitional housing).

BREAKOUT BY LOCATION ON THE NIGHT OF THE COUNT

LOCATION ON THE NIGHT OF THE COUNT	2015		2016		2017		% Change 2015 - 2016	% Change 2016 - 2017
Unsheltered	23	9%	12	5%	18	9%	-48%	50%
Sheltered	244	91%	212	95%	193	91%	-13%	-9%
Total Persons	**267**		**224**		**211**		-16%	-6%
HOUSEHOLDS WITHOUT CHILDREN	2015		2016		2017		% Change 2015 - 2016	% Change 2016 - 2017
Place Not Meant for Human Habitation	23	14%	12	9%	18	15%	-48%	33%
Winter Shelter	35	22%	31	24%	39	33%	-11%	26%
Emergency Shelter	71	45%	60	47%	39	33%	-15%	-35%
Emergency Shelter for Registered Sex Offenders	3	2%	4	3%	0	0%	33%	-100%
Domestic Violence Program Shelter	3	2%	0	0%	3	3%	-100%	300%
Transitional Housing	15	9%	10	8%	10	8%	-33%	0%
Safe Haven	9	6%	12	9%	11	9%	33%	-8%
Total Households	**159**		**129**		**120**		-19%	-7%
HOUSEHOLDS WITH ADULTS & CHILDREN	2015		2016		2017		% Change 2015 - 2016	% Change 2016 - 2017
Number of Households								
Place Not Meant for Human Habitation	0	0%	0	0%	0	0%	0%	0%
Winter Shelter	0	0%	0	0%	2	7%	0%	200%
Emergency Shelter	15	44%	13	46%	15	50%	-13%	15%
Domestic Violence Program Shelter	4	12%	3	11%	1	3%	-25%	-67%
Transitional Housing	15	44%	12	43%	12	40%	-20%	0%
Total Households	**34**		**28**		**30**		-18%	7%

HOMELESS COUNT BY SUBPOPULATION

As reflected in the chart below, the 2017 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 9% decrease from 2016. Eleven percent had a diagnosable substance use disorder, an 11% decrease from 2016; 30% had a serious mental illness; and 6% had a

co-occurring diagnosable substance use disorder and serious mental illness. Six percent had a physical disability, and 7% had chronic health conditions.

There were no households with adults and children identified as chronically homeless in 2017 and 2016. In 2015 there were three households identified, representing less than 9% of households with adults and children that year. Six percent of households with adults and children were homeless as a direct result of fleeing domestic violence. This represents an increase from 4 to 9 households and an increase from 13 to 19 total people.

CHRONIC HOMELESS AND SUBPOPULATION BREAKOUT

CHRONIC HOMELESSNESS	2015		2016		2017		% Change 2015 - 2016	% Change 2016 - 2017
Households without Children	48	30%	47	36%	43	36%	-2%	**-9%**
Households with Adults & Children	3	9%	0	0%	0	0%	-100%	**0%**
SUBPOPULATIONS (ALL ADULTS)‡	**2015**		**2016**		**2017**		**% Change 2015 - 2016**	**% Change 2016 - 2017**
Veterans	12	6%	5	3%	6	3%	-58%	**20%**
Substance Use Disorder	41	21%	27	17%	24	11%	-34%	**-11%**
Serious Mental Illness	43	22%	42	26%	64	30%	-2%	**52%**
Co-Occurring	29	15%	18	11%	12	6%	-38%	**-33%**
Physical Disability	16	8%	13	8%	13	6%	-19%	**0%**
Chronic Health Conditions	20	10%	15	9%	14	7%	-25%	**-7%**
HIV/AIDS	1	1%	6	4%	4	2%	500%	**-33%**
Limited English Proficiency	11	6%	10	6%	2	1%	-9%	**-80%**
History of Foster Care	7	4%	3	2%	12	6%	-57%	**300%**
Institutional Discharge^	16	8%	23	14%	14	7%	44%	**-39%**
DOMESTIC VIOLENCE	**2015**		**2016**		**2017**		**% Change 2015 - 2016**	**% Change 2016 - 2017**
Homeless Due to Domestic Violence								
Total Households	12	6%	4	3%	9	6%	-67%	**125%**
Single Women	4	8%	1	3%	4	11%	-75%	**300%**
Women w/Minor Children	8	25%	3	12%	5	19%	-63%	**67%**
Children	20	28%	9	14%	14	25%	-55%	**56%**
Total Persons	**32**	**12%**	**13**	**6%**	**19**	**9%**	-59%	**46%**

†Numbers include 23 homeless persons served in CSB substance

- Data not collected.

*Data collected differently than in subsequent years.

‡Persons counted include singles and

^Hospital, Jail/Prison, Mental Health Facility, Foster Care, Long-Term Care Facility, etc.

EMPLOYMENT & MONTHLY INCOME FOR HOUSEHOLDS WITHOUT CHILDREN

Nineteen percent of persons in households without children were employed, a decrease from 30% in 2016 and 40% in 2015. Twenty-seven percent of persons in households without children reported receiving no income. Of the 33% receiving income, the majority (45%) reported a gross monthly income of $501-$1,000. Thirty-eight percent had a monthly gross

income higher than $1,000. Fifty-two percent of persons receiving income reported employment as their primary or largest source. Thirty-eight percent reported disability income as the primary source.

Forty-two percent of people reported as not being employed however, thirty-three percent of those people are receiving some sort of income. This leads us to believe that this sub-population is mainly receiving income from a disabling condition, making an increase in their monthly income much more challenging. This disabling condition, limited income, and not fitting the chronic homelessness definition shows the need for additional support to help this population.

EMPLOYMENT IN HOUSEHOLDS WITHOUT CHILDREN

EMPLOYMENT	2015		2016		2017		% Change 2015 - 2016	% Change 2016 - 2017
Not Reported	0	0%	0	0%	1	1%	0%	**100%**
No	101	64%	94	73%	82	68%	-7%	**-13%**
Yes	58	36%	35	27%	37	31%	-40%	**6%**

GROSS MONTHLY INCOME FOR HOUSEHOLDS WITHOUT CHILDREN

GROSS MONTHLY HOUSEHOLD INCOME	2015		2016		2017		% Change 2015 - 2016	% Change 2016 - 2017
Not Reported	2	1%	1	1%	3	3%	-50%	**200%**
No	71	45%	57	44%	52	43%	-20%	**-9%**
Yes	86	54%	71	55%	65	54%	-17%	**-8%**
Income Amount								
$1-150	4	5%	0	0%	0	0%	-100%	**0%**
$151-250	3	3%	5	7%	2	3%	67%	**-60%**
$251-500	5	6%	7	10%	6	9%	40%	**-14%**
$501-1,000	39	45%	39	55%	29	45%	0%	**-26%**
$1,001-1,500	16	19%	9	13%	12	18%	-44%	**33%**
$1,501-2,000	13	15%	11	15%	6	9%	-15%	**-45%**
More than $2,000	6	7%	0	0%	7	11%	-100%	**100%**
~Primary Source of Income								
Wages	58	67%	35	49%	34	52%	-40%	**-3%**
Retirement+	1	1%	6	8%	2	3%	500%	**-67%**
Disability^	24	28%	27	38%	25	38%	13%	**-7%**
Public Assistance*	0	0%	0	0%	0	0%	0%	**0%**
Other**	3	3%	3	4%	3	5%	0%	**0%**
No Reported	0	0%	1	1%	0	0%	100%	**-100%**

~Primary Source is the largest amount.

+Social Security, Military Pension, Annuity,

^SSI, SSDI/VA, or Other Disability Income.

*General Relief or Refugee Support.

**Alimony, Unemployment, Panhandling, etc.

EMPLOYMENT & MONTHLY INCOME FOR HOUSEHOLDS WITH ADULTS AND CHILDREN

Thirty-eight percent of adults in households with adults and children were employed, a decrease from 61% in 2016 and 78% in 2015. Forty-seven percent of adults in households with adults and children reported receiving income, a decrease from 87% in 2016 and a decrease from 97% in 2015. Of those receiving income, 73% reported employment as the primary source. Twenty-three percent reported TANF as the primary source. Additionally, there was an overall increase in the gross monthly income amount. Twenty-seven percent of households with adults and children had an income greater than $2,000.

Forty-seven percent of our households with adults and children have a gross monthly income and sixty-one percent of that income is $1k or more. This can be due to the household size growing and there not being enough wages in the household to meet its needs plus housing costs. We have also seen a reduction in the Alexandria Housing and Redevelopment Authority affordable housing due to the redevelopment of five properties in Alexandria.

EMPLOYMENT IN HOUSEHOLDS WITH ADULTS AND CHILDREN

EMPLOYMENT (ADULTS)	2015		2016		2017		% Change 2015 - 2016	% Change 2016 - 2017
Not Reported	0	0%	0	0%	0	0%	0%	**0%**
No	8	22%	12	39%	14	25%	50%	**17%**
Yes	29	78%	19	61%	21	38%	-34%	**11%**

GROSS MONTHLY INCOME FOR HOUSEHOLDS WITH ADULTS AND CHILDREN

GROSS MONTHLY INCOME (ADULTS)	2015		2016		2017		% Change 2015 - 2016	% Change 2016 - 2017
Not Reported	0	0%	0	0%	0	0%	0%	**0%**
No	1	3%	4	13%	9	16%	300%	**125%**
Yes	36	97%	27	87%	26	47%	-25%	**-4%**
Income Amount		*		*				
$1-150	0	0%	0	0%	1	4%	0%	**100%**
$151-250	0	0%	2	7%	3	12%	100%	**50%**
$251-500	7	19%	5	19%	3	12%	-29%	**-40%**
$501-1,000	11	31%	6	22%	3	12%	-45%	**-50%**
$1,001-1,500	10	28%	10	37%	5	19%	0%	**-50%**
$1,501-2,000	5	14%	2	7%	4	15%	-60%	**100%**
More than $2,000	3	8%	2	7%	7	27%	-33%	**250%**
~Primary Source of Income								
Wages	29	81%	19	70%	19	73%	-34%	**0%**
Retirement+	0	0%	0	0%	0	0%	0%	**0%**
Disability^	1	3%	1	4%	1	4%	0%	**0%**
Public Assistance*	6	17%	7	26%	6	23%	17%	**-14%**
Other**	0	0%	0	0%	0	0%	0%	**0%**

~Primary Source is the largest amount.

+Social Security, Military Pension, Annuity,

^SSI, SSDI/VA or Other Disability Income.

*General Relief, Refugee Support or TANF

**Alimony, Child Support, Unemployment, Panhandling, etc.

HOMELESSNESS PREVENTION, SHELTER DIVERSION AND HOUSING PLACEMENT

PERMANENT SUPPORTIVE HOUSING FOR CHRONICALLY HOMELESS INDIVIDUALS

To assist formerly homeless persons, the CoC currently operates 47 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.

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*** – 29 households (8 without children and 21 with adults and children) totaling 96 people at-risk of homelessness were aided to retain permanent housing this past fiscal year. 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*** – 25 households (13 without children and 12 with adults and children) totaling 52 people were diverted from experiencing homelessness this past fiscal year. 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*** – We have seen an increase in the Rapid Re-Housing of singles, from 43 to 60 this past year, that 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, specifically decreasing the number of households without children; 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 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 $108,600).

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 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.

The Alexandria Housing and Redevelopment Authority restructuring will surely play a factor in future trends in our community. The need for more permanent supportive housing in our community is evident but there is also a need to offer other flexible housing with support services. This could decrease chronic homelessness and address our aging population that has limited income, likely which will not increase, and those with disabling conditions. We are also mindful and looking to address those with mental health and substance abuse who are experiencing homelessness in our community. The decrease in households without children, due to Rapid Re-Housing, and the increase in households with adults and children are something to take into account moving forward. Rapid Re-Housing efforts could perhaps be a viable option to move towards in focusing on families in our community.

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 ($108,600), 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-rehousing 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 2017 Point-in-Time (PIT) survey on January 25, 2017 in conjunction with the Metropolitan Washington Council of Governments (COG) and the Arlington County homeless non-profit partners.

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 Diversion: Specialized efforts to identify housing options to include family, friends, co-workers, and other natural supports.

Homelessness Prevention: Provision of short-term rental assistance designed to avert loss of housing.

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.

Year of Continuous Quality Improvement

Arlington County's 2017 Point in Time Count increased by 33%, from 174 in 2016 to 232. The increase though may be a correction in the long-term trend which shows a decline by more than half since the launch of the Ten Year Plan in 2008, and the 2017 count is on par with the 2015 count. The increase is in homeless individuals counted on the street and in hypothermia shelter and persons in family shelter. Over the last year the Arlington CoC continued to review, evaluate, and improve its systems and programs. It also started a process to develop a new strategic plan, in that the CoC is in year 8 of its 10 Year Plan to End Homelessness.

Permanent Supportive Housing (PSH) Admission Committee:

Arlington's Centralized Access System, now in its third year of operation, established a permanent supportive admission committee to ensure the CoC's compliance with HUD's Notice regarding "Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Person." The Committee is comprised of representatives of the homeless services organizations that provide PSH services, a representative from the Centralized Access System, and from the Housing Assistance Bureau. A process has been established that evaluates, scores and ranks all Chronically Homeless (CH) individuals eligible for PSH. The PSH case managers have been trained on how to document CH status. A total of 17 CH individuals have been placed in permanent supportive housing since July 2016.

Helping Veterans Maintain their Housing

The Arlington CoC reached functional zero for homeless Veterans in December 2015. The focus now is on quickly housing new Arlington veterans, an average of 2-3 monthly, in the system and helping those placed in housing sustain their housing. The partnership with Veterans Affairs is ongoing, particularly with the Supportive Services for Veterans Families (SSVF) programs. Collaboration between Arlington and SSVF is focused on ensuring that veterans are engaged in services and have access to all the services they need in a timely manner to help them sustain their housing.

Service Integration Initiatives

The 10 Year Plan Integrated Services Committee focused on new service provider partners who can help homeless families and individuals now housed sustain their housing. The providers include Circle of Hope, a non-profit agency that provides mental health rehabilitation services, and Arm in Arm, a peer support program for ex-offenders who have returned to the community.

The Services Integration Committee was successful in securing funding to pilot an employment training program and a child care program, two services critical to preventing homelessness amongst families and individuals at risk of homelessness. The employment program is targeted to under-employed individuals with high barriers to employment. Implemented by the Arlington Employment Center services include 1:1 case management, job readiness support, and individualized skill training. The child care program ensures that women receiving Temporary Assistance for Needy Families (TANF) have child care for their children while they participate in job experiences and take advantage of job skills training. These initiatives are helpful in developing resources families need to work on self-sufficiency.

Strategic and CoC Planning

2016 was year eight of Arlington County's 10 Year Plan to End Homelessness. In August 2016, the 10 Year Plan Co-Chairs and Executive Committee organized a series of strategic planning meetings to discern 1) what's working best in our programs, 2) what are our challenges and gaps in services, and 3) what are the emerging trends and best practices for preventing and ending homelessness. One meeting was focused solely on reviewing and using HMIS data and reports to determine what the data is telling us and identify gaps in needed data.

All the information has been synthesized and prioritized and is being organized into strategic directions for the next 3 to 5 years. This process will result in action plans to achieve agreed upon goals. Completion of the process is expected this summer. In addition, the CoC is reviewing and updating its governing policies and structure in order to better position itself to be nimbler in responding to changing service and housing needs of homeless sub-populations and assisting households needing prevention services.

Current Inventory of Shelter 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
Hypothermia/Overflow/Other (Additional winter Capacity)	0	0	0	25
Emergency Shelter Beds	99	80	178	0
Transitional Housing Beds	12	8	21	0
Safe Haven	6	0	6	0
TOTAL	**117**	**88**	**205**	**25**

.

Point-in-Time Count

Arlington County experienced an 33% increase in the total number of persons counted from 2016 to 2017.

	Arlington County Point-in-Time Count					
	2013	2014	2015	2016	2017	*% Change 2016-2017*
Singles	268	178	164	124	147	***19%***
Families	211	113	75	50	85	***70%***
TOTAL	**479**	**291**	**239**	**174**	**232**	***33%***

Arlington County Point-in-Time Count						
	2013	2014	2015	2016	2017	*% Change 2016-2017*
Sheltered	333	240	200	155	199	***25%***
Unsheltered	146	51	39	19	33	***54%***
TOTAL	**479**	**291**	**239**	**174**	**232**	***33%***

- Increase in family count due to more families referred for shelter in 2017.
- Increase in number of singles count due to more individuals in hypothermia shelter and on the street. More individuals from out of jurisdiction and released from jail are also considered to contributing factors.

Chronically Homeless, Veterans & Domestic Violence Sub-Populations Count

	Chronically Homeless Table				
	2014	2015	2016	2017	*% Change 2016 to 2017*
Chronically Homeless –Sheltered Households without Children	74	79	45	61	***30%***
Chronically Homeless – Sheltered Households with Children	0	2	0	2	***200%***
TOTAL	**74**	**81**	**45**	**63**	***33%***

Veteran Table					
	2014	2015	2016	2017	*% Change 2015 to 2016*
Veteran –Sheltered Households without Children	19	17	6	10	*40%*
Veteran – Sheltered Households with Children	3	2	0	0	*0%*
TOTAL	22	19	6	10	*50%*

- There were 16 more chronically homeless individuals in 2017 than in 2016
- There were 4 more homeless veterans in 2017 than in 2016

Domestic Violence Table					
	2014	2015	2016	2017	*% Change 2016 to 2017*
Domestic Violence Current (DVC) – Sheltered Households without Children	6	14	5	6	*20%*
Domestic Violence Current (DVC) – Sheltered Households with Children	10	22	17	20	*18%*
TOTAL	16	36	22	26	*18%*

- There were 4 more persons with current DV in 2017 than 2016.

	2014	2015	2016	2017	*% Change 2016 to 2017*
Domestic Violence History (DVH) – Sheltered Households without Children	14	10	12	11	*-.08%*
Domestic Violence Current (DVH) – Sheltered Households with Children	38	19	28	36	*29%*
TOTAL					

- The total number of households with DV history increased significantly from 2016 to 2017.

Transition Age Youth (18-24) TAY Table					
	2014	2015	2016	2017	*% Change 2015 to 2016*
TAY Youth - Households without Children	N/A	5	6	3	*-67%*
TAY Youth Households with Children	N/A	18	15	24	*46%*
TOTAL	N/A	23	21	27	*25%*

- The increase in TAY households with children is a noticeable increase.

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**
7	171	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**	
8	**186**	**8**	**183**

Trends in Family Homelessness & Domestic Violence

Arlington CoC saw an increase in homeless families with a young head of household in the 2017 PIT. Young heads of household are at a young developmental stage and are often struggling to adjust to adult life, lack natural and positive support networks and are at higher risk of being involved in the child welfare system. As is the case with a significant portion of homeless families, domestic violence has impacted these young families, and they face significant challenges associated with ongoing safety, trauma recovery and family wellbeing. Family Shelter providers are focused on what services to provide and how to deliver services to TAY households to best meet their needs. The CoC has established a Youth Homelessness Task force that is evaluating how youth are being served system wide.

Another trend is increased lengths of stay in Rapid Rehousing for families. It has become harder and harder for families to achieve self-sufficiency due to lack of jobs providing a living wage and child care that is accessible and affordable to households with low wage salaries.

This trend is expected to continue and in its next iteration of a strategic plan, the CoC will include approaches to address these entrenched systemic challenges.

Individual Homelessness Trends

Arlington continued to be a national leader in ending homelessness among individuals in 2016 and 2017. Lessons learned through successful efforts like 100 Homes and Zero 2016, and the opening of the Homeless Services Center, continue to pay dividends in ongoing efforts to house homeless veterans and chronically homeless individuals.

The CoC will continue to move individuals out of shelter as quickly as possible. Many individuals now being seen have more complex problems than did individuals served previously. A higher number of individuals being seen now are aging, have medical conditions and disabilities requiring a higher level of care. The five medical respite beds created as part of the Homeless Services Center partially address the needs of those with medical conditions. Approaches to assisting individuals with the highest barriers, including those with long term serious mental illness and substance abuse, continue to be explored. Three units of PSH with master leasing and 8 units of PSH permanent housing with on-site supports will be available in 2018.

Conclusion

Arlington experienced an increase in its 2017 PIT Count. The 2017 count is equivalent to the count in 2015. The change does not seem to be an aberration. Hard work from service providers, a legion of volunteers, and great community support along with federal, state, and county funding continues to pay off. Housing First, prevention services and permanent supportive housing strategies are showing positive outcomes. 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.

The future challenge remains increasing the amount of and accessibility to affordable housing and ensuring that the right services are available to individuals and families so that housing can be sustained.

The County's Affordable Housing Master Plan (AHMP) 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. Advocacy for the AHMP remains a high priority for the CoC and Arlington County Consortium.

Much work remains to be done, including completing a new strategic plan for the CoC. 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

Description of Homeless Services

The District of Columbia's Continuum of Care (CoC) provides persons experiencing (or at risk of experiencing) homelessness a range of services including: homelessness prevention assistance, supportive services, outreach, severe weather and emergency shelter, transitional housing, rapid rehousing, targeted affordable housing, and permanent supportive housing. These services are available to families and unaccompanied individuals, with many programs focused on providing service to key subpopulations such as persons living with disabilities, persons experiencing chronic homelessness, veterans, or youth.

Families facing housing crises in the District can visit the Department of Human Services' (DHS) Virginia Williams Family Resource Center where they can receive homelessness prevention services, emergency rental or utility assistance, housing services, or other community resources such as Temporary Assistance for Needy Families (TANF), childcare assistance, access to the food stamp program, or Medicaid.

Unaccompanied individuals in need of homeless services may access the District's low barrier, severe weather, or temporary emergency shelters for overnight accommodation and meals. To access the CoC's supportive housing resources, unaccompanied persons may visit one of 107 sites throughout the District associated with the Coordinated Assessment and Housing Placement (CAHP) system (including the District's low barrier, severe weather, and temporary shelters). Through CAHP, individuals experiencing homelessness are matched to the appropriate assistance that meets their immediate and long-term housing and service needs. Unaccompanied veterans or youth experiencing homelessness can receive population specific resources through CAHP as well.

2017 Shelter and Housing Inventory

The following table shows the number of units for unaccompanied individuals and families (as well as beds for persons in families) in the District's winter/severe weather shelter, emergency shelter, transitional housing, rapid rehousing, and permanent supportive housing inventory.

A mix of private and public funds support these resources, though the majority receive public funding. DHS and the US Department of Housing and Urban Development (HUD) are the primary funding agencies, although the US Departments of Health and Human Services (HHS) and Veterans Affairs (VA), and the DC Department of Behavioral Health (DBH) and Department of Health (DOH) provide additional CoC resources as well.

Service providers that receive public dollars either contract directly with the funding agency or receive their funding through a subcontract with The Community Partnership for the Prevention of Homelessness (TCP), which serves as the HUD Collaborative Applicant and is the Prime Contractor for Management and Oversight of the DHS-funded CoC. TCP is also the Lead Agency for the CoC's Homeless Management Information System (HMIS) and has conducted Point in Time on behalf of the District since 2001.

DISTRICT OF COLUMBIA 2017 SHELTER & HOUSING INVENTORY			
Category	Units for Individuals	Units for Families	Beds in Family Units
Winter Shelter	818[1]	-[2]	-
Emergency Shelter	2,329	1,035	3,545
Transitional Housing	888	230	626
Rapid Rehousing	272	1,398	4,217
Other Permanent & Permanent Supportive Housing	5,151	1,958	5,973

[1] The 818 Winter Shelter beds listed include all beds activated for the District of Columbia's Hypothermia Season that runs from November through March. In winter 2016-17, these beds included 209 "seasonal" beds, 479 "hypothermia alert" beds, and 130 overflow or "Cold Emergency" beds. The activation of these resources is determined through consultation with the District's Homeland Security and Emergency Management Agency (HSEMA) and the National Weather Service. Seasonal beds are open nightly throughout Hypothermia. A hypothermia alert is called when the actual or forecasted temperature is 32 degrees or below, though DHS will also call an alert when the temperature is forecasted to be 40 degrees or below with a 50 percent chance or greater or precipitation. Cold Emergencies are called when the temperature or wind chill is 15 degrees or below (or 20 degrees with heavy snow, snow accumulation, or other meteorological threats as determined by HSEMA). Note that the unseasonably warm weather on the night of the 2017 Point-in-Time meant that the Cold Emergency and Hypothermia Alert beds were not activated as they have been during past Point in Time Counts.

[2] In previous years, the Family Winter Shelter number reported has consisted of the units/beds provided for the family shelter placements made during the District's Hypothermia Season as distinct from the emergency shelter programs that operated year round. This was in keeping with the (now reversed) policy of limiting new placements into family shelter to the winter months. While the number of units (and beds) of family emergency shelter in the District has always been flexible to meet demand, the District began fully implementing year-round access to family emergency shelter in 2015; relatedly, all available shelter units and beds are now recorded in the Emergency Shelter category.

Point in Time 2017 Results

The overall number of persons experiencing homelessness in the District of Columbia decreased by 10.5 percent from the 2016 Point in Time count, though the 2017 count is slightly higher (2.4 percent) than the figure recorded in 2015. The primary driver of this decrease from 2016 was a 21.8 percent reduction in the number of families experiencing homelessness at Point in Time. The number of unaccompanied individuals continued to decrease as well; that count is down 2.7 percent from 2016 and down 6.2 percent over the past two years.

The table below shows the results of the 2017 Point in Time count. The number of unaccompanied individuals, families, and persons in families are included as are comparative figures from both the 2016 and 2015 Point in Time counts.

POINT-IN –TIME COUNT BY CATEGORY					
Category	2017	2016	2015	% Change from 2016	% Change from 2015
Total Number Counted	7,473	8,350	7,298	-10.5%	2.4%
Total Number of Individuals	3,583	3,683	3,821	-2.7%	-6.2%
Total Number of Families	1,166	1,491	1,131	-21.8%	3.1%
Total of Persons in Families	3,890	4,667	3,477	-16.7%	11.9%
Total Adults in Families	1,609	1,945	1,428	-17.3%	12.7%
Total Children in Families	2,281	2,722	2,049	-16.2%	11.3%

Changes since Point in Time 2016

In the past year, the District of Columbia has implemented significant policy changes, targeted investments, and system improvements. Highlights are shared below.

Veterans

The District has made strides toward achieving its goal of ending veteran homelessness. The lessons learned from this process will be instrumental in the efforts to ending homelessness for other populations, such as those who are chronically homeless.

In order to sustain this momentum, however, greater homelessness prevention, along with enhanced coordination with jurisdictions surrounding the District, will be required to decrease high rates of inflow into the city's homeless services system. To illustrate this point, while 550 veterans were housed through the District's CAHP system between Point in Time 2016 and 2017, the count of veterans at Point in Time 2017 decreased by just 65 persons from last year. The CoC sees an average of 130 veterans newly accessing homeless services each month, many of whom are accessing the region's VA-Grant Per Diem (GPD) beds that are centralized in the District.

The District's CoC includes over 1,200 units of permanent supportive housing for formerly homeless unaccompanied veterans and veteran-headed family households. In 2017, the CoC will increase its PSH inventory by reallocating funding to repurpose 30 units for veterans from transitional housing to permanent

supportive housing and will continue to house veterans through Supportive Services for Veteran Families (SSVF), a VA funded rapid rehousing program.

Families

In the spring of 2015, in accordance with the City's Homeward DC strategic plan, DHS implemented year-round access to family shelter. In past years, access to shelter had been limited to the District's Hypothermia Season (November through March). As a seasonal right-to-shelter jurisdiction, families in need of homeless services often had to wait until the winter months to access needed services, which made them more vulnerable throughout the rest of the year. This policy also caused inefficiencies in operations, as the District experienced sharp spikes each winter without additional staff or unit capacity to meet the need.

The District's move toward year-round access, coupled with increased homelessness prevention services, has not only had positive impacts on the families in the District experiencing homelessness, but has begun to bear positive results in terms of creating more efficiencies in the system. Beyond the 22 percent decrease in families counted at the Point in Time, the District has seen a marked decrease in the number of families seeking homeless services at the Virginia Williams Family Resource Center during the winter months leading to a 45 percent decrease in the number of families entering shelter this winter compared to last year. The reduction in placements is due in part to expanded prevention efforts that helped 1,760 families avoid having to enter the shelter system between Point in Time 2016 and 2017. The investments in targeted prevention programming have had a sizeable impact on young households in particular: between 2016 and 2017, the number of households headed by a parent aged 18 to 24 decreased by nearly 50 percent.

Furthermore, greater investment in permanent housing resources like rapid rehousing, permanent supportive housing, and targeted affordable housing have allowed families experiencing homelessness to return to a permanent housing setting more quickly, thereby contributing to the decrease in families experiencing homelessness at Point in Time. Some 670 families exited the emergency shelter system for one of the aforementioned permanent housing solutions, or to housing on their own, between Point in Time 2016 and 2017. In the past year, several family transitional housing programs have also reallocated their funding and retooled their service model to become either permanent supportive housing or rapid rehousing programs. These resources have provided housing to 33 now formerly homeless families so far in 2017.

Building on the successes seen among veterans, the CoC is working to reduce the length of stay among families experiencing homelessness, particularly in the emergency shelter system. This means working with families in the system – both long stayers and those newly entering -- to identify service and housing needs and to connect them with one of the permanent housing models called for in Homeward DC. This has involved reviewing internal business processes to examine how to reduce paperwork and other administrative barriers, and improving outreach to, and partnership with, area landlords to increase the number of units available to households in the system searching for a unit.

Youth

Because youth experiencing homelessness often remain more hidden to the public eye (i.e., "couch surfing" versus sleeping on the street), Point in Time is not always the best tool for measuring the prevalence of homelessness among youth given the parameters of the count. Nonetheless, the District has increased its investment in beds and services for youth in recent years, particularly for Transition Age Youth (TAY), which led to more youth accessing services through the CoC's youth specific shelter and housing programs. During Point in Time 2017, the count of unaccompanied youth increased by 17 individuals from 2016, reflecting the increase in resources available for this population.

Because the Point in Time count does not fully capture youth experiencing homelessness, in 2015, the District began conducting a separate, annual Homeless Youth Census (HYC) – an emerging best practice that is encouraged by HUD. HYC is conducted by TCP and is modeled after Point in Time but is done over a ten-day period in early fall. HYC includes counts of youth experiencing homelessness as well as housing insecurity. The project informs strategic planning and further resource development for youth experiencing homelessness. Based on improved data collection for this population, the District has developed a comprehensive plan to end youth homelessness, which will be released this spring.

Since Point in Time 2016, DHS has brought online nearly 100 new units of emergency shelter, transitional housing, and permanent supportive housing for parenting and non-parenting youth. In addition to the District's investments in programs for youth experiencing homelessness, TCP and partner agency Community Connections secured more than $1 million in HUD CoC Program resources to establish new programming for TAYs which is slated to begin later in 2017.

Permanent Housing Solutions

As the affordable housing crisis across the country grows, "inflow" into homeless services systems is increasing. This is most easily seen in right to shelter jurisdictions where shelter beds (by law) must expand as need expands. However, as mentioned the steady number of individuals and families seeking assistance has been met in the District by policy changes, system improvements, and increased investments in solutions that are known to work – including homelessness prevention and permanent housing interventions. Through these changes, the City has not only held steady, but actually been able to decrease the number of persons experiencing homelessness at a given time.

The continued decrease in the count of unaccompanied individuals is due to the ongoing development and scaling of the District's CAHP system, combined with new permanent housing interventions, which were just beginning to come online as of the 2017 PIT. As stated, CAHP matches persons experiencing homelessness to the appropriate intervention to meet their needs. Streamlining the way individuals experiencing homelessness in the District access the CoC's housing resources has been highly successful, with nearly 1,200 now formerly homeless individuals becoming housed from Point in Time 2016 to 2017.

Expanded funding from the District, HUD, and the VA for permanent supportive housing and targeted affordable housing[3] have increased the inventory of permanent housing solutions and have provided homes to some of the city's most vulnerable residents.

Similar to the family programs previously mentioned, several transitional housing programs for individuals have changed their service model to convert to permanent supportive housing targeted to persons experiencing chronic homelessness.

As a part of Point in Time, TCP also counts formerly homeless persons living in their own housing with assistance provided through permanent supportive housing, rapid rehousing, or other permanent housing programs (like TAH, which is a local-developed intervention). The individuals and families housed through these resources would likely still be homeless if not for these dedicated resources. At Point in Time 2017, a total of 4,749 formerly homeless unaccompanied individuals and 3,104 formerly homeless families were in permanent supportive housing, or rapid rehousing, or other permanent housing.

The table below details the number of single persons and persons in families who are housed through each

[3] TAH is a permanent subsidy with light-touch services, typically targeted to seniors and households with a disabling condition but who do NOT require the level of services associated with PSH, or who are connected to needed services through another agency or program. Unlike regular housing vouchers available through DCHA, TAH resources are earmarked for use by the homeless services system."

permanent housing solution.

	Number of Unaccompanied Individuals	Number of Family Households
Other Permanent Housing (e.g., TAH)	1,559	651
Permanent Supportive Housing	2,918	1.058
Rapid Rehousing	272	1,359

Point in Time Needs Assessment Results

The unaccompanied individuals and adults in families counted during Point in Time were surveyed to inform the CoC on the demographic make-up, service needs, barriers to housing, economic indicators, and primary reasons for homelessness. This helps the District identify gaps in the system and to plan the development of interventions that will strategically address these gaps.

The tables below detail the rates at which persons reported living with various disabling conditions that are recognized by HUD or their affiliation with one or more subpopulation categories. While this information is tracked year-round by providers participating in the District's HMIS, Point in Time provides an annual snapshot of the entire system, done at the same time each year, that allows for tracking of trends from one year to the next.

Comparing 2017 needs assessment results to 2016 results, there were higher rates reported among adults in families surveyed in most of the disability and subpopulation categories, including the categories of Severe Mental Illness, Dual Diagnosis, (which necessitates both a Chronic Substance Abuse and Severe Mental Illness), Chronic Health Problem, Physical Disability, Domestic Violence History, and Limited English Proficiency. However, the rates at which these are reported among adults in families were lower than the rates reported among unaccompanied persons, with the exception of Domestic Violence History, which is consistent with the results from previous Point in Time counts. This may be the result of the increased investment in homelessness prevention – i.e., lower acuity/barrier households can sometimes be stabilized without a shelter stay, reserving emergency shelter for those households that have no other options.

The rates at which individuals experiencing homelessness reported disabilities or subpopulation affiliation in 2017 were mostly consistent with the rates reported in 2016 with few exceptions, such as Severe Mental Illness, Chronic Health Problem, Formerly Institutionalized, and Formerly in Foster Care.

REPORTED DISABLING CONDITIONS AMONG PERSONS EXPERINCING HOMELESSNESS						
	Unaccompanied Persons-2017	Unaccompanied Persons-2016	Adults in Families-2017	Adults in Families-2016	TOTAL (All Adults)-2017	TOTAL (All Adults)-2016
Chronic Substance Abuse (CSA)	28.9%	28.3%	3.5%	1.9%	19.3%	19.2%
Severe Mental Illness (SMI)	34.7%	26.5%	13.3%	8.9%	26.5%	20.4%
Dual Diagnosis (CSA & SMI)	14.1%	15.9%	1.6%	0.9%	9.4%	10.7%
Chronic Health Problem	19.6%	14.3%	2.9%	2.5%	13.3%	10.8%
Developmental Disability	4.6%	data not collected	3.5%	data not collected	4.2%	data not collected
Living with HIV/AIDS	4.1%	2.7%	0.3%	0.6%	2.7%	2.1%
Physical Disability	20.3%	23.4%	4.4%	2.8%	14.3%	17.4%

REPORTED SUBPOPULATION AFFLIATION AMONG PERSONS EXPERINCING HOMELESSNESS						
	Unaccompanied Persons-2017	Unaccompanied Persons-2016	Adults in Families-2017	Adults in Families-2016	TOTAL (All Adults)-2017	TOTAL (All Adults)-2016
Domestic Violence History	19.5%	15.8%	25.7%	19.6%	21.7%	16.9%
Limited English Proficiency	9.0%	9.7%	5.8%	5.3%	7.9%	8.5%
U.S. Military Veteran	9.4%	10.2%	0.2%	0.8%	6.2%	7.3%
Formerly in Foster Care	8.8%	7.3%	7.5%	12.5%	8.3%	8.9%
Formerly Resided in an Institutional Setting	35.2%	33.3%	8.3%	13.2%	24.8%	26.6%

Reason for Homelessness

Persons surveyed in the District were also asked to respond to questions about their primary reason for homelessness. For individuals, the primary reason for homelessness was Other Financial Reasons (as distinct from specifying that they were experiencing homelessness due to an eviction or foreclosure). For families, the most commonly reported reason was Friend/Family Conflict, though nearly half reported financial reasons (i.e., Eviction/Foreclosure or Other Financial Reasons). On both accounts, the information was consistent with what is reported year-round at programs using HMIS.

REASON FOR HOMELESSNESS			
	Unaccompanied Persons	Adults in Families	TOTAL (All Adults)
Homeless Due to Domestic Violence (caused current episode)	7.4%	8.4%	7.8%
Eviction/Foreclosure	9.3%	20.5%	13.7%
Other Financial Reasons	35.9%	24.9%	31.5%
Friend/Family Conflict	11.4%	31.5%	19.2%
Aged/Timed out of Program	3.4%	0.8%	2.4%
Other	32.6%	13.9%	25.4%

Income & Employment

Unaccompanied persons and adults in families counted during the 2017 Point in Time count were also asked to respond to questions about their employment and income. Some 30 percent of adults in families and 36 percent of unaccompanied individuals reported that they did not receive income of any kind. For families, this is an increase of ten (10) percent, and for individuals, it is a decrease of 15 percent from year to year.

At the 2017 Point in Time, 16.7 percent of unaccompanied individuals and 25.5 percent of families reported that they were employed at least part time. There was an increase of reported employment among individuals and a decrease in employment in families since 2016. The most common source of income for individuals was from employment, while TANF/Public Assistance was the most common source of income for families. This is consistent with what has been recorded in previous Point in Time counts.

INCOME & EMPLOYMENT			
	Unaccompanied Persons	Adults in Families	TOTAL (All Adults)
Receives Income	40.2%	69.1%	49.8%
Employed	16.7%	25.5%	19.7%
Primary Source of Income:			
From Employment	15.1%	22.9%	17.5%
Soc. Sec./Retirement	1.5%	0.4%	1.2%
SSI/SSDI/Disability	11.1%	11.8%	11.3%
TANF/Public Assistance	1.3%	32.6%	11.0%
Other	7.2%	1.1%	5.3%

Methodology notes

TCP coordinated with both District and Federal agencies, the District of Columbia Interagency Council on Homelessness (the body which acts as the CoC's Board), and the CoC's public and privately funded outreach providers, meal programs and drop in centers, winter and emergency shelters, and transitional housing programs to complete Point in Time. As mentioned, the other permanent, permanent supportive housing, and rapid rehousing programs also provide information for determining the number of formerly homeless persons.

On the night of Point in Time, more than 200 volunteers joined professional outreach workers to canvass the District to determine the count of persons who are experiencing homelessness and who were unsheltered. Meal programs and drop in centers also survey their program participants during the week of Point in Time to augment the volunteer outreach event.

Approximately 90 percent of the Point in Time information that is collected at shelter and supportive housing programs is submitted through HMIS, with service providers who use HMIS submitting rosters of persons served on the date of the count. The Point in Time survey information reported here is informed by aggregating data elements that providers enter into and maintain in HMIS when persons enroll in their programming or services. Providers that do not use the HMIS submit to TCP surveys conducted with their program participants; this information is aggregated with HMIS information to produce the final, District-wide count and survey results.

This methodology ensures that the Point in Time count is thorough, unduplicated, and accurately reflects the size and scope of the population of persons experiencing homelessness on a given day.

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 2016, the Fairfax-Falls Church Community Partnership to Prevent and End Homelessness continued progress in implementing the Ten-Year Plan. Highlights include:

- **Movement to Permanent Housing** - In FY 2016, a total of 1,604 people moved into permanent housing from the county's shelters for families with children and single adults, representing a 24 percent increase from the previous year.
- **$48 Million Public Finance Bond Approved -** A public finance bond that included four of Fairfax County's six emergency shelters passed in November 2016. It will provide $48 million over the next eight years to renovate these 30 year old shelters that serve both single individuals and families experiencing homelessness. The new buildings will not only continue to provide emergency shelter with the provision of housing-focused case management, but will also include co-located permanent supportive housing units where possible and will significantly expand the county's medical respite shelter program for those individuals experiencing homelessness who are recovering from surgery, extreme illness, etc.
- **Housing Opportunities Collaborative** - The Collaborative, a new program for landlord recruitment and housing location, is in its final stages of development. It provides systemic

housing location to support current staff efforts as well as recruits additional housing opportunities for clients experiencing homelessness. Another important component is ongoing training and professional development for front line staff.

- **Homeless Preference Agreement with local Housing Authority** - OPEH renewed an agreement with the local Department of Housing that allows some vouchers to be prioritized for clients experiencing homelessness or who previously experienced homelessness. The agreement allows for a percentage of the homeless preference vouchers to go to graduates of Permanent Supportive Housing; which is an important system-wide strategy to more effectively utilize scarce resources.
- **New CoC Program Projects Begin Operations –** Five new permanent housing projects funded during the 2015 HUD CoC Program competition began operations in 2016. This includes two rapid rehousing projects serving both families and single adults; one serving transitioning age youth and one prioritizing households who became homeless as a result of domestic violence. The other three projects provide permanent supportive housing to both single adults and families adding important capacity to our CoC's inventory.
- **Coordinated Entry System Developments** – Our CoC concluded the coordinated entry (CE) pilot which was conducted in a new HUD funded permanent supportive housing program. The pilot provided many insights as to what worked well and where there were challenges. The lessons learned resulted in significant refinements in our CE system. This included changes in the policies, procedures and forms utilized to create a by-name list with improved prioritization. A training model for the new system was implemented which builds capacity within the entire CoC to improve the accuracy and speed with which clients are entered into the prioritization pool. The prioritization pool for PSH is maintained and published in the local HMIS. The next programs to be fully integrated into this system are family shelters and rapid rehousing.
- **Build A Village Campaign** – This campaign was launched in 2015 and completed in 2016 as an awareness and fundraising initiative involving chambers of commerce, businesses, civic, faith and community based organizations, and individuals through their engagement and financial support. Donors helped to build a virtual village by purchasing a virtual brick, door, window, roof or an entire house online by making donations to the Fairfax-Falls Church Community Partnership to Prevent and End Homelessness. Over $100,000 was raised to distribute to non-profit partners who provide services and housing to homeless veterans and individuals in the hypothermia prevention program.

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)	234	17/5	*	251
Emergency Shelter Beds (includes DV shelters)	158	321/89	479	Counted in hypothermia/overflow
Transitional Housing Beds	31	225/69	256	n/a
TOTALS	423	563/163	735	251
*Overflow beds are available for both individuals and persons in families as necessary throughout the year.				

- Emergency Shelter and Transitional Housing

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, one of which added capacity this year. 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 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. 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.

There are two transitional housing programs that serve single adults in Fairfax County. One serves transitioning age youth 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 seven transitional housing programs for families with children. Three 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 agencies with various combinations of private, county, and federal funding. Overall, transitional housing inventory has decreased significantly 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 2017 declined from 2016, from 1,059 people to 964 people, a reduction of 95 people or nine percent.

HOMELESS COUNT BY CATEGORY					
Category	2017	2016	2015	% Change 2016 to 2017	% Change 2015 to 2017
Total Number Counted	964	1,059	1,204	-9	-20
Total of Singles	492	482	489	2	1
Total Number of Families	142	179	213	-21	-33
Total of Persons in Families	472	577	715	-18	-34
Total Adults in Families	186	236	285	-20	-34
Total Children in Families	286	341	430	-16	-33

This year's PIT enumeration documented a significant decrease in the number of 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; and most importantly the strategic reduction in the number of transitional housing units for families.

There was a slight increase among the single adult population documented in the PIT count, as well as a significant increase in the unsheltered population. A contributing factor for both numbers is our continuing improvement to the methodology for enumerating people sleeping in places not meant for human habitation. Included in this was better coordination with the predominant drop-in center in our community, as well as their utilizing HMIS for the first time this past year. In addition, the increase in the number of unsheltered can be attributed to the unseasonably warm weather on the night of the PIT count. There was a decrease in the number sheltered single adults that aligns with the increase in the unsheltered population. The number of individuals who were identified as unsheltered increased from 74 in 2016 to 105 in 2017. Although our community has significantly increased PSH for singles there was not an equivalent reduction in numbers.

The number of individuals experiencing chronic homelessness increased slightly as well; from 146 individuals in 2016 to 150 in 2017. This increase is probably also due to the improvement in counting the unsheltered as mentioned above, as there was a decrease in the number of sheltered people experiencing chronic homelessness and a significant increase in the number of unsheltered people experiencing chronic homelessness. In addition, although we have continued to add PSH inventory for those experiencing chronic homelessness for a lengthy time period, other people are becoming chronically homeless as other housing options for those that require PSH but are not chronically homeless are severely limited. Our CoC continues to have a minimal number of chronically homeless families; this year there were no families experiencing chronic homelessness on the night of the PIT count.

Overall, single individuals represented 51 percent and people in families with children represented 49 percent of all people counted. Among adults in families 80 percent were female and 20 percent male. Among single individuals 74 percent were male, 26 percent female and there was one individual who doesn't identify as male, female, or transgendered. Children under age 18 in families were 30 percent of all persons counted, decreasing slightly from last year once again. There were 3 unaccompanied minors in emergency shelter on the night of the PIT count. Youth households, consisting of families where all members were under the age of 25, comprised 17 percent (24) of the families and 9 percent (46) of the single individuals. Our CoC is adding capacity to serve this population as a new rapid rehousing project funded through reallocated CoC Program funding which targets transitioning age youth began operations at the end of 2016.

The major subpopulations are noted in the chart above. In addition, among single adults, only 23 percent were reported as employed and 49 percent reported having any income. In families, 57 percent of persons age 18 and over were employed and 73 percent reported having some source of income. The percent of people in both families and singles who were employed and who have regular income decreased slightly. For single individuals, 44 percent were reported as chronic substance abusers, seriously mentally ill, or both, a similar number from last year. Among families, 42 percent were homeless due to domestic violence, a decrease from 49 percent last year. In addition, the number of families homeless due to domestic violence decreased 31 percent, from 87 families in 2016 to 60 families in 2017.

The number of veterans reported to be experiencing homelessness on the PIT decreased slightly from 37 in 2016 to 34 in 2017. There has been a more substantial decrease since 2014 when 51

veterans were counted on the night of the PIT, a 33% decrease. This is driven by two variables; the additional resources dedicated to this population as well the continuing collaboration amongst the community partners that serve veterans and their families.

HOMELESS SUBPOPULATIONS			
	Individual Adults	Adults in Families	TOTAL
Chronic Substance Abuser	70	5	75
Severe Mental Illness	105	11	116
Dually Diagnosed	41	1	42
Living With HIV/AIDS	6	0	6
Physical Disability	87	14	101
Chronic Health Problems	95	13	108
Domestic Violence–History	45	91	136
Domestic Violence–Current	29	61	90
Limited English Proficiency	36	33	69
U.S. Military Veteran	30	4	34

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

Our CoC continued to increase the number of people moving into permanent housing. During FY 2016 a total of 1,604 people were moved from emergency shelter to permanent housing, an increase of 24 percent from FY 2015. To accomplish this goal various strategies were used, including efforts by our housing locators and case managers to find affordable housing in the rental market as well as increasing access to rapid re-housing resources, permanent supportive housing, other permanent housing options, and Housing Choice Vouchers.

Permanent supportive housing resources were expanded by strategic utilization of HUD CoC Program funding resulting in three new PSH projects beginning operations during 2016. These projects are providing PSH to both families and single adults who were experiencing chronic homelessness. During FY 2016 a total of 190 individuals entered PSH programs via new funding opportunities or vacancies in existing programs. 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 2016 a total of 1,474 individuals were served as part of a rapid re-housing program and exited to a permanent destination, which includes any individual who received housing search and placement services, housing stability case management, or rental assistance. A range of funding was utilized to provide rapid re-housing assistance, including the federal Emergency Solutions Grant program (ESG) and the Commonwealth of Virginia's 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, as well as a new project that prioritizes households that became homeless due to domestic violence. Both of these programs began operating in 2016.

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. The Fairfax County Redevelopment and Housing Authority is also 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.

City of Frederick 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	30	0/0		30
Emergency Shelter Beds	57	70/4	127	0
Transitional Housing Beds	40	89/38	129	0
TOTALS	127 beds	159 beds 42 units	256 Beds	30 beds

Homeless Point-In-Time Results:

The most recent Point-in-Time Survey for both sheltered and unsheltered homeless populations was conducted on January 25, 2017. 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 309 persons experiencing homelessness (comprised of 256 adults and 53 children) completed the point-in-time survey; the largest household type was 217 single-individuals. Again this year, the FCCH made a better use of available HMIS data, which resulted in the most accurate 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: 81 adult respondents reported a substance abuse problem/addiction; 74 adult respondents reported chronic health problems; 50 adult respondents reported having physical disabilities; 31 adult respondents reported serious mental health problems; 35 adult respondents reported substance abuse problems and co-occurring mental health problems; 10 respondents (not including any children) reported that they are survivors of a current domestic violence episode; 10 respondents reported that they are veterans; 2 respondents reported a diagnosis of living with HIV or AIDS, and a total of 74 respondents reported being "chronically homeless" for one (1) year or longer.

HOMELESS COUNT BY CATEGORY				
Category	2017	2016	2015	% Change 2015 to 2017
Total Number Counted	309	349	311	-0.6%
Total Number of Singles Individuals	217	249	181	19.9%
Total Number of Families	32	32	37	-13.5%
Total of Persons in Families	92	100	130	-29.2%
Total Adults in Families	39	41	43	-9.3%
Total Children in Families	53	59	87	-39.1%

EMPLOYMENT	
Category	Total Number Employed
Total Number of Single Individuals	40
Total Number of Adults in Families	17
Total Number of Children in Families	1

SUBPOPULATION DATA			
Subpopulations	Single Individuals	Persons in Families	Total
Substance Abuse	79	2	81
Serious Mental Illness	22	9	31
Dually Diagnosed	34	1	35
U.S. Veteran (adults only)	10	0	10
Living with HIV/AIDS (adults only)	2	0	2
Domestic Violence Survivor –	5	5	10

Current Episode (adults only)			
Physical Disability (adults only)	46	4	50
Chronic Health Problem (adults only)	67	7	74
Limited English (adults only)	1	1	2
Chronically Homeless	72	2	74

According to the 2017 Point-In-Time data, homelessness in Frederick County decreased slightly by a total of 2 persons from the 2015 PIT count of 311 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.

Veteran homelessness has decreased significantly in Frederick County and providers are currently working with Friendship Place to declare "functional zero" for veterans experiencing homelessness in Frederick County. On the other hand, homelessness among "transition age youth" (defined as ages 18-24) appears to be increasing especially among single individuals. This is a difficult population to accurately count because many youth move between being doubled-up with families or friends and being literally homeless in accordance with the HUD definition of homelessness.

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 2 beds for homeless families and 23 units with 24 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 19 units with a total of 23 beds (two units are two-bedroom units that are shared by unrelated roommates and two units are currently leased to couples).

The concept of "Rapid Re-Housing" (RRH) has not been as proven to be as successful in Frederick County because of low vacancy rates in rental housing combined with high rents for the housing that is available. Shorter-term housing subsidies of 3 to 12 months (the basic component of RRH), is of little use when families, even families with 2 employed adults, often cannot afford to continue to pay the rent without an ongoing subsidy. For this reason a number of provider agencies in Frederick County continue to operate transitional housing and rely on helping families to obtain subsidized housing through Public Housing, Housing Choice Vouchers, and privately-owned federally subsidized multifamily housing.

Loudoun County, VA

Description of Homeless Services

The Loudoun County Continuum of Care (CoC) provides a wide-range of services that provide assistance to households at-risk of becoming homeless and those that are experiencing homelessness. The Continuum offers a seasonal Cold Weather Shelter that operates from November – March with flexible capacity for both singles and families. Other programs offered through the Loudoun County Continuum of Care include: Homeless Prevention and Diversion services, Rapid Re-Housing, Drop-In services, Transitional Housing, and Permanent Supportive Housing. Volunteers of America Chesapeake (VoAC) is under contract to operate the Cold Weather Shelter, Drop-In services, Emergency Shelter and Permanent Supportive Housing (PSH) programs within the county. The Loudoun CoC also partners with Loudoun Citizens for Social Justice who operates the 12-bed Loudoun Abused Women's Shelter (LAWS) to provide services to households fleeing domestic violence. The Good Shepherd Alliance and Tree of Life Ministries provide transitional housing services to households in the community.

The Loudoun County CoC is in the final stages of implementing the Coordinated Entry System. The CoC will be partnering with a local non-profit service provider who will serve as the Triage Center for households in the community that are at-risk of homelessness or are experiencing homelessness within the community.

In September 2016, the Loudoun CoC implemented the first phase of the Coordinated Entry System with the Homeless Prevention and Diversion Program. Households in need of prevention and/or diversion services are directed to contact the Emergency Support Services Unit at the Department of Family Services to complete a brief housing needs referral that is then sent to the appropriate provider to begin housing-focused case management services. Implementing this streamlined approach to service delivery allows for households to get connected to services without the cumbersome process of searching for available resources while in the midst of crisis.

HOMELESS POINT-IN-TIME RESULTS

The Loudoun CoC currently has a total of 123 emergency shelter beds transitional housing and hypothermia (Cold Weather Shelter) beds; 35 of those beds are dedicated to persons without children and 49 of those beds are for households with children. There are 23 beds available for transitional housing. Of those units, 4 are designated for persons without children and 19 are dedicated to serving households with children. There are two non-profit organizations within the county that provide transitional housing services. The chart below indicates current Emergency Shelter, Transitional Housing and Cold Weather Shelter capacity:

Year-Round Beds and Cold Weather Shelter		
Year-Round Beds *Emergency Shelter*	Year-Round Beds *Transitional Housing*	Cold Weather Shelter Beds *March - November*
84	23	16

In 2016, the Loudoun CoC expanded the Homeless Prevention and Diversion (HPD) program to include an additional provider to offer services to the community. INMED Partnerships for Children began providing HPD program services in July 2016. With the addition of a new provider, the HPD

Program is able to intervene and assist more households in preventing homelessness and diverting households from entering emergency shelter.

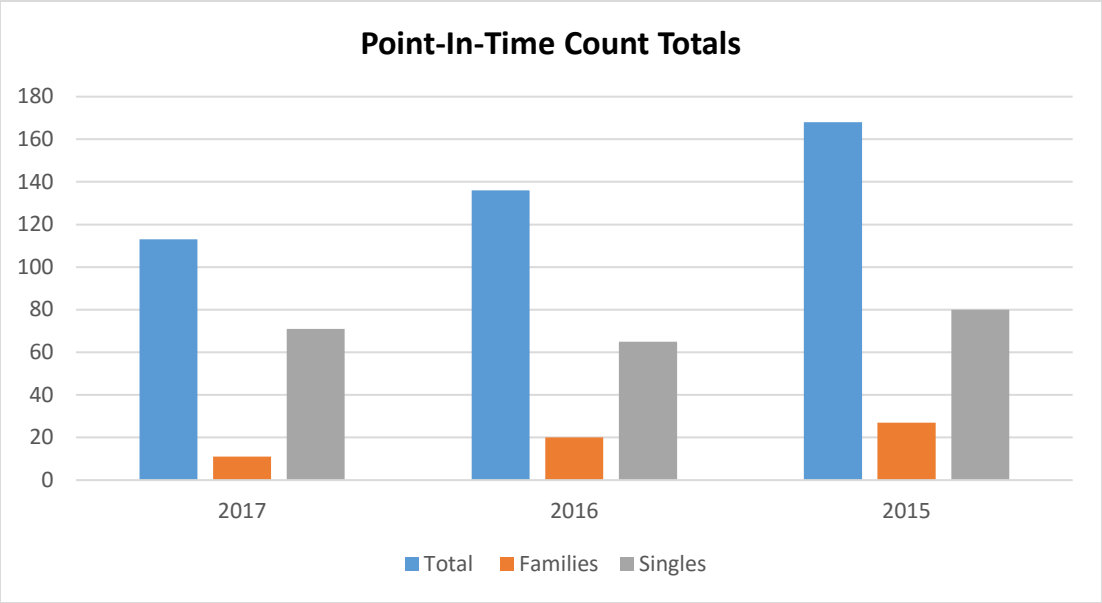
On the night of Wednesday, January 25, 2017 there were 113 persons experiencing homelessness in Loudoun County, Virginia. Of those, 71 were single adult households and 11 were family households. Of the family households, there were 27 children and 15 adults represented. For the one-year period between the 2016 PIT report and the 2017 PIT report, there was a 15.67% decrease in the overall number of persons experiencing homelessness. For the second year in a row, zero chronically homeless families were identified.

For the 2017 PIT count, there were 9 Transition-Age Youth households identified, 5 Veteran households identified and 15 chronically homeless households identified. The chart below reflects overall totals in recent years:

Homeless Totals by Category			
	2017	2016	2015
Overall Total	113	134	168
Total Number of Families	11	20	27
Total Number of Singles	71	65	80
Total Number of persons in Families	42	69	88
Total Number of Adults in families	15	25	34
Total Number of children in families	27	44	54

Overall totals for the 2017 Point-In-Time Count were lower than in previous years. Although there are a number of factors that contribute to a lower count, the primary factor this year was due to unseasonably warm weather (i.e. 62 degrees the night of the count as opposed to the 2016 PIT Count where the county had 26" – 34" inches of snow on the ground).

Another possible factor that may have contributed to lower overall totals, was the temporary loss of



28 emergency shelter and transitional housing beds on the night of the count due to one provider not admitting persons for a time period and a transitional housing facility undergoing renovations on the night of the count.

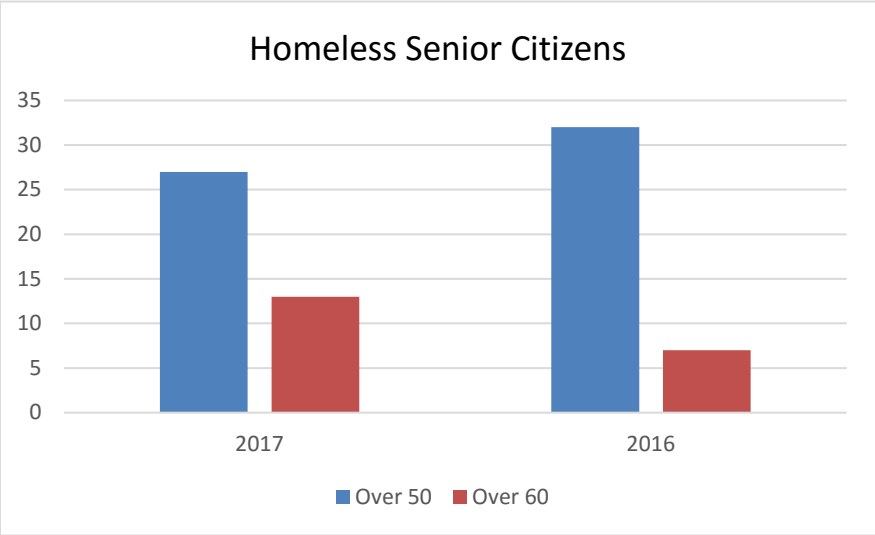
The most common sub-population among homeless adults for 2017 are Domestic Violence (18) and Serious Mental Illness (14). This is a slight change from the 2016 report in which Chronic Health Condition (10) and Domestic Violence (10) were the most frequently reported subpopulations. The chart below indicates subpopulations by category:

Loudoun County 2017 Subpopulations		
	Adults in Families	Singles Adults (Includes Veteran Singles and Chronically Homeless Singles)
Chronic Health Condition	0	3
Co-Occurring Disorder	0	3
Domestic Violence	8	10
Foster Care	1	2
Formerly Institutionalized	3	2
Limited English	2	0
Living with HIV/AIDS	1	1
Physical Disability	0	0
Serious Mental Illness	1	13
Substance Abuse Disorder	1	1
Other	0	0
None of the Above	6	55

Employment is the most common source of income for all homeless adults in 2017. This number is consistent with 2016 results. There were 18 single adults reporting employment as their main source of income for 2017; this is 25% of all homeless single adults included in the count. Of the 11 homeless families, 7 adults or 47%, reported employment as their main source of income.

TRENDS IN QUANTITATIVE RESULTS

Based on recent data indicators, housing services for senior citizens (ages 50+) is a trend that is steadily increasing within the Loudoun CoC. Most often the households that fall within this category, that are faced with housing instability or homelessness, experience limited housing options due to living on fixed incomes and having limited options to increase that income. Although the over 50 population decreased by 15.6%, the over 60 population increased by 86% within a one-year timeframe. Below is a chart indicating this trend:



One of the unique factors that our jurisdiction faces is that it is often listed among the wealthiest counties in the United States. This title presents a distinct set of challenges to homeless services providers that work with households struggling to meet day-to-day living expenses. While Loudoun is viewed as an affluent community, there are many households that live below the federal poverty line. The majority of Loudoun's homeless households that participate in the PIT Count, fall within the 0 – 30% Area Median Income (AMI) bracket.

Federal funding currently supports the Permanent Supportive Housing program. This program provides permanent housing along with monthly case management to households that have been chronically homeless and have a diagnosed disability. With federal funding slated for significant reduction in the upcoming fiscal year, this has the potential to impact available resources for households in need of services.

PERMANENT HOUSING

The number of households that exited to permanent housing in FY16 from the VoAC Emergency Shelter/Homeless Services Center totaled 88. There were 11 exits to permanent housing from The Good Shepherd Alliance's Hebron Shelter. Staff work hard to advocate with landlords and property managers to locate and secure housing units that are affordable and sustainable for those households that are in need of stable housing. For FY16, there were 11 exits to permanent housing from The Good Shepherd Alliance's Transitional Housing programs. These totals do not include households placed in Permanent Supportive Housing or Rapid Re-Housing.

PERMANENT SUPPORTIVE HOUSING

There were 11 individuals and 4 families placed in Permanent Supportive Housing (PSH) as of the night of the PIT Count. The CoC's Permanent Supportive Housing program is managed through a partnership with the Department of Family Services, Volunteers of America Chesapeake and Loudoun County Mental Health, Substance Abuse and Developmental Services. There are currently 8 on-site units at the Loudoun Homeless Services Center/VoAC and 7 off-site units located throughout the county. Staff with all three organizations partner together to provide case management services to households that participate in the program. Below are the comparative totals for individuals and families that were placed in Permanent Supportive Housing for the year indicated:

Permanent Supportive Housing Placements			
	2017	2016	2015
Total # of Families	4	3	0
Total # of Singles	11	12	4

Based on the data trends, it is anticipated that an increase in homeless services for seniors will be a trend in upcoming years as the general population ages. Many of these identified households are on fixed incomes and are often faced with tough financial challenges regarding housing costs and other general living expenses such as healthcare/medication costs, transportation repair, etc.

If proposed reductions in federal and state funds for homeless services occur, it is difficult to gauge if the numbers of literally homeless households will increase or decrease. A reduction in federal funding could potentially impact services for chronically homeless households and/or those with disabilities.

RAPID RE-HOUSING

The Loudoun CoC also provides Rapid Re-Housing (RRH) services that are available to both individuals and families. RRH services in Loudoun County are provided by Volunteers of America Chesapeake. This is the first time in recent years that the Loudoun CoC has had only one provider to administer RRH services. A reduction in the number of providers offering this service has impacted the overall number of households that are able to be served by the program. One of the many benefits of the RRH program is that it links households to adequate housing in a cost-effective and efficient manner.

The RRH program has a significantly positive impact in the community regarding assisting households in crisis as quickly as possible to reduce the length of stay in emergency shelter and increase exits to permanent housing. The RRH program has also been an intricate component of addressing the Transition-Age Youth population (ages 18 - 24) who often do not have the credit and/or rental history to secure housing on their own. Staff at Volunteers of America Chesapeake and Mobile Hope of Loudoun work together to utilize a Housing First approach in assisting the TAY population.

Below are the totals for the Rapid Re-Housing program from 2014 – present:

Rapid Re-Housing Totals				
	2017*	2016	2015	2014
Total Households Served	19	78	60	23
Total Number of Families	10	38	25	9
Total Number of Singles	9	40	35	14

**FY17 Year-to-Date total*

As defined by the United States Interagency Council on Homeless (USICH), "*Rapid re-housing is an intervention designed to help individuals and families quickly exit homelessness and return to permanent housing. Rapid re-housing assistance is offered without preconditions — like employment, income, absence of criminal record, or sobriety — and the resources and services provided are tailored to the unique needs of the household.*"

The three main components of Rapid Re-Housing (RRH) include:

- Housing Identification
- Rent and Move-In Assistance
- Rapid Re-Housing Case Management and Services

https://www.usich.gov/solutions/housing/rapid-re-housing

SUCCESSES AND CHALLENGES

In February 2017, the CoC Governance Board released a Request for Quotes for the first-ever CoC Resource Developer position. The goal of this position is to assist CoC Partner Organizations in applying for funding from private foundations and/or corporations. With the decline in state and federal funding for homeless services programs, service providers are left to secure funding from other viable resources. The CoC Resource Developer works to secure funding opportunities that seek to enhance programs that highlight local community partnerships that are occurring within CoC Partner Organizations.

Loudoun County is often cited as being the wealthiest county in the nation. With such a title, it is often challenging to locate and secure affordable housing for persons at-risk of homelessness or those experiencing literal homelessness. Income guidelines and other program screening tools often make it challenging for staff providing housing location assistance to households in the community that have minimal income. Local affordable housing services are limited and have not kept up with the demand or need. This is an issue that local officials are evaluating as a critical need.

While there are many success stories of preventing rental evictions and diverting households from emergency shelter entry, it remains to be seen what impact a reduction in funding will have on the services provided. Given that homeless services providers utilize a Housing First approach, there is a high priority on educating landlords and rental property managers on the unique needs of this population.

Another challenge that many of our providers face is the lack of a sustainability component for the Homeless Prevention and Diversion program. The HPD program is designed to provide housing-focused case management services to households in order to prevent and divert from emergency shelter entry. While program staff work hard to provide housing location assistance and advocate on behalf of the households they serve, not requiring proof of sustainability tends to lead to recidivism.

Staff work hard to ensure that housing location assistance is offered in such a manner that encourages households to secure housing in units that they can maintain independent of financial assistance. The Loudoun CoC also partners with local providers such as Crossroads Jobs and the Workforce Development Center to ensure that persons in need of job search assistance are connected to employment specialists that can assist as needed.

REDUCING VETERAN HOMELESSNESS

The Loudoun CoC partners with several local and regional providers to deliver housing services to Veterans faced with housing instability or homelessness. Current Veteran organizations that partner with the Loudoun CoC include: Operation Renewed Hope, Volunteers of America Chesapeake SSVF Program, Friendship Place and Serving Together.

2017 Homeless Veteran Totals			
Singles		Families	
Sheltered Veterans	Unsheltered Veterans	Unsheltered Veterans	Sheltered Veterans
3	1	0	2

For the 2017 PIT, there were 6 homeless Veterans identified in the county; of those 4 were identified as single households and 2 were identified in family households. This is an increase from the 2016 count, which recorded 3 homeless Veterans. The partner organizations that the Loudoun CoC works with provide Veteran households with assistance in case management, employment resources, transportation assistance, housing location assistance and a wide variety of other services based on household need.

REDUCING YOUTH HOMELESSNESS

For the 2017 PIT Count, Loudoun County CoC reported a total of 9 homeless Transition-Age Youth households (ages 18 – 24 per the HUD definition) containing 13 persons within those households. This number is significant given that there were only 4 Transition-Age Youth single households reported for the 2016 PIT Count and the vulnerability of this population.

The Loudoun CoC partners with Mobile Hope of Loudoun to provide services to Transition-Age Youth (TAY) that are in need of housing assistance and a wide-range of other needs that are unique to this population. As the only provider of TAY housing-related services in the community, Mobile Hope of Loudoun partners with the CoC and other local providers to ensure that this vulnerable population is linked to needed resources as quickly as possible. With the increase in the TAY homeless population (4 reported in 2016 compared to 9 reported in 2017), The CoC is working closely with service providers to address the unique housing-related needs of this population.

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.

Montgomery County is committed to making homelessness for all residents rare, brief, and non-recurring by offering a broad array of services including homeless prevention, diversion, street outreach, temporary shelter, shallow and deep housing subsidies, and supportive services. The CoC embraces the Housing First philosophy and seeks to align all programs with the principles of low barrier access to housing and services, consumer choice, community integration, and housing orientation. This reflects a shift away from the "housing readiness" model and towards a model where housing comes "first" and wraparound support services are offered to maintain housing stability.

Montgomery County CoC achieved the goal of ending Veteran Homelessness by December 2015 per benchmarks established by two national efforts – the U.S. Mayors Challenge to End Homelessness and the Zero:2016 Campaign. During fiscal year 2017, the top priority is ending chronic homelessness by December 31, 2017. This effort has been named the "Inside (not Outside)" campaign and will employ the following strategies to achieve this goal:

- Conduct a comprehensive analysis of the homeless system to identify gaps and use data to inform programming and funding.
- Develop a robust street outreach strategy to provide targeted, housing-focused case management to all unsheltered persons.
- Partner with community housing agencies like the Public Housing Authority, Housing Opportunities Commission and the Dept. of Housing and Community Affairs to increase the availability of low income housing rental subsidies.
- Implement a "Move up" strategy that allows individuals and families to graduate from intensive supportive housing to a housing subsidy only program.

In 2017, the CoC is reviewing the coordinated entry system (CES) for both single adults and families. Part of this process involves reviewing all screening, assessments, and program policies to ensure that the system is reducing barriers to households experiencing homelessness. The CoC seeks to create a "no wrong door" approach by adding non-traditional partners to CES including places where people experiencing homelessness congregate such as libraries, hospitals, and jails. The enhanced coordinated entry system includes uniform community-wide standards that prioritize persons for housing, serving those most in need with the appropriate housing option. Data collected through the coordinated entry process will be used to allocate funding based on system needs and inform changes to programming.

Other important initiatives during this year included:

- The six annual "Nadim Khan Memorial Homeless Resource Day" was re-named this year in honor of Nadim Khan who served as Chief of Special Needs Housing. This year, approximately 450 residents attended this successful event and could receive health screenings, flu shots, registration for mainstream benefits, personal care services (massages/haircuts) and much more. New this year was on-site completion of the Vulnerability Index – Service Prioritization Decision Assistance Tool, which identified 31 new homeless persons.
- The completion of the new facility known as Progress Place opened in December 2016. Several providers are co-located in this facility which improves access to services. Shepherd's Table provides meals seven days a week, eye clinic, clothing closet, and mailing address. Interfaith Works Inc. provides hypothermia overflow shelter, case management, and vocational services. Homeless persons are also able to access medical and dental care at this location. Progress Place also provides 21 single room occupancy units for formerly homeless adults.
- Cornerstone Montgomery in collaboration with Montgomery County purchased a new facility which allowed for the relocation of the women's emergency shelter. This facility offers access to behavioral health, medical and other vocational services.

The CoC continues to provide emergency shelter to households with children through three year-round family shelters, one domestic violence shelter, and limited hotel subsidies used as overflow. During hypothermia, additional overflow shelter is provided via a non-profit organization. During this year's enumeration, a total of 67 households with minor children were in residing emergency, overflow shelter, or DV shelter which remained the same during last year's enumeration.

Emergency shelter capacity for adults without children increased to 140 this year with the year-round women shelter increasing beds at the new location. This includes the DV shelter with 5 beds designated for this household type, 3 designated for Healthcare for the Homeless, and 2 designated for Aging and Disability. During hypothermia season from November 1 to March 31st, capacity expands to 382 beds. On the day of the 2017 enumeration, there were 352 emergency shelter and overflow beds occupied, 211 of which were designated as seasonal or hypothermia overflow beds.

For households without minor children, transitional shelter and Safe Havens programs provide 160 beds. The number of transitional beds decreased as one facility changed to serve transition aged youth, and another provider closed their transitional housing program. On the day of the enumeration, there were 138 beds occupied, a continued decrease during the past two years' enumerations. Evaluation and analysis of transitional housing programs for possible bridge housing to rapid or permanent housing to improve utilization will occur.

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. However, NCCF lost HUD funding which provided 30 transitional housing units.

MONTGOMERY COUNTY'S YEAR-ROUND AND WINTER INVENTORY OF BEDS				
	Beds for Households w/o Children	Beds\Units for Households w/children	Total Year-Round Beds	Total Winter Beds
Hypothermia/Overflow/Other (Additional winter Capacity	240	109/31	0	349
Emergency Shelter Beds	140	140/41	280	0
Transitional / Safe Haven Beds	160	68/20	228	0
TOTALS	540	317/92	508	354

HOMELESS POINT-IN-TIME RESULTS

Montgomery County's homeless point in time survey was conducted on January 25, 2017. A total of 894 homeless persons were counted that day, a decline of 9% over the 2016 count. This overall decrease in homelessness can be attributed to a decline in the sheltered population specifically with the loss of transitional housing for both types of households. There was a 60% reduction in the number of beds available for homeless households with minor children. Households with minor children have been provided rapid re-housing or State Rental Allowance Program which is a time limited subsidy and through non-profit agencies with Public Housing Authority Project Based Voucher program. In addition, homeless families are assessed for diversion or prevention into homelessness at intake.

Households without children experienced a 1% decrease in 2017 from 623 in 2016 to 616 in 2017. Despite this slight reduction, there was a 31% increase in the unsheltered population. This increase can be attributed to the increased outreach efforts to identify unsheltered chronically homeless persons. In addition to the annual enumeration, Montgomery County conducted a two day "blitz" count in October 2016 and plan another in early May 2017 in an effort identify and engage chronically homeless for housing.

The number of households with children headed by transition age youth (18-24 years old) decreased 28% from 18 in 2016 to 13 during the 2017 enumeration. The number of unaccompanied transition age youth increased in 2017 to 32 a 34% increase from 24 in 2016 enumeration. In exploring ways to assist transition aged youth, Montgomery County has relocated one transitional shelter to provide services to this population which includes harm reduction and targeted vocational services. Additionally, plans are underway to conduct a robust homeless youth count in the fall of 2017 that will involve engaging all stakeholders such as involving the Montgomery County public schools, local colleges, youth providers and homeless youth.

Montgomery County continues to experience high housing costs which make it difficult for households to obtain and maintain permanent housing. In accordance with the strategic plan, the CoC will complete a gap analysis of housing programs to assess the needs and increase the housing options for households with and without minor children. This will likely include a change in both rapid re-housing programs and shallow rent subsidies to allow more flexibility in housing subsidy amounts and supportive services.

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

MONTGOMERY COUNTY'S HOMELESS COUNT BY CATEGORY					
Category	2015	2016	2017	Percent Change 2015 to 2017	Percent Change 2016 to 2017
Total Number Counted	1100	981	894	-19%	-9%
Total Individuals	598	623	616	3%	-1%
Total Number of Families	159	109	86	-56%	-21%
Total Persons in Families	502	358	278	-45%	-22%
Total Adults in Families	184	128	106	-42%	-17%
Total Children in Families	318	230	172	-46%	-25%

MONTHLY INCOME AND EMPLOYMENT

Among all households without children including those who are unsheltered, veterans, and transition age youth, 319 reported some type monthly income, a total of 52% percent which continues to be a decline from 54% in 2016 and from the 2015 enumeration when 55% reported income. Of those reporting monthly income, 35% percent reported employment as the primary source of income while 60% percent reported that Social Security Retirement, Social Security or Veteran Disability, and/or Temporary Disability Assistance Program income was the primary source of income. Montgomery County supports Housing First philosophy and though income is not required to be housed, 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 80 (75%). However, 43 (54%) reported income from employment, which is a decrease over the 2016 which was 59%, but still an increase since 2015 enumeration when 48% percent reported employment income. Work force development has been identified as a gap in the CoC and must continue to be a priority for all household types.

SUBPOPULATIONS

Montgomery County saw a 41% increase in substance abuse, which has been discussed nationally. The County has moved towards Harm Reduction versus abstinence and continues to engage individuals in stage-wise treatment as substance dependence often becomes a barrier to health and housing. In adults reporting serious mental illness there was 4% decrease from 2016 and 14% in

comparison to 2015 enumeration. There was an 11% decrease in adults reporting co-occurring disorders from 2016 but 30% decrease from 2015 enumeration.

Over the past four years, the number of persons fleeing domestic violence has fluctuated, increasing in some years and decreasing in others. This year there was a 15% increase in the 2017 enumeration from 127 in 2016 to 146 adults. The CoC's domestic violence partners, also note the trend in their general serves. Due to the additional needs of households reporting domestic violence including limited work experiences, poor to no social supports and limited resources, the CoC is prioritizing the limited scattered site transitional housing for DV households with minor children.

The number of persons experiencing chronic homelessness increased 5% during this enumeration, however, it was expected to be a higher increase due to the outreach and engagement intervention. Montgomery County has developed a "By Name" list for chronically homeless and housing prioritization which includes 274 individuals experiencing or at risk of chronic homelessness. The enumeration noted 162 households without minor children and 2 households with minor children. However, after review, there was only 1 household with minor children and that household has since been permanently housed. Considering the "By Name" list is higher, than the enumeration, it does illustrate that the annual "Point in Time" captures a general "snapshot" of the jurisdiction.

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 2017 enumeration, 13 persons self-identified as Veterans, which is 24% decrease over the 2016 enumeration. To maintain "Functional Zero", the CoC should not have more than 6 Veterans experiencing homelessness at any given time. Although this standard was not met at the time of the enumeration, the CoC has adequate resources to provide housing to all Veterans identified. 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 FY16	Adults Only in all Households FY17	Percent Change 2016 – 2017
Chronic Substance Abuse (CSA)	74	104	41%
Severe Mental Illness (SMI)	183	175	-4%
Dual Diagnosis (CSA&SMI)	114	101	-11%
Chronic Health Problem	198	162	-18%
Living with HIV/AIDS	7	8	14%
Physical Disability	91	76	-16%
Domestic Violence Victim History	127	146	15%
Limited English	85	56	-34%
U.S. Veterans	17	13	-24%
Chronically Homeless	151	159	5%

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

Rapid Re-housing

As previously mentioned a new rapid rehousing program began operation in August 2015 to serve 20 young adults households with children. In addition, Montgomery County's current 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. During the next fiscal year and in alignment with the strategic plan, Montgomery County will be re-designing its RRH to provide multiple interventions and subsidy supports to increase capacity and reduce the time individuals or families remain homeless. The CoC is exploring reallocating resources from motel overflow to RRH to move households rapidly from homeless to permanent housing. Many households with children in the CoC are working, RRH paired with intensive employment based services could be effective in ending homelessness. In addition, Montgomery County applied for State ESG funds for transition aged youth and received additional HUD funding for RRH families during the past NOFA application. 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 housing via both County and HUD funding. The number of units for households without minor children increased from 653 in 2016 to 676 in 2017 and for households with minor children increased from 346 in 2016 to 383 in 2017.

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

Permanent Supportive Housing

Montgomery County recognizes that increasing the stock of Permanent Supportive Housing is critical to achieving the goals of ending chronic homeless and homelessness for youth and families. Currently the CoC has approximately 1140 units of permanent supportive housing which includes 28 new units of scattered site housing and 21 Personal Living Quarter (PLQ) units at Progress Place in downtown Silver Spring.

The County operates a large scattered-site Permanent Supportive Housing program called the Housing Initiative Program (HIP). HIP currently provides deep rental subsidies and service coordination to 223 households. In 2017, the CoC intends to expand the program to serve an additional 80 households experiencing chronic homelessness. The program is also undergoing a redesign to better meet the case management needs of both new and existing program participants. Case management services and reimbursement to providers will be based on acuity of needs. Participants with higher acuity will receive housing support services at a greater frequency and intensity. Those with lower acuity will receive less services. By basing reimbursement rates on acuity, the program can serve more households more effectively.

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

- Street Outreach , Mobile Crisis and SOAR;
- 24/7/365 intake through the "Homeless Hotline" and Coordinated Entry;
- Integrated Diversion and Homeless Prevention Services;
- One (1) 30 bed emergency and two (2) 25-bed hypothermia overnight shelters in partnership with 40 faith-based organizations;
- Seven (7) 24-hour emergency shelters including 1 specifically for veterans, 1 for DV / trafficking survivors, and 2 for unaccompanied youth;
- Three (3) Rapid Re-Housing Program with two (2) more under development including 2 specifically for veterans;
- Six (6) transitional housing programs including 2 specifically for unaccompanied youth and 2 for veterans; and
- Fourteen (14) permanent supportive housing programs with one (1) more under development.

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.

PRINCE GEORGE'S COUNTY YEAR-ROUND AND WINTER BED INVENTORY				
	Beds for Individuals*	Beds for Families	Year-Round Beds	Winter Beds
Hypothermia/Overflow/Other	30	20	0	50
Emergency Shelter Beds	69	127	196	0
Transitional Housing Beds	37	156	193	0
TOTAL	**136**	**303**	**389**	**50**

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

HOMELESS POINT-IN-TIME RESULTS

The Prince George's County homeless point–in-time count was conducted on Wednesday, January 25, 2017. The survey counted and interviewed unsheltered homeless persons living on the streets and sheltered individuals and families in overnight hypothermia shelters, 24–hour emergency shelters and transitional housing programs. A diverse group of volunteers and providers met weekly through conference calls and face to face sessions to plan and develop strategies for conducting the count. Training webinars were conducted that allowed volunteers and staff be universally trained regardless of location and availability and ensured consistency of survey application on the day of the actual PIT count.

The County's homeless management information system (HMIS) was used to conduct the sheltered count and the unsheltered count was conducted by volunteers. The volunteers 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. In addition, three (3) church based PIT day centers were opened offering food, showers and other services; providing an opportunity to capture homeless individuals who might otherwise be missed by the sweeps. 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 2017 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 25, 2017, a total of 532 homeless adults and children were counted in Prince George's County, Maryland; (193 single adults, 124 adults in families, 214 children in families and 1 unaccompanied child) reflecting a 2% decrease from 2016. Of this number, 444 (84%) were sheltered and 88 (16%) were unsheltered. The following charts provides a comparison of the 2015, 2016, and 2017 counts and It is clear that the County has remained diligent and focused on the reducing episodes 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	**2017**	**2016**	**2015**	**% Change - 2016 to 2017**
Total Number Counted	**532**	**544**	**627**	**-2.2%**
Total Number of Singles	**193**	**233**	**260**	**-17.2%**
Total TAY (18-24)	19	22	15	13.6%
Total Veterans	21	26	34	-19.2%
Total Number of Families	**103**	**105**	**112**	**-1,9%**
Total Number Persons in Families	**338**	**308**	**359**	**+9.8%**
Total Adults in Families	124	118	139	+5.1%
Total Number of Children in Families	214	190	220	+12.7%
Total TAY (18-24) – Head of Household	15	25	18	-40%
Total TAY (18-24) – Children in Household	17	41	27	-41.5%
Total Veterans – Head of Household	0	0	0	0%
Total Veterans – Children in Household	0	0	0	0%
Total Children w/ONLY Children	**1**	**3**	**8**	**-60%**

**TAY = Transition Age Youth*

The following chart provides a summary of those surveyed by income type. As in prior years, the largest source of income remains employment for the sheltered population, followed by SSI / SSDI and public assistance whereas SSI / SSDI represents the largest source of income for the unsheltered followed closely by relatively equal proportions of the remaining income categories:

HOMELESS COUNT BY INCOME TYPE – ADULTS ONLY				
Category	**Sheltered**		**Unsheltered**	
	Individuals	**%**	**Individuals**	**%**
Total Number of Adults	**236**		**81**	
Income	**80**	**34%**	**25**	**31%**
Employment	66	28%	5	7%
Social Security /Retirement	0	0%	3	4%
SSI / SSDI	12	5%	8	10%
TANF / Public Assistance	2	1%	4	5%
Other Sources *	0	0%	5	7%
Don't know / refused / no income	**0**	**0%**	**0**	**0%**

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

This following chart provides a summary of barriers impacting sheltered and unsheltered adults surveyed on the night of the count. When reporting barriers, single adults reported physical disability (20%) and substance abuse (15%) as presenting the greatest barriers to permanent housing and independence while for adults in families, the barriers shift significantly to severe mental illness (30%), physical disability (25%), and DV history (21%).

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	8	120	73	317
Chronic Homeless *	0	1	13	15	29
Veteran	0	0	16	5	21
TAY	15	0	19	0	34
Substance use Disorder	6	1	1	28	36
Severe mental Illness	36	1	11	6	54
Co-occurring Disorder	1	0	0	12	13
HIV/AIDS	2	0	2	0	4
DV History *(any time in the past)*	26	0	8	10	44
Domestic Violence *(this episode)*	26	0	8	0	34
Physical Disability	30	0	14	23	67
Chronic Health Condition	12	2	4	17	35
Limited English	0	0	0	0	0
Foster Care**	0	0	0	0	0
Former Institutionalized***	0	0	0	0	0
None of the above	32	5	101	15	153

**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 and in 2016, the County's Continuum of Care system emphasized expansion of rapid re-housing beds while working to minimize the negative impact on its Permanent Supportive Housing inventory created by the defunding of three (3) of its program during the FY 2015 and FY 2016 competitions.

PRINCE GEORGE'S COUNTY PERMANENT SUPPORTIVE HOUSING (PSH) BED INVENTORY *				
	2017	2016	2015	% Change 2016 to 2017
Beds for Individual	93	93	88	0%
Beds for Families	149	204	204	-27%
TOTAL	242	297	292	-18%

*3 Permanent Supportive Housing Programs were de-funded by HUD during the FY 2015 and FY 2016 competition.

PRINCE GEORGE'S COUNTY RAPID-REHOUSING (RRH) BED INVENTORY				
	2017	2016	2015	% Change 2016 to 2017
Beds for Individual	16	0	0	0%
Beds for Families	97	30	30	0%
TOTAL	113	30	30	277%

PRINCE GEORGE'S COUNTY OTHER PERMANENT HOUSING BED (OPH) INVENTORY				
	2017	2016	2015	% Change 2016 to 2017
Beds for Individual	43	43	43	0%
Beds for Families	142	142	142	0%
Total	185	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 2 years, the partner jurisdictions have created an outline of a strategic plan, executed a regional data sharing agreement, secured funding for a regional pay for success initiative, submitted an 1115 waiver that would create billable opportunities in Maryland for certain supportive services to the homeless, and opted in to the National Data Driven Justice Initiative focused on identification of, and targeted service delivery to, high system users.

Track 2 – Sub Population Solutions: The County has identified five (5) homeless sub-populations for targeted program development and has made significant 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 two years, 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 Justice Center that has DV experts in place to assist with individual cases, and awarded a two (2) year $1.5 million GOCCP VOCA grant to implement the Domestic Violence - Supportive Assistance and Financial Empowerment (SAFE) Program.

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 five 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 5 annual County-wide counts of homeless and unaccompanied youth ages 13-24 (the last two of which were done 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, opted into the HUD demonstration project extending Family Unification Program (FUP) vouchers for youth from 18 months to 5 years of subsidized housing for former foster youth experiencing homelessness, and established a Homeless Youth Advisory Board that is actively engaged in service development and outreach.

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 four 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, established two transitional housing initiatives solely for this sub-population 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 three 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, set aside housing vouchers to support homeless persons with behavioral health challenges who are unable to stabilize using traditional CoC housing options, established a mobile integrated Healthcare system within the County's Fire/EMS Department to support crisis response, and began working on a telehealth model of care to supplement the work of the street outreach teams.

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 three 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, secured more than $1.5 million dollars in funding for this population, and began the development of the Welcome Center at Suitland which is slated to open in the summer of 2017 that will centralize services to persons returning to the community from incarceration.

Prince William County, VA

Description of Homeless Services

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 1st through March 31st, and one hypothermia shelter programs that are operated by volunteer faith-based groups. There are currently a total of 78 winter/ hypothermia shelter beds in the Prince William Area. PWA CoC has a total of 48 single emergency shelter beds and a total of 118 family emergency shelter beds. There are five Transitional Housing programs within the PWA CoC. Of the six Transitional Housing programs, five serve families and two provide services for singles. There are a total of 142 transitional housing beds, three of which are dedicated to single males and 139 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 though the Potomac Health Foundation, to provide five permanent supportive housing beds. 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.

During the night of the PIT the PWA CoC had a total of 100 persons permanently housed in a rapidly rehousing units 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 families' length of stay in homelessness.

A total of three PWA CoC agencies provide permanent supportive housing services throughout the Prince William Area 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.

PIT count results

On January 25, 2017, 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 2017 PIT reflected 400 homeless persons. The PWA CoC shelters (emergency, hypothermia, and domestic violence) had 79 beds occupied by individuals and 89 beds occupied by families on the night of the 2017PIT count. There was a decrease of 11% from the 2016 PIT Count of shelter bed occupancy which totaled 184 during the 2016 PIT Count. During the 2017 PIT, there were a total of 142 transitional beds, in which five were occupied by singles and 111 occupied by families. This represents a decrease 17% of from the 2016 PIT count for occupied Transitional beds, which totaled 139 during the 2016 PIT. The results of the 2017 unsheltered person count totaled 116 persons. This represents an increase of 32% from the 2016 PIT count, which totaled 88 persons. The increase of the unsheltered count can be attributed to the temperatures being relatively mild on the night of the PIT, which resulted in the 30 bed hypothermia shelter not operating, due to temperatures being above 25 degrees.

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 2016, a total of 654 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 363 persons. Homeless persons that obtained permanent housing with family or friends upon program discharge totaled 155 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 2017 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 363 individuals and families in FY16. The PWA CoC has one homeless prevention program that is funded through the Virginia Department of Housing and Community Development. In FY16, a total of 137 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. The PWA CoC worked closely with the Virginia Department of Veteran Services and the Prince William

County Office of Housing and Community Development to obtain 4 additional VASH vouchers for FY 17. 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 2017 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 campsite 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)	78	-	-	78
Emergency Shelter Beds	48	118	166	-
Domestic Violence Shelter Beds	18	18	36	
Transitional Housing Beds	3	139	142	-

PWA – Point In Time Three Year Trends

Category	2017	2016	2015
Total Number Counted	400	400	409
Total Number Singles	197	187	185
Total Number Families	53	24	71
Total Number of Persons in Families	203	213	224
Total Adults in Families	72	78	85
Total Children in Families	131	135	139
Total Number of Persons in Household with Children Only	0	0	0

2017 – Subpopulation

Category	Individual Adults	Adults in Families	Total
Chronically Homeless	76	0	76
Chronic Substance Abusers (CSA)	30	1	31
Severe Mental Illness (SMI)	26	0	26
Co –Occurring Disorder	17	0	17
Chronic Health Problems	35	1	36
Living with HIV/AIDS	0	0	0
Physical Disability	18	1	19
Domestic Violence Victims*	7	2	8
Limited English	12	3	15
Veterans	19	3	22

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

Homeless Services Committee Members

DISTRICT OF COLUMBIA
Michael L. Ferrell
Chairman, Homeless Services Committee
Executive Director
District of Columbia Coalition for the Homeless
(202) 347-8870
mferrell@dccfh.org

Tom Fredericksen
Chief of Policy and Programs
The Community Partnership for the Prevention of Homelessness
(202) 543-5298
tfredericksen@community-partnership.org

MARYLAND
City of Frederick
Mike Spurrier, Director
Frederick Community Action Agency
(301) 600-3955
mspurrier@cityoffrederick.com

Montgomery County
Kim Ball
Homeless Services Administrator
Montgomery County Department of Health
and Human Services
(240) 777-4125
Kim.Ball@montgomerycountymd.gov

Amanda J. Harris
Chief, Special Needs Housing
Montgomery County Department of Health
and Human Services
(240) 777-1179
amanda.harris@montgomerycountymd.gov

Prince George's County
Renee Ensor-Pope
Assistant Director for Community Services Division
Prince George's County Department
of Social Services
(301) 909-6316
Renee.pope@maryland.gov

Victoria Frazer
Program Specialist
Prince George's County Department of Social Services
Office of Housing and Homeless Services
(301) 909-6369
vfrazer@dhr.state.md.us

Robin Gray
Program Manager
Prince George's County Department of Social Services
Office of Housing and Homelessness Services
Robin.gray@maryland.gov
(301) 909-6346

VIRGINIA

City of Alexandria

Stefan Caine
CoC Lead Administrator
City of Alexandria Department of Community and Human Services
(703) 746-5973
Stefan.caine@alexandria.gov

Jessica Lurz
Director, Office of Community Services
City of Alexandria Department of
Community and Human Services
(703) 746-5973
jessica.lurz@alexandriava.gov

Clara Roberson
Homeless Services Coordinator
City of Alexandria Department of
Community and Human Services
(703) 746-5942
clara.roberson@alexandriava.gov

Ramin Shaheedian
Homeless Management Information System Lead Administrator
City of Alexandria Department of
Community and Human Services
(703) 746-5917
ramin.shaheedian@alexandriava.gov

Arlington County

Ahmad Haj Ali
HMIS Administrator
Arlington County Department of Human Services
(703) 228-1371
ahajali@arlingtonva.us

Tony Turnage
Homeless Program Coordinator
Arlington County Department of Human Services
(703) 228-1319
tturnage@arlingtonva.us

Fairfax County/City of Falls Church
Julie Maltzman
Fairfax County Continuum of Care Lead Manager
Office to Prevent and End Homelessness
(703) 324-3965
Julie.maltzman@fairfaxcounty.gov

Loudoun County
Jennifer Hope
Continuum of Care Coordinator
Loudoun County Department of Family Services
(703) 771-5881
Jennifer.Hope@loudoun.gov

Prince William County
LoToya N. Bass
Homeless Services Coordinator
Prince William County Department of Social Services
(703) 792-7549
lblake2@pwcgov.org

Courtney S. Tierney
Director
Prince William County Department of Social Services
(703) 792-7520
CTierney@pwcgov.org

COUNCIL OF GOVERNMENTS
Hilary Chapman
Housing Program Manager
Department of Community Planning and Services
(202) 962-3346
hchapman@mwcog.org



Metropolitan Washington
Council of Governments

777 North Capitol Street NE, Suite 300
Washington, DC 20002

mwcog.org